

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 AL alhareth Bader M Student Number N002529673
Last First Middle
 Local Address King Abdakaziz Najran
Street City State Zip Code
 Cell Phone Number 2674693544 E-mail Address bader666999@gmail.com Date of Birth (M/D/Y) 04/14/1991

REQUIRED IMMUNIZATIONS (Vaccinations)

Tetanus, Diphtheria, Pertussis Vaccine (preferred). *Needs Tdap* 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: 20 / 3 / 1997 (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 20 / 3 / 1997 Date of Second Dose 29 / 1 / 2000
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: 6 / 5 / 1991 1 / 7 / 1991 9 / 11 / 1991
1st 2nd 3rd

Varicella (Chickenpox) Vaccine: 7 / 11 / 1992 25 / 7 / 1997
1st 2nd

Meningococcal (meningitis) Vaccine: 16 / 4 / 1995 7 / 11 / 2000 (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)

