

IMMUNIZATION CERTIFICATE

PRINT CLEARLY WITH DARK BLACK INK.

This form will be read by a computer.

Upload to medproctor.com



University: Auburn University

Student: Gi Hong Lee (gzl0035)

DOB: 1/23/1994

Green = Required

Blue – Recommended

Black = Optional

MMR	(Measles; Mumps; Rubella)	Required
1st	07 05 01	
2nd	01 08 14	
MENINGOCOCCAL		Recommended
1st		
2nd		
MENINGOCOCCAL B		Optional
1st		
2nd		
PNEUMOCOCCAL		Optional
One		
	PPSV23 ○ PCV13 ○	
HEPATITIS B		Optional
1st		
2nd		
3rd		
HPV	(Human Papillomavirus)	Recommended
1st		
2nd		
3rd		
TDaP / TD - Booster		Recommended
Within 10 yrs.	01 08 14	
	TDaP ● TD ○	
VARICELLA	(Chicken Pox)	Recommended
1st		
2nd		
HEPATITIS A		Recommended
1st		
2nd		
POLIO	Inactivated	Recommended
1st		
2nd		
3rd		
4th		
Typhoid	Inactivated	Optional
One		
Yellow Fever		Optional
One		
RABIES	Pre-Exposure	Optional
1st		
2nd		
3rd		

REQUIRED - Immunization History Signature (Please clearly complete ALL and place office stamp at bottom of page.)

LICENSED CARE PROFESSIONAL SIGNATURE 		PRINT LICENSED HEALTH CARE PROFESSIONAL FIRST AND LAST NAME AMY MORRIS RN	SIGNATURE DATE 05.31.17
NON-PARENTAL		NPI NUMBER not required for U.S. service members or international students 1922319102	NPI NAME OF LICENSED HEALTH CARE PROFESSIONAL CAROL STEWART
		OFFICE PHONE NUMBER 334 244 3281	

REQUIRED - Tuberculosis Skin or Blood Test Results

Tb Skin PPD			mm and range REQUIRED (fill bubble)			OR			Tb Blood			T-Spot QuantIFERON			Results		
Placed: <u>05</u> <u>31</u> <u>17</u>			☐ 0 mm ☒ 0 to < 5 mm ☐ 5 to < 10 mm ☐ 10 to < 15 mm ☐ 15 mm or larger						Test <u> </u> <u> </u> <u> </u>			☐ Positive ☐ Negative					
Read: <u>06</u> <u>02</u> <u>17</u>																	
actual induration in MM only <u>03</u>																	

REQUIRED - Tuberculosis Test Results Signature (Please clearly complete ALL and place office stamp at bottom of page.)

LICENSED CARE PROFESSIONAL SIGNATURE 		PRINT LICENSED HEALTH CARE PROFESSIONAL FIRST AND LAST NAME AMY MORRIS RN		SIGNATURE DATE 06 02 17	
NON-PARENTAL NPI NUMBER not required for U.S. service members or international students 1922319102		NPI NAME OF LICENSED HEALTH CARE PROFESSIONAL CAROL STEWART NP		OFFICE PHONE NUMBER 334 244 3281	

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

OFFICE STAMP

