

Dr. N. Seshaiiah, M.S.,
Chairman & Managing Director
Senior General Surgeon & Laparoscopic Surgeon

Dr. S. Siva Sankaraiah, MS, Ortho (NIMS, Hyd), MCh.,
Orthopaedic Surgeon Joint Replacement Surgeon &
Sports Injury Specialist

Dr. N. Pavan Kumar, M.S., MCh.,
General & Laparoscopic Surgeon
Pediatric Surgeon & Urologist

Dr. N. Niharika, M.S., FMAS,
Obstetrician, Gynaecologist &
Laparoscopic Surgeon

Ref :

24-04-2023

Date :

CERTIFICATE OF VACCINATION

THIS IS TO CERTIFY THAT MR. PAMULAPATI SRIKANTH
S/O. P. SRINIVASARAO OF RAJENDRANAGAR, GUNTUR, ANDHRA PRADESH STATE INDIA
HAS BEEN IMMUNIZED BY FOLLOWING VACCINATION:

DATE OF BIRTH: 10th -NOVEMBER -1996

SI.NO	DATE	VACCINATION
1	13-11-1996	BCG
2	10-02-1997	DPT+OPV 1
3	08-03-1997	DPT+OPV 2
4	06-04-1997	DPT+OPV 3
5	03-08-1997	MEASLES
6	27-03-1998 & 26-04-1998	MMR-----1&2
7	05-11-1999	DPT BOOSTER + OPV BOOSTER
8	17-06-2002	HI B VACCINE (INFLUENZA-B)
9	24-04-2008	HEPATITIS B-I
10	24-05-2008	HEPATITIS B- II
11	24-10-2008	HEPATITIS B-III
12	08-06-2010	CHICKEN POX VACCINE (VARICELLA)
13	18-02-2012	MENINGIT IS VACCINE (MENACTRA)
14	25-04-2013	MMR BOOSTER
15	16-08-2015	HEPATITIS- A
16	21-03-2017	CHICKEN POX VACCINE (VARICELLA)
17	13-09-2018	HEPATITIS A BOOSTER
18	09-04-2020	T.DAP BOOSTER (ADULT DOSE)
19	21-10-2022	MENINGITIS VACCINE (MENACTRA)
20	13-04-2023	TB TESTING, RESULT 2 mm NEGATIVE on 15-04-2023
21	17-04-2023	H 1 N 1 VIRUS VACCINE (INFLUENZA-A)
22	24-04-2023	MMR BOOSTER + TD BOOSTER (ADULT DOSE)
23	24-04-2023	HEPATITIS B BOOSTER




Dr. N. SESHIAIAH, M.D.
Regd.No. 12494
PRAJA VYDYASALA
Gujjanagundla, GUNTUR

డా॥ శేషయ్య హాస్పిటల్ గుంటూరులో ఉన్న వైద్యులకు మరియు పెన్షన్దారులకు ఫీజు రియంబర్స్ మెంట్ సౌకర్యం కలదు.

ఆదివారం శేలవు.



PROOF OF IMMUNIZATION COMPLIANCE

Louisiana R.S. 17:170/Schools of Higher Learning

Student Health Services: P.O. Box 43692 · Lafayette, LA 70504-3692 · Phone: 337-482-1293 · Fax: 337-482-1872

You must either have a physician or health care provider complete documentation of Immunizations, or submit the Universal Certificate of Immunizations provided by Louisiana Department of Health, Office of Public Health. If you have not been immunized for all of the required diseases, you may request an exemption by completing the Exemption Request form. The Tuberculosis Screening Questionnaire cannot be waived and must be completed.

STUDENT
COMPLETES

Name: SRIKANTH PAMULAPATI ULID: C00553505

Address: 3-28-64, Rajendra Nagar 1st lane Start Term: Fall 2023

Date of Birth: 10-11-1996 Phone: 8143246901 Email: SriKanthP.Pegusian@gmail.com

Enrollment Status: (Check ALL that apply)

- ☐ Undergraduate ☒ Graduate Student
☐ Transfer Student ☐ Dual Enrollment Student
☐ Re-entry Student ☐ Online Student

Class: ☒ Freshman

- ☐ Sophomore
☐ Junior
☐ Senior

REQUIRED IMMUNIZATIONS

MUST BE COMPLETED, SIGNED AND
STAMPED BY HEALTHCARE PROVIDER

MMR (Measles, Mumps and Rubella)

Two doses at least 28 days apart. First dose after 12 months of age. May submit titers for proof of immunization.

