

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

500350015

Name MEKWAN OREL URVISH Student Number 00035486
Last First Middle
Address 17 SHARON AVENUE, OPP SANJIVANAHMEDABAD GUJARAT 380008
Street Hospital City State Zip Code
Phone Number 9924501718 Cell Phone Number 9924501718 E-mail Address Orelmekwan7650@gmail.com Date of Birth 13/02/1996

REQUIRED IMMUNIZATIONS

Tuberculosis Screening (within 6 months prior to semester student is to begin at AUM.)
Date Given 12/27/2017 Date of reading, within 48 to 72 hours of date given) TB skin test (PPD) 12/29/2017

Results: Positive _____ mm (Negative) 00 mm

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

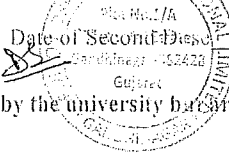
Tetanus, Diphtheria, Pertussis Vaccine (preferred). Students without previous documentation of a Tdap vaccine should have one dose prior to entrance based on current guidelines. Other students should be current to maintain their status throughout their entire academic career.

Date of Tdap vaccine: 12/29/2017 (within the last 5 years)
or Td 12/29/2017

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.

Date of First Dose 12/29/2017



OPTIONAL IMMUNIZATIONS (These immunizations are not required by the university but are recommended by the American College Health Association.)

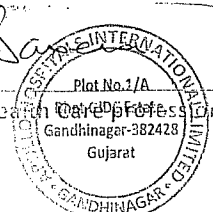
Hepatitis B: 1st 2nd 3rd

→ Varicella (Chickenpox) Vaccine: 12/29/2017 1st

Meningococcal (meningitis) Vaccine: 12/29/2017 1st (MCV4 preferred)

I certify that the above dates and vaccinations are true.

Signature of License Holder Dhiraj Saxena
Signature of License Holder or Office Stamp
Gandhinagar-382428
Gujarat



Date 12/29/2017 License Number or Office Stamp G29885
Dr. DHIRAJ SAXENA
M.D. PGDHIIM.
Consultant - Hyperbaric & Respiratory Physician
Pooja Hospitals International Ltd. Gandhinagar
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(Adopted 1/12, Revised 8/2012)