

STATE OF ALABAMA
CERTIFICATE OF RELIGIOUS EXEMPTION FROM IMMUNIZATION

RASUL K. LEE 05/23/2002
Name of Child Date of Birth

I attest that vaccines are in conflict with the tenets and practices of my religion. I request that my child be given a Certificate of Religious Exemption from Immunization. I understand that my child may be excluded from daycare or school if a vaccine-preventable disease occurs.

ERIC M. LEE 02/10/2017
Montgomery County Health Department or Guardian Date
Immunization Division

3060 Mobile Highway
Montgomery, Alabama 36108
334-293-6448

County Health Department Stamp Date Issued 10 FEB 17 Signature of Clinic Staff Member

Religious exemption applies to: ☒ All vaccines
Exemption applies to the following vaccines



Immunization Form

To ensure the health and safety of our campus, immunizations against communicable diseases is extremely important. Vaccination against Measles, Mumps, Rubella (MMR), Tetanus, Diphtheria and Pertussis (Tdap), and proof of negative Tuberculosis is required of all students entering Auburn Montgomery. This form must be completed and is the preferred document for proof of immunizations and TB testing.

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

Name Lee Rasul Student Number 500363877
Last First Middle
Address _____
Street City State Zip Code
Phone Number 334-320-0023 E-mail Address rlee16@aum.edu Date of Birth 05/23/02 Date of Enrollment _____

REQUIRED IMMUNIZATIONS

Tuberculosis Screening (within 6 months prior to semester student is to begin at AUM.)

Date Given 6/14/19 (Date of reading, within 48 to 72 hours of date given) TB skin test (PPD) 6/17/19

Results: Positive _____ mm Negative 0 mm

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

Tetanus, Diphtheria, Pertussis (Tdap) Vaccine. Students without previous documentation of a Tdap vaccine should have one dose within the last 10 years. Other students should be current to maintain their status throughout their entire academic career.

Date of Tdap vaccine: _____/_____/_____

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 6/23/03 Date of Second Dose 6/6/06

OPTIONAL IMMUNIZATIONS (These immunizations are not required by the university but are recommended by the American College Health Association.)

Hepatitis B: 08/08/02 10/24/02 4/23/03
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.

M. J. [Signature]
Signature of Licensed Health Care Professional

6/14/19
Date

License Number or Office Stamp

(Adopted 1/12, Revised 8/2016)



**CHILD/TEEN SHOT RECORD (0 THRU 20)
MEDICAL PASSPORT**

Carry this record at all times and present it to
EVERYONE who provides medical services for you
or your child.

NAME Rash Lee DOB 5/23/02

PRIMARY CARE PHYSICIAN: _____

ALLERGIES

OTHER INFORMATION

EPSDT/CHILD HEALTH EXAM PROVIDED

DUE TO RETURN (date)

CHILD/TEEN IMMUNIZATIONS				Date	Clinic/Provider
DTaP	DT	Td	DTP	8/8/02	
DTaP	DT	Td	DTP	10/24/02	
DTaP	DT	Td	DTP	3/19/03	
*DTaP	DT	Td	DTP	11-21-05	FHS
DTaP	DT	Td	DTP	6-6-05	FHS
Hep B				8/8/02	
Hep B				10/24/02	
Hep B				4/23/03	
Hep B					
HIB				8/8/02	
HIB				10/24/02	
HIB				12/30/02	
HIB				4/24/03	
Polio				8/8/02	
Polio				10/24/02	
Polio				9/24/03	
Polio				6-6-05	FHS
S. Pneumonia				8/8/02	
S. Pneumonia				12/30/02	
S. Pneumonia				9/24/03	
S. Pneumonia				4/23/05	
Varicella					
Varicella					
MMR				6/23/03	
MMR				6-6-05	FHS
Hep A					
Hep A					
Influenza					
Influenza					
Influenza					
Influenza					
Meningococcal					
Other					
Result					
TB Skin Test					
TB Skin Test					
TB Skin Test					