

**AUM Student Health Services
Immunization Record**

Patient Name: Mamitha Polavarapu

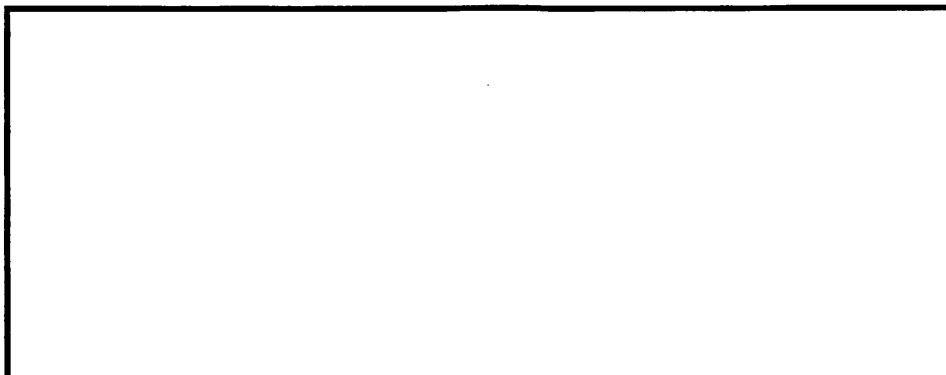
Birthdate: 04-08-1997

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	1/21/20	1/23/20	0mm	SP	05471AA	Ⓛ Forearm	AM

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



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