



IMMUNIZATION CERTIFICATE

PRINT CLEARLY WITH DARK BLACK INK.
This form will be read by a computer.
Upload to medpasshealth.com



University: Auburn University - General Population

Student: Kate Demoss

DOB: 8/16/82

Black = Optional

MMR Measles, Mumps, Rubella Required 1st 10 20 90 2nd 05 16 16	HEPATITIS B Optional 1st 2nd 3rd	VARICELLA Recommended 1st 2nd	JE - Japanese Encephalitis Optional 1st 2nd
MENINGOCOCCAL Recommended 1st 2nd	HEPATITIS A Recommended 1st 2nd	Typhoid - Inactivated Optional One	Yellow Fever Optional One
MENINGOCOCCAL B Optional 1st 2nd	HEPATITIS A Recommended 1st 2nd	RABIES - Pre-Exposure Optional 1st 2nd 3rd	
PNEUMOCOCCAL Optional One	Within 10 yrs. 05 11 16 TDaP ☒ TD ☐		
PPSV23 ☐ PCV13 ☐			

REQUIRED - Immunization History Signature (Please clearly complete ALL and place office stamp at bottom of page.)

LICENSED CARE PROFESSIONAL SIGNATURE <i>Amy Morris</i>	PRINT LICENSED HEALTH CARE PROFESSIONAL FIRST AND LAST NAME AMY MORRIS RN	SIGNATURE DATE 07 25 19
NON-PARENTAL NPI NUMBER 1922319102	NPI NAME OF LICENSED HEALTH CARE PROFESSIONAL CAROL STEWART	OFFICE PHONE NUMBER 334 244 3281

REQUIRED - Tuberculosis Skin or Blood Test Results

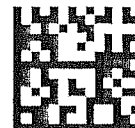
Tb Skin PPD Placed: 07 23 19 Read: 07 25 19 actual induration in MM only	mm and range REQUIRED (fill bubble) ☒ 0 mm ☐ 0 to < 5 mm ☐ 5 to < 10 mm ☐ 10 to < 15 mm ☐ 15 mm or larger	OR	Tb Blood T-Spot QuantIFERON Test	Results ☐ Positive ☐ Negative
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REQUIRED - Tuberculosis Test Results Signature (Please clearly complete ALL and place office stamp at bottom of page.)

LICENSED CARE PROFESSIONAL SIGNATURE <i>Amy Morris</i>	PRINT LICENSED HEALTH CARE PROFESSIONAL FIRST AND LAST NAME AMY MORRIS RN	SIGNATURE DATE 07 25 19
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AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

OFFICE STAMP



**AUM Student Health Services
Immunization Record**

Patient Name: Kate DeMoss

Birthdate: 8/16/82

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	Visit Date	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

	Date Given	Date Read	Results	MFR	LOT#	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	7/23/19	7/25/19	Qmm	SP	C5586CA	(L) forearm	AM

Initials	Signature	Initials	Signature
AM	<i>[Signature]</i>		

STAMP ABOVE