

AUM Student Health Services

Immunization Record

Patient Name: Cherequita Jones

Birthdate: 5/29/90

Allergies/Medical Alert: vegan

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap	10/19/2022	R Deltoid	Im	LOT: TR292 EXP: 11/03/24		9/16/2021	MS
Td Booster				Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular P Vaccine Adsorbed BOOSTRIX 0.5 mL Mfd. by GlaxoSmithKline Biologicals			
MMR							
HEP A							
HEP B	10/19/2022	R Deltoid		LOT: 25K3M EXP: 06/02/24		10/15/2021	MS
Other				Hepatitis B Vaccine (Recombinant) ENGRIX-B 20 mcg/mL Mfd. by GlaxoSmithKline Biologicals			

Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
10/19/2022	10/21/2022	8mm	Sanofi	CSB05AA	exp. 3/17/23 OFA	MS

Initials	Signature	Initials	Signature
MS	MS [Signature]		

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Cherquita Postell-Jones
DATE OF BIRTH 05/21/90
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

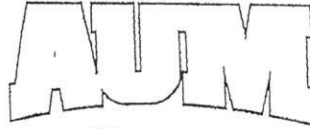
	yes	no	don't know
1. Are you sick today?	☐	☒	☐
2. Do you have allergies to medications, food, a vaccine component, or latex? <u>regian</u>	☒	☐	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☒	☐
4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	☐	☒	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☒	☐
6. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☒	☐
7. Have you had a seizure or a brain or other nervous system problem?	☐	☒	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☒	☐
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☒	☐
10. Have you received any vaccinations in the past 4 weeks?	☐	☒	☐

FORM COMPLETED BY Cherquita Postell-Jones DATE 10/19/22
FORM REVIEWED BY UBR DATE 10/19/2022

Did you bring your immunization record card with you?

yes ☐ no ☒

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.



**WARHAWK
HEALTH SERVICES**

TB Screening Questionnaire

Name: Cheriquita Postell Jones Date of Birth: 05.29.90

Student Number: _____

Please mark "yes" or "no" to the following questions.

YES NO

1. Do you have a cough that has lasted longer than 3 weeks?		☒
2. Have you coughed up blood or mucus?		☒
3. Have you had fever, chills, or night sweats?		☒
4. Have you had unintentional weight loss?		☒
5. Have you been feeling very tired?		☒
6. Have you lost your appetite?		☒
7. Have you ever had a positive TB skin test result or Positive interferon gamma release assay (IGRA) result? If so, when?		☒
8. Have you ever had an abnormal chest x-ray?		☒
9. Have you recently had the mucus coughed up tested for TB?		☒
10. Have you ever been told you had TB or latent TB?		☒
11. Have you ever taken medicine for TB?		☒
12. Have you ever lived with or had close contact with someone who had TB?		☒
13. Do you currently have a rash on either forearm?		☒
14. Are you immunocompromised? (Steroids, chemotherapy, or other?)		☒
15. Have you received a live vaccine in the past 30 days?		☒

All TB skin test and Chest x-rays must be performed in the U.S. to be valid.

I attest the above is true and accurate to the best of my knowledge.

Patient Signature: C. Postell Jones

Date: 10.19.22

Provider Signature: [Signature]

Date: 10/19/2022