

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 they **must be in English**. Please submit a 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 PANCHOLI BHUMIKA UJASKUMAR Student Number SC0423237
Last First Middle
Address 2005 MERIWETHER RD. PIKERD AL 36064
Street City State Zip Code
Phone Number 254 718 7354 Email Address UJAS PANCHOLI@gmail.com Date of Birth 11-03-1981 Date of Enrollment 06-01-2022

REQUIRED IMMUNIZATIONS

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

Date Given: _____ Date Read: _____ Results: Positive _____ mm Negative _____ mm

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

* All TB skin tests, 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: 4-8-2021

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 _____ Date of Second Dose _____

RECOMMENDED 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 (MenACWY) Vaccine: _____ (One dose on or after 16th birthday)
1st 2nd

Meningococcal (MenACWY) Vaccine: _____

I certify that the above dates and vaccinations are true.
Signature of License Health Care professional DR. Rakesh Patel Date 7-7-2022

License Number or Office Stamp Alabama 25421