



Hepatitis A Reminder

Date: 11/4/13

Dear Ashlea

Your final Hepatitis A vaccination is due on Nov. 4, 2013.
It is important that you continue your series within the recommended schedule to obtain the maximum effect from your vaccination.

In order to achieve maximum benefits, you should receive your vaccine no later than
Nov 18, 2013.

If you have received this immunization elsewhere, please submit a copy for our records.
If you wish to continue the series at the AUM Nursing Care Center, contact our clinic at 244-3281 to set up an appointment at your earliest convenience.

Thank you for allowing us to participate in the protection of your good health.

Sincerely,

Amy Morris, RN 

Amy Morris, MPA, RN-BC

Alabama Adult Immunization Record

Patient Name: MCCOLLOUGH, ASHLEA MAURA

H AND M DRUGS

Date of Birth: 05/13/1993

Chart No.:

17216 HIGHWAY 431

Parent(s) Name: REBECCA E MCCOLLOUGH and JAMES T MCCOLLOUGH

WEDOWEE, AL 36278-5159

Next shots are: Hep A/Hep B #3

Due on or after: 11-3-13

256-3574614

Vaccine	Vaccine Given	Date Given	Physician or Clinic
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV)	HEP B	04/27/94	OUTSIDE CLINIC
	HEP B	08/05/94	OUTSIDE CLINIC
	HEP B	03/22/95	OUTSIDE CLINIC
	HEP A - HEP B	05/03/13	
	HEP A - HEP B	06/21/13	
Diphtheria, Tetanus, Pertussis (e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Tdap, Td)	DTP	07/21/93	OUTSIDE CLINIC
	DTP	04/27/94	OUTSIDE CLINIC
	DTP	08/05/94	OUTSIDE CLINIC
	DTP	03/22/95	OUTSIDE CLINIC
	DTAP	04/08/98	
	TDAP	06/09/08	OUTSIDE CLINIC
Polio (e.g., IPV, DTaP-HepB-IPV)	OPV	07/21/93	OUTSIDE CLINIC
	OPV	04/27/94	OUTSIDE CLINIC
	OPV	08/05/94	OUTSIDE CLINIC
	OPV	04/08/98	
Measles, Mumps, Rubella (e.g., MMR, MMRV)	MMR	03/22/95	OUTSIDE CLINIC
	MMR	04/08/98	
	MMR	04/14/11	
	MMR	05/03/13	
Varicella (e.g., Var, MMRV)	VARICELLA	05/03/13	
	Varicella Disease History	01/30/95	
Influenza (e.g., Flu, TIV, LAIV)	TIV(FLU)	11/13/10	
	TIV(FLU)	08/05/11	
Other	HIB	07/21/93	OUTSIDE CLINIC
	HIB	04/27/94	OUTSIDE CLINIC
	HIB	08/05/94	OUTSIDE CLINIC
	MenACWY (MCV4)	08/05/11	
	VARICELLA	05/03/13	

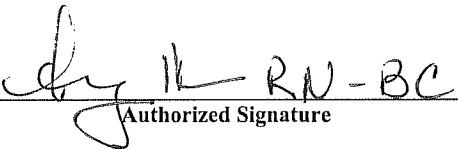
Auburn University Montgomery
P. O. Box 244023
7461 East Drive
Montgomery, AL 36124
(334) 244-3281

Immunization Record
McCollough, Ashlea

Printed On: 05/21/2015

Student No.: S00173405	Student Status:	School: 04
Gender: Female	Class:	Enrollment: 8/12/2013
Date of Birth: 5/13/1993	Standing: Senior	

CPT	Description	Imm Date	Results	Measurement	Waiver
	Hepatitis A and Hepatitis B Vaccine Dose #1	05/03/2013			
	Hepatitis A and Hepatitis B vaccine Dose #2	06/12/2013			
	Hepatitis B Dose #1	04/27/1994			
	Hepatitis B Dose #2	08/05/1994			
	Hepatitis B Dose #3	03/22/1995			
	Hepatitis B Surface Antibody Titer	10/08/2013	Positive	74.8 Immune	
	Hepatitis B Surface Antibody Titer	10/10/2013	Positive	74.8 Immune	
	Influenza Inactive Vaccine Trivalent or Quadrivalent	10/07/2014			
	Mantoux, PPD	11/20/2013	Negative	0mm	
	Mantoux, PPD	12/05/2013	Negative	0mm	
	Mantoux, PPD	12/15/2014	Negative	0mm read 12/17/ 2014	
	Meningococcal Conjugate Vaccine	08/05/2011			
	MMR #3	04/14/2011			
	MMR #3	05/03/2013		4th MMR	
	MMR Dose #1	03/22/1995			
	MMR Dose #2	04/08/1998			
	Tetanus, Diphtheria, Pertussis (Tdap)	06/09/2008			
	Varicella IgG Titer	10/10/2013	Positive	2.48 Immune	
	Varicella Virus Vaccine	05/03/2013			


Authorized Signature

5/21/15
Date

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

Amy Morris

From: AMCCOLLO
Sent: Thursday, May 21, 2015 10:47 AM
To: Amy Morris
Subject: Immunization Records

Ms. Morris, my name is Ashlea McCollough (S#00173405). I need a copy of my immunization records to take to Baptist South, is there any way you could email it to me so I could print it off? Thank you so much!

