

**AUM Student Health Services
Immunization Record**

Patient Name: Caleb Smith

Birthdate: 9/18/00

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	8-13-19	8-17-19	Amn	SP	C5586CA	Good	CS

Initials	Signature	Initials	Signature
CS	Caleb Smith		

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

STAMP ABOVE

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 Smith Caleb Aundre's Student Number S00365211
Address 119 Natures Trail Wetumpka Al 36093
Street City State Zip Code
Phone Number (334) 306-7657 Cell Phone Number CSmit155@aum.edu E-mail Address 09/18/2000 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: 10/19/2011

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 02/04/2002 Date of Second Dose 09/19/2005

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

Hepatitis B: 11/15/2000 01/06/2001 10/01/2001
1st 2nd 3rd

Varicella (Chickenpox) Vaccine: 10/01/2001 03/20/2008
1st 2nd

Meningococcal (meningitis) Vaccine: 10/19/2011 10/09/2017 (MCV4 preferred)
1st 2nd

I certify that the above dates and vaccinations are true.



Alabama Department of Public Health

CERTIFICATE OF IMMUNIZATION

CALEB AUNDRES SMITH

Child's Name (first, middle, last)

09/18/2000

Birthdate

Date of Expiration

(Next Required Immunization)

LaShanda Lavette Smith

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 11/15/00	DTAP 01/06/01	DTAP 04/16/01	DTAP 03/27/02	DTAP 09/20/04				
TD									
Tdap	TDAP 10/19/11								
IPV,OPV	IPV 11/15/00	IPV 01/06/01	IPV 01/15/02	IPV 09/20/04					
Hib (Under Age 5)	HIB 11/15/00	HIB 01/06/01	HIB 10/01/01	HIB 03/27/02					
Measles	MMR 02/04/02	MMR 09/19/05							
Mumps	MMR 02/04/02	MMR 09/19/05							
Rubella	MMR 02/04/02	MMR 09/19/05							
PCV	PCV7 06/19/01	PCV7 01/15/02							
Varicella	VARICELLA 10/01/01	VARICELLA 03/20/08							

Recommended Vaccines									
HepA	HEP A 05/22/08	HEP A 10/19/11							
HepB	HEP B 11/15/00	HEP B 01/06/01	HEP B 10/01/01						
HPV									
MCV, MPSV,MENB	MCV4P 10/19/11	MCV4P 10/09/17							
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 : PHYSICIANS TO CHILDRENAddress: 470 TAYLOR RD STE 210 TAYLOR
MEDICAL COMPLEX MONTGOMERYTelephone #: (334) 2935033Date of Issue: 4/15/2019