

**AUM Student Health Services
Immunization Record**

Patient Name: Peter Zachar

Birthdate: 8/10/1903

Allergies/Medical Alert: NKA

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B	12/14/24	(GHEP) 1m			LOT: 92NK2 EXP: 09/29/26 HEC 36180-821-43 Hepatitis B Vaccine (Recombinant) ENGERIX-B 20 mcg/ml Mfd. by GlaxoSmithKline Biologicals	5/12/23	WRS
Other							

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

Initials	Signature	Initials	Signature
WRS	WRS		

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

STAMP ABOVE

Screening Checklist for Contraindications to Vaccines for Adults

YOUR NAME Peter Zachak
DATE OF BIRTH 12/14/24
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means we need to ask you more questions. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	☐	☒	☐
2. Do you have allergies to medications, food, a vaccine component, or latex?	☐	☒	☐
3. Have you ever had a serious reaction after receiving a vaccine?	☐	☒	☐
4. Do you have any of the following: a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy?	☐	☒	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☒	☐
6. Do you have a parent, brother, or sister with an immune system problem? <u>sister = lupus</u>	☒	☐	☐
7. In the past 6 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☒	☐
8. Have you had a seizure or a brain or other nervous system problem?	☐	☒	☐
9. Have you ever been diagnosed with a heart condition (myocarditis or pericarditis) or have you had Multisystem Inflammatory Syndrome (MIS-A or MIS-C) after an infection with the virus that causes COVID-19?	☐	☒	☐
10. In the past year, have you received immune (gamma) globulin, blood/blood products, or an antiviral drug?	☐	☒	☐
11. Are you pregnant?	☐	☒	☐
12. Have you received any vaccinations in the past 4 weeks?	☐	☒	☐
13. Have you ever felt dizzy or faint before, during, or after a shot?	☐	☒	☐
14. Are you anxious about getting a shot today?	☐	☒	☐

FORM COMPLETED BY Peter Zachak DATE 12-14-24

FORM REVIEWED BY UBC DATE 12/14/2024

Did you bring your immunization record card with you? yes ☒ no ☐

It is important to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.



ADULT IMMUNIZATION RECORD

Allergies:

Reactions:

Name: ZACHAR, PETER
 DOB: 08-10-1963
 Chart #:
 Date of Service: 12-16-2024

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)	TDAP	10/06/15	52 y	0.5					OUTSIDE CLINIC
Hepatitis A (e.g., HepA, HepA-HepB)	HEP A	10/05/04	41 y	0.5					OUTSIDE CLINIC
	HEP A	10/06/15	52 y	1.0					OUTSIDE CLINIC
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	HEP B ADULT	10/06/15	52 y	1.0					OUTSIDE CLINIC
	HEP B ADULT	11/10/15	52 y	1.0					OUTSIDE CLINIC
Human Papillomavirus (e.g., HPV)									
Measles, Mumps, Rubella (MMR, MMRV)	MMR	11/10/15	52 y	0.5					OUTSIDE CLINIC
Meningococcal (MCV4, MPSV4)	MCV4P (MENACTRA)	11/10/15	52 y	0.5					OUTSIDE CLINIC
Pneumococcal (e.g. PCV, PPV)	Prevnar 23	9/23/17							
	Pneumovax-23	9/24/18							
Polio (e.g., IPV, DTaP-HepB-Hib)	IPV	10/06/15	52 y	0.5					OUTSIDE CLINIC
Varicella (Var, MMRV)									
Influenza (e.g., TIV, LAIV)	IIV4 - P FREE	09/19/22	59 y	0.5	IM LD	SKB	M3R5B		
	IIV4 - P FREE	09/19/23	60 y	0.5	IM LD	SKB	G2ML4		
	IIV3 - P FREE	10/25/24	61 y	0.5	IM LD	SKB	72RF2		
Zoster	Shingrix	8/29/18							
Other	IG UNS	10/05/04	41 y	0.5					OUTSIDE CLINIC
	TYPHOID VICPS	10/05/04	41 y	0.5					OUTSIDE CLINIC
	TYPHOID VICPS	10/06/15	52 y	0.5					OUTSIDE CLINIC
	Pfizer Covid19	02/13/21	57 y	0.3	IM LD	PFR	EN6200		
	Pfizer Covid19	03/05/21	57 y	0.3	IM RD	PFR	EN6205		
	Pfizer Covid19	10/26/21	58 y	0.3	IM LA	PFR	FC3184		
	Pfizer Covid-19 Bivalent	09/28/22	59 y	0.3	IM RD	PFR	GH9702		
	PFIZER COMIRNATY COVID 19	09/08/24	61 y	0.3	IM LA	PFR	LM2216		OUTSIDE CLINIC

