

**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) 244-3331 Fax (334) 244-3336

Name: NARA MANOJ KUMAR Student Number: _____
 Address: Plot No 247-J, Shomipet Medchal Telangana 500078
City State Zip Code
 Phone Number: _____ E-mail Address: manojkumar37@gmail.com Date of Birth: 22-06-1996 Date of Enrollment: _____

REQUIRED IMMUNIZATIONS

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

Date Given: _____ Date Read: _____ Result: 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: 10-08-2022

Meadles, 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 titer (IgG) for Measles, Mumps, and Rubella are acceptable. Please attach documentation to the back of the form.

POSITIVE ANTIBODY TITRES for Measles, Mumps and Rubella (Report enclosed)

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.

Signature of Licensed Health Care Professional: Dr. RAMESH BABU.G Date: 08/08/2022 License Number or Office Stamp: _____
 MBBS, Diploma in Diabetology
 Reg. No. 51194

