



AUBURN

MONTGOMERY®

June 4, 2019

To Whom It May Concern:

This letter is in reference to Feodosia Rosca (DOB 6/7/1991), a previously enrolled student and patient of Student Health Services. On 5/21/2012, she had a positive TB skin test (18mm). She was then sent for a chest x-ray which was interpreted as "normal". She began receiving INH therapy on 9/17/12. She returned to the clinic once a month for liver enzyme check and prescription refill for a period of 6 consecutive months.

Sincerely,

Carol Stewart, CRNP
Director Student Health Services
Auburn University at Montgomery

AUBURN UNIVERSITY AT MONTGOMERY

Student Health Services

P.O. Box 244023, Montgomery, AL 36124-4023; 334-244-3281; 334-244-3396

www.aum.edu

In order to apply for a U.S. green card (lawful permanent resident status), you must undergo a medical examination. The purpose behind the examination is to ensure that you are not inadmissible to the United States on public health grounds.

However, you cannot simply undergo a medical examination with your regular doctor. Instead, a civil surgeon who has been specifically designated by the U.S. government must perform the required medical examination. The civil surgeons who are qualified to perform green card medical examinations receive special, ongoing training in these areas.

What to bring to the medical examination

In preparation for the medical exam, you should be sure to bring the following:

- Valid passport or other government issued photo identification;
- Your vaccination records;
- If you are adjusting status, a copy of Form I-693, Report of Medical Examination and Vaccination Record;
- The required fee (varies by doctor);
- For anyone in your family immigrating with learning disabilities, a report of their condition and any special education or supervision requirements;
- If you are being treated for a chronic medical condition or taking medications on a regular basis, a list of the medications (also be prepared to explain your conditions);
- If you've had a previous positive skin test for tuberculosis (TB), a certificate from your doctor giving the circumstances of the positive test result, indicating any treatment prescribed and how long it lasted. If you have ever been diagnosed with tuberculosis, you must present a written certification, signed by your doctor, proving that you were adequately treated. The certificate must include dates and types of medications you took;
- If you have had syphilis, a written certificate, signed by a doctor or public health official, proving that you were adequately treated;
- If you have a history of harmful or violent behavior resulting in injury to people or animals, information that will allow the doctor to determine whether the behavior was related to a psychiatric or medical problem, or to drug or alcohol use; and
- If you have been treated or hospitalized for psychiatric or mental illness, or alcohol or drug abuse, written certification including the diagnosis, length of treatment, and your prognosis.

What the doctor will examine & administer

Standard Physical

The doctor will conduct a standard physical, as you have likely received from your regular doctor before. The doctor will look at your eyes, ears, nose and throat, extremities, abdomen, lymph nodes, skin, and external genitalia. They will also listen to your heart and your breathing.

Vaccinations

The civil surgeon will look over your vaccination records to let you know if you will need any vaccinations in order to complete your immigration medical exam. If you have received all required vaccinations and have all necessary records, you will not need to receive any additional vaccinations. If vaccines are required to complete your medical exam, they can be provided on that day or rescheduled for a date in the near future if required.

If you have received vaccinations in the past but do not have your vaccination records, you have the option of having blood titers drawn to prove your immunity. Blood titers are blood tests that can check for certain antibodies against certain diseases. If you have had a full series of vaccinations in the past, the blood titers will prove that you are immune to the disease and do not require the vaccinations. However, if a blood titer comes back as not immune, the vaccination is then required.

The vaccinations required include:

- ✓ • Hepatitis A and B
- Influenza
- Influenza type b (Hib)
- ✓ • Measles
- ✓ • Meningococcal
- ✓ • Mumps
- Pneumococcal
- Pertussis
- Polio
- Rotavirus
- ✓ • Rubella
- ✓ • Tetanus and diphtheria toxoids
- Varicella

Tuberculosis (TB) Screening

All applicants two years of age or older are required to have a tuberculin skin test (TST). Children younger than age two are required to have a TST if there is evidence of contact with a person known to have TB or if there is other reason to suspect TB. If evidence of

TB infection is found, a chest X-ray is required. Any person with a positive skin test reaction of more than 5mm will also be required to undergo a chest X-ray.

After the TST is administered, the doctor will ask you to return in 48 to 72 hours for the results to be read. If the results are measured as 5mm or larger, you will then be required to have the chest X-ray to rule out tuberculosis as the cause.

Pregnant women must still undergo the X-ray if the TST is found to be 5mm or larger.

Syphilis Blood Test

All applicants age 15 and older are required to be tested for syphilis by USCIS, as well as applicants 14 and under who have symptoms of syphilis or a history of syphilis. The syphilis screening is a blood draw to determine if the applicant has syphilis. The blood draw must be done at the same time as the medical exam and at the civil surgeon's designated laboratory. If syphilis is detected, the applicant will need to be treated before the I-693 form can be completed.

Gonorrhea Urine Test

All applicants age 15 and older are required to be tested for gonorrhea by USCIS, as well as applicants 14 and under who have symptoms of gonorrhea or a history of gonorrhea. The gonorrhea screening is a simple urine collection. If gonorrhea is detected in the sample, the applicant will need to be treated before the I-693 forms can be completed.

