

**AUM Student Health Services
Immunization Record**

Patient Name: Dara Alldredge

Birthdate: 9/18/98

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	Visit Date	Initials
Tdap	1/8/18	LD	0.5	Adacel® NDC 49281-400-58 (L) C5243AA (E) 26.JUL.2019			AM
Td Booster							
MMR							
HEP A							
HEP B							
Other							

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

Initials	Signature	Initials	Signature
AM	<i>[Signature]</i>		

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

STAMP ABOVE

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 (Tdap), 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 Aldredge Dara Nicole Student Number 500347167
Last First Middle
Address 83 Bozeman Trail Wetumpka AL 36093
Street City State Zip Code
Phone Number 334-531-1284 E-mail Address bpa2000@yahoo.com Date of Birth 9/18/98 Date of Enrollment 1/8/18

REQUIRED IMMUNIZATIONS see attached

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 (Tdap) Vaccine. Students without previous documentation of a Tdap vaccine should have one dose within the last 10 years. Other students should be current to maintain their status throughout their entire academic career.

Date of Tdap vaccine: _____ / _____ / _____

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 10/29/99 Date of Second Dose 4/23/00

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

Hepatitis B: 9/18/98 11/13/98 6/14/99
1st 2nd 3rd

Varicella (Chickenpox) Vaccine: 9/15/2000 _____ / _____ / _____
1st 2nd

Meningococcal (MenACWY) Vaccine: _____ / _____ / _____ (One dose on or after the 16th birthday)
1st 2nd

Meningococcal B Vaccine _____ / _____ / _____

I certify that the above dates and vaccinations are true.

See attached _____ / _____ / _____
Signature of Licensed Health Care Professional Date License Number or Office Stamp
(Adopted 1/12, Revised 8/2016)

Name	Sex	Birthdate	VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clínica	DATE NEXT DOSE DUE próxima vacuna
			1	NOV 13 1998	KAISER PMG STOCKTON, CA 95210	
			2	NOV 13 1998	LODI MEMORIAL PRIMARY CARE CLINIC	
			3	NOV 13 1998	LODI MEMORIAL PRIMARY CARE CLINIC	
			4	NOV 13 1998	KAISER PMG STOCKTON, CA 95210	
			1	NOV 13 1998	KAISER PMG STOCKTON, CA 95210	
			2	NOV 13 1998	LODI MEMORIAL PRIMARY CARE CLINIC	
			3	NOV 13 1998	LODI MEMORIAL PRIMARY CARE CLINIC	
			4	NOV 13 1998	KAISER PMG STOCKTON, CA 95210	
			1	NOV 13 1998	KAISER PMG STOCKTON, CA 95210	
			2	NOV 13 1998	LODI MEMORIAL PRIMARY CARE CLINIC	
			3	NOV 13 1998	LODI MEMORIAL PRIMARY CARE CLINIC	
			4	NOV 13 1998	KAISER PMG STOCKTON, CA 95210	
			1	NOV 13 1998	KAISER PMG STOCKTON, CA 95210	
			2	NOV 13 1998	LODI MEMORIAL PRIMARY CARE CLINIC	
			3	NOV 13 1998	LODI MEMORIAL PRIMARY CARE CLINIC	
			4	NOV 13 1998	KAISER PMG STOCKTON, CA 95210	
			1	NOV 13 1998	KAISER PMG STOCKTON, CA 95210	
			2	NOV 13 1998	LODI MEMORIAL PRIMARY CARE CLINIC	
			3	NOV 13 1998	LODI MEMORIAL PRIMARY CARE CLINIC	
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			1	NOV 13 1998	KAISER PMG STOCKTON, CA 95210	
			2	NOV 13 1998	LODI MEMORIAL PRIMARY CARE CLINIC	
			3	NOV 13 1998	LODI MEMORIAL PRIMARY CARE CLINIC	
			4	NOV 13 1998	KAISER PMG STOCKTON, CA 95210	

DTP = diphtheria, tetanus, pertussis (whooping cough) difteria, tétano y tos ferina
MMR = measles, mumps, rubella (sarampión, paperas y sarampión alemán)
HIB = Hib meningitis (Haemophilus influenzae type B) meningitis Hib
DTP/Hib = Combined DTP and Hib
PM 298 (3/95) IMPORTANT: SEE OTHER SIDE

VACCINE	DATE GIVEN	DOCTOR OFFICE OR CLINIC	DATE NEXT DOSE DUE
HEPATITIS B	1 9/18/98	Damenon Hosp Lot # EXG265342	
HEPATITIS B	2 NOV 13 1998	KAISER PMG STOCKTON, CA 95210	
HEPATITIS B	3 10/14/99	LODI MEMORIAL PRIMARY CARE CLINIC	
VARICELLA (chickenpox)	NOV 15 2000	KAISER PMG STOCKTON, CA 95210	
Hep A #1	NOV 15 2000	KAISER PMG STOCKTON, CA 95210	
Hep A #2	APR 23 2003	KAISER PMG STOCKTON, CA 95210	

TS	Type*	Date given	Given by	Date read	Read by	Impression
SKIN TESTS	PPD-Mantoux	/ /	/ /	/ /	/ /	Pos
Pruebas de la Tuberculosis	PPD-Mantoux	/ /	/ /	/ /	/ /	Neg
	PPD-Mantoux	/ /	/ /	/ /	/ /	Pos
	PPD-Mantoux	/ /	/ /	/ /	/ /	Neg
	PPD-Mantoux	/ /	/ /	/ /	/ /	Pos
	PPD-Mantoux	/ /	/ /	/ /	/ /	Neg

* If required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY
Film date: / / Impression: ☐ normal ☐ abnormal
Person is free of communicable tuberculosis: ☐ yes ☐ no
Signature/Agency: _____

Parents: Your child must meet California's immunization requirements to be enrolled in school. Keep this Record as proof of immunization. Padres: Su niño debe cumplir con los requisitos de vacunas para ser admitido a la escuela. Mantenga este Comprobante: lo necesitará.

IMMUNIZATION RECORD

Comprobante de Inmunización



Name
nombre Sara Alvord

Birthdate
fecha de nacimiento 9-18-98

Allergies
alergias STOCKTON, CA 95210 MK # 9845571

Vaccine Reactions
reacciones a la vacuna

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO