

Immunization (Vaccination) Form

To ensure the health and safety of our campus, immunizations against communicable diseases are extremely important. Vaccination against Measles, Mumps, Rubella (MMR) and Tetanus, Diphtheria and Pertussis is required of all students entering Auburn University at 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 Patel Tapasya MukundKumar AUM Student Number 500346903
 Last First Middle

Local Address C/6 Saijannagar Society Mansa Gujarat 382845
 Street City State Zip Code

9824237236 pateltapasya4@gmail.com 01/11/1999
 Cell Phone Number E-mail Address Date of Birth (MMDD/YYYY)

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: 20 / 01 / 2015 (within the last 5 years).

D M Y (Booster, batch No. AC37B268AC)

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 11 / 04 / 2000 Date of Second Dose 15 / 1 / 2004
 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: 13 / 1 / 1999 26 / 2 / 1999 14 / 7 / 1999
 1st 2nd 3rd

Varicella (Chickenpox) Vaccine: 11 / 04 / 2000 15 / 1 / 2004
 1st 2nd

Meningococcal (meningitis) Vaccine: 01 / 12 / 2017 _____ / _____ / _____ (MCV4 preferred)

 Quadri Meningo
 Batch No. 1020217
 MFG. DATE: 02/2017
 EXP. DATE: 01/2019

(Quadri Meningo
 Batch No. 1st NO20217)

2nd

I certify that the above dates and vaccinations are true.

P. Patel 12 / 12 / 2017
 Signature of License Health Care professional Date

DR. PRAFULL I. PATEL
 Reg. No. G-17410 M.D. (Ped.)
NISARG CHILDREN HOSPITAL
 Mansa Dist. Gandhinagar 382845.
 *License Number or Office Stamp