

Immunization Form

To ensure the health and safety of our campus, immunizations against communicable diseases is extremely important. Vaccination against Measles, Mumps, Rubella (MMR), Tetanus, Diphtheria and Pertussis (Tdap), and proof of negative Tuberculosis is required of all students entering Auburn Montgomery. This form must be completed and is the preferred document for proof of immunizations and TB testing.

Complete and Return to: **Student Health Center**
Attn: Immunizations
PO Box 244023
Montgomery, AL 36124
(334) 244-3281 Fax (334) 244-3396

Name Wilcoxson Easton Hunter Student Number S00385199
Last First Middle
Address 1067 Stbleway Rd Pike Road AL 36064
Street City State Zip Code
Phone Number 334 320 6161 E-mail Address Easton.Wilcoxson@pike.roadschool.edu Date of Birth 6/16/2001 Date of Enrollment 8/1/2020

REQUIRED IMMUNIZATIONS

Tuberculosis Screening (within 6 months prior to semester student is to begin at AUM.)

Date Given 6/30/20 (Date of reading, within 48 to 72 hours of date given) TB skin test (PPD) 7/2/20

Results: Positive _____ mm Negative 0 mm

If positive, you must attach a radiology report from chest X-ray and documentation of treatment.

Tetanus, Diphtheria, Pertussis (Tdap) Vaccine. Students without previous documentation of a Tdap vaccine should have one dose within the last 10 years. Other students should be current to maintain their status throughout their entire academic career.

Date of Tdap vaccine: 2/3/12

Measles, Mumps, Rubella (MMR)

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 08/01/02

Date of Second Dose 06/21/05

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

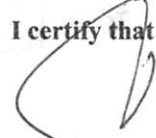
Hepatitis B: 06/18/01 07/16/01 07/06/06
1st 2nd 3rd

Varicella (Chickenpox) Vaccine: 08/01/02 1/1/18
1st 2nd

Meningococcal (MenACWY) Vaccine: 2/3/12 1/5/18 (One dose on or after the 16th birthday)
1st 2nd

Meningococcal B Vaccine 1/5/18

I certify that the above dates and vaccinations are true.



6/25/20

Signature of Licensed Health Care Professional

Date

License Number or Office Stamp

(Adopted 1/12, Revised 8/2016)

Chai Chamnong, D.O.
8300 Crossland Loop
Montgomery, AL 36117
334-239-3939
DEA BC6089608



Alabama Department of Public Health

CERTIFICATE OF IMMUNIZATION

02/03/2022

Date of Expiration

(Next Required Immunization)

EASTON H WILCOXSON (14186990)

06/16/2001

Child's Name (first, middle, last)

Birthdate

Christina S Wilcoxson

Parent/Guardian Name (first, middle, last)

Unless Specifically exempted by law, Alabama law (code of Alabama 1975, Section 16-30-4) requires a certificate on file for each child in attendance in all schools and licensed child care facilities in Alabama. Instructions for this form and immunization requirements by age are detailed via the ADPH web site at www.adph.org/immunization

Vaccine	DOSE1 DATE MM DD YY	DOSE2 DATE MM DD YY	DOSE3 DATE MM DD YY	DOSE4 DATE MM DD YY	DOSE5 DATE MM DD YY	DOSE6 DATE MM DD YY	Total Doses	Confirmed Lab MM YY	History MM YY
Required Vaccines for School or Child Care Attendance									
DTP,DTaP,DT	DTAP 10/24/01	DTAP 12/06/01	DTAP 02/06/02	DTAP 06/21/05					
TD									
Tdap	TDAP 02/03/12								
IPV,OPV	IPV 10/24/01	IPV 12/06/01	IPV 08/01/02	IPV 06/21/05					
Hib (Under Age 5)	HIB 10/24/01	HIB 12/06/01							
Measles	MMR 08/01/02	MMR 06/21/05							
Mumps	MMR 08/01/02	MMR 06/21/05							
Rubella	MMR 08/01/02	MMR 06/21/05							
PCV	PCV7 10/24/01	PCV7 12/06/01	PCV7 02/06/02	PCV7 04/14/03					
Varicella	VARICELLA 08/01/02								

Recommended Vaccines

HepA	HEP A 08/15/13	HEP A 01/05/18							
HepB	HEP B 06/18/01	HEP B 07/16/01	HEP B 07/06/06						
HPV	HPV 08/15/13	HPV9 01/05/18							
MCV, MPSV,MENB	MCV40 02/03/12	MCV40 01/05/18							
Rotavirus									

NOTES

A licensed physician or qualified employee of the Alabama Dept of Public Health is responsible for the content of this certificate. All dates must include the month, day, and year. In cases of history of disease or laboratory confirmation, the month and year of infection or test must be filled in the appropriate box(es).

The certificate is NOT valid without the name and birth date of the child, date of expiration, name and address of the physician or health department, and date of issue. A school or facility official is responsible for keeping a current valid Certificate on file for each child in attendance. **When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian.**

Site Name : PARTNERS IN PEDIATRICS LLC - MONTGOMERY

Address: 8160 SEATON PL MONTGOMERY

Telephone #: (334) 2721799

Date of Issue: 6/23/2020