

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 Pushparajali Sarigommula Student Number 800409558
First Middle
Address 7008 Taylor Crossing drive Apt B Saddle back
Street City State Zip Code
+ Phone Number 834 840 5838 E-mail Address psarigom@aum.edu Date of Birth 16 / 03 / 2001 Date of Enrollment 08 / 26 / 2022

REQUIRED IMMUNIZATIONS

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

Date Given: 21 AUG 2022 Date Read: 23 AUG 2022 Results: Positive _____ mm Negative 0 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: 16 MAY 2022

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 14 APR 2022 Date of Second Dose 16 MAY 2022

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: _____ / _____ / _____ (One dose on or after the 16th birthday)
1st 2nd

Meningococcal B Vaccine _____ / _____ / _____

I certify that the above dates and vaccinations are true.

Kranthi
Signature of Licensed Health Care Professional

23 AUG 2022
Date

MM INTERNATIONAL HEALTH CLINICS PVT. LTD.
License Number or Office Stamp No.4
New Nagole Colony, Nagole, Hyd-35, T.S. India
(Adopted 1/12, Revised 5/2021)
Customer Care No. 8847480377

Dr. KRANTHI KUMAR .V