

**AUM Student Health Services  
Immunization Record**

**Patient Name:** Maranda Fain

**Birthdate:** 1/20/1989

**Allergies/Medical Alert:** Augmentin

| Immunization | Date | Site | Dose | MFR | Comments | V.I. S. | Initials |
|--------------|------|------|------|-----|----------|---------|----------|
| Tdap         |      |      |      |     |          |         |          |
|              |      |      |      |     |          |         |          |
|              |      |      |      |     |          |         |          |
| Td Booster   |      |      |      |     |          |         |          |
|              |      |      |      |     |          |         |          |
|              |      |      |      |     |          |         |          |
| MMR          |      |      |      |     |          |         |          |
|              |      |      |      |     |          |         |          |
|              |      |      |      |     |          |         |          |
| HEP A        |      |      |      |     |          |         |          |
|              |      |      |      |     |          |         |          |
|              |      |      |      |     |          |         |          |
| HEP B        |      |      |      |     |          |         |          |
|              |      |      |      |     |          |         |          |
|              |      |      |      |     |          |         |          |
| Other        |      |      |      |     |          |         |          |
|              |      |      |      |     |          |         |          |
|              |      |      |      |     |          |         |          |

|                                                  | Date Given: | Date Read: | Results:        | MFR    | LOT#    | Comments       | Initials |
|--------------------------------------------------|-------------|------------|-----------------|--------|---------|----------------|----------|
| Tuberculin Testing<br>PPD (MANTOUX)<br>0.1 ml ID | 7/28/25     | 7/31/25    | Imm<br>Negative | SumoFi | 30A1901 | exp 5/27 (B)FA | MB       |
|                                                  |             |            |                 |        |         |                |          |
|                                                  |             |            |                 |        |         |                |          |
|                                                  |             |            |                 |        |         |                |          |

| Initials | Signature | Initials | Signature |
|----------|-----------|----------|-----------|
| MB       | MB, RN    |          |           |
|          |           |          |           |
|          |           |          |           |

AUBURN UNIVERSITY MONTGOMERY  
STUDENT HEALTH CENTER  
IRMA B. MOORE HALL RM. 102  
P.O. BOX 244023  
MONTGOMERY, AL 36124-4023

STAMP ABOVE



**WARHAWK  
HEALTH SERVICES**

**TB Screening Questionnaire**

Name: Maranda Fain

Date of Birth: 01-20-1989

Student Number: 500093728

Please mark "yes" or "no" to the following questions.

YES NO

|                                                                                                                               |  |   |
|-------------------------------------------------------------------------------------------------------------------------------|--|---|
| 1. Do you have a cough that has lasted longer than 3 weeks?                                                                   |  | ✓ |
| 2. Have you coughed up blood or mucus?                                                                                        |  | ✓ |
| 3. Have you had fever, chills, or night sweats?                                                                               |  | ✓ |
| 4. Have you had unintentional weight loss?                                                                                    |  | ✓ |
| 5. Have you been feeling very tired?                                                                                          |  | ✓ |
| 6. Have you lost your appetite?                                                                                               |  | ✓ |
| 7. Have you ever had a positive TB skin test result or Positive interferon gamma release assay (IGRA) result?<br>If so, when? |  | ✓ |
| 8. Have you ever had an abnormal chest x-ray?                                                                                 |  | ✓ |
| 9. Have you recently had the mucus coughed up tested for TB?                                                                  |  | ✓ |
| 10. Have you ever been told you had TB or latent TB?                                                                          |  | ✓ |
| 11. Have you ever taken medicine for TB?                                                                                      |  | ✓ |
| 12. Have you ever lived with or had close contact with someone who had TB?                                                    |  | ✓ |
| 13. Do you currently have a rash on either forearm?                                                                           |  | ✓ |
| 14. Are you immunocompromised? (Steroids, chemotherapy, or other?)                                                            |  | ✓ |
| 15. Have you received a live vaccine in the past 30 days?                                                                     |  | ✓ |

\*All TB skin test and Chest x-rays must be performed in the U.S. to be valid.\*

I attest the above is true and accurate to the best of my knowledge.

Patient Signature: M. Fain

Date: 7-28-25

Provider Signature: MBN RN

Date: 7/28/2025