

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 \$10.00. TB skin tests performed outside of the United States will not be accepted.

Name Park Soyoung AUM Student Number 500344822
Last First Middle

Local Address 8380 Fairhaven Ln Montgomery AL 36117
Street City State Zip Code

862) 204-9361 sstigerof21@nate.com 04/23/66
Cell Phone Number E-mail Address Date of Birth (MM/DD/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 01/06/2007 (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 persons 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 _____ Date of Second Dose _____
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: _____
1st 2nd 3rd

Varicella (Chickenpox) Vaccine: _____
1st 2nd

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

I certify that the above dates and vaccinations are true.

Signature of Licensed Health Care professional

Date

License Number or Office Stamp

Edison Nephrology Consultants
34-36 Progress St.
Suite A7
Edison, NJ 08820

June 06 / 2007



Patient Information	Specimen Information	Client Information
PARK, SO YOUNG DOB: 04/23/1966 AGE: 51 Gender: F Patient ID: 04231966SYP	Specimen: KT420787 Collected: 06/01/2017 / 11:33 EDT Received: 06/02/2017 / 05:18 EDT Reported: 06/02/2017 / 11:36 EDT	Client #: 25904 KIM, STANLEY SUNG

Test Name	In Range	Out Of Range	Reference Range	Lab
RBC	4.56		3.80-5.10 Mill/mcL	
HEMOGLOBIN	14.1		11.7-15.5 g/dL	
HEMATOCRIT	42.3		35.0-45.0 %	
MCV	92.8		80.0-100.0 fL	
MCH	31.0		27.0-33.0 pg	
MCHC	33.4		32.0-36.0 g/dL	
RDW	12.8		11.0-15.0 %	
PLATELET COUNT	164		140-400 Thous/mcL	
MPV	9.6		7.5-12.5 fL	
TOTAL NEUTROPHILS, %	63.8		38-80 %	
TOTAL LYMPHOCYTES, %	30.3		15-49 %	
MONOCYTES, %	4.7		0-13 %	
EOSINOPHILS, %	0.8		0-8 %	
BASOPHILS, %	0.4		0-2 %	
NEUTROPHILS, ABSOLUTE	3062		1500-7800 Cells/mcL	
LYMPHOCYTES, ABSOLUTE	1454		850-3900 Cells/mcL	
MONOCYTES, ABSOLUTE	226		200-950 Cells/mcL	
EOSINOPHILS, ABSOLUTE	38		15-500 Cells/mcL	
BASOPHILS, ABSOLUTE	19		0-200 Cells/mcL	
DIFFERENTIAL				

An instrument differential was performed.

MEASLES AB (IGG)	188.00	AU/mL	TBR
	AU/mL	Interpretation	
	<25.00	Negative	
	25.00-29.99	Equivocal	
	>29.99	Positive	

A positive result indicates that the patient has antibody to measles virus. It does not differentiate between an active or past infection. The clinical diagnosis must be interpreted in conjunction with clinical signs and symptoms of the patient.

RUBELLA AB (IGG)	12.90	index	TBR
	Index	Interpretation	
	<0.90	Negative	
	0.90-0.99	Equivocal	
	>or=1.00	Positive	

Detection of Rubella IgG in conjunction with detection of Rubella IgM indicates recent infection with Rubella virus; in contrast, detection of Rubella IgG in the absence of Rubella IgM indicates past infection or immunization.

MUMPS VIRUS AB (IGG)	84.10	AU/mL	TBR
	AU/mL	Interpretation	
	<9.00	Negative	
	9.00-10.99	Equivocal	
	>10.99	Positive	

A positive result indicates that the patient has antibody to mumps virus. It does not differentiate between an active or past infection. The clinical diagnosis must be interpreted in conjunction with clinical signs and symptoms of the