Alexxy 1/4/2024

WARHAWK HEALTH SERVICES
7461 EAST DRIVE
RM 102 MOORE HALL
MONTGOMERY, AL36117
334 2443281

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



Store# 07063
35 Bay-Thorington Rd.
Montgomery, AL 36117
(334) 215 - 4381

Peter Zachar
254 East Fairview
Montgomery, AL, 361050000

Private and Confidential
Intended for Addressee only

10/31/2024

Dear Patient:

Enclosed are the CVS Immunization History and Vaccinations recommended by your pharmacist and, as recently requested from CVS Pharmacy.

CVS Immunization History and Recommendations

Peter Zachar

DOB: 08/10/1963

Printed On:10/31/2024 11:42:53 AM

Confidential–Personal Health Information*

CVS HISTORY OF IMMUNIZATIONS

DRUG NAME/DOSE TYPE	IMMUNIZATION TYPE	IMMUNIZER NAME/TITLE	SOURCE
FLUZONE QUAD 2020–2021 SYRINGE SINGLE DOSE Lot Number: UJ432AA Lot Exp:06/30/2021 VIS Date:08/15/2019 VIS Date given: 09/10/2020	FLU (INACTIVATED) Route: Intramuscular Site: Left Deltoid	Wilkinson,Alexa RPH Administered Date: 09/10/2020	CVS STORE # 07063
AFLURIA QUAD 2019–20 (3YR UP) SINGLE DOSE Lot Number: P100100560 Lot Exp:05/28/2020 VIS Date:08/07/2015 VIS Date given: 09/11/2019	FLU (INACTIVATED) Route: Intramuscular Site: Left Deltoid	Thornhill Lydia RPH Administered Date: 09/11/2019	CVS STORE # 07063
AFLURIA QUAD 2018–2019 SYRINGE SINGLE DOSE Lot Number: YF36705 Lot Exp:05/15/2019 VIS Date:08/07/2015 VIS Date given: 09/24/2018	FLU (INACTIVATED) Route: Intramuscular Site: Left Deltoid	Mckinnon Sandra RPH Administered Date: 09/24/2018	CVS STORE # 07063
	HEPATITIS A		Unavailable
MULTI DOSE Lot Number: Not Available Lot Exp:Unavailable VIS Date: Unavailable VIS Date given: Unavailable		UNKNOWN Administered Date: 10/05/2015	Last Updated:Unavailable
	HEPATITIS A		Unavailable
MULTI DOSE Lot Number: Not Available Lot Exp:Unavailable VIS Date: Unavailable VIS Date given: Unavailable		UNKNOWN Administered Date: 10/04/2004	Last Updated:Unavailable
	HEPATITIS B		Unavailable
MULTI DOSE Lot Number: Not Available Lot Exp:Unavailable VIS Date: Unavailable VIS Date given: Unavailable		UNKNOWN Administered Date: 11/09/2015	Last Updated:Unavailable
	HEPATITIS B		Unavailable
MULTI DOSE Lot Number: Not Available Lot Exp:Unavailable VIS Date: Unavailable VIS Date given: Unavailable		UNKNOWN Administered Date: 10/05/2015	Last Updated:Unavailable
	MENINGITIS		Unavailable
MULTI DOSE Lot Number: Not Available Lot Exp:Unavailable VIS Date: Unavailable VIS Date given: Unavailable		UNKNOWN Administered Date: 11/09/2015	Last Updated:Unavailable

