

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 TO THAN ANH Student Number _____
Last First Middle
Address _____
Street City State Zip Code
Phone Number _____ Cell Phone Number _____ E-mail Address _____ Date of Birth _____/_____/____

REQUIRED IMMUNIZATIONS

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

Date Given _____ (Date of reading, within 48 to 72 hours of date given) TB skin test (PPD) Not available / /

Results: Positive _____ mm Negative _____ 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 Tdap 10/04/2017 (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.

Date of First Dose 10/4/2017 Date of Second Dose 22/4/2017

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: _____/_____/_____
1st 2nd (Laboratory Immunity)

Meningococcal (meningitis) Vaccine: _____/_____/_____
1st 2nd

I certify that the above dates and vaccinations are true.

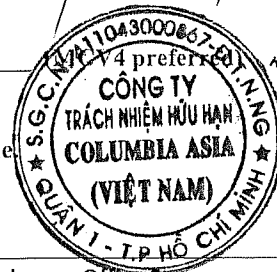
THS.BS. TRẦN BẢO NGOC

Signature of License Health Care professional Date

10/4/2017

License Number or Office Stamp

(Adopted 1/12, Revised 8/2012)



COLUMBIA ASIA

COLUMBIA ASIA SAIGON INTERNATIONAL CLINIC

Name : TO ANH TUAN	ColumbiaAsia(Vietnam) Ltd. Saigon International Clinic 08 Alexandre De Rhodes, District 1, HCMC Tel: (84.8) 823 8888 - Fax: (84.8) 8238454	Visit No : V0000000001-SAIC
MRN : SAIC-0000025451		Received On : 4/10/2017 3:07:54PM
Age / Gender : 18Y 7M 5D/MALE		Reported On : 6/10/2017 8:40:16AM
Lab No : S0000023144		
Referred By : Dr. TRAN BAO NGOC		

OTHER

Test Name

VARICELLA IgG

Result

POSITIVE 521.68 IU/ml

Reference Range

<50 , GZ : 50 - 100

6/10/2017 8:40:16AM

***** END OF REPORT *****

This is computer generated report, signature is not r

Phòng bệnh Vaccine	Tên vaccin Name of vaccine	Mũi tiêm Dose	Ngày tiêm Date given	Hẹn ngày tiêm lần sau Date next dose due	Cơ sở tiêm Vx Signature
Lao BCG					
Viêm gan siêu vi B Hepatitis B					
Bạch hầu Diphtheria Uốn ván Tetanus Ho gà Pertussis	Adacel	booste	04/10/2017		
Bại liệt Polio					
Sởi Quai bị Rubella Measles, Mumps, Rubella	MMR	1st 2	04/10/2017 22/11/2017	04/11/17	

Phòng bệnh Vaccine	Tên vaccin Type of vaccine	Mũi tiêm Doses given	Ngày tiêm Date given	Hẹn ngày tiêm lần sau Date next dose due	Cơ sở tiêm Vx Signature
Các bệnh nhiễm khuẩn do HIB Haemophilus influenza					
Thủy đậu Chicken pox					
Viêm gan siêu vi A Hepatitis A					
Tiêu chảy do Rotavirus					
Viêm não Nhật bản					