



AUBURN UNIVERSITY
MEDICAL CLINIC

IMMUNIZATION CERTIFICATE

PRINT CLEARLY WITH DARK BLACK INK.

This form will be read by a computer.

Upload to medproctor.com



University: Auburn University

Student: Christopher Gittleson (cjg0047)

DOB: 5/26/1995

Blue = Recommended

Black = Optional

MMR Measles, Mumps, Rubella Required				HEPATITIS B Recommended				VARICELLA Recommended			
1st	06	11	96	1st	07	17	95	1st			
2nd	06	07	00	2nd	09	22	95	2nd			
MENINGOCOCCAL Optional				HPV Recommended				HEPATITIS A Recommended			
1st				1st				1st			
2nd				2nd				2nd			
MENINGOCOCCAL B Optional				HPV Recommended				POLIO Inactivated Recommended			
1st				2nd				1st			
2nd				3rd				2nd			
PNEUMOCOCCAL Optional				Tdap/TD Recommended				Typhoid - Inactivated Optional			
One				Within 10 yrs.	08	13	11	1st			
PPSV23 ☐ PCV13 ☐				TDaP ☒ TD ☐				One ☐ ☐ ☐			
								Yellow Fever Optional			
								One ☐ ☐ ☐			
								RABIES - Pre-Exposure Optional			
								1st ☐ ☐ ☐			
								2nd ☐ ☐ ☐			
								3rd ☐ ☐ ☐			

REQUIRED - Immunization History Signature (Please clearly complete ALL and place office stamp at bottom of page.)

LICENSED CARE PROFESSIONAL SIGNATURE 	PRINT LICENSED HEALTH CARE PROFESSIONAL FIRST AND LAST NAME AMY MORRIS RN	SIGNATURE DATE 07 25 17
NON-PARENTAL		
NPI NUMBER not required for U.S. service members or international students 1922319102	NPI NAME OF LICENSED HEALTH CARE PROFESSIONAL CAROL STEWART NP	OFFICE PHONE NUMBER 334 244 3281

REQUIRED - Tuberculosis Skin or Blood Test Results

Tb Skin PPD Placed: 07 25 17 Read: 07 27 17 actual induration in MM only 00		mm and range REQUIRED (fill bubble) ☒ 0 mm ☐ 0 to < 5 mm ☐ 5 to < 10 mm ☐ 10 to < 15 mm ☐ 15 mm or larger	OR	Tb Blood T-Spot QuantiFERON Test ☐ ☐ ☐	Results ☐ Positive ☐ Negative
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REQUIRED - Tuberculosis Test Results Signature (Please clearly complete ALL and place office stamp at bottom of page.)

LICENSED CARE PROFESSIONAL SIGNATURE 	PRINT LICENSED HEALTH CARE PROFESSIONAL FIRST AND LAST NAME AMY MORRIS RN	SIGNATURE DATE 07 25 17
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AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
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MONTGOMERY, AL 36124-4023

OFFICE STAMP

