



SHRI HRUDIGNYA CLINIC

Dr. G. Sathyanarayana

MBBS (OSM) DMCH (Delhi), HDCH, NUCD (Ireland)
Paediatrician, Family Physician & STI Consultant

Regd. No. 9254

Dr. G.S. Himashriyamsha

MBBS (GMC) Senior Clinical Research Assistant
Family Physician & Specialist in Community Health

Regd. No. 65599

NAME : GANDHASIRI SAI PRAKASH : AGE:23 :SEX:MALE

DOB : 08/07/1999

PASSPORT NO : U8694409

VACCINATION REPORT

MMR 1 06/20/22 MMR 2 07/25/22

Meningococcal (Meningitis) Menactra/Menveo

Hepatitis B 1 _____ Hepatitis B 2 _____

Hepatitis B 3 _____

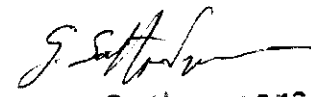
DTP _____ DTP/TD _____

Tdap (Boostrix) 07/05/22

Hepatitis A 1 _____ Hepatitis A 2 _____

Varicella 1 _____ Varicella 2 _____

Flu _____


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VANAJA MEDICAL & GENERAL STORE

INTERNATIONAL ALL VACCINATIONS AVAILABLE

3-4-431, YMCA, Narayanaguda, Beside Madapati Hanumantha Rao School,
Hyderabad - 500 027. Email: kondareddylingala@gmail.com
Ph: 9849440675

Auburn University Montgomery

Student Immunization Form

Immunization history must be completed and signed by a health care provider. Copies of your original immunization records are acceptable in place of this form, but **must be in English**. Please submit completed form or a copy of your immunization record to Warhawk Health Services.

Complete and Return to: **Warhawk Health Services**
Attn: Immunizations
PO Box 244023
Montgomery, AL 36124
(334) 244-3281 Fax (334) 244-3396

Name GAUDHASIRI SAI PRAKASH Student Number S00418257
Last First Middle
 Address JOURNALIST COLONY, PAPARTHI NAGAR (KHAMMAM) TELANGANA 507001
Street City State Zip Code
 Phone Number 7659911061 E-mail Address Saiprakashgandhasiri@gmail.com Date of Birth 08/07/1999 Date of Enrollment _____

REQUIRED IMMUNIZATIONS

Tuberculosis Screening- TB skin test must be performed within 2 months of matriculation.

Date Given: _____ Date Read: _____ Results: Positive _____ mm Negative _____ mm

If positive, you must attach a radiology report from chest X-ray and documentation of treatment.

*All TB skin test, blood, and/or CXR must be performed in the U.S.

Tdap- Tetanus, Diphtheria, Pertussis - Students should have one adult dose within the last 10 years. If more than 10 years, then a booster is required.

Date of Tdap vaccine: 07/05/22

Measles, Mumps, Rubella (MMR)

Auburn Montgomery University requires that all students born after 1956 must have had 2 doses of a measles containing vaccine (MMR) prior to registration. One dose must have been after 1980. Lab antibody titers (IgG) for Measles, Mumps and Rubella are acceptable. (Please attach documentation to the back of the form).

Date of First Dose 06/20/22 Date of Second Dose 07/25/22

RECOMMENDED IMMUNIZATIONS

These immunizations are not required by the university but are recommended by the American College Health Association.

Hepatitis B: _____
1st 2nd 3rd

Varicella (Chickenpox) Vaccine: _____
1st 2nd

Meningococcal (MenACWY) Vaccine: _____
1st 2nd (One dose on or after the 16th birthday)

Meningococcal B Vaccine _____

I certify that the above dates and vaccinations are true.

Dr. G. Sathyanarayana

MBBS (OSM) DMC G. Sathyanarayana
 Paediatrician & Licensed Health Care Professional

Regd. No. 9254

08/10/22
 Date

VANAJA MEDICAL
INTERNATIONAL VACCINE CENTRE
 Narayanaguda, Hyderabad, T.S.
 License Number or Office Stamp 9849440675

(Adopted 1/12, Revised 5/2021)