

ADOLESCENT & ADULT IMMUNIZATION RECORD

AUBURN UNIVERSITY MONTGOMERY

Protect Our Future!

STUDENT HEALTH CENTER

IRMA B. MOORE HALL RM 102

P.O. BOX 244023

MONTGOMERY, AL 36124-4023

Name: Jonathan Robertson

Date of birth: 1/18/80 Record # _____

Allergies: NKMA

Reactions: _____

History of Chickenpox? YES or NO If yes, date if known: _____

Immunize!

Vaccine	Date Admin			Age at the time	VIS Form Given			Manuf Abbr*	Lot Number	Dose	Admin Site**	Route	Provider Initials*** or Outside Provider Name
	Mo	Day	Yr		Type	Mo	Yr						
Td					Td					0.5cc		IM	
Td					Td					0.5cc		IM	
Td					Td					0.5cc			
Td					Td					0.5cc			
Tdap	6	28	12	32	Tdap	1	12	SP		0.5cc	LD	IM	Am
Hep B + Hep A	6	28	12	32	Hep B	2	12	GSK		1.0	RD	IM	Am
Hep B + Hep A	8	1	12	32	Hep B	2	12	GSK		1.0	LD	IM	Am
Hep B + Hep A	8	18	14		Hep B	2	12	GSK		1.0		IM	Am
Hep B (booster if needed)					Hep B								
MMR Rubella Rubeola					MMR					0.5cc		SQ	
MMR Rubella Rubeola					MMR					0.5cc		SQ	
Varicella					Var					0.5cc		SQ	
Varicella					Var					0.5cc		SQ	
IPV	6	28	12	32	Polio	11	11	SP	4133 0-1	0.5cc	LD	IM	Am
IPV					Polio					0.5cc		SQ	
IPV					Polio					0.5cc		SQ	
IPV					Polio					0.5cc		SQ	
PPV23					PPV					0.5cc		IM	
PPV23					PPV					0.5cc		IM	
Hepatitis A					Hep A							IM	
Hepatitis A					Hep A							IM	
HPV					HPV					0.5cc		IM	
HPV					HPV					0.5cc		IM	
HPV					HPV					0.5cc		IM	
Influenza					Flu					0.5cc		IM	
Influenza					Flu					0.5cc		IM	
Influenza					Flu					0.5cc		IM	
MCV4					Mening							IM	
MPSV4					Mening							SQ	

(L) U4329AA (E) 24AUG14
Tetanus Toxoid, Reduced Diphtheria
Toxoid and Acellular Pertussis Vaccine
Adsorbed, Adacel®
US Govt Lic #1726
Mfd by: Sanofi Pasteur Limited
0.5 mL
Rx only
5436

* Manufacturers: M=Merck; S=Sanofi Pasteur; W=Wyeth; G=GlaxoSmithKline

** Sites: LT=Left Thigh, RT=Right Thigh, LA=Left Arm, RA=Right Arm, LD=Left Deltoid, RD=Right Deltoid

*** VIS Language given, if not English: _____

***Provider Information

[illegible]

Tuberculin Test

[illegible]

Titer Test Results for Non Susceptibility (IgM)

Date			Disease	✓ Results		Notes
Mo	Day	Yr		Neg	Pos	

[illegible]