

AUM Student Health Services

Immunization Record

Patient Name: Mthee KTM

Birthdate: 9.4. 2019

Allergies/Medical Alert:

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

Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
	9/4/19	9/6/19	25mm	SP	C5588AA	(L) forearm	AM

Initials	Signature	Initials	Signature
AM	[Signature]		

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

STAMP ABOVE

Immunization (Vaccination) Form

To ensure the health and safety of our campus, immunizations against communicable diseases are extremely important. Vaccination against Measles, Mumps, Rubella (MMR) and Tetanus, Diphtheria and Pertussis is required of all students entering Auburn University at Montgomery. This form must be completed and is the preferred document for proof of immunizations. Take this form to a doctor or clinic to be completed. Also, upon arrival to the campus, international students will be required to report to Student Health Services to receive a Tuberculosis Skin Test. The cost of this test is \$10.00. TB skin tests performed outside of the United States will not be accepted.

Name KIM MIHEE AUM Student Number 500372839
Last First Middle
Local Address 1325 Barret Parkway, Montgomery AL 36117
Street City State Zip Code
334-233-6863 mkim18@aum.edu 02.16.1980
Cell Phone Number E-mail Address Date of Birth (MMDD/YYYY)

REQUIRED IMMUNIZATIONS (Vaccinations)

Tetanus, Diphtheria, Pertussis Vaccine (preferred). Students without previous documentation of a TDaP vaccine should have one dose prior to entrance based on current guidelines. A DTaP will not be accepted. Date of Tdap vaccine: 24 / 6 / 2019 (within the last 5 years).
D M Y

Measles, Mumps, Rubella (MMR) 2 separate vaccinations of the MMR, given at least 1 month apart is required.

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 15 / 6 / 2012 Date of Second Dose / /
D M Y D M Y

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

Hepatitis B: / / / / / /
1st 2nd 3rd

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

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

I certify that the above dates and vaccinations are true.

Shm 24, 6, 2019 62886
Signature of License Health Care professional Date License Number of Office Stamp