First Dose: 03-27-1998 or Titer: _____ (Provide copy of Results)

Second Dose: 04-26-1998 Results: _____

MENINGITIS One dose at 16 years of age or older.

Quadrivalent Vaccine A, C, Y, W-135

Last Dose: 10-21-2022

Choose one: ☒ Menactra ☐ Menveo

TETANUS One of below doses.

Must be within the last 10 years.

Last Dose: 04-09-2020

Choose one: ☐ TD ☒ TDAP

Provider Signature

Dr. N. SESHIAIAH, M.D.

Address

GUNTUR, ANDHRA PRADESH, INDIA

City, State, Zip

0865-235460

Phone

Dr. N. SESHIAIAH, M.D.

Regd.No. 12494

PRAJA VYDYASALA

Gujjanagundla, GUNTUR

Provider Stamp Here

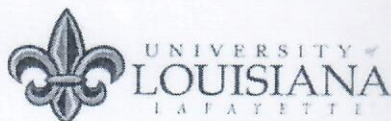
Refer to Student Health Services website for instructions on how to submit forms.

PLEASE READ ENTIRE FORM CAREFULLY!

TUBERCULOSIS SCREENING QUESTIONNAIRE

(To be completed by ALL Students BEFORE registration at UL Lafayette)

THIS FORM CANNOT BE WAIVED!



FAILURE TO COMPLETE THIS FORM AND SUBMIT TO STUDENT HEALTH SERVICES WILL RESULT IN AN IMMUNIZATION HOLD ON YOUR ACCOUNT AND WILL PREVENT YOU FROM REGISTERING FOR CLASSES

Student Health Services : P.O. Box 43692, Lafayette, LA 70504-3692 • Phone: 337-482-1293 • Fax: 337-482-1872 • Email: immunizations@louisiana.edu

Name : SRISKANTH PAMULAPATI DOB: 10-11-1996 ULID: C00553505

ABOUT THIS FORM:

- UL Lafayette requires **ALL enrolled students** complete the Tuberculosis Screening Questionnaire that assesses the risk of TB infection and disease. This aids in the prevention and control of Tuberculosis on campus.
- If your Tuberculosis Screening Questionnaire is **POSITIVE** (answering YES to any of the questions below), further testing is required. This can be a lengthy process. To avoid delays in receiving your I-20 and/or being able to enroll in your preferred classes, complete this screening as soon as you are able.
- Answer the questions on this screening completely and accurately. Misrepresentation of information could jeopardize your health and the health of others.
- If you are under 18 or if you are unsure how to complete the questionnaire, a parent or guardian may be able to assist you.

Please answer **YES** or **NO** to the following questions:

1. Have you ever had close contact with persons known or suspected to have active Tuberculosis disease? ☐ Yes ☒ No
2. Were you born in one of the countries or territories listed BELOW that have a high incidence of active TB disease? ☒ Yes ☐ No

If YES, please **CIRCLE** the country below.

Angola	Cambodia	Ethiopia	Kenya	Moldova	Papua New Guinea	South Africa	Ukraine
Azerbaijan	Cameroon	Ghana	Korea	Mozambique	Peru	Swaziland	Uzbekistan
Bangladesh	Central African Republic	Guinea-Bissau	Kyrgyzstan	Myanmar	Philippines	Tajikistan	Viet Nam
Belarus	Chad	<u>India</u>	Lesotho	Namibia	Russian Federation	Tanzania	Zambia
Botswana	China	Indonesia	Liberia	Nigeria	Sierra Leone	Thailand	Zimbabwe
Brazil	Congo	Kazakhstan	Malawi	Pakistan	Somalia	Uganda	

3. In the last 5 years, have you visited one or more of the countries or territories listed above with a high prevalence of TB disease? (If YES, please CHECK the countries or territories, above) ☐ Yes ☒ No
4. Have you been a resident and/or employee of high risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? ☐ Yes ☒ No
5. Have you been a volunteer or health care worker who served clients who are at increased risk of active TB disease? ☐ Yes ☒ No
6. Have you ever been a member of any of the following groups that may have an increased incidence in latent M. tuberculosis infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? ☐ Yes ☒ No

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2019. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates refer to: <http://www.who.int/tb/country/en/>. UL Lafayette follows the screening guidelines of the American College Health Association (www.acha.org) and the US Center for Disease Control (www.cdc.gov/tb/publications/factsheets/default.htm).

If the answer to **ALL** of the above questions is **NO**, no further testing or action is required except to turn form in to SHS.

If the answer is **YES** to ANY of the questions above, you will be required to undergo further evaluation including a TB Skin Test (TST/PPD) or blood test prior to beginning class. Have your health care provider complete the attached TB Risk Assessment and testing form and return it to Student Health Services. (Documentation of a negative TB Test obtained in the past year may be accepted.) Appropriate documentation includes:

1. PPD (Mantoux) Skin test read and documented in millimeters of induration or IGRA blood test results. Both must be within the last 12 months.
2. If you have received treatment for active TB disease, you will need to provide proper documentation of treatment to Student Health Services prior to attending class.

Turn completed form into Student Health Services by mail, via fax, in person, or email to: immunizations@louisiana.edu prior to the start of school. This questionnaire can also be answered electronically via the patient portal. Patient portal is accessible through ULINK using your ULID and password. Any detailed information about how to complete this form or, how to get follow up testing can be explained via email or at Student Health Services.



Tuberculosis Risk Assessment

*** To be completed by a Health Care Provider ***

FAILURE TO COMPLETE THIS FORM AND SUBMIT TO STUDENT HEALTH SERVICES WILL RESULT IN AN IMMUNIZATION HOLD ON YOUR ACCOUNT AND WILL PREVENT YOU FROM REGISTERING FOR CLASSES.

Student Health Services: P.O. Box 43692, Lafayette, LA 70504-3692 • Phone: 337-482-1293 • Fax: 337-482-1872

Name: SRIRANTH PAMULAPATI DOB: 10-11-1996 Date: 24-04-2023

1. Does the student have signs or symptoms of active tuberculosis disease? Yes or No

If Yes, proceed with additional evaluation to exclude active TB and/or seek appropriate treatment.

If No, proceed to options 2 or 3 listed below.

2. Tuberculin Skin Test (TST) – TST recorded as actual millimeters of induration. Recommended interpretation below. Base results on risk factors.

Date given: 04/13/2023 LFA / RFA

Date read: 04/15/2023

Results: 2 mm induration

Health Care Provider signature: _____

Health Care Provider signature: _____

Interpretation: Positive or Negative

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TST interpretation guidelines:

>5 mm is positive:

- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- Organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month.)
- HIV-infected persons

>10 mm is positive:

- Recent arrivals to the U.S. (< 5 years) from high prevalence areas or who resided in one for a significant amount of time
- Injection drug users
- Mycobacteriology laboratory personnel
- Residents, employees, or volunteers in high-risk congregation settings
- Persons with medical conditions that increase the risk of progression to TB disease including scoliosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck or lung), gastrectomy or jejunoileal bypass and weight loss at least 10% below ideal body weight.

>15 mm is positive:

- Persons with no known risk factors for TB, except for testing programs required by law/regulations, who would not otherwise be tested.

3. Interferon Gamma Release Assay (IGRA) – recommended if previous TST positive

Date obtained: _____ Circle specific test: QuantiFERON-Gold T-SPOT

Results: Positive or Negative

*Must provide copy of lab result or verified lab result on official letterhead or government issued document

IF TST AND IGRA TEST COME BACK POSITIVE, STUDENT WILL BE REFERRED TO LAFAYETTE PUBLIC HEALTH UNIT FOR MEDICAL EVALUATION AND CHEST X-RAY. A letter of clearance is needed prior to start of class.

Printed name of clinical personnel evaluating student: _____

Signature of evaluating healthcare provider: _____ Date: _____

Fax form and documents to (337)482-1872 or scan and email to immunizations@louisiana.edu prior to starting semester at UL Lafayette.

Medical office stamp required here: