



MEASLES, MUMPS, RUBELLA (MMR) IMMUNIZATION

LAST NAME: Vaquero Rodriguez FIRST NAME: Carolina TSCC ID #: A02093836

MEASLES/MUMPS/RUBELLA (MMR) TITER - TO BE COMPLETED BY PHYSICIAN, NURSE PRACTITIONER, OR NURSE.

HAVE YOU RECEIVED YOUR MMR IMMUNIZATION IN THE PAST? IF "YES" - SEE STEP 1 & IF "NO" SEE STEP 2.

STEP 1 - IF YOU HAVE COMPLETED AN MMR IMMUNIZATION IN THE PAST - HAVE A TITER DRAWN - AND HAVE YOUR PROVIDER COMPLETE THE FOLLOWING. IF ANY RESULTS ARE NEGATIVE - SEE STEP 2 - RE-VACCINATION IS REQUIRED.

DATE OF MEASLES (RUBEOLA) TITER: 11/29/22 POSITIVE? (≥ 1.1 AI) NEGATIVE? ✓ (≤ 0.8 AI) (please identify results with a ✓)
 DATE OF MUMPS TITER: 11/29/22 POSITIVE? (≥ 1.1 AI) NEGATIVE? ✓ (≤ 0.8 AI) (please identify results with a ✓)
 DATE OF RUBELLA (MEASLES) TITER: 11/29/22 POSITIVE? (≥ 1.1 AI) NEGATIVE? ✓ (≤ 0.7 AI) (please identify results with a ✓)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Robin Blackwell CRNP

PHYSICIAN/NURSE PRACTITIONER SIGNATURE Robin Blackwell CRNP

Provider:
Please place office stamp
here (if possible) for
validation purposes.

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

IF YOUR TITER RESULTS ARE POSITIVE - YOU ARE DONE!
IF TITER RESULTS ARE NEGATIVE OR IF YOU HAVE NEVER BEEN VACCINATED - COMPLETE STEP 2 BELOW.

MEASLES, MUMPS, RUBELLA (MMR) VACCINATION

STEP 2 - IF YOU HAVE NOT HAD AN MMR IMMUNIZATION OR IF YOU HAVE A NEGATIVE TITER - IMMUNIZATION IS REQUIRED. A HEALTHCARE PROVIDER MAY RECOMMEND A BOOSTER. IF A BOOSTER IS PERFORMED COMPLETE DOSE #1 LINE ITEM.

DOSE # 1	MEASLES (RUBEOLA)	DATE: <u>3/15/23</u>	DOSE # 2	MEASLES (RUBEOLA)	DATE: <u>4-21-23</u>
DOSE # 1	MUMPS	DATE: <u>3/15/23</u>	DOSE # 2	MUMPS	DATE: <u>4-21-23</u>
DOSE # 1	RUBELLA (MEASLES)	DATE: <u>3/15/23</u>	DOSE # 2	RUBELLA (MEASLES)	DATE: <u>4-21-23</u>

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Mishawna Pinkins, RPh
 PHYSICIAN/NURSE PRACTITIONER SIGNATURE [Signature]
 CVS Pharmacy # 585
 9505 Vaughn Rd
 Pike Rd, AL 36064

Provider:
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validation purposes.

AFTER COMPLETION OF STEP 2 (2-DOSE SERIES) OR BOOSTER, HAVE A TITER DRAWN FOR EACH VACCINATION RECEIVED IN STEP 2 TO DOCUMENT IMMUNITY:

DATE OF MEASLES TITER: 8/30/23 POSITIVE? ✓ NEGATIVE? (please identify results with a ✓)
 DATE OF MUMPS TITER: 8/30/23 POSITIVE? ✓ NEGATIVE? (please identify results with a ✓)
 DATE OF RUBELLA TITER: 8/30/23 POSITIVE? ✓ NEGATIVE? (please identify results with a ✓)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Lindsey Barton, CRNP

PHYSICIAN/NURSE PRACTITIONER SIGNATURE [Signature]