

감염병명	백신명	1차	2차	3차	26. 4차(추가)	5차(추가)	6차(추가)
결핵	BCG(국내산)	1회					
	BCG(영양제)	1회					
B형간염	HepB (백신주사)	1차	2차	3차			
	HepB (유전자 재조합)	1차	2차	3차			
디프테리아, 파상풍, 백일해	DTaP	1차(기초)	2차(기초)	3차(기초)	4차(추가)	5차(추가)	
	Td(11~12세)						6차(추가)
	Tdap						2011.12.15
	Td(그 외)	1차	2차	3차			
폴리오	OPV	1차(기초)	2차(기초)	3차(기초)	4차(추가)		
	IPV	1차(기초)	2차(기초)	3차(기초)	4차(추가)		
디프테리아, 파상풍, 백일해, 폴리오	DTaP-IPV	1차(기초)	2차(기초)	3차(기초)			
b형헤모필루스인플루엔자	Hib	1차(기초)	2차(기초)	3차(기초)	4차(추가)		
디프테리아, 파상풍, 백일해, 폴리오, b형헤모필루스인플루엔자	DTaP-IPV-Hib	1차(기초)	2차(기초)	3차(기초)			
폐렴구균	PCV13(당백색)	1차(기초)	2차(기초)	3차(기초)	4차(추가)		
	PCV10(당백색)	1차(기초)	2차(기초)	3차(기초)	4차(추가)		
	PCV7(당백색)	1차(기초)	2차(기초)	3차(기초)	4차(추가)		
	PPSV23(당백)	1회	2회				
홍역, 유행성이하선염, 풍진	MMR	2019.08.23	2차				
수두	수두	1회	2회				
A형간염	HepA	1차	2차				
일본뇌염	JE(백일장 - 비로소 유제)	1차(기초)	2차(기초)	3차(기초)	4차(추가)	5차(추가)	
	JE(백일장 - 비로소 유제)	1차(기초)	2차(기초)	3차(기초)	4차(추가)	5차(추가)	
	JE(백일장 - 비로소 유제)	1차(기초)	2차(기초)	3차(추가)			
	JEV(백일장 - 비로소 유제)	1차(기초)	2차(기초)				
사람유두종바이러스	HPV4(가다백)	1차	2차	3차			
	HPV2(비로소)	1차	2차	3차			
	HPV3(가다백)	1차	2차	3차			
인플루엔자	인플루엔자 (정확검정)	1차	2차				
	인플루엔자 (정확검정)	매년	검종 추가				
신증후군출혈열	신증후군출혈열	1차	2차	3차			
장티푸스	장티푸스 (정확검정)	1회	2회				
	장티푸스 (정확검정)	1회	2회				
로타바이러스	RV(로타백스)	1차	2차				
	RV(로타백)	1차	2차	3차			
수막구균	MCV(4가)	1차	2차	3차	4차		
대상포진	대상포진	1회					
B형간염, b형헤모필루스인플루엔자	HepB-Hib	1차	2차	3차			
디프테리아, 파상풍, 백일해, B형간염	DTaP-HepB	1차	2차	3차			
홍역, 풍진	MR	1회	2차				
홍역	홍역	1회	2차				



Quest Diagnostics
5846 Distribution Drive
Memphis, TN 38141
www.questdiagnostics.com
877-598-2522

CLIA ID# 44D2035207
Charles Handorf, MD PhD, Medical Director

Patient Name:	KIM, HO SUN	Provider:	OWENS, KIMBERLY F., MD
Patient ID:	598570	Location:	Auburn University Medical Clinic
Sex:	F	Customer Number:	AUMC01
DOB:	1/7/1981	Sample ID:	194552955
Collection Date/Time:	9/4/2019 10:49	Received Date/Time:	9/5/2019 04:00
		Approval	9/6/2019 13:21

T-SPOT[®] TB Test Results

T-SPOT.TB

Negative

Normal Value: Negative

A negative test result does not exclude the possibility of exposure to or infection with *Mycobacterium tuberculosis* (*M. tuberculosis*). Patients with recent exposure to TB infected individuals exhibiting a negative T-SPOT.TB result should be considered for retesting within 6 weeks or if other relevant clinical symptoms indicate. Results from T-SPOT.TB testing must be used in conjunction with each individual's epidemiological history, current medical status, and results of other diagnostic evaluations.

The T-SPOT.TB test is qualitative and results are reported as positive, borderline or negative, given that the test controls perform as expected. In line with the Centers for Disease Control and Prevention's 2010 recommendation to report quantitative measurements alongside the qualitative result, the laboratory provides spot counts for informational purposes only. The T-SPOT.TB test should not be interpreted as a quantitative test.

