

AUM Student Health Services

Immunization Record

Patient Name: LaxmiVan amalaBirthdate: 8-10-91

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	11/2/2021	11/4/21	0	Sanofi	LS736AA	(LFA exp 6/22/22)	MB

Initials	Signature	Initials	Signature
MB	<i>[Signature]</i>		

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