

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 PYARAM SHRIVARDHAN Student Number _____
 Last First Middle
 Local Address H.No. 4-3-118 Rd. No. 6, Mallikarjuna Colony, Kolimandur, Hyderabad - 500086.
 Street City State Zip Code
 Cell Phone Number 7013981591 E-mail Address p.shri-varadhan@gmail.com Date of Birth (M/D/Y) 03/16/1995

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: // 9/15 (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 22/03/2017 Date of Second Dose 24/04/2017
 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: // 9/8/16 12/9/16 14/10/16
 1st 2nd 3rd

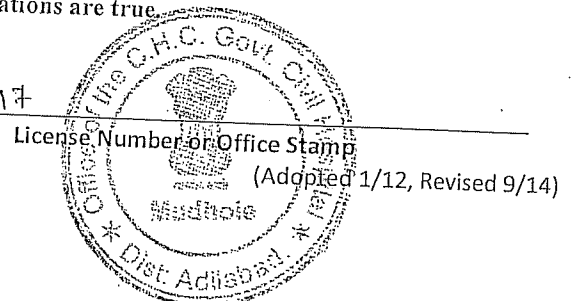
Varicella (Chickenpox) Vaccine: // Not taken / /
 1st 2nd

Meningococcal (meningitis) Vaccine: // Not taken // _____ (MCV4 preferred)
 2nd

I certify that the above dates and vaccinations are true.

[Signature]
 Medical Officer
 Signature of License Health Care Professional Date
MUDHOLE, Dist: Adilabad

25/12/17



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1st 2nd 3rd

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1st 2nd

Meningococcal (meningitis) Vaccine: // Not taken 1/1/17 (MCV4 preferred)
2nd 1st

I certify that the above dates and vaccinations are true.

Signature of License Health Care professional _____
Date _____

25/12/17

License Number or Office Stamp _____

(Adopted 1/12, Revised 9/14)

