

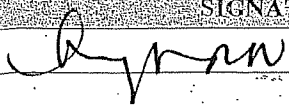
**AUM NURSING CARE CENTER
IMMUNIZATION RECORD**

PATIENT NAME: Sohyun Kim BIRTHDATE: 11-25-91

ALLERGIES/MEDICAL ALERT: _____

IMMUNIZATION	DATE	SITE	DOSE	MFR	LOT#	COMMENTS	VIS/DATE	INITIALS
DPT								
DPaT								
DT								
Td BOOSTER								
MMR								
MR								
HIB								
HEPATITIS B								
OTHER								

TUBERCULIN TESTING PPD (MANTOUX) 0.1ml ID	DATE GIVEN	DATE READ	RESULTS	MFR	LOT#	COMMENTS	INITIALS
	9/18/17	9/21/17	5mm Negative	SP	CS639AA	(2) Fore arm	AM

INITIALS	SIGNATURE	INITIALS	SIGNATURE
AM			
	AUBURN UNIVERSITY MONTGOMERY		AUBURN UNIVERSITY MONTGOMERY
	STUDENT HEALTH CENTER		STUDENT HEALTH CENTER

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

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Immunization Form

To ensure the health and safety of our campus, immunizations against communicable diseases is extremely important. Vaccination against Measles, Mumps, Rubella (MMR), Tetanus, Diphtheria and Pertussis, and proof of negative Tuberculosis is required of all students entering Auburn Montgomery. This form must be completed and is the preferred document for proof of immunizations and TB testing.

Complete and Return to: Student Health Center
Attn: Immunizations
PO Box 244023
Montgomery, AL 36124
(334) 244-3281 Fax (334) 244-3396

Name SOHYUN KIM Student Number _____
Last First Middle
Address #1205, 100 Josephine lane Montgomery AL 36117
Street City State Zip Code
Phone Number _____ Cell Phone Number _____ E-mail Address sheep1125@gmail.com Date of Birth 11 / 25 / 1991

REQUIRED IMMUNIZATIONS

Tuberculosis Screening (within 6 months prior to semester student is to begin at AUM.)

Date Given _____ (Date of reading, within 48 to 72 hours of date given) TB skin test (PPD) _____ / _____ / _____

Results: Positive _____ mm Negative _____ mm

If positive, you must attach a radiology report from chest X-ray and documentation of treatment.

Tetanus, Diphtheria, Pertussis Vaccine (preferred). Students without previous documentation of a TDaP vaccine should have one dose prior to entrance based on current guidelines. Other students should be current to maintain their status throughout their entire academic career.

Date of TDaP vaccine: _____ / _____ / _____
or Td _____ / _____ / _____ (within the last 5 years)

Measles, Mumps, Rubella (MMI)

Auburn Montgomery University requires proof of MMR (MMR) prior to registration. One dose is acceptable. Please attach documentation.

Date _____

all negative

_____ doses of a measles containing vaccine
(MMI) for Measles, Mumps and Rubella are

_____ se _____ / _____ / _____

OPTIONAL IMMUNIZATIONS (Recommended by American College Health Association.)

_____ it are recommended by the American

Hepatitis B: _____ / _____ / _____
1st

_____ / _____

Varicella (Chickenpox) Vaccine: _____

Meningococcal (meningitis) Vaccine: _____

_____ (MCV4 preferred)

I certify that the above dates and vaccinations are true.

Signature of License Health Care professional

Date _____ / _____ / _____

License Number or Office Stamp

(Adopted 1/12, Revised 8/2012)