

**AUM Student Health Services
Immunization Record**

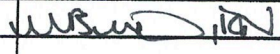
Patient Name: Sai Ravula

Birthdate: 11-12-98

Allergies/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	10/8/2021	10-11-21		Sumati	G5730AA	#1 exp. 8/22/22 true arm	WR

Initials	Signature	Initials	Signature
WR			

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

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