

AUM Student Health Services

Immunization Record

Patient Name:

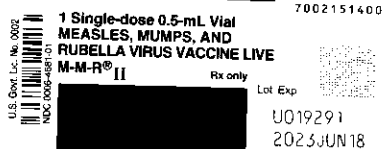
Lavalika Ravula

Birthdate:

12-17-95

Allergies/Medical Alert:

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR	10/27/22	10 T arm sub Q				8/14/21	URS
HEP A							
HEP B							
Other							



Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
	10/27/22	10-29-22	0mm	same as	658105AA	exp 3/17/23 (LFA)	URS

Initials	Signature	Initials	Signature
URS	URS - [Signature]		

STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
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