

AUM Student Health Services

Immunization Record

Patient Name: Carolina Vaguero

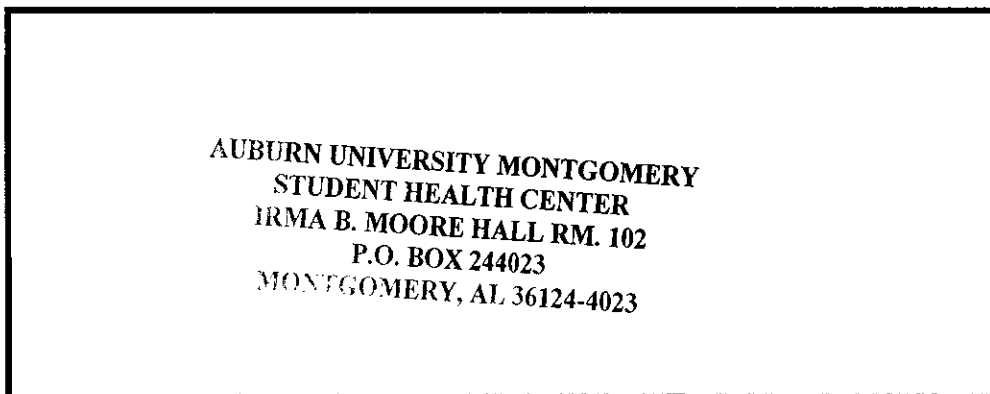
Birthdate: 1/30/99

Allergies/Medical Alert: NKA

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

ⓈFA Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
	11-29-22	12/1/22	Omm	Sanofi	C5805AA	Harm	RB
	12-17-22	12/19/22	Omm	Sanofi	C5806AA	exp 3/15/23 (B)FA	JMS

Initials	Signature	Initials	Signature
RB	Robin Blackwell CRNP		
JMS	JMS		



STAMP ABOVE



INITIAL TUBERCULOSIS (TB) SKIN TEST

LAST NAME: Vaquera Rodriguez

FIRST NAME: Carolina

TSCC ID #: A02093836

TUBERCULIN (TB) 2 STEP MANTOUX SKIN TEST - TO BE COMPLETED BY PHYSICIAN, NURSE PRACTITIONER, OR NURSE.

STEP 1 - TEST #1:

NAME OF PERSON ADMINISTERING: Robin Blackwell CRNP

DATE ADMINISTERED (TEST #1): 11.29.22 LOT #: C.5805AA

EXPIRATION DATE: 3.17.23

DATE READ: 12/1/22 (MUST BE WITHIN 48-72 HRS AFTER DATE ADMINISTERED)

TEST 1 RESULTS: ☐ POSITIVE ☒ NEGATIVE ☐ REDNESS (please identify results with a ✓)

0 mm (please provide measure in millimeters)

PHYSICIAN/NURSE PRACTITIONER SIGNATURE: Robin Blackwell CRNP

On the date read (48-72 hrs after it is administered), your provider will evaluate, measure, and interpret the area. Your provider will document the millimeters (e.g. 0 mm, 4 mm, 12 mm) and if the 1st TST is negative, you will return for the 2nd test in 7-21 days. If the 1st test is positive, you should see your provider for additional evaluation and treatment.

IF TEST #1 WAS NEGATIVE - WAIT 7-21 DAYS BEFORE COMPLETING STEP 2

STEP 2 - TEST #2 - 7 - 21 DAYS AFTER STEP 1

NAME OF PERSON ADMINISTERING: Miranda Bicknell, RN

DATE ADMINISTERED (TEST #2): 12/7/22 LOT #: C5806AA

EXPIRATION DATE: 3/25/23

DATE READ: 12/9/22 (MUST BE WITHIN 48-72 HRS AFTER DATE ADMINISTERED)

TEST 2 RESULTS: ☐ POSITIVE ☒ NEGATIVE ☐ REDNESS (please identify results with a ✓)

0 mm (please provide measure in millimeters)

PHYSICIAN/NURSE PRACTITIONER SIGNATURE: W. Blackwell CRNP

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

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P.O. BOX 244023
MONTGOMERY, AL 36124-4023

On the date read (48-72 hrs after TEST #2), your provider will evaluate, measure, and interpret the TST. Document the millimeters (e.g. 0 mm, 4 mm, 12 mm). If the 2nd TST is negative - you are done!

