

**AUM Student Health Services
Immunization Record**

Patient Name: Yunha Park

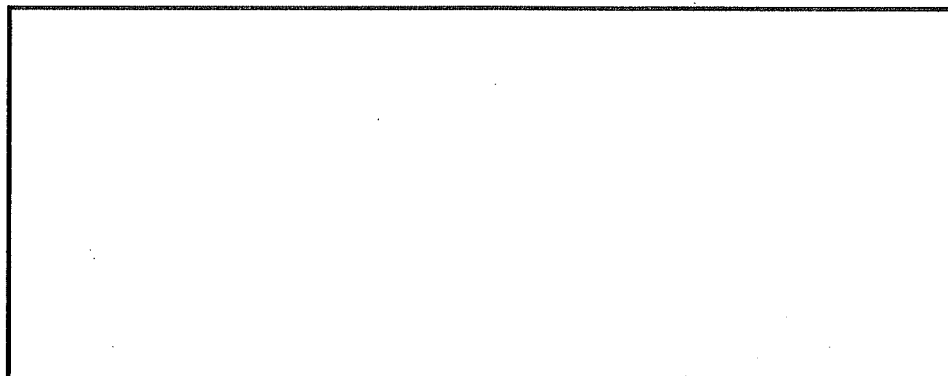
Birthdate: 24 Feb 1997

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	9/4/19			SP	C5588AA	(L) Forearm	AM
	9/9/19	9/16/19	0mm	SP	C5588AA	(R) Forearm	AM

Initials	Signature	Initials	Signature
AM	Ryoon		



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 Park Yun Ha AUM Student Number S00374084
Last First Middle

Local Address 125 melison dr Pike road AL 36064
Street City State Zip Code

+82 10-9030-1264 pyhrb024@naver.com 0224/1997
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: 07/07/2001 (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 12/05/1998 Date of Second Dose 08/05/2001
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: 24/02/1997 04/04/1997 03/05/1997
1st 2nd 3rd

Varicella (Chickenpox) Vaccine: 22/04/1998
1st 2nd

Meningococcal (meningitis) Vaccine: 12/05/1998 (MCV4 preferred)
1st 2nd

I certify that the above dates and vaccinations are true.

Sa Park 05/07/2019 264-98-00158
Signature of License Health Care professional Date License Number or Office Stamp

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(서초동, 중앙서초플라자)
보건업 내과의원