



World Health
Organization

International Certificate of
Vaccination or Prophylaxis

International Health Regulations (2005)



Organisation
mondiale de la Santé

Certificat international de
vaccination ou de prophylaxie

Règlement sanitaire international (2005)

Issued to / Délivré à

ROKKAM AKASH REDDY

Passport number or
travel document number

Numéro du passeport ou
du document de voyage

V1610073

7/8/1998

INTERNATIONAL CERTIFICATE* OF VACCINATION
OR PROPHYLAXIS

This is to certify that [name] **ROKKAM AKASH REDDY**
 date of birth **08 JUL 1998** sex **M**
 nationality **INDIAN**
 national identification document, if applicable **V1610073**
 whose signature follows :
 has on the date indicated been vaccinated or received
 prophylaxis against: (name of disease or condition)

in accordance with the International Health Regulations.

Vaccine or prophylaxis Vaccin ou agent prophylactique	Date Date	Signature and professional status of supervising clinician Signature et titre du clinicien responsable	Manufacturer and batch no. of vaccine or prophylaxis Fabricant du vaccin ou de l'agent prophylactique et numéro du lot	Certificate valid from: until: Certificat valable à partir du : jusqu'au :	Official stamp of the administering centre Cachet officiel du centre habilité
1.					
2.					
3.					

* Requirements for validity of certificate on page 2.

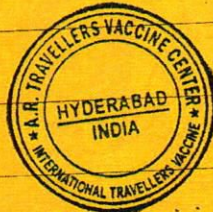
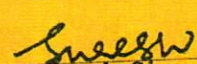
CERTIFICAT* INTERNATIONAL DE VACCINATION
OU DE PROPHYLAXIE

Nous certifions que [nom]
 né(e) le de sexe
 et de nationalité
 document d'identification national, le cas échéant
 dont la signature suit
 a été vacciné(e) ou a reçu des agents prophylactiques à la
 date indiquée contre: (nom de la maladie ou de l'affection)

conformément au Règlement sanitaire international.

* Voir les conditions de validité à la page 3.

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OTHER VACCINATIONS / AUTRES VACCINATIONS

Disease targeted Maladie visée	Date Date	Manufacturer, brand name and batch no. of vaccine Fabricant du vaccin, marque, et numéro du lot	Next booster (date): Prochain rappel (date):	Official stamp and signature Cachet officiel et signature
	30 JUN 2022	M.M.R. VACCINE TRESIVAC (0.5 ml.)		A.R. TRAVELLERS VACCINE CENTRE # 17-1-375/24/2, Opp. Owaisi Hospital, D.M.R.L. X Road, Santosh Nagar, Hyderabad-500059. T.S. Cell: 9346773177
		B. No. <u>0131N062B</u>		
	30 JUN 2022	T-DAP VACCINE M.F.G. (GSK) BOOSTRIX 0.5ml		
		B. No. <u>AC37B400AF</u>		
	01 AUG 2022	M.M.R. VACCINE TRESIVAC (0.5 ml.)		 Dr. Suresh Nayak Ghuguloth MBBS. Reg. No: 94555
		B. No. <u>0131N063B</u>		IMMUNIZATION OFFICER

Immunization Form

To ensure the health and safety of our campus, immunizations against communicable diseases is extremely important. Vaccination against Measles, Mumps, Rubella (MMR), Tetanus, Diphtheria and Pertussis, and proof of negative Tuberculosis is required of all students entering Auburn Montgomery. This form must be completed and is the preferred document for proof of immunizations and TB testing.

Complete and Return to: Student Health Center
Attn: Immunizations
PO Box 244023
Montgomery, AL 36124
(334) 244-3281 Fax (334) 244-3396

Name _____ Student Number _____
Last First Middle
Address _____
Street City State Zip Code
Phone Number _____ Cell Phone Number _____ E-mail Address _____ Date of Birth _____

REQUIRED IMMUNIZATIONS

Tuberculosis Screening (within 6 months prior to semester student is to begin at AUM.)

Date Given _____ (Date of reading, within 48 to 72 hours of date given) TB skin test (PPD) _____ / _____ / _____

Results: Positive _____ mm Negative _____ mm

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

Tetanus, Diphtheria, Pertussis Vaccine (preferred). Students without previous documentation of a TDaP vaccine should have one dose prior to entrance based on current guidelines. Other students should be current to maintain their status throughout their entire academic career.

Date of TDaP vaccine: 30 JUN 2022
or Td _____ / _____ / _____ (within the last 5 years)

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 30 JUN 2022 Date of Second Dose 01 AUG 2022

OPTIONAL 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 (meningitis) Vaccine: _____ / _____ / _____ (MCV4 preferred)
1st 2nd

I certify that the above dates and vaccinations are true.

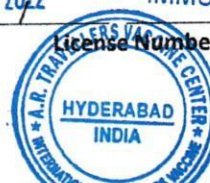
Dr. Suresh Nayak Ghuguloth
MBBS.

Reg. No: 94555

IMMUNIZATION OFFICER

Signature of License Health Care professional _____ Date _____

A.R. TRAVELLERS VACCINE CENTRE
17-1-375/24/2, Opp. Owaisi Hospital,
D.M.R.L. X Road, Santosh Nagar,
Hyderabad-500059.T.S. Call: 0246772477



(Adopted 1/12, Revised 8/2012)