

AUM Student Health Services

Immunization Record

Patient Name: Upender DasireddyBirthdate: 4.23.99Allergies/Medical Alert: NKA

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	10/16/2021	10/18/21	0mm	Sanofi	GS909AA	UFA exp 2/3/23	UJR

Initials	Signature	Initials	Signature
UJR	UJR		

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

STAMP ABOVE