

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 Linna Matthew W Student Number S00411546
Last First Middle
Address 98 Fallon Court Deatsville AL 36022
Street City State Zip Code
334-549-5262 matthew.linna@gmail.com 12/12/2003
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: 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 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: 7/23/2015

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 1/10/05 Date of Second Dose 1/20/09

RECOMMENDED IMMUNIZATIONS

These immunizations are not required by the university but are recommended by the American College Health Association.

Hepatitis B: 12/22/03 2/17/04 6/15/04
1st 2nd 3rd

Varicella (Chickenpox) Vaccine: 1/10/05 1/20/09
1st 2nd

Meningococcal (MenACWY) Vaccine: 3/28/22^{gm} 3/28/22 (One dose on or after the 16th birthday)
7/23/15 2nd

Meningococcal B Vaccine

I certify that the above dates and vaccinations are true.

Jennifer Mann CRNP 3/28/22 AL 100304
Signature of Licensed Health Care Professional Date License Number or Office Stamp