

CERTIFICATE OF REQUIRED IMMUNIZATIONS

Please upload completed forms at www.immunizations.health.gatech.edu

Please read **ALL** instructions below. Your records **MUST** meet these criteria to satisfy the requirements.

Semester Beginning: Aug 23, 2021 Birth Date: Oct 24, 1998 Country of Birth: India
 GT ID#: 903541769 Cell Phone #: +91 8329301772 Email: abhinavn.harish@gmail.com
 Name (Last, First, Middle) Harish, Abhinav Narayan
 Address: A4-402, Brahma Emerald County, Kondhwa City: Pune State: Maharashtra Zip Code: 411048 Country: India

Vaccine	Injection 1 Date MM/DD/YYYY	Injection 2 Date MM/DD/YYYY	Injection 3 Date MM/DD/YYYY	OR	Date of Positive Lab/ Serologic Evidence(titer) ⁶
MMR (Measles, Mumps, Rubella) ¹ or Measles ¹ + Mumps ¹ + Rubella ¹	03/06/2000	07/09/2021			
	/ /	/ /			/ /
	/ /	/ /			/ /
	/ /				/ /
Varicella ² History of Disease Not Accepted	03/16/2000	07/28/2021			/ /
Tetanus-Diphtheria-Pertussis (Whooping Cough) ³	07/02/2021 Tdap (required)	/ / Booster Td or Tdap (Circle One)			
Hepatitis B ⁴ Hep B or Twinrix (Circle One) 2 Dose or 3 Dose Series (Circle One)	10/27/98	11/27/98	4/27/99		5/9/2021
Meningococcal ACWY ⁵ (Menactra or Menveo)	07/02/2021	/ /			
Tuberculosis Screening (must be done within 6 months of the start of class)	U.S./Canadian Born Students - Complete Page 4 (TB Assessment, required) and Page 6 (Skin Test, if TB Assessment indicates at risk) International Born Students - Complete a QuantiFERON blood test (submit official lab report). If QuantiFERON test is positive Chest x-ray performed in the US is required. QuantiFERON must be performed on the same day any live vaccines are administered or at least 28 days after any live vaccines are administered.				

1-US/Canadian born students born in 1957 or later; All foreign born students regardless of year born; First dose must be after first birthday.

2-US/Canadian born students born in 1980 or later; All foreign born students regardless of year born; First dose must be after first birthday. History of disease not accepted.

3-One dose of Tdap after 10th birthday is required for all students; Td booster needed only if > 10 years since last Tdap or Td.

4-Hepatitis B vaccine or Hepatitis A-Hepatitis B (Twinrix) vaccine accepted. 0, 1, and 6 month schedule preferred.

5-Vaccine required for all students under age 22. If vaccine given before 16th birthday, a booster dose on or after the 16th birthday is required. This is not the same vaccine as the Meningococcal B vaccine (see recommended vaccines page).

6-Upload antibody titer reports; must be on lab letterhead or printed from an electronic medical record; must be in English and include definitive lab values with reference values. Lab/serologic evidence indicating immunity may be used in lieu of injections to verify immunity if immunization records incomplete.

SIGNATURE OF HEALTH CARE PROVIDER AND DATE REQUIRED

Name: DR. MUFADDAL. ZAKIR
 Signature: [Signature]
 Phone: 791-20-26806661 Date: 28/4/2021

Dr. Mufaddal Yusuf Zakir
 Regd. No.: 83261
 GEN. PRACTITIONER
 1st Flr. Regency Arcade, Green Valley,
 Wanawadi, Pune-411041
 ☎ : +91-20-26806661

CERTIFICATE OF RECOMMENDED AND TRAVEL IMMUNIZATIONS

These immunizations are not required but recommended in some situations

Please add COVID-19 vaccination info if you have received this vaccine

Please upload completed form at www.immunizations.health.gatech.edu

RETAIN A COPY OF THE COMPLETED FORM FOR YOUR RECORDS

Semester Beginning: Aug 23, 2021

Country of Birth: India

GT ID#: 903541769

Cell Phone #: +918329301772

Email: abhinavn.harish@gmail.com

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Address: A4-402, Brahma Emerald County, Kondhwa City: Pune

State: Maharashtra Country: India

Zip Code: 411048

Birth Date: 24 Oct 1998

VACCINE	DATE MM/DD/YYYY	DATE MM/DD/YYYY	DATE MM/DD/YYYY
COVID-19 <i>Pfizer</i>			
<i>Moderna</i>			
<i>Johnson & Johnson</i>			
Other: Brand Name <small>(Covishield (AstraZeneca))</small>	<u>04/01/2021</u>	<u>06/16/2021</u>	
HPV 4 or 9 (circle one)	<u>—</u>	<u>—</u>	
Meningococcal B			
<i>Not Menactra or Menveo</i>			
<i>Bexsero</i>	<u>—</u>		
<i>Trumenba</i>	<u>—</u>		
Hepatitis A	<u>07/04/2021</u>	<u>07/28/2021</u>	
Pneumovax	<u>—</u>		
Yellow Fever	<u>—</u>		
Typhoid	<u>10/31/2020</u>		
Oral or Injection (Circle One)			
Polio Adult booster	<u>12/06/2003</u>		
Japanese Encephalitis	<u>—</u>		
Rabies	<u>—</u>		

