



Alabama Department of Public Health

CERTIFICATE OF IMMUNIZATION

MICHAEL A FOLDS

Child's Name (first, middle, last)

03/07/2001

Birthdate

05/02/2022

Date of Expiration

(Next Required Immunization)

Parent/Guardian Name (first, middle, last)

Unless Specifically exempted by law, Alabama law (code of Alabama 1975, Section 16-30-4) requires a certificate on file for each child in attendance in all schools and licensed child care facilities in Alabama. Instructions for this form and immunization requirements by age are detailed via the ADPH web site at www.adph.org/immunization

Vaccine	DOSE1 DATE MM DD YY	DOSE2 DATE MM DD YY	DOSE3 DATE MM DD YY	DOSE4 DATE MM DD YY	DOSE5 DATE MM DD YY	DOSE6 DATE MM DD YY	Total Doses	Confirmed Lab MM YY	History MM YY
Required Vaccines for School or Child Care Attendance									
DTP,DTaP,DT	DTAP 05/23/01	DTAP 07/24/01	DTAP 09/17/01	DTAP 06/17/02	DTAP 03/28/06				
TD									
Tdap	TDAP 05/02/12								
IPV,OPV	IPV 05/23/01	IPV 07/24/01	IPV 03/12/02	IPV 03/28/06					
Hib (Under Age 5)	HIB 05/23/01	HIB 07/24/01	HIB 06/17/02						
Measles	MMR 06/17/02	MMR 03/28/06							
Mumps	MMR 06/17/02	MMR 03/28/06							
Rubella	MMR 06/17/02	MMR 03/28/06							
PCV	PCV7 05/23/01	PCV7 07/24/01	PCV7 09/17/01	PCV7 06/17/02					
Varicella	VARICELLA 03/12/02	VARICELLA 05/02/12							

Recommended Vaccines									
HepA	HEP A 05/02/12	HEP A 07/30/13							
HepB	HEP B 03/14/01	HEP B 04/18/01	HEP B 09/17/01						
HPV	HPV9 01/05/16	HPV9 03/08/16							
MCV, MPSV,MENB	MCV40 05/02/12								
Rotavirus									

NOTES

A licensed physician or qualified employee of the Alabama Dept of Public Health is responsible for the content of this certificate. All dates must include the month, day, and year. In cases of history of disease or laboratory confirmation, the month and year of infection or test must be filled in the appropriate box(es).

The certificate is NOT valid without the name and birth date of the child, date of expiration, name and address of the physician or health department, and date of issue. A school or facility official is responsible for keeping a current valid Certificate on file for each child in attendance. When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian.

Site Name : PARTNERS IN PEDIATRICS LLC - MONTGOMERY

Address: 8160 SEATON PL MONTGOMERY

Telephone #: (334) 2721799

Date of Issue: 6/7/2019

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, 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 Folds Michael Alexander Student Number _____
Last First Middle
Address _____
Street City State Zip Code

Phone Number _____ Cell Phone Number _____ E-mail Address _____ Date of Birth _____

REQUIRED IMMUNIZATIONS

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

Date Given _____ (Date of reading, within 48 to 72 hours of date given) TB skin test (PPD) _____ / _____ / _____

Results: Positive _____ mm Negative _____ mm

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

Tetanus, Diphtheria, Pertussis Vaccine (preferred). Students without previous documentation of a TDaP vaccine should have one dose prior to entrance based on current guidelines. Other students should be current to maintain their status throughout their entire academic career.

Date of TDaP vaccine: 05 / 02 / 12
or Td _____ / _____ / _____ (within the last 5 years)

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 / 17 / 02 Date of Second Dose 3 / 28 / 04

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

Hepatitis B: 3 / 14 / 01 4 / 18 / 01 9 / 17 / 01
1st 2nd 3rd

Varicella (Chickenpox) Vaccine: 3 / 12 / 02 5 / 02 / 12
1st 2nd

Meningococcal (meningitis) Vaccine: 5 / 2 / 12 _____ / _____ / _____ (MCV4 preferred)
1st 2nd

I certify that the above dates and vaccinations are true.

Signature of License Health Care professional Date

License Number or Office Stamp

(Adopted 1/12, Revised 8/2012)