



HEALTH EXAMINATION FORM

LAST NAME: Kim-Kang FIRST NAME: Nayem TSCC ID #: _____ PHONE NUMBER: _____

THE FOLLOWING INFORMATION MUST BE COMPLETED BY A PHYSICIAN, NURSE PRACTITIONER, OR NURSE.

Allergies (Food/Drug/Latex, etc.)								
C O M P L E T E	Height	<u>64</u>	Weight	<u>119.5</u>	BP	<u>122/82</u>	Pulse	<u>73</u>
	Vision Right 20/	<u>25</u>	Left 20/	<u>30</u>	Corrected:	Y ☒ N ☐		

The student has been diagnosed with a chronic/serious medical condition(s)? (Ex. Diabetes, hypertension, seizure disorders, etc.?) _____ Yes ☒ No

If yes, please list: _____

Is/are the condition(s) being presently controlled or treated? _____ Yes _____ No If yes, please describe: _____

The student has been diagnosed with a psychiatric/mental condition(s)? (Ex. Bipolar, depression, chemical dependency, etc.) _____ Yes ☒ No

Is/are the condition(s) being presently controlled or treated? _____ Yes _____ No If yes, please describe: _____

The student is taking prescribed medications on a regular basis? _____ Yes ☒ No

If yes, please list: _____

On the basis of my examination on this day July 6, 2022 I approve the student's participation in Clinical Education.
month, day, year

☒ Yes _____ No _____ Limited - If limited, please describe: _____

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Lindsey T. Barton, CNP

PHYSICIAN/NURSE PRACTITIONER SIGNATURE [Signature]

Provider:

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



HEPATITIS B IMMUNIZATION

LAST NAME: Kim-Kang FIRST NAME: Nayon TSCC ID #: _____

HAVE YOU COMPLETED A SERIES OF HEPATITIS B IMMUNIZATION? IF "YES" - SEE STEP 1 & IF "NO" SEE STEP 2.

HEPATITIS B TITER - TO BE COMPLETED BY YOUR HEALTHCARE PROVIDER.

STEP 1 - IF YOU HAVE COMPLETED A HEPATITIS B SERIES IN THE PAST - HAVE A TITER DRAWN AND COMPLETE THE FOLLOWING.
PLEASE NOTE THAT IF YOUR TITER IS NEGATIVE YOU MUST COMPLETE STEP 2.

DATE OF TITER: 7/16/22 POSITIVE? ☒ (anti-HBs ≥ 10 mIU/mL) NEGATIVE? ☐ (anti-HBs ≤ 10 mIU/mL) (please identify results with a $\checkmark$)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Lindsey Barton, CRNP

PHYSICIAN/NURSE PRACTITIONER SIGNATURE [Signature]

Provider:
Please place office stamp
here (if possible) for
validation purposes.

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

*IF YOUR TITER RESULTS ARE POSITIVE - YOU ARE DONE!
IF YOUR RESULTS ARE NEGATIVE - COMPLETE STEP 2 BELOW.*

STEP 2 - IF YOU HAVE NOT COMPLETED A HEPATITIS B IMMUNIZATION OR IF YOU HAD A NEGATIVE TITER - A FULL 3-PART SERIES
IMMUNIZATION IS REQUIRED.

1ST VACCINATION DATE: _____

PHYSICIAN/NURSE PRACTITIONER SIGNATURE: _____

Provider:
Please place office stamp
here (if possible) for
validation purposes.

2ND VACCINATION DATE: _____
TO BE ADMINISTERED 1 MONTH AFTER 1ST DOSE

PHYSICIAN/NURSE PRACTITIONER SIGNATURE: _____

Provider:
Please place office stamp
here (if possible) for
validation purposes.

3RD VACCINATION DATE: _____
TO BE ADMINISTERED 6 MONTHS AFTER 2ND DOSE

PHYSICIAN/NURSE PRACTITIONER SIGNATURE: _____

Provider:
Please place office stamp
here (if possible) for
validation purposes.

AFTER COMPLETION OF THE FULL 3-PART SERIES, HAVE A TITER DRAWN FOR HEPATITIS B ANTIBODY TO DOCUMENT IMMUNITY:

DATE OF TITER: _____ POSITIVE? ☐ (anti-HBs ≥ 10 mIU/mL) NEGATIVE? ☐ (anti-HBs ≤ 10 mIU/mL) (please identify results with a $\checkmark$)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) _____

PHYSICIAN/NURSE PRACTITIONER SIGNATURE _____

CERTIFICATE OF IMMUNIZATION

Clinic Info

(Name/address)

Dr. Kim's clinic

Kwang-jung Dong, 484,

Kwang-jin Gu, Seoul, Korea.

Tel (02) 454-8062

I.D.NO :

NAME: Kim Na Yeon
(Family name) (Personal name)

BIRTH DATE: 2 / 126 / 1984 SEX: M or (F)
(Month) (day) (Year)

VACCINE	Time	Date Given			REMARK
		Month	Day	Year	
DPT Diphtheria Pertusis Tetanus	First	4	26	1984	
	Second	6	26	1984	
	Third	8	26	1984	
	First booster	8	30	1985	
	Second booster	10	2	1989	
DT(pedi strength)	First	4	26	1984	
Polio(TOPV)	First	4	26	1984	
	Second	6	26	1984	
	Third	8	26	1984	
	First booster	8	30	1985	
	Second booster	10	2	1989	
Measles	First	5	28	1985	
MMR(Measles, Mumps, Rubella)	First	10	31	1988	
	Second	2	28	1989	
Hepatitis B	First	3	28	1984	
	Second	3	28	1984	
	Third	8	24	1984	
	First booster				
B.C.G	First	3	21	1984	
	Second				
Tuberculin skin test		10	31	1988	Result: Negative

I hereby certify that the above named person has been immunized according to the schedule listed above.

Signature: SEON-JOUNG, KIM

Date: 11/2/1998

The Korean
Pediatric
Society



ADULT IMMUNIZATION RECORD

Allergies:
Reactions:

Name: KIM KANG, NAYEON

DOB: 02/26/1984

Chart #:

Date of Service: 07/05/2022

Vaccine Family	Type of Vaccine (no Brand Name)	Date Given (mm/dd/yy)	Age at Adm	Dose (cc/mL)	Route & Site	Mfr.	Lot #	VIS Date	Vaccinator Signature
Tetanus, Diptheria, (Pertussis) (e.g., Td, Tdap)									
Hepatitis A (e.g., HepA, HepA-HepB)									
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA- HepB)									
Human Papillomavirus (e.g., HPV)									
Measles, Mumps, Rubella (MMR, MMRV)									
Meningococcal (MCV4, MPSV4)									
Pneumococcal (e.g. PCV, PPV)									
Polio (e.g., IPV, DTaP-HepB- Hib)									
Varicella (Var, MMRV)									
Influenza (e.g., TIV, LAIV)	IIV4 - P FREE	10/27/21	37 y	0.5	IM	SKB	CA599		OUTSIDE CLINIC
Zoster									
Other	Moderna COVID-19 Vaccine	12/13/21	37 y	0.25	IM	MOD	067H21A		OUTSIDE CLINIC

WARHAWK HEALTH SERVICES
7461 EAST DRIVE
RM 102 MOORE HALL
MONTGOMERY, AL36117
334 2443281

PPD	Date	Results	PPD	Date	Results
Mantoux			Maxtoux		
Mantoux			Mantoux		
Mantoux			Mantoux		

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Tetanus, Diphtheria, (Pertussis) (e.g., Td, Tdap)									
Hepatitis A (e.g., HepA, HepA-HepB)									
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)									
Human Papillomavirus (e.g., HPV)									
Measles, Mumps, Rubella (MMR, MMRV)									
Meningococcal (MCV4, MPSV4)									
Pneumococcal (e.g. PCV, PPV)									
Polio (e.g., IPV, DTaP-HepB-Hib)									
Varicella (Var, MMRV)									
Influenza (e.g., TIV, LAIV)	IIV4 MDCK P-FREE	09/20/18	34 y	0.5		SEQ			
	IIV4	09/04/19	35 y	0.25 0.5		SEQ			
	IIV4 MDCK P-FREE	10/03/20	36 y	0.5		SEQ	279826		OUTSIDE CLINIC
Zoster									
Other	Pfizer Covid19	03/09/21	37 y		IM LD	PFR	EN6199		OUTSIDE CLINIC
	Pfizer Covid19	03/30/21	37 y		IM LD	PFR	EP7534		OUTSIDE CLINIC

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Auburn Montgomery Student Health Services

7461 East Dr
Montgomery, AL 36117
(334) 244-3281

Laboratory Results

Patient Name: NAYEON KIM-KANG

Order Date: 07/06/2022

MRN: 5113

DOB: 02/26/1984

Phone: () -

Gender: FEMALE

Placer Order ID: 00800818

Physician: BARTON

Filler Order ID: AL304246U

Physician ID: 1215285879

Specimen Date: 07/06/2022 10:28 AM

Fasting:

Result Date: 07/07/2022 10:26 AM

Disposition:

Specimen Source: SOURCE, UNSPECIFIED

HEP B SURFACE AB QN

8475

STATUS: FINAL

Test Name	Abnormal	Result Value	Unit of Measure	Ref Range	Status	Producer ID
HEPATITIS B SURFACE AB IMMUNITY, QN		509	mIU/mL	> OR = 10	F	AT

Patient has immunity to hepatitis B virus.

For additional information, please refer to
<http://education.questdiagnostics.com/faq/FAQ105>
(This link is being provided for informational/
educational purposes only).

Lab

QUEST DIAGNOSTICS-ATLANTA(11D0255931) - AT
1777 MONTREAL CIRCLE TUCKER, GA 30084-6802

YOUNG ANDREW

Comments:

Confidential