

AUM Student Health Services

Immunization Record

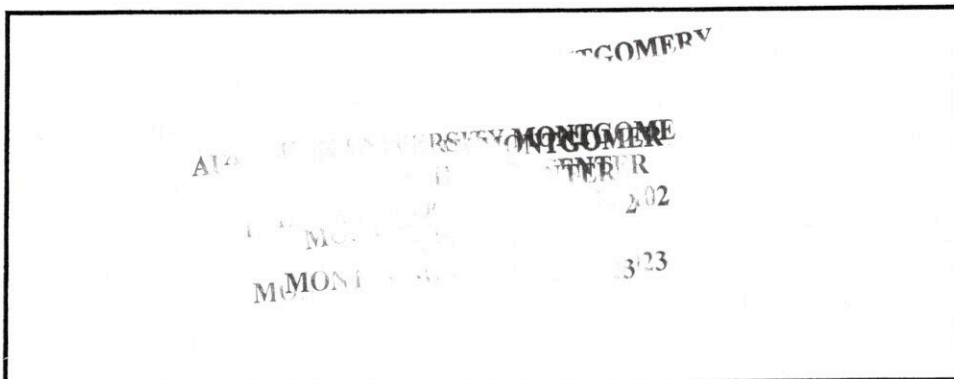
Patient Name: Vineel GaddamBirthdate: 1-7-97

Allergies/Medical Alert: _____

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

Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
	8-30-21	9/1/2021	8mm	Sanofi	C5804AA	Hfreamm	DM

Initials	Signature	Initials	Signature
DM	Darius Muzeta		



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