Panel A Spot Count (Corrected for Negative Control) 0

Panel B Spot Count (Corrected for Negative Control) 0

Negative Control Passed

Positive Control Passed

Additional information about the T-SPOT.TB test may be found at
<http://www.tspot.com/wp-content/uploads/2017/03/T-SPOT-FAQ-Booklet.pdf>.

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Report date:

9/6/2019

MEDICAL INFORMATION FORM
AUBURN UNIVERSITY
(CONFIDENTIAL)



MEDICAL LEGAL DOCUMENT- Property of Auburn University Medical Clinic. Information may not be released to a third party unless a proper acceptable authorization is furnished to the Medical Clinic. This released must comply with State and Federal Regulations. Incomplete or inaccurate information may delay your clearance, cancel your registration, or cause improper decisions of your future medical care.

GENERAL INFORMATION

Name: KIM HOSUN Date of Birth: 90411778
 Address: 206-206-dong, Jungnam 2-ro 77, Eunpyeong-gu, Seoul, South Korea
 City: Seoul State: South Korea Zip: 06812
 Sex (circle one): M (F) AU Banner ID #: 90411778
 Auburn Email Address: _____
 Student's Cell Phone: 010-4713-0437
 Emergency Contact- Name: SOKOUN KIM Relationship: Sibling
 Cell Phone: _____ Home: 706-590-4565
 Address: 1864 Maple Lane Work: Auburn State: AL
 Street City Zip

Authorization for medical clinic to treat a minor student (under 19 years of age): _____

REQUIRED:**MEDICAL DOCUMENTATION**

1. **TUBERCULIN SKIN TEST (PPD)**: This is required within (6) months prior to the first day of class of the semester you enter school. Having a chest x-ray is NOT an acceptable alternative. Anyone with a new or previous positive PPD test will need a T-SPOT

Date PPD given: 8-23-2019 Date PPD read: 8-29-2019 Results: negative
IGRA 26RA must be in mm- PLEASE DO NOT WRITE "NEGATIVE"
 M.D. Printed Name: Su-Jung Kim C Because in South Korea, PPD is routinely given to newborns. So false positive of PPD test is high. so we did 26RA test that is more precise, alternatively.
 M.D. Signature: _____ OR CLINIC STAMP
 9/4/19 Tspot

2. **MEASLES**

Measles vaccine, Live, attenuated is required if born after 1957. Last dose must be since 1980.

Date: 8-23-2019 Type (circle): (MMR) MR M
 M.D. Printed Name: Su-Jung Kim
 M.D. Signature: _____ OR
 (A copy of an immunization record with your MMR documented will be acceptable)

SAINTLUKE HOSPITAL
 726, Tongil-ro, Eunpyeong-gu,
 Seoul, Republic of Korea

I hereby authorize Auburn University Medical Clinic to release information from my medical records as may be required or requested by my insurance company, employer, or any other persons liable to AUMC for payment of all or part of the charges pertaining to my office visits. I also authorize AUMC to act as my agent when filing insurance claims on my behalf. I directly assign to AUMC all insurance benefits and agree that any benefits payments sent to me will be promptly forwarded to AUMC. I understand that I am responsible for all charges incurred at the Auburn University Medical Clinic regardless of the degree to which my insurance covers the services rendered.

Billing Disclosure- If I have insurance, I understand balances will be filed with insurance companies under most circumstances. Items not fully paid or otherwise accounted for by an insurance company will be billed to me or my designated responsible party. After a period of time, uncollected balances may be collected through a collection agency including any additional costs related to the collection process. Holds may be placed on my registration/graduation. Any outstanding balances are my responsibility. If a check is returned, there will be a fee assessed for a minimum of \$50.00 and I may be referred to the "Worthless Check Unit" at the Lee County District Attorney's Office. Failure to comply by these financial policies and/or recurring instances of collection activity could result in dismissal from the practice.

I understand that some or all expenses at AUMC may not be covered by my health insurance. I understand and agree to pay all co-pays at the time of service. I also understand that after 60 days, any patient AND/OR insurance balance becomes my responsibility. You agree, in order for us to service your account or to collect monies you may owe, AUMC and/or agents may contact you by telephones at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using prerecorded/artificial voice messages and/or use of automatic dialing devices as applicable. If I choose to decline signing this document, I understand that a hold will be placed on my records for Graduation or Registration until all balances are paid in full. I agree that this agreement pertains to all visits at the Auburn University Medical Clinic. I acknowledge and understand that at all times I can receive a copy of my patient rights and responsibilities along with a privacy notice on the clinic's website and the patient portal. If I do not have internet access, I can receive a printed copy at the clinic.

PATIENT SIGNATURE

DATE

Aug 29, 2019