-Ashlea

Sent from my iPhone



SOLSTAS
LAB PARTNERS

2732 7th Ave South
Birmingham, AL 35233
Phone: 205-313-1240
Fax: 205-313-1250

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name MCCOLLOUGH, ASHLEA			Requesting Physician: FUENTES, MARYLUZ	
Sex/Species: FEMALE	Date of Birth: 05/13/1993	Age: 20	Accession: D986452	
Patient Phone:	Patient ID #: MCCOLLOUGHASHL281	Med. Rec. #:	Requisition: 10/08/2013 15:45	
			Collected: 10/10/2013 12:31	
			Reported: 10/10/2013 12:31	

REQUEST	RESULT	UNITS	NORMALS	TEST LOC
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Amended on: 10/10/2013 12:31 HEPATITIS B SURFACE ANTIBODY	74.8	mIU/mL		BHAM
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<10 mIU/mL = NONREACTIVE: PATIENT IS CONSIDERED NOT TO HAVE
PROTECTIVE IMMUNITY TO HBV INFECTION.
>=10 mIU/mL = REACTIVE: PATIENT IS CONSIDERED TO HAVE PROTECTIVE
IMMUNITY TO HBV INFECTION.

VARICELLA-ZOSTER VIRUS ANTIBODY, IgG VARICELLA-ZOSTER VIRUS AB, IgG	2.48 H	ISR	<0.90	SLN
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ISR = Immune Status Ratio
<0.90 ISR Negative
0.90 - 1.09 ISR Equivocal
>=1.10 ISR Positive

ABNORMAL SUMMARY				
VARICELLA-ZOSTER VIRUS ANTIBODY, IgG VARICELLA-ZOSTER VIRUS AB, IgG	2.48	H	ISR	<0.90

PLEASE NOTE: The abnormal summary is supplied as a tool for identifying abnormal results. All results must still be reviewed as some abnormal results will not be included due to their interpretative or textual nature.

FINAL REPORT

Testing Locations:

BHAM SOUTHERN DIAGNOSTIC LABORATORIES - 2732 7TH AVENUE SOUTH BIRMINGHAM, AL 35233 205-313-1240 CLIA #:01D1015388
SLN SOLSTAS LAB PARTNERS - MAIN - 4380 FEDERAL DRIVE SUITE 100 GREENSBORO, NC 27410 CLIA #:34D0932172

**AUM NURSING CARE CENTER
IMMUNIZATION RECORD**

PATIENT NAME: Ashlea McCollough BIRTHDATE: _____

ALLERGIES/MEDICAL ALERT: NKA MA

IMMUNIZATION	DATE	SITE	DOSE	MFR	LOT #	COMMENTS	VIS/DATE	INITIALS
DPT								
DPaT								
DT								
Td BOOSTER								
MMR								
MR								
HIB								
HEPATITS B								
OTHER								

TUBERCULIN TESTING PPD (MANTOUX) 0.1ml ID	DATE GIVEN	DATE READ	RESULTS	MFR	LOT #	COMMENTS	INITIALS
	12/15/14	12/17/14	0mm	SP	C4584HA	(L) feream	AM

INITIALS	SIGNATURE	INITIALS	SIGNATURE
AM	[Signature]		

**AUM-Nursing Care Center
Patient Release of Information Authorization Statement**

I, Ashlea McLaughlin, hereby authorize Auburn University at
(name of student)

Montgomery Nursing Care Center to release to Baptist Health System in
Montgomery Alabama the following information, documentation of influenza
vaccination.

The purpose and need for this disclosure is to : provide evidence to health care
agency of vaccination of students against influenza. The documentation of
vaccination shall include: date vaccinated, identification of type of vaccine
administered, vaccine manufacturer and lot number, location vaccination
administered and signature of person administering vaccine.

10-21-2014
Date Signed

Ashlea McLaughlin
Signature of Student

Date Witnessed

Signature of Witness

Amy Morris

From: AMCCOLLO
Sent: Monday, August 04, 2014 12:48 PM
To: Amy Morris
Subject: TB skin test

Ms. Morris, this is Ashlea McCollough. I wanted to get a copy of my TB skin test emailed to me. My birthday is 05/13/1993 and my student id is 00173405. Thanks so much!

