

Auburn University Montgomery

Student Immunization Form

Immunization history must be completed and signed by a health care provider. Copies of your original immunization records are acceptable in place of this form, but must be in English. Please submit completed form or a copy of your immunization record to Warhawk Health Services.

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

Name Reese Makiya chunkia Student Number 500389115
Last First Middle
Address 87 Newell Street Camp Hill Alabama 36850
Street City State Zip Code
Phone Number 334-559-5806 E-mail Address Kiya0229@gmail.com Date of Birth 09/29/2002 Date of Enrollment 08/13/2021

REQUIRED IMMUNIZATIONS

Tuberculosis Screening- TB skin test must be performed within 2 months of matriculation.

Date Given: 7-12-21 Date Read: 7-14-21 Results: Positive _____ mm Negative 0 mm

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

*All TB skin test, blood, and/or CXR must be performed in the U.S.

Tdap- Tetanus, Diphtheria, Pertussis - Students should have one adult dose within the last 10 years. If more than 10 years, then a booster is required.

Date of Tdap vaccine: 07/30/2014

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 09/30/2003 Date of Second Dose 08/09/2007

RECOMMENDED IMMUNIZATIONS

These immunizations are not required by the university but are recommended by the American College Health Association.

Hepatitis B: 11/26/2002 02/10/2003 01/08/2004
1st 2nd 3rd

Varicella (Chickenpox) Vaccine: 09/30/2003 08/09/2007
1st 2nd

Meningococcal (MenACWY) Vaccine: 07/30/2014 12/18/2018 (One dose on or after the 16th birthday)
1st 2nd

Meningococcal B Vaccine ① 04/28/2020 ② 06/21/2020

I certify that the above dates and vaccinations are true.

Heeme Gano
Signature of Licensed Health Care Professional

7/12/2021
Date

Pediatric Associates
200 Hwy 280
Kellyton, AL 35089
License Number or Office Stamp



Alabama Department of Public Health

CERTIFICATE OF IMMUNIZATION

MAKIYA CHANKIA REESE (11318530)

Child's Name (first, middle, last)

09/28/2002

Birthdate

07/30/2024

Date of Expiration

(Next Required Immunization)

Parent/Guardian Name (first, middle, last)

Unless Specifically exempted by law, Alabama law (code of Alabama 1975, Section 16-30-4) requires a certificate on file for each child in attendance in all schools and licensed child care facilities in Alabama. Instructions for this form and immunization requirements by age are detailed via the ADPH web site at www.adph.org/immunization

Vaccine	DOSE1 DATE MM DD YY	DOSE2 DATE MM DD YY	DOSE3 DATE MM DD YY	DOSE4 DATE MM DD YY	DOSE5 DATE MM DD YY	DOSE6 DATE MM DD YY	Total Doses	Confirmed Lab MM YY	History MM YY
Required Vaccines for School or Child Care Attendance									
DTP,DTaP,DT	DTAP 11/26/02	DTAP 02/10/03	DTAP 04/02/03	DTAP 01/08/04	DTAP 08/08/07				
TD									
Tdap	TDAP 07/30/14								
IPV,OPV	IPV 11/26/02	IPV 02/10/03	IPV 09/30/03	IPV 08/08/07					
Hib (Under Age 5)	HEP B - HIB 11/26/02	HEP B - HIB 02/10/03	HEP B - HIB 01/08/04						
Measles	MMR 09/30/03	MMRV 08/09/07							
Mumps	MMR 09/30/03	MMRV 08/09/07							
Rubella	MMR 09/30/03	MMRV 08/09/07							
PCV	PCV7 11/26/02	PCV7 02/10/03	PCV7 04/02/03	PCV7 01/08/04					
Varicella	VARICELLA 09/30/03	MMRV 08/09/07							

Recommended Vaccines									
HepA	HEP A 04/29/12	HEP A 07/30/14							
HepB	HEP B - HIB 11/26/02	HEP B - HIB 02/10/03	HEP B - HIB 01/08/04						
HPV	HPV 07/30/14	HPV 09/30/14	HPV 01/30/15						
MCV, MPSV,MENB	MCV4P 07/30/14	MCV40 12/18/18	MEN B OMV (BEXSERO) 04/28/20	MEN B OMV (BEXSERO) 06/02/20					
Rotavirus									
Covid-19									

NOTES

A licensed physician or qualified employee of the Alabama Dept of Public Health is responsible for the content of this certificate. All dates must include the month, day, and year. In cases of history of disease or laboratory confirmation, the month and year of infection or test must be filled in the appropriate box(es).

The certificate is NOT valid without the name and birth date of the child, date of expiration, name and address of the physician or health department, and date of issue. A school or facility official is responsible for keeping a current valid Certificate on file for each child in attendance. When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian.

Site Name : PEDIATRIC ASSOCIATES
KELLYTONAddress: 21 COOSA COUNTY ROAD 50
KELLYTON

Telephone #: (256) 2345021

Date of Issue: 7/12/2021

K. McGregor