

AUM Student Health Services

Immunization Record

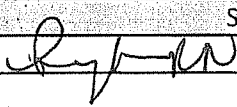
Patient Name: Amanda Reed

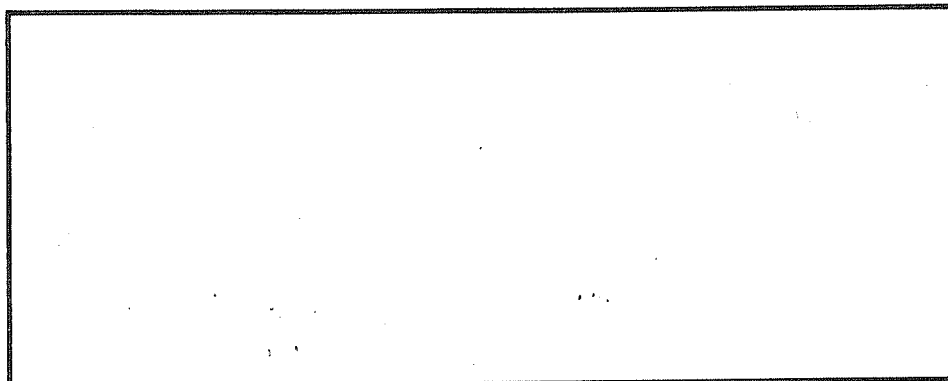
Birthdate: _____

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	Visit Date	Initials
Tdap							
				LOT: P2353 11/21/20			
Td Booster				NDC 59160-898-43 Hepatitis A Vaccine HAVRIX®			
MMR				1440 ELU/mL Mfr. by GlaxoSmithKline Biologicals			
HEP A	10/9/18	RD	1.0	474192	LOT: 5T943 EXP: 06/30/19 NDC 59160-898-41 Influenza Vaccine FLUARIX QUADRIVALENT 2018/2019 Formula 0.5 mL	7/16	AM
HEP B							
Typhoid	10/9/18	LD	0.5		NIKIZIM	5/12	AM
Other FIU	10/9/18	LD	0.5		ABOVE	8/15	AM

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

Initials	Signature	Initials	Signature
AM			



STAMP ABOVE

AUM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date 10-9-18 Name Amanda Reed

1. What is the reason for your visit today Travel Vaccinations
2. List allergies you have to medicines, foods or iodine: gluten, bell pepper, Lactose
clindamycin
3. List any medications or drugs you are currently taking (this would include herbal and over-the-counter as well as prescription drugs): Valtrex 150mg, PO, BID, Crestor 20
mg, PO, Daily, Adderall 20mg, PO, BID, Metoprolol ER 25mg, PO, Daily
1,000mg, Vit C, Biotin, Vit E 400 IU, PO, Daily, Vit D3, PO, Daily
4. Have you had any of the following: (circle if this applies to you):
 - Heart disease _____
 - Kidney disease 2nd Stage kidney failure GFR 17/creatinine
 - Stomach/Gastrointestinal disease Celiac, Lactose Intolerant
 - Diabetes/sugar _____
5. Are you immunocompromised? (Is there a problem with your immune system) Yes _____ No X
 - Thymus disorder (Myasthenia gravis, thymoma, thymectomy) _____
 - Spleen removed _____
 - Transplant recipient _____
 - Cirrhosis of the liver _____
 - Cancer _____
 - HIV _____
6. How often do you drink beer, wine, wine cooler, or liquor? (Please circle)
Never (Rarely) 1-2 times a week / 3-4 times a week / 5 or more times a week
7. Where are you going on your trip? Quitar, Ecuador
8. How long is your trip? Months _____ Days 10
9. When are you leaving on your trip? March 8th

FOR FEMALES ONLY

- 7 on Depo for last 3 yrs.
- A. Date of your last period? 3/25/18 Have you had a hysterectomy? YES _____ NO X
 - B. Are you currently pregnant? YES _____ NO X
What is your due date? _____
 - C. Do you plan to become pregnant in the next 3 months? YES _____ NO X
 - D. Are you breastfeeding? YES _____ NO X