On the date read (48-72 hrs after TEST #2), your provider will evaluate, measure, and interpret the TST. Document the millimeters (e.g. 0 mm, 4 mm, 12 mm). If the 2nd TST is positive, you should see your provider for additional information & treatment.

IMPORTANT NOTE:

If a TB skin test cannot be performed due to past + test or BCG vaccination:

1) Your provider will likely order a chest x-ray and you will provide the program with a Radiologist's report - OR

2) Your provider (on provider letterhead) can document that you are free from TB and do not need a 2-step TB test or chest x-ray

ADULT IMMUNIZATION RECORD

Allergies:

Reactions:

Name: VAQUERO, CAROLINA
 DOB: 01/30/1999
 Chart #:
 Date of Service: 11/29/2022

Vaccine Family	Type of Vaccine (no Brand Name)	Date Given (mm/dd/yy)	Age at Adm	Dose (cc/mL)	Route & Site	Mfr.	Lot #	VIS Date	Vaccinator Signature
Tetanus, Diphtheria, (Pertussis) (e.g., Td, Tdap)									
Hepatitis A (e.g., HepA, HepA-HepB)									
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)									
Human Papillomavirus (e.g., HPV)									
Measles, Mumps, Rubella (MMR, MMRV)									
Meningococcal (MCV4, MPSV4)									
Pneumococcal (e.g. PCV, PPV)									
Polio (e.g., IPV, DTaP-HepB-Hib)									
Varicella (Var, MMRV)									
Influenza (e.g., TIV, LAIV)									
Zoster									
Other	Pfizer Covid19 (NonDiluent)	04/15/22	23 y		IM	PFR	FJ4989		OUTSIDE CLINIC
	Pfizer Covid19 (NonDiluent)	05/06/22	23 y		IM	PFR	FJ4989		OUTSIDE CLINIC

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 7461 EAST DRIVE
 RM 102 MOORE HALL
 MONTGOMERY, AL36117
 334 2443281

PPD	Date	Results	PPD	Date	Results
Mantoux			Mantoux		
Mantoux			Mantoux		
Mantoux			Mantoux		

ADULT IMMUNIZATION RECORD

Allergies:

Reactions:

Name: RODRIGUEZ, CAROLINE V

DOB: 01/30/1999

Chart #:

Date of Service: 11/29/2022

Vaccine Family	Type of Vaccine (no Brand Name)	Date Given (mm/dd/yy)	Age at Adm	Dose (cc/mL)	Route & Site	Mfr.	Lot #	VIS Date	Vaccinator Signature
Tetanus, Diphtheria, (Pertussis) (e.g., Td, Tdap)	DTAP	04/19/99	2 m	0.5					OUTSIDE CLINIC
	DTAP	06/14/99	4 m	0.5					OUTSIDE CLINIC
	DTAP	08/16/99	6 m	0.5					OUTSIDE CLINIC
	DTP-HIB	05/15/00	15 m	0.5					OUTSIDE CLINIC
	TDAP	02/01/10	11 y	0.5					
Hepatitis A (e.g., HepA, HepA-HepB)	HEP A	01/08/07	7 y	0.5					
	HEP A	01/24/08	8 y	0.5					
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	HEP B ADOL/PED	01/30/99	0 m	0.5					OUTSIDE CLINIC
	HEP B ADOL/PED	04/19/99	2 m	0.5					OUTSIDE CLINIC
	HEP B ADOL/PED	08/16/99	6 m	0.5					OUTSIDE CLINIC
Human Papillomavirus (e.g., HPV)	HPV (GARDASIL)	02/01/10	11 y	0.5					
	HPV (GARDASIL)	09/17/10	11 y	0.5					
	HPV (GARDASIL)	02/09/11	12 y	0.5	IM RA	MSD	0786Z	03/30/2010	OUTSIDE CLINIC
Measles, Mumps, Rubella (MMR, MMRV)	MMR	02/11/00	12 m	0.5					
	MMR	02/03/03	4 y	0.5					
Meningococcal (MCV4, MPSV4)	MCV4P (MENACTRA)	02/01/10	11 y	0.5					
Pneumococcal (e.g. PCV, PPV)									
Polio (e.g., IPV, DTaP-HepB-Hib)	IPV	04/19/99	2 m	0.5					OUTSIDE CLINIC
	IPV	06/14/99	4 m	0.5					OUTSIDE CLINIC
	IPV	02/11/00	12 m	0.5					
	IPV	02/03/03	4 y	0.5					
Varicella (Var. MMRV)	VARICELLA	02/11/00	12 m	0.5					
	VARICELLA	01/24/08	8 y	0.5					
Influenza (e.g., TIV, LAIV)	INFLUENZA UNS	01/10/02	2 y	0.25 0.5					
	LAIV3	09/17/10	11 y	0.2					
Zoster									
Other	HIB (HBOC)	04/19/99	2 m						OUTSIDE CLINIC
	HIB (HBOC)	06/14/99	4 m						OUTSIDE CLINIC
	HIB (HBOC)	08/16/99	6 m						OUTSIDE CLINIC