* **IMPORTANT NOTICES:** (1) **Protect Your Privacy:** This communication and any attachments may contain personal information for the use of the designated recipient named in the communication. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, dissemination, distribution, or copying of it or its contents is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments. (2) **Keep Your Report Up to Date:** Your immunization information is current as of the date and time printed on the report ("Print Date"). It contains your pharmacy's recommendations for vaccines that you may need based on your CVS reported immunization history, your demographics and current Centers for Disease Control and Prevention, Advisory Committee on Immunization Practices ("CDC ACIP") immunization recommendations. It does not take into account vaccines that you may have received from other providers that you have not yet reported to CVS Pharmacy. These recommendations may change if your immunization history, demographics or the CDC ACIP recommendations change after the Print Date. (3) **Reason for Immunization:** CDC ACIP guidelines contain recommendations for immunizations based on the presence of certain health conditions. The existence of the listed health condition has been inferred from your use of medications that are intended primarily for the treatment of this condition. In some cases, medicines used primarily for a particular health condition may be prescribed for a different condition. If you have NOT been diagnosed with the listed health condition, please disregard the recommendation and consult with your pharmacist or healthcare provider. If you have questions about your history or CVS recommended vaccines, please consult your pharmacist.

CVS Immunization History and Recommendations

Peter Zachar

DOB: 08/10/1963

Printed On: 10/31/2024 11:42:53 AM

Confidential–Personal Health Information*

CVS HISTORY OF IMMUNIZATIONS

DRUG NAME/DOSE TYPE	IMMUNIZATION TYPE	IMMUNIZER NAME/TITLE	SOURCE
SINGLE DOSE Lot Number: Not Available Lot Exp: Unavailable VIS Date: Unavailable VIS Date given: Unavailable	MMR	UNKNOWN Administered Date: 11/09/2015	Unavailable Last Updated: Unavailable
PREVNAR 13 SYRINGE SINGLE DOSE Lot Number: R49358 Lot Exp: 04/01/2018 VIS Date: 11/05/2015 VIS Date given: 09/23/2017	PNEUMOCOCCAL CONJUGATE (PREVNAR) Route: Intramuscular Site: Left Deltoid	DILLARD, SADIE Intern Administered Date: 09/23/2017	CVS STORE # 07063
PNEUMOVAX 23 SYRINGE SINGLE DOSE Lot Number: NO23651 Lot Exp: 05/20/2019 VIS Date: 04/24/2015 VIS Date given: 09/24/2018	PNEUMONIA (PNEUMOVAX–23) Site: Left	Mckinnon Sandra RPH Administered Date: 09/24/2018	CVS STORE # 07063
SINGLE DOSE Lot Number: Not Available Lot Exp: Unavailable VIS Date: Unavailable VIS Date given: Unavailable	POLIO (INACTIVATED)	UNKNOWN Administered Date: 10/05/2015	Unavailable Last Updated: Unavailable
BOOSTER Lot Number: Not Available Lot Exp: Unavailable VIS Date: Unavailable VIS Date given: Unavailable	TDAP (WHOOPIING COUGH)	UNKNOWN Administered Date: 10/05/2015	Unavailable Last Updated: Unavailable
SINGLE DOSE Lot Number: Not Available Lot Exp: Unavailable VIS Date: Unavailable VIS Date given: Unavailable	TYPHOID	UNKNOWN Administered Date: 10/05/2015	Unavailable Last Updated: Unavailable
SINGLE DOSE Lot Number: Not Available Lot Exp: Unavailable VIS Date: Unavailable VIS Date given: Unavailable	TYPHOID	UNKNOWN Administered Date: 10/04/2004	Unavailable Last Updated: Unavailable

Shingles - yes

ASV = yes

Te takes - long time

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Autres vaccinations/prophylaxies reçues

This space is provided to record immunizations/prophylaxis that are not required for entrance into any country but have been obtained by the traveler for additional health protection (immune globulin, malaria, measles, etc.)

inscrivez dans cet espace les vaccinations ou prophylaxies non obligatoires pour l'admission dans un pays, mais qui ont été effectuées pour une protection accrue (immunoglobulines, paludisme, rougeole,...).

[illegible]



Patient Immunization History

Patient Information	
First Name:	PETER
Middle Initial:	
Last Name:	ZACHAR
Birth Date:	08/10/1963
Address:	8424 MARSH POINTE DR MONTGOMERY,AL
Phone Number:	(334) 207-7453

Immunization Details			
Rx Number	Store Number	Date Sold	Product
626810	13158	08/29/2018	SHINGRIX 0.5ML IM VIAL (1PACK)
1403506	13158	01/04/2024	AREXVY 0.5ML IM VIAL (10PACK)
1406678	13158	01/13/2024	COMIRNATY 12+ (COVID) 23-24 PFS
1482885	13158	09/08/2024	COMIRNATY 12+ (COVID 2024-25) 0.3ML