

**AUM Student Health Services
Immunization Record**

Patient Name: Lanya Vatti

Birthdate: 2-23-96

Allergies/Medical Alert: _____

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	11/1/2021	11-3-21		Sanofi	65730AA	GFA exp 6/22/22	JS

Initials	Signature	Initials	Signature
JS			

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