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334 2443281

PPD	Date	Results	PPD	Date	Results
Mantoux			Mantoux		
Mantoux			Mantoux		
Mantoux			Mantoux		



HEALTH EXAMINATION FORM

LAST NAME: Vaquero FIRST NAME: Carolina TSCC ID #: A02093836 PHONE NUMBER: _____
Rodriguez

THE FOLLOWING INFORMATION MUST BE COMPLETED BY A PHYSICIAN, NURSE PRACTITIONER, OR NURSE.

Allergies (Food/Drug/Latex, etc.)			
NKA			
C O M P L E T E	Height	<u>61</u>	Weight <u>214.5</u>
	BP	<u>119/73</u>	Pulse <u>80</u>
	Vision Right	20/ <u>13</u>	Left 20/ <u>13</u>
	Corrected:	Y ☐ N ☒	
		NORMAL	ABNORMAL FINDINGS
	CBC		Follow up with OB law (HSH)
	Cardiovascular	✓	
	Pulses	✓	
	Heart	✓	
	Lungs	✓	
Skin	✓		
E.N.T.	✓		
Gastrointestinal	✓		
Musculoskeletal	✓		
Neurological	✓		
Other			

The student has been diagnosed with a chronic/serious medical condition(s)? (Ex. Diabetes, hypertension, seizure disorders, etc.?) _____ Yes ☒ No

If yes, please list: _____

Is/are the condition(s) being presently controlled or treated? _____ Yes _____ No If yes, please describe: _____

The student has been diagnosed with a psychiatric/mental condition(s)? (Ex. Bipolar, depression, chemical dependency, etc.) _____ Yes ☒ No

Is/are the condition(s) being presently controlled or treated? _____ Yes _____ No If yes, please describe: _____

The student is taking prescribed medications on a regular basis? _____ Yes ☒ No

If yes, please list: _____

On the basis of my examination on this day 12.1.22, I approve the student's participation in Clinical Education.
month, day, year

✓ Yes _____ No _____ Limited - If limited, please describe: But needs to follow up with OB.

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

PHYSICIAN/NURSE PRACTITIONER SIGNATURE Rob Blackwell CRNP

Provider:
Please place office stamp
here (if possible) for
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HEPATITIS B IMMUNIZATION

LAST NAME: Vaquero Rodriguez

FIRST NAME: Carolina

TSCC ID #: A02093836

HAVE YOU COMPLETED A SERIES OF HEPATITIS B IMMUNIZATION? IF "YES" - SEE STEP 1 & IF "NO" SEE STEP 2.

HEPATITIS B TITER - TO BE COMPLETED BY YOUR HEALTHCARE PROVIDER.

STEP 1 - IF YOU HAVE COMPLETED A HEPATITIS B SERIES IN THE PAST - HAVE A TITER DRAWN AND COMPLETE THE FOLLOWING.
PLEASE NOTE THAT IF YOUR TITER IS NEGATIVE YOU MUST COMPLETE STEP 2.

DATE OF TITER: 11/9/12 POSITIVE? ☐ (anti-HBs ≥ 10 mIU/mL) NEGATIVE? ☒ (anti-HBs ≤ 10 mIU/mL) (please identify results with a $\checkmark$)

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

PHYSICIAN/NURSE PRACTITIONER SIGNATURE Robin Blackwell CNP

Provider:
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IF YOUR TITER RESULTS ARE POSITIVE - YOU ARE DONE!
IF YOUR RESULTS ARE NEGATIVE - COMPLETE STEP 2 BELOW.

STEP 2 - IF YOU HAVE NOT COMPLETED A HEPATITIS B IMMUNIZATION OR IF YOU HAD A NEGATIVE TITER - A FULL 3-PART SERIES IMMUNIZATION IS REQUIRED.

