

Auburn University Montgomery
P.O. Box 244023
Montgomery AL 36124
Phone (334) 244-3658 or (334) 244-3281
ANNUAL HEALTH ASSESSMENT

Health assessment must be recorded on this form.

Name Jacob Heywood Birth date 11/15/1994

Weight 214.9 Height 67.4 in Allergies peanuts

Temp 99.7 Pulse 78 Resp 16 BP 145 / 94

Significant Medical History: ~~None~~ Dextrocardia

Medications: Claritin PRN

Vision: Right 20/20 Left 20/25 Corrected: Right _____ Left _____

	Normal	Abnormal Findings
Skin:	✓	
Eyes:	✓	
Ears:	✓	Hearing: <u>passed forced whisper</u>
Nose:	✓	
Throat:	✓	
Lungs:	✓	
Heart:	✓	
Abdomen:	✓	
Musculo-Skeletal:	✓	
Neuro:	✓	

NOTE: Students must possess the functional ability to perform the skills and demonstrate the behaviors required of a professional nurse. These abilities include but are not limited to (a) adequate vision, such as that required to observe changes in physical conditions, to read small print on labels and reports, and to discern subtle changes in color; (b) adequate hearing, such as that required to distinguish muted sounds through a stethoscope; (c) fine motor skills and manual dexterity, such as required to handle small, delicate equipment; (d) strength to turn and assist with lifting adults, and to lift and carry children; (e) the mobility to perform skills and respond quickly in emergency situations; (f) the ability to communicate and interact effectively with others, verbally and in writing; and (g) the ability to detect odors.

***Are there any conditions, concerns, or treatments that may affect the ability of this student to meet the program requirements? () YES (✓) NO

Health Care Provider's Name (Print): Lindsay Barton, CRP

Address: 7401 East Dr. Suite 102

City, State, Zip Code: Montgomery, AL 36117

Phone: (334) 244-3281

Date of Exam 12/8/2020

Health Care Provider's Signature

Auburn University Montgomery
School of Nursing
Mantoux (PPD) Tuberculin Skin Test Report

First year nursing students: use the two-step (test-retest method explained below.)

Procedure for two-step tuberculin skin test

Method :

- ◆ Apply first test
- ◆ Read results in 48-72 hours
- ◆ If result is negative (0-9mm induration), apply second test 1-3 weeks later
- ◆ If result is positive, send for x-ray and treatment per state protocol
- ◆ Read results in 48-72 hours
- ◆ Use result of second test as baseline

Reference: Alabama Department of Public Health, Tuberculosis Division, 1994

First Step

Name Jacob Heywood Date of Birth: 11 / 15 / 1994
Date Tested: 12 / 08 / 2020 Manufacturer SP Lot # 05735AA
Signature of Licensed Personnel Giving Test Jamica Howard
Date Read 12 / 10 / 2020 Measurement 0mm MM
Signature of Licensed Personnel Reading Test _____

Second Step

Name: Jacob Heywood Date of Birth: 11 / 15 / 1994
Date Tested: 12 / 15 / 2020 Manufacturer SP Lot # 05735AA
Signature of Licensed Personnel Giving Test Jamica Howard
Date Read 12 / 18 / 2020 Measurement 0 MM
Signature of Licensed Personnel Reading Test J. Benton, CRP

Office Stamp

ADULT IMMUNIZATION RECORD

Allergies: _____

Reactions: _____

Name: HEYWOOD, JACOB

DOB: 11/15/1994

CHR#: _____

Date of Service: 12/09/2020

Vaccine Family	Type of Vaccine (no Brand Name)	Date Given (mm/dd/yy)	Age at Adm	Dose (cc/mL)	Route & Site	Mfr.	Lot #	VIS Date	Vaccinator Signature
Tetanus, Diphtheria, (Pertussis) (e.g., Td, Tdap)	DTAP	01/18/95	2 m	0.5					
	DTAP	03/22/95	4 m	0.5					
	DTAP	05/17/95	6 m	0.5					
	DTAP	11/15/95	12 m	0.5					
	DTAP	01/14/00	5 y	0.5					
	TDAP	05/01/09	14 y	0.5					
	TDAP	11/30/20	26 y	0.5		SKB	AB374		OUTSIDE CLINIC
Hepatitis A (e.g., HepA, HepA-HepB)	HEP A	07/16/02	7 y	0.5					
	HEP A	10/12/04	9 y	0.5					
	HEP A	05/01/09	14 y	0.5					
	HEP A	02/01/11	16 y	0.5					
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	HEP B UNS	11/17/94	0 m	0.5					
	HEP B UNS	01/18/95	2 m	0.5					
	HEP B UNS	11/15/95	12 m	0.5					
Human Papillomavirus (e.g., HPV)									
Measles, Mumps, Rubella (MMR, MMRV)	MMR	12/06/95	12 m	0.5					
	MMR	01/14/00	5 y	0.5					
Meningococcal (MCV4, MPSV4)	MENINGOCOCCAL UNS	05/01/09	14 y	0.5					
Pneumococcal (e.g. PCV, PPV)									
Polio (e.g., IPV, DTaP-HepB-Hib)	OPV	01/18/95	2 m	0.5					
	OPV	03/22/95	4 m	0.5					
	OPV	05/17/95	6 m	0.5					
	IPV	01/14/00	5 y	0.5					
Varicella (Var, MMRV)	VARICELLA	01/24/97	2 y	0.5					
	VARICELLA	02/01/11	16 y	0.5					
Influenza (e.g., TIV, LAIV)	INFLUENZA UNS	10/17/04	9 y	0.25 0.5					
	IIV4 - P FREE	12/26/19	25 y	0.5	IM LA	PMC	UT6713LA		OUTSIDE CLINIC
	IIV4 - P FREE	11/11/20	25 y	0.5		SEQ			OUTSIDE CLINIC
Zoster									
Other	HIB UNS	01/18/95	2 m	0.5					
	HIB UNS	03/22/95	4 m	0.5					
	HIB UNS	05/17/95	6 m	0.5					
	HIB UNS	11/15/95	12 m	0.5					

CHR- 8A

AUTAUGA CO HLTH DEPT
219 N COURT ST
P O BOX G
PRATTVILLE, AL36067-3003
334 3613743

PPD	Date	Results	PPD	Date	Results
Mantoux			Maxtoux		
Mantoux			Mantoux		
Mantoux			Mantoux		