

Auburn University Montgomery

Student 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 **must be in English**. Please submit 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 Schulte Arabella Student Number _____
Last First Middle
Address _____
Street City State Zip Code
Phone Number _____ E-mail Address _____ Date of Birth _____ Date of Enrollment _____

REQUIRED IMMUNIZATIONS

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

Date Given: 5/26/22 Date Read: 5/28/22 Results: Positive _____ mm Negative X mm

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

*All TB skin test, 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: _____/_____/_____

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: _____/_____/_____ 1st _____/_____/_____ 2nd (One dose on or after the 16th birthday)
Meningococcal B Vaccine _____/_____/_____

I certify that the above dates and vaccinations are true.

DAVID L. MORRISON, M.D.
4700 Woodmere Blvd.
Montgomery, AL 36106

DL Morrison
Signature of Licensed Health Care Professional

05, 26, 2022
Date

License Number or Office Stamp