

# 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 MA CHENGLIANG Student Number \_\_\_\_\_  
*Last First Middle*  
Address West of 1st Flr, 1st Bldg, No. 14 Yard of Paifang Str., Xinxiang City, 453000  
*Street City State Zip Code*  
Phone Number 08618737399150 machengliang2016@126.com 30 / 01 / 1998  
*Cell Phone Number E-mail Address Date of Birth*

## REQUIRED IMMUNIZATIONS

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

Date Given 09/11/2017 (Date of reading, within 48 to 72 hours of date given) TB skin test (PPD) 09.13.2017

Results: Positive \_\_\_\_\_ mm Negative 3x4 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: 1/1/1  
or Td 1/1/1 (within the last 5 years)

Measles, Mumps, Rubella (MMR)

Auburn Montgomery University requires that all students 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 09/11/2017 Date of Second Dose 1/1/1

OPTIONAL IMMUNIZATIONS (These immunizations are not required by the university but are recommended by the American College Health Association.)

Hepatitis B: 03/30/1998 04/30/1998 09/30/1998  
*1st 2nd 3rd*

Varicella (Chickenpox) Vaccine: 1/1/1 1/1/1  
*1st 2nd*

Meningococcal (meningitis) Vaccine: 09/11/2017 1/1/1 (MCV4 preferred)  
*1st 2nd*

I certify that the above dates and vaccinations are true.

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Signature of License Health Care professional Date 09/13/2017

License Number or Office Stamp 1104/0000085559

(Adopted 1/12, Revised 8/2012)