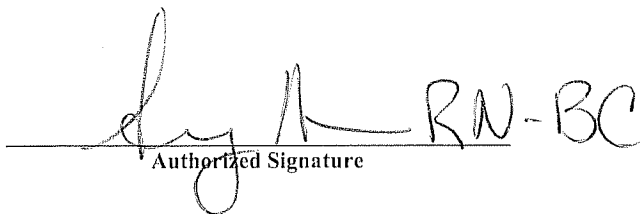
Auburn University Montgomery
P. O. Box 244023
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Montgomery, AL 36124
(334) 244-3281

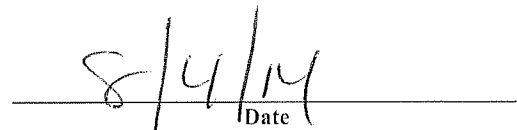
Immunization Record
McCollough, Ashlea

Printed On: 08/04/2014

Student No.: S00173405	Student Status:	School: 04
Gender: Female	Class:	Enrollment: 8/12/2013
Date of Birth: 5/13/1993	Standing: Senior	

CPT	Description	Imm Date	Results	Measurement	Waiver
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	Meningococcal Conjugate Vaccine	08/05/2011			
	MMR #3	04/14/2011			
	MMR #3	05/03/2013		4th MMR	
	MMR Dose #1	03/22/1995			
	MMR Dose #2	04/08/1998			
	Tetanus, Diphtheria, Pertussis (TDaP)	06/09/2008			
	Varicella IgG Titer	10/10/2013	Positive	2.48 Immune	
	Varicella Virus Vaccine	05/03/2013			

 RN-BC
Authorized Signature


Date

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 10/8/13 TIME: 1545 PT. HISTORY REVIEWED / UPDATED: 1 / 1
 PATIENT NAME: Ashlea m^cCollough DOB: _____ AGE: _____
 PRESENT COMPLAINT: P4 in for lab draw for SON requirements.
Discussed plan to manage Hep A in Nov if pt's Hep B
titer is (+).

MEDICATIONS: _____ LMP: _____

Temp	Pulse	Reso	B/P	HT	WT	Allergies

INITIAL VISIT	RETURN VISIT
Skin	
Sinuses	
Ears	
Eyes	
Nose	
Throat	
Neck/Back	
Heart	
Lungs	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS: <u>Lab draw</u>	TESTS	RESULTS
	<u>varicella IGG</u>	<u>see lab</u>
	<u>Hep B antibody</u>	

PLAN: Blood drawn from (L) AC & ZZE
vacutainers. P4 tolerated well.

CALL BACK: _____

PRACTITIONER SIGNATURE: _____ STAFF SIGNATURE: *Agan*

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

Walgreens

#09397 765 E GLENN AVE
AUBURN, AL 36830
334-821-6538

7011 0041 10/07/2014 6:11 PM

RX 0645778 0.00
CLM RF# 142806499532191999

TOTAL 0.00
CASH 0.00

THANK YOU FOR SHOPPING AT WALGREENS

YOU KNOW THAT YOU CAN EARN POINTS
HUNDREDS OF ITEMS IN-STORE AND
ONLINE? SEE OUR WEEKLY AD FOR MORE
INFORMATION. RESTRICTIONS APPLY. SEE
GRAM RULES FOR DETAILS. PLEASE GO
WALGREENS.COM/BALANCE.

RFN# 0939-7417-0118-1410-0703



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WWW.WAGCARES.COM

WIC# 216382

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

This medicine contains killed viruses. It cannot cause you to develop the flu. This medicine is not effective against all strains of the flu virus. It may also not protect everyone who receives it. This medicine does not protect against other respiratory viruses. TELL YOUR DOCTOR if you will be receiving any other vaccines. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. CAUTION IS ADVISED WHEN USING THIS MEDICINE IN THE ELDERLY: its effectiveness may be decreased in the elderly patients. FEVER OR SEIZURES ACCOMPANIED WITH FEVER have occurred in CHILDREN using certain brands of this medicine.

ASHLEY MCCOLLOUGH
387 Webster Rd Apt 48, Auburn, AL 36832
(256)453-3104

RX # 0645778-09397

DATE: 10/07/14

FLUVIRIN MULTIDOSE VIAL 2014-15 5ML
QTY: 0.5 NO REFILLS - DR. AUTH REQUIRED
New NDC: 66521-0117-10
Retail Price: \$31.99 Your Insurance Saved You: \$31.99

\$ 0.00

PLAN: CMRK
GROUP# RX6742
CLAIM REF# 142806499532191999

MFG: NOVARTIS
PPG/LCW/LCW/ /LCW

Walgreens
765 GLENN AVE AUBURN, AL 36830
PH: (334)821-6538

Customer Receipt

Pharmacy use only

WAITING

TUE 6:15PM

New

FLUVIRIN MULTIDOSE VIAL 2014-15 5ML
66521-0117-10

REFRIG

QTY 0.5

LIQUID

PPG/LCW/LCW/ /LCW

ASHLEY MCCOLLOUGH
387 Webster Rd Apt 48, Auburn, AL 36832
(256)453-3104

RX # 0645778-09397

DATE: 10/07/14

FLUVIRIN MULTIDOSE VIAL 2014-15 5ML
QTY: 0.5 NO REFILLS - DR. AUTH REQUIRED
New NDC: 66521-0117-10
Retail Price: \$31.99 Your Insurance Saved You: \$31.99

\$ 0.00

PLAN: CMRK
GROUP# RX6742
CLAIM REF# 142806499532191999

MFG: NOVARTIS
PPG/LCW/LCW/ /LCW

Walgreens
765 GLENN AVE AUBURN, AL 36830
PH: (334)821-6538

Duplicate Receipt

OPT: 918 672802899405

INFO: 10961255996101110

00169