

AUM Student Health Services

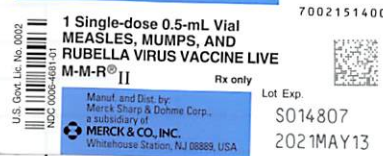
Immunization Record

Patient Name: Maral Gerehtsolmon

Birthdate: _____

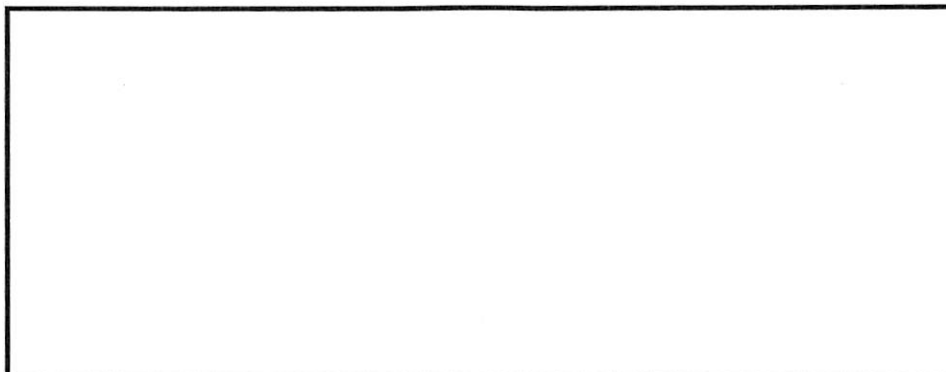
Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR	3/19/20	LA	0.5			✓	AM
HEP A							
HEP B							
Other							



Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials

Initials	Signature	Initials	Signature
AM	Aug. M. RN		



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 \$15.00. TB skin tests performed outside of the United States will not be accepted.

Name Gerelt Solomon Maral AUM Student Number S00377897
Last First Middle
Local Address 7430 East Dr Montgomery AL 36117
Street City State Zip Code
Cell Phone Number +976 88134425 E-mail Address GMaral0104@gmail.com Date of Birth (MMDD/YYYY) 01/04/2001

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: 2019.12.27 (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 2019.12.27 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: 04, JAN, 01 05, MAR, 02 05, SEP, 02
1st 2nd 3rd

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

Meningococcal (meningitis) Vaccine: 2019.12.27 / / (MCV4 preferred)
1st 2nd

I certify that the above dates and vaccinations are true.

Signature of Licensed Health Care professional

Date

License Number or Office Stamp

