

Immunization Form

To ensure the health and safety of our campus, immunizations against communicable diseases is extremely important. Vaccination against Measles, Mumps, Rubella (MMR), Tetanus, Diphtheria and Pertussis, and proof of negative Tuberculosis is required of all students entering Auburn Montgomery. This form must be completed and is the preferred document for proof of immunizations and TB testing.

Complete and Return to: Student Health Center
Attn: Immunizations
PO Box 244023
Montgomery, AL 36124
(334) 244-3281 Fax (334) 244-3396

Name Babar Talha Student Number _____
Last First Middle
Address St# 02, House No. 822, Sec. II of Islamabad Pakistan 44000
Street City State Zip Code
Phone Number _____ Cell Phone Number 03355538861 E-mail Address entahababar123456@gmail.com Date of Birth 30/11/1998

REQUIRED IMMUNIZATIONS

Tuberculosis Screening (within 6 months prior to semester student is to begin at AUM.)

Date Given 7/12/17 (Date of reading, within 48 to 72 hours of date given) TB skin test (PPD) 19 / 12 / 2017

Results: Positive _____ mm Negative <1 mm

If positive, you must attach a radiology report from chest X-ray and documentation of treatment.

Tetanus, Diphtheria, Pertussis Vaccine (preferred). Students without previous documentation of a Tdap vaccine should have one dose prior to entrance based on current guidelines. Other students should be current to maintain their status throughout their entire academic career.

Date of Tdap vaccine: _____ / _____ / _____
or Td _____ / _____ / _____ (within the last 5 years)

Measles, Mumps, Rubella (MMR)

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. (Lab report is attached)

Date of First Dose _____ / _____ / _____ Date of Second Dose _____ / _____ / _____

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.

Dr. Muhammad Shaharyar Malik
Incharge Special Clinic
(PACP), BBH, Rawalpindi

[Signature]
Signature of License Health Care professional

Date

20/12/2017

License Number or Office Stamp

Reg # 67900-P

(Adopted 1/12, Revised 8/2012)