

AUM Student Health Services
Immunization Record

Patient Name: Kathryn Nelson

Birthdate: 9/26/61

Allergies/Medical Alert: NKDA

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Typhoid Other	11/11/2022	L Deltoid	0.5 mL	Sanofi	Lot: 428179088 NDC 428179088 Exp. 10.3.23	RB	RB

Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
				Sanofi	CSB05AA	exp. 3/17/23	

Initials	Signature	Initials	Signature
RB	RL Blackwelder		

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

ADULT IMMUNIZATION RECORD

Allergies:

Reactions:

Name: NELSON, KATHRYN D
 DOB: 04/26/1961
 Chart #:
 Date of Service: 11/08/2022

Vaccine Family	Type of Vaccine (no Brand Name)	Date Given (mm/dd/yy)	Age at Adm	Dose (cc/mL)	Route & Site	Mfr.	Lot #	VIS Date	Vaccinator Signature
Tetanus, Diphtheria, (Pertussis) (e.g., Td, Tdap)									
Hepatitis A (e.g., HepA, HepA-HepB)									
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)									
Human Papillomavirus (e.g., HPV)									
Measles, Mumps, Rubella (MMR, MMRV)									
Meningococcal (MCV4, MPSV4)									
Pneumococcal (e.g. PCV, PPV)									
Polio (e.g., IPV, DTaP-HepB-Hib)									
Varicella (Var, MMRV)									
Influenza (e.g., TIV, LAIV)	IIV4 MDCK P-FREE	10/04/18	57 y	0.5		SEQ			
	IIV4	09/29/20	59 y	0.5		SEQ			OUTSIDE CLINIC
	IIV4 MDCK P-FREE	11/05/21	60 y	0.5	IM	SEQ			OUTSIDE CLINIC
Zoster	SHINGLES	02/05/20	58 y	0.65		SKB			
	SHINGLES	05/19/20	59 y	0.65		SKB			
Other	Moderna COVID-19 Vaccine	02/18/21	59 y	0.5	IM RA	MOD	007M20A		OUTSIDE CLINIC
	Moderna COVID-19 Vaccine	03/18/21	59 y	0.5	IM LA	MOD	038A21A		OUTSIDE CLINIC
	Moderna COVID-19 Vaccine	11/05/21	60 y	0.25	IM	MOD	939905		OUTSIDE CLINIC
	Moderna COVID-19 Vaccine	04/22/22	60 y	0.25	IM	MOD	056A22A		OUTSIDE CLINIC

WARHAWK HEALTH SERVICES
 7461 EAST DRIVE
 RM 102 MOORE HALL
 MONTGOMERY, AL36117
 334 2443281

PPD	Date	Results	PPD	Date	Results
Mantoux			Maxtoux		
Mantoux			Mantoux		
Mantoux			Mantoux		

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Kathryn Denise Nelson
DATE OF BIRTH 04/26/1961
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	☐	☒	☐
2. Do you have allergies to medications, food, a vaccine component, or latex?	☐	☒	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☒	☐
4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	☐	☒	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☒	☐
6. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☒	☐
7. Have you had a seizure or a brain or other nervous system problem?	☐	☒	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☒	☐
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☒	☐
10. Have you received any vaccinations in the past 4 weeks?	☐	☒	☐

FORM COMPLETED BY K. Denise Nelson DATE Nov 16, 2022
FORM REVIEWED BY MRN DATE 11/16/2022

Did you bring your immunization record card with you?

yes ☐ no ☒

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.