

**AUM Student Health Services  
Immunization Record**

Patient Name: Kundan Kaki

Birthdate: 12-11-92

Allergies/Medical Alert: NKA

| 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 | 8/1/2022    | 8/3/2022   | 0mm      | sumati | GSB05AA | exp 3/17/23 (DFA) | MB       |
|                                                  |             |            |          |        |         |                   |          |
|                                                  |             |            |          |        |         |                   |          |
|                                                  |             |            |          |        |         |                   |          |

| Initials | Signature | Initials | Signature |
|----------|-----------|----------|-----------|
| MB       | MB        |          |           |
|          |           |          |           |
|          |           |          |           |

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: KUNDAN SRIKANTH KAKI

Date of Birth: 12/11/1992

Student Number: 500405125

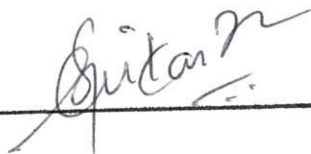
Please mark "yes" or "no" to the following questions.

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: 

Date: 08/1/2022

Provider Signature: 

Date: 8/1/2022