

# 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 Vanamala Lavemiprasanna Student Number 500391140  
Address HO NO 3-104, (Modvi) Chandur (Dist) :- Nalgonda Telangana 508255  
Phone Number +91 9553809033 Cell Phone Number 919553809033 E-mail Address VLPS08231@gmail.com Date of Birth 08/10/1991

## REQUIRED IMMUNIZATIONS

Tuberculosis Screening (within 6 months prior to semester student is to begin at AUM.)  
Date Given 06/08 (Date of reading, within 48 to 72 hours of date given) TB skin test (PPD) 06/10/2021

Results: Positive \_\_\_\_\_ mm Negative 0 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: 06/10/2021  
or Td \_\_\_\_\_ (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 06/10/2021 Date of Second Dose 07/20/2021

## 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

Meningococcal (meningitis) Vaccine: \_\_\_\_\_ (MCV4 preferred)  
1st 2nd

I certify that the above dates and vaccinations are true.

Signature of License Health Care professional

Date

License Number or Office Stamp

(Adopted 1/12, Revised 8/2012)



A.R. TRAVELLERS VACCINE CENTRE  
# 17-1-375/24/2, Opp. Owaisi Hospital,  
D.M.R.L. X Road, Santosh Nagar,  
Hyderabad-500059.T.S. Cell: 9346773177

Dr. Suresh Nayak Ghuguloth  
Reg. No: 94555 MBBS.  
IMMUNIZATION OFFICER

20 JUL 2021