CERTIFICATION OF HEALTHCARE PROVIDER

Name: DR. MUFADDAL ZAKIR

Signature: [Signature]

Phone: +91 20 26806661 Date: 07/28/2021

Dr. Mufaddal Yusuf Zakir
M.B.B.S.
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Patient Name : Mr. ABHINAV NARAYAN HARISH Reg. No. : 01012107210182
 Age and Sex : 22 Yrs / Male
 Referring Doctor : DR.M R DAS Sample Drawn Date : 18-Jul-2021 11:06 AM
 Referring Customer : SE00866628 Registration Date : 21-Jul-2021 04:54 PM
 Vial ID : L1143722 Report Date : 22-Jul-2021 12:47 PM
 Sample Type : Lithium Heparin Report Status : Final Report

IMMUNOLOGY AND SEROLOGY

Test Name	Obtained Value	Units	Bio. Ref. Intervals (Age/Gender specific)	Method
*Gamma Interferon, Antigen tube	0.35	IU/mL		CLIA
*Gamma Interferon, Nil tube	0.34	IU/mL		CLIA
*Final Result	Negative(0.01)	IU/mL	Negative: < 0.438 Positive: >= 0.438 Note:- Change in Reference Range and interpretation note	CLIA

Test Description:

- Interferon- gamma release assay (Quantiferon TB) is an in vitro, indirect method for documenting cell mediated immuneresponse using a peptide cocktail of ESAT-6, CFP-10 & TB7.7 protein antigens that are associated with M. tuberculosis complex infections. The interferon-Gamma released in plasma by the stimulated white cells (effector T cells) is estimated by ELISA. The assay is thus dependent on host immune status.
- The pooled sensitivity & specificity of the test for diagnosing M. tuberculosis infection in developing countries is 78 to 83% & 98 to 100% respectively

Interpretation :

N (U/mL)	T minus N	Result	Interpretation
<=10	<0.438	Negative	Tuberculosis may not infect T cell.
	>= 0.438 and < 25 % N		Tuberculosis may not infect T cell.
	>= 0.438 and > 25 % N		Tuberculosis may infect T cell.
	< 0.438		Tuberculosis infecting T cell is uncertain.
	>= 0.438 and < 25% N		Tuberculosis infecting T cell is uncertain.
> 10.0	Any		Tuberculosis infecting T cell is uncertain.

1. A positive result favour the persons exposure to M.tuberculosis complex or certain Atypical mycobacteria (M.kansasii, M.szulgai or M.marinum) & should be followed by further medical and diagnostic evaluation for tuberculosis infection. IGRA cannot distinguish between latent tuberculosis infection versus tuberculosis disease. Latent TB infection (LTBI) is a noncommunicable, asymptomatic condition with a positive IGRA or tuberculin skin test but no clinical, radiological or bacteriological evidence of active disease & can persists for many years. LTBI has a risk to progress to tuberculosis disease, in about 5-10% of immunocompetent hosts and this risk increases with immunodeficiency. The magnitude of the measured IFN-g level does not correlate with stage of infection or likelihood for progression to active disease. IGRA is superior to the tuberculin skin test and it does not give false positive results in BCG vaccinated patients, However, booster effect leading to false positive result, due to earlier Mantoux test has been reported in some studies.

2. Management decisions for persons with a positive IGRA result should be based on Risk Assessment findings for the likelihood of M.tuberculosis infection & for progression to tuberculosis disease. IGRA test is not recommended to be used for monitoring the response to treatment.

3. IGRA test can be negative in recent contacts of TB exposure (8 - 10 week false-negative "window" may exist), co-morbid conditions impairing immune function such as HIV infection; immunosuppressive drugs (corticosteroids, TNF-alpha antagonists), organ transplantation; hematolymphoid malignancies, Carcinoma in head, neck, or lung; Diabetes; Silicosis and Chronic renal failure.

4. Interpretation of serial IGRA testing in health care workers with an increased LTBI risk & working in countries with low and intermediate incidences of TB have inherent challenge of significant intra-individual variability of the IFN-γ response, hence it is recommended to use a borderline zone from

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Patient Name	: Mr. ABHINAV NARAYAN HARISH	Reg. No.	: 01012107210182
Age and Sex	: 22 Yrs / Male		
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0.2 to 0.7 IU/ml for the interpretation of repeat IGRA results in these cases.

Disclaimer : It cannot differentiate between latent infection and active tuberculosis.

References :

- American CDC(2010) & European CDC(2011) guidelines on TB QuantiFERON.
- Ringshausen et al.Journal of Occupational Medicine and Toxicology 7:6, 2012.

Correlate Clinically.

*** End Of Report ***

*This test is performed at our Referral laboratory. Please refer to conditions of reporting.
This report is not valid for medico legal purposes.

[Signature]
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