1ST VACCINATION DATE: _____

PHYSICIAN/NURSE PRACTITIONER SIGNATURE: _____

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

2ND VACCINATION DATE: _____
TO BE ADMINISTERED 1 MONTH AFTER 1ST DOSE

PHYSICIAN/NURSE PRACTITIONER SIGNATURE: _____

Provider:
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validation purposes.

3RD VACCINATION DATE: _____
TO BE ADMINISTERED 6 MONTHS AFTER 2ND DOSE

PHYSICIAN/NURSE PRACTITIONER SIGNATURE: _____

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

AFTER COMPLETION OF THE FULL 3-PART SERIES, HAVE A TITER DRAWN FOR HEPATITIS B ANTIBODY TO DOCUMENT IMMUNITY:

DATE OF TITER: _____ POSITIVE? ☐ (anti-HBs ≥ 10 mIU/mL) NEGATIVE? ☐ (anti-HBs ≤ 10 mIU/mL) (please identify results with a $\checkmark$)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) _____

PHYSICIAN/NURSE PRACTITIONER SIGNATURE _____

VARICELLA (CHICKEN POX) IMMUNIZATION

MEASLES, MUMPS, RUBELLA (MMR) IMMUNIZATION



**WARHAWK
HEALTH SERVICES**

TB Screening Questionnaire

Name: Carolina Vaquero Rodriguez

Date of Birth: 01/30/1999

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: _____

Date: 11/29/22

Provider Signature: _____

Date: 11.29.22

Patient Information	Specimen Information	Client Information
VAQUERO, CAROLINA DOB: 01/30/1999 AGE: 23 Gender: F Phone: 334.647.5106 Patient ID: 5244	Specimen: AL933120X Requisition: 2103596 Lab Ref #: 00844232 Collected: 11/29/2022 / 14:05 CST Received: 11/30/2022 / 04:39 CST Reported: 11/30/2022 / 07:02 CST	Client #: 49100638 QATL0000 BLACKWELL, ROBIN AUM NURSING CARE CENTER 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

PROVIDER: MARZETTE DAEDRA

Test Name	In Range	Out Of Range	Reference Range	Lab
CBC (INCLUDES DIFF/PLT)				AT
WHITE BLOOD CELL COUNT	9.8		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.19		3.80-5.10 Million/uL	
HEMOGLOBIN		10.1 L	11.7-15.5 g/dL	
HEMATOCRIT		32.3 L	35.0-45.0 %	
MCV		77.1 L	80.0-100.0 fL	
MCH		24.1 L	27.0-33.0 pg	
MCHC		31.3 L	32.0-36.0 g/dL	
RDW	13.8		11.0-15.0 %	
PLATELET COUNT	240		140-400 Thousand/uL	
MPV	12.0		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	7056		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2068		850-3900 cells/uL	
ABSOLUTE MONOCYTES	480		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	157		15-500 cells/uL	
ABSOLUTE BASOPHILS	39		0-200 cells/uL	
NEUTROPHILS	72		%	
LYMPHOCYTES	21.1		%	
MONOCYTES	4.9		%	
EOSINOPHILS	1.6		%	
BASOPHILS	0.4		%	

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG,MD,PHD. CLIA: 11D0255931

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

HEMOGLOBIN	10.1 L	11.7-15.5 g/dL	AT
HEMATOCRIT	32.3 L	35.0-45.0 %	AT
MCV	77.1 L	80.0-100.0 fL	AT
MCH	24.1 L	27.0-33.0 pg	AT
MCHC	31.3 L	32.0-36.0 g/dL	AT

Patient Information	Specimen Information	Client Information
VAQUERO, CAROLINA DOB: 01/30/1999 AGE: 23 Gender: F Phone: 334.647.5106 Patient ID: 5244	Specimen: AL933107X Requisition: 2103004 Lab Ref #: 00844230 Collected: 11/29/2022 / 14:05 CST Received: 11/30/2022 / 04:23 CST Reported: 11/30/2022 / 17:20 CST	Client #: 49100638 QATL0000 BLACKWELL, ROBIN AUM NURSING CARE CENTER 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

PROVIDER: MARZETTE DAEDRA

Test Name	In Range	Out Of Range	Reference Range	Lab
MEASLES, MUMPS, AND RUBELLA (MMR) AB (IGG) PANEL, IMMUNE STATUS				
MEASLES AB (IGG), IMMUNE STATUS		<13.50 L	AU/mL	AT
AU/mL	Interpretation			
<13.50	Not consistent with immunity			
13.50-16.49	Equivocal			
>16.49	Consistent with immunity			
The presence of measles IgG suggests immunization or past or current infection with measles virus.				
For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ162 (This link is being provided for informational/educational purposes only.)				
MUMPS VIRUS AB (IGG), IMMUNE STATUS		10.90 L	AU/mL	AT
AU/mL	Interpretation			
<9.00	Not consistent with immunity			
9.00-10.99	Equivocal			
>10.99	Consistent with immunity			
The presence of mumps IgG antibody suggests immunization or past or current infection with mumps virus.				
RUBELLA AB (IGG), IMMUNE STATUS		<0.90 L	Index	AT
Index	Interpretation			
<0.90	Not consistent with immunity			
0.90-0.99	Equivocal			
> or = 1.00	Consistent with immunity			
The presence of rubella IgG antibody suggests immunization or past or current infection with rubella virus.				
HEPATITIS B SURFACE AB IMMUNITY, QN		5 L	> OR = 10 mIU/mL	AT
Patient does not have immunity to hepatitis B virus.				
For additional information, please refer to http://education.questdiagnostics.com/faq/FAQ105 (This link is being provided for informational/educational purposes only).				
VARICELLA ZOSTER VIRUS ANTIBODY (IGG)		473.80	index	AT
Index	Interpretation			

Patient Information	Specimen Information	Client Information
VAQUERO, CAROLINA DOB: 01/30/1999 AGE: 23 Gender: F Patient ID: 5244	Specimen: AL933107X Collected: 11/29/2022 / 14:05 CST Received: 11/30/2022 / 04:23 CST Reported: 11/30/2022 / 17:20 CST	Client #: 49100638 BLACKWELL, ROBIN

Test Name	In Range	Out Of Range	Reference Range	Lab
<135.00	Negative - Antibody not detected			
135.00 - 164.99	Equivocal			
> or = 165.00	Positive - Antibody detected			

A positive result indicates that the patient has antibody to VZV but does not differentiate between an active or past infection. The clinical diagnosis must be interpreted in conjunction with the clinical signs and symptoms of the patient. This assay reliably measures immunity due to previous infection but may not be sensitive enough to detect antibodies induced by vaccination. Thus, a negative result in a vaccinated individual does not necessarily indicate susceptibility to VZV infection. A more sensitive test for vaccination-induced immunity is Varicella Zoster Virus Antibody Immunity Screen, ACIF.

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG, MD, PHD, CLIA: 11D0255931

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:
MEASLES AB (IGG),
IMMUNE STATUS

<13.50 L

AU/mL

AT

AU/mL

Interpretation

<13.50

Not consistent with immunity

13.50-16.49

Equivocal

>16.49

Consistent with immunity

The presence of measles IgG suggests immunization or past or current infection with measles virus.

For additional information, please refer to <http://education.QuestDiagnostics.com/faq/FAQ162> (This link is being provided for informational/educational purposes only.)

MUMPS VIRUS AB (IGG),
IMMUNE STATUS

10.90 L

AU/mL

AT

AU/mL

Interpretation

<9.00

Not consistent with immunity

9.00-10.99

Equivocal

>10.99

Consistent with immunity

The presence of mumps IgG antibody suggests immunization or past or current infection with mumps virus.

RUBELLA AB (IGG),
IMMUNE STATUS

<0.90 L

Index

AT

Index

Interpretation

<0.90

Not consistent with immunity

0.90-0.99

Equivocal

> or = 1.00

Consistent with immunity

Patient Information	Specimen Information	Client Information
VAQUERO, CAROLINA DOB: 01/30/1999 AGE: 23 Gender: F Patient ID: 5244	Specimen: AL933107X Collected: 11/29/2022 / 14:05 CST Received: 11/30/2022 / 04:23 CST Reported: 11/30/2022 / 17:20 CST	Client #: 49100638 BLACKWELL, ROBIN

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

The presence of rubella IgG antibody suggests immunization or past or current infection with rubella virus.

**HEPATITIS B SURFACE AB
IMMUNITY, QN**

5 L

> OR = 10 mIU/mL

AT

Patient does not have immunity to hepatitis B virus.

For additional information, please refer to
<http://education.questdiagnostics.com/