Applicants should be sure to confirm that the civil surgeon properly completes the form to indicate that the test for gonorrhea was administered.

Illnesses or conditions that may make you inadmissible

Only certain medical conditions can make you inadmissible to the United States under the Immigration and Nationality Act (I.N.A.), under Sections 212(a) and 221(d). These include:

- A communicable disease of public health significance. These include active tuberculosis, gonorrhea, infectious leprosy, and infectious syphilis. HIV was removed from this list on Jan. 4, 2010.
- A physical or mental disorder and a history of behavior associated with the disorder that may pose or has posed a threat to the property, safety, or welfare of the applicant or others.
- A physical or mental disorder and a history of behavior associated with the disorder that may pose or has posed a threat to the property, safety, or welfare of the alien or others, and which behavior is likely to recur or lead to other harmful behavior.
- Abuse of or addiction to drugs.

Submitting the results of your medical exam

If you are applying for your green card abroad through visa processing, the civil surgeon will either give you the medical examination to hand-carry to the visa interview or they will send the results directly to the U.S. consulate or embassy. If it is given to you by hand, do not open the envelope. The embassy will not accept the medical exam if it has been opened.

If you are applying for your green card through adjustment of status, the doctor will complete Form I-693 and give it to you in a sealed envelope. Do not open the envelope. You must then submit the sealed examination with your application to USCIS. The envelope will not be accepted if it is not sealed.

The results of your examination remain valid for up to one year before you file your application for a green card.

☐ Atlanta Highway
4305 Atlanta Highway
Montgomery, AL 36109
334-271-7051

Vaughn Plaza
2815 East Boulevard
Montgomery, AL 36116
334-271-4545



☐ Taylor Crossing
34 Taylor Road, North
Montgomery, AL 36117
334-272-7639

☐ Prattville
1595 East Main Street, Suite A
Prattville, AL 36066
334-361-3171

☐ Wetumpka
4452 U.S. Highway 231
Wetumpka, AL 36092
334-567-8400

PHYSICIAN REPORT

Mr. _____
Mrs. _____
Miss Feodosia Rosca
has been under my care from 5/24/12 to _____
and is able to return to work/school on _____ no P.E. until _____
Remarks pt. has normal chest xray
No Tuberculosis
Dr. [Signature] Date 5/24/12

MARY BARROW, M.D.
DONALD P. BROBST, M.D.
PATRICIA L. CAMPBELL, M.D.
CAROLINE FOLASHADE, M.D.

GEORGE J. KIRICENKOV, M.D.
RICK LAUDERDALE, P.A.
CURTIS E. McLEMORE, M.D.
CHANDLER MULLER, D.O.

MALCOLM A. PATCHEL, P.A.-C.
UTTAM PODDER, M.D.
PAUL TANAKA, M.D.
JAMAAL UPSHAW, P.A.

LEIA THORNTON, P.A.
SHAIKH WAHID, M.D.
CHARLES WOOLDRIDGE, M.D.
JUDY M. YAPLE, CRNP

PM112

ALABAMA DEPARTMENT OF PUBLIC HEALTH MANTOUX TUBERCULIN SKIN TEST REPORT

Patient Name: Rosca Feodosia County: Montgomery
Last First Middle Social Security No: [Redacted]
Address: 1201 Kirkwood Dr. Mont. AL 36117 Phone No: (334) 279-9950
Number & Street City Zip Code Birth Date: 4/7/91
Sex: ☐ M ☒ F Race: ☒ W ☐ B ☐ Other _____ Month Day Year
1 2 1 2 3 Specify

Reason Tested:

School

Contact: ☐ Yes ☒ No

1 2

Index Case: _____

Risk Factor Category (Check One)

☒ A ☐ B ☐ C (See Reverse Side)

Site of Test (Check One)

- 1 ☐ Residence
2 ☐ Nursing Home
3 ☐ Hospital
4 ☐ School
5 ☐ Prison/Jail
6 ☐ Other
7 ☐ Health Department
8 ☐ Shelter

PriMed (TC)
Facility Name

Date Tested: 5/15/12 Date Read: 5/15/12 Result 8 mm
Month Day Year Month Day Year

(For Two-Step Method Only)

Second Test Date: _____ Date Read: _____ Result: _____ mm

Month Day Year

Month Day Year

Send white copy to: TB Division, ADPH, P.O. Box 303017, Montgomery, AL 36130-3017

(Retain buff copy for local records)

All results must be recorded in
millimeters (mm) of induration.

ADPH-TB-26/Rev. 2-2000 (BS)

***Pri-Med Physicians, Inc.
Taylor Crossing***

34 Taylor Rd.
Montgomery, AL 36117
334-272-7639

Date of Study: 05/24/12
Patient Name: Rosca, Feodosia
Date of Birth: 04/07/91
Referring Physician:

PROCEDURE: CHEST TWO VIEWS

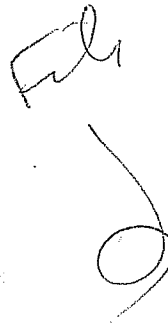
FINDINGS: The lungs are clear. The lungs are well expanded and related to deep inspiration. The cardiac silhouette and pulmonary vascularity appear normal and the bones are intact.

IMPRESSION:

Negative.

Radiologist: Mary M. Karst, M.D.

MMK/mef/3340206
05/25/12



Thank you for referring your patient to Montgomery Radiology Associates, PA.

**Primed
TB Skin Test
Administration**

Patient Name: FEODOSIA ROSCA

Date Skin Test was Administered: 5-15-12 Time: 1900

Administered By (Staff): ERICK NEWCOMB RN

Site of Injection: Right or Left Forearm (**Intradermal**)

Read By: _____

Results: _____ mm Date Read: _____

Mfg./Brand: JHP Pharmaceuticals Lot#: 182044

Expiration Date: 7-13

*** Pregnant patients should be referred to her regular OB/GYN physician, prior to Giving TB Test.***

RETURN WITHIN 48 TO 72 HOURS
FOR READING.

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 Office (334) 244-3396

Name ROSCA, FEODOSIA Student Number _____
Last First Middle
Address 1201 KIRKWOOD DR MONTGOMERY, AL
Street City State
Phone Number _____ Cell Phone Number _____ E-mail Address _____ Date of Birth ____/____/____

REQUIRED IMMUNIZATIONS

Tuberculosis Screening (with in last 12 months)

(Date of reading) TB skin test (PPD) ____/____/____

Results: Positive ____ mm Negative

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

Tetanus, Diphtheria, Pertussis Vaccine (preferred)

Date of Tdap vaccine: 5/15/12

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) are acceptable. Please attach documentation to the back of the form.

Date of first dose: 5/21/2012

Date of second dose: ____/____/____

RECOMMENDED IMMUNIZATIONS (Specify Dates)

Hepatitis B: 5/15/12 ____/____/____ ____/____/____
1st 2nd 3rd

Varicella (Chickenpox) Vaccine: ____/____/____ ____/____/____
1st 2nd

Meningococcal (meningitis) Vaccine: 5/21/2012 (Menactra preferred)

I certify that the above dates and vaccinations are true.

[Signature]
Signature of License Health Care professional

5/15/12
Date

All Med Physicians
Pri Med Taylor Crossing
34 Taylor Road North
Montgomery, AL 36117
Phone: 334-272-7639 • Fax: 334-272-5170
License Number or Office Stamp

(Adopted 1/12)

Immunization Form

To ensure the health and safety of our campus, immunizations against communicable diseases against Measles, Mumps, Rubella (MMR), Tetanus, Diphtheria and Pertusis: all students entering Auburn Montgomery. This form must be completed and is for testing.

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

Name ROSCA, FEODOSIA
Last First Middle
Address 1201 KIRKWOOD DR MONTGOMERY
Street City

Phone Number Cell Phone Number E-mail

REQUIRED IMMUNIZATIONS

Tuberculosis Screening (with in last 12 months)
(Date of reading) TB skin test (PPD) 5 / 18 / 12

Results: Positive 8 mm Negative
If positive, you must attach a radiology report from chest X-ray and document

Tetanus, Diphtheria, Pertussis Vaccine (preferred)
Date of Tdap vaccine: 5 / 15 / 12
or Td / / (within the last 5 years)

Measles, Mumps, Rubella (MMR)
Auburn Montgomery University requires that all students born after 1956 must have MMR prior to registration. One dose must have been after 1980. Lab and documentation to the back of the form.

Date of first dose: 5 / 21 / 2012
Date of second dose: / /

RECOMMENDED IMMUNIZATIONS (Specify Dates)

Hepatitis B: 5 / 15 / 12 / /
1st 2nd

Varicella (Chickenpox) Vaccine: / /
1st

Meningococcal (meningitis) Vaccine: 5 / 21 / 2012 (Menactra preferred)

I certify that the above dates and vaccine

Rosie A. Orem 5 / 21 / 12
Signature of License Health Care professional Date

PriMed

Tetanus Administration Record

I have read or had explained to me information regarding diphtheria, tetanus or (lockjaw), Tdap, and DT, Td and tetanus vaccines. I have/had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of DT, Td and tetanus vaccines. I was given a hand-out regarding Tetanus, Adacel, and Diphthria Vaccine.

By signing below, I am giving permission to receive or I am authorizing DT or Td to be given to this patient, whom I have authorization to make this request.

Vaccine to be given: TDAP

Information regarding patient to receive vaccine:

FEODOSIO ROSCO 21
Name Age

1201 KIRKWOOD DR, MONTGOMERY, AL 36117
Address State ZIP

X

[Signature]
(Signature of person to receive vaccine or person authorized to make the request:
(Parent or Guardian)

Please Circle

Tdap

Td

Vaccine Manufacturer: Glaxo Smith Kline

Vaccine Lot Number: ACS28079CA

Expiration Date: 11/25/13

Site of Injection: Right or Left Deltoid (IM)

Administered By: [Signature] Date: 5-15-12

Time: 1855