

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 JAGARP MAHESH Student Number 500404880
Last First Middle
Address 55-14-381, APSEB COLONY Visakhapatnam ANDHRA PRADESH 530013
Street City State Zip Code
+91 9333343338 Jogarpmahesh4c@gmail.com 24 / 12 / 1992 / /
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: 20 / 04 / 2018

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 23 / 01 / 2000 Date of Second Dose 20 / 07 / 2000

RECOMMENDED IMMUNIZATIONS

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

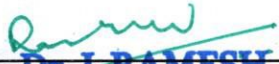
Hepatitis B: 01 / Jan / 2020 02 / Feb / 2020 02 / Jun / 2020
1st 2nd 3rd

Varicella (Chickenpox) Vaccine: _____ / _____ / _____
1st 2nd

Meningococcal (MenACWY) Vaccine: 10 / 06 / 2022 _____ / _____ / _____ (One dose on or after the 16th birthday)
1st 2nd

Meningococcal B Vaccine _____ / _____ / _____

I certify that the above dates and vaccinations are true.


Signature of Licensed Health Care Professional
Dr. J. RAMESH MS-ENT
Read No: 39787

Date

License Number or Office Stamp