

ADOLESCENT & ADULT IMMUNIZATION RECORD

Clinic: AUM-SHS

Name: Daniel Aude

Date of Birth: 11 / 13 / 63 Record #: _____

Allergies: PCN, sulfa, cipro Reactions: _____

History of Chickenpox? **YES** or **NO** If yes, date if known: _____

Vaccine	Date Admin			Age at the time	VIS Form Given			Manuf Abbr*	LOT	EXP	Dose	Admin Site**	Route	Provider Initials*** or Outside Provider Name
	Mo	Day	Yr		Type	Mo	Yr							
Td					Td			NDC 58160-815-43		EF773 09/29/18	0.5cc		IM	
Td					Td			Hepatitis A & Hepatitis B (Recombinant) Vaccine			0.5cc		IM	
Td					Td			TWINRIX®			1 ml 0.5cc		IM	
Td					Td			Mfd. by GlaxoSmithKline Biologicals			1.5cc		IM	
Tdap					Tdap					EF773 09/29/18	0.5cc		IM	
Hep B + Hep A	2	5	18		Hep B	7	16				1.0	LD	IM	AM
Hep B + Hep A	3	6	18		Hep B	7	16				1.0	LD	IM	AM
Hep B + Hep A	8	7	18		Hep B	7	16				1 mL	LD	IM	MA
Hep B (booster if needed)					Hep B						1 ml		IM	
MMR Rubella Rubeola					MMR						0.5cc		SQ	
MMR Rubella Rubeola					MMR					474193	0.5cc		SQ	
Varicella					Var						0.5cc		SQ	
Varicella					Var					95K69 10/29/20	0.5cc		SQ	
IPV					Polio						0.5cc		SQ	
IPV					Polio						0.5cc		SQ	
IPV					Polio						0.5cc		SQ	
IPV					Polio						0.5cc		SQ	
PPV23					PPV					474193	0.5cc		IM	
PPV23					PPV						0.5cc		IM	
Hepatitis A					Hep A								IM	
Hepatitis A					Hep A								IM	
HPV					HPV						0.5cc		IM	
HPV					HPV						0.5cc		IM	
HPV					HPV						0.5cc		IM	
Influenza					Flu						0.5cc		IM	
Influenza					Flu						0.5cc		IM	
Influenza					Flu						0.5cc		IM	
MCV4					Mening								IM	
MPSV4					Mening								SQ	

* Manufacturers: M= Merck; S= Sanofi Pasteur; W= Wyeth; G= GlaxoSmithKline

** Sites: LT = Left Thigh, RT = Right Thigh, LA = Left Arm, RA = Right Arm, LD = Left Deltoid, RD = Right Deltoid

*** VIS language given, if not English: _____



Auburn University Montgomery

Student Health Services

Hepatitis A and B Reminder

Date: 8/3/18

Dear Mr. Aude:

Your final Hepatitis A and B (Twinrix) vaccine is due on 8/6/18.
Please call the Nursing Care Center for an appointment as soon as possible,
at 244-3281 to continue receiving your immunization as scheduled.

In order for your immunization against Hepatitis A and B to be continued
within the recommended schedule, you must have your final dose by

8/27/18.

Thank you for allowing us to participate in the protection of your good
health.

Sincerely,

Amy Morris, M.P.A., R.N., B.C.
AUM-Nursing Care Center

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME

Daniel Aude

DATE OF BIRTH

11 / 13 / 63
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	☐	☒	☐
2. Do you have allergies to medications, food, a vaccine component, or latex?	☒	☐	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☒	☐
4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	☐	☒	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☒	☐
6. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☒	☐
7. Have you had a seizure or a brain or other nervous system problem?	☐	☒	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☒	☐
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☐	☐
10. Have you received any vaccinations in the past 4 weeks?	☐	☒	☐

FORM COMPLETED BY

Dan Aude
MFH, CRNP

DATE

8/7/18

FORM REVIEWED BY

DATE

8/7/18

Did you bring your immunization record card with you?

yes ☐

no ☒

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.

AUM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date 02/05/18 Name Daniel S. Aede

1. What is the reason for your visit today Vaccinations
2. List allergies you have to medicines, foods or iodine: penicillin, sulfa, cipro
3. List any medications or drugs you are currently taking (this would include herbal and over-the-counter as well as prescription drugs): None

4. Have you had any of the following: (circle if this applies to you):

Heart disease N

Kidney disease N

Stomach/Gastrointestinal disease N

Diabetes/sugar N

5. Are you immunocompromised? (Is there a problem with your immune system) Yes No ✓

Thymus disorder (Myasthenia gravis, thymoma, thymectomy) N

Spleen removed N

Transplant recipient N

Cirrhosis of the liver N

Cancer N

HIV N

6. How often do you drink beer, wine, wine cooler, or liquor? (Please circle)

Never / Rarely / 1-2 times a week / 3-4 times a week / 5 or more times a week

7. Where are you going on your trip? Zambia

8. How long is your trip? Months Days 10

9. When are you leaving on your trip? June 25, 2018

Tdap + Flv in December

Leadership conference

FOR FEMALES ONLY

- A. Date of your last period? Have you had a hysterectomy? YES NO
- B. Are you currently pregnant? YES NO
What is your due date?
- C. Do you plan to become pregnant in the next 3 months? YES NO
- D. Are you breastfeeding? YES NO

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Daniel N. Aude
DATE OF BIRTH 02/05/18
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

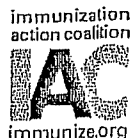
	yes	no	don't know
1. Are you sick today?	☐	☒	☐
2. Do you have allergies to medications, food, a vaccine component, or latex?	☐	☐	☒
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☒	☐
4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	☐	☒	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☒	☐
6. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☒	☐
7. Have you had a seizure or a brain or other nervous system problem?	☐	☒	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☒	☐
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☒	☐	☐
10. Have you received any vaccinations in the past 4 weeks?	☐	☒	☐

FORM COMPLETED BY Daniel N. Aude DATE 02/05/18
FORM REVIEWED BY [Signature] DATE 2/5/18

Did you bring your immunization record card with you?

yes ☐ no ☒

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.



Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/catg.d/p4065.pdf • Item #P4065 (8/17)

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Daniel Audé
DATE OF BIRTH 11 / 13 / 63
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	☐	☒	☐
2. Do you have allergies to medications, food, a vaccine component, or latex?	☐	☒	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☒	☐
4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	☐	☒	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☒	☐
6. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☒	☐
7. Have you had a seizure or a brain or other nervous system problem?	☐	☒	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☒	☐
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☐	☐
10. Have you received any vaccinations in the past 4 weeks?	☒	☐	☐

FORM COMPLETED BY Dan Audé DATE 3/6/18
FORM REVIEWED BY Ryan DATE 3/6/18

Did you bring your immunization record card with you?

yes ☐ no ☒

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.



Hepatitis A and B Reminder

Date: 3/2/18

Dear Mr. Aude:

Your second Hepatitis A and B (Twinrix) vaccine is due on March 5, 2018. Please call the Student Health Center at Auburn Montgomery for an appointment as soon as possible at 244-3281, to continue receiving your immunization as scheduled.

In order to stay within the recommended schedule, you should receive your next dose by March 19, 2018.

Thank you for allowing us to participate in the protection of your good health.

Sincerely,

Amy Morris, RN-BC *AM*

Amy Morris, RN-BC
AUM-Nursing Care Center