

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 Baek Jihyun AUM Student Number _____

Last First Middle

Local Address 546 Shelton Mill Road Auburn Alabama 36830

Street City State Zip Code

334-275-0671 gorwlgus114@gmail.com 0104/2001

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: 03 / May / 2012 (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 27 / May / 2002 Date of Second Dose 30 / May / 2006
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: _____ / _____ / _____ 06 / Feb. / 2001 _____ / _____ / _____
1st 2nd 3rd

Varicella (Chickenpox) Vaccine: 23 / Jan / 2002 _____ / _____ / _____
1st 2nd

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

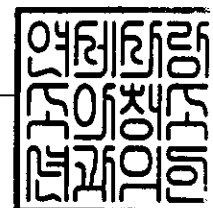
I certify that the above dates and vaccinations are true.

Ko Jmsung 
Signature of License Health Care professional Stamp

Date

License Number or Office

22 Dec, 2020 43928



AUM Warhawk Health Services

Immunization Record

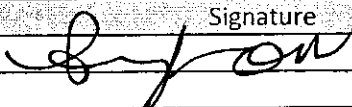
Patient Name: Jihyun Baek

Birthdate: 1/4/01

Allergies/Medical Alert:

Immunization	Date	Site	Dose	MFR	Comments	V.I.S.	Initials
Tdap	1/8/21	LD	0.5cc		LOT: 8F99G EXP: 08/19/22 NDC 58183942-43 Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed BOOSTRIX 0.5 mL Mfg. by GlaxoSmithKline Biologics 496019		AM
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							

Initials	Signature	Initials	Signature
AM			

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

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