

**AUM Student Health Services
Immunization Record**

Patient Name: Karan Vaidya

Birthdate: _____

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	Visit Date	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 mL ID	1/16/18	1/19/18	Neg (0.00) mm	SP	CS154AA	(L) forearm	BM

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

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

STAMP ABOVE

Immunization (Vaccination) Form

To ensure the health and safety of our campus, immunizations against communicable diseases is extremely important. Vaccination against Measles, Mumps, Rubella (MMR) and Tetanus, Diphtheria and Pertussis is required of all students entering Auburn University Montgomery. This form must be completed and is the preferred document for proof of immunizations. Take this form to a doctor or clinic to be completed. Also, upon arrival to the campus, international students will be required to report to Student Health Services to receive a Tuberculosis Skin Test. The cost of this test is \$10.00. TB skin tests performed outside of the United States will not be accepted.

Name VAIDYA KARAN HEMANT Student Number 500347329
 Last First Middle
 Local Address 71-126 6871 PEACHTREE DUNWOODY RD
 Street City State Zip Code
ATLANTA GEORGIA 30342 30328
470 357 5112 Karanvaidya.52@gmail.com 01 / 06 / 1993
 Cell Phone Number E-mail Address Date of Birth (M/D/Y)

PHILIPPS, TETANUS AND PERTUSSIS
 ACCELLUM, COMBINATION VACCINE
 (MMR2), REDUCED ANTIGEN CONTENT
 0.5 mL
 Single dose, 0.5 mL, in
 the original package away from light.
 Import (Lot# 15-1, 15-2) will have use
 until 12/31/2016. All other
 lots by GSK Pharmaceuticals
 Ltd., Geneva, Switzerland
 484920

Expiry Date
 KC37B26AC
 10-2016
 09-2019

REQUIRED IMMUNIZATIONS (Vaccinations)

Tetanus, Diphtheria, Pertussis Vaccine (preferred). Students without previous documentation of a TDaP vaccine should have one dose prior to entrance based on current guidelines. A DTaP will not be accepted.

Date of Tdap vaccine: 8 / 12 / 17 (within the last 5 years).
 D M Y

Measles, Mumps, Rubella (MMR) 2 separate vaccinations of the MMR, given at least 1 month apart is required. 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 15 / 8 / 17 Date of Second Dose 8 / 12 / 17
 D M Y D M Y

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

Hepatitis B: / / / / / /
 1st 2nd 3rd

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

Meningococcal (meningitis) Vaccine: / / / / (MCV4 preferred)
 1st 2nd

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 9/14)

DR. RITESH WALMIK
 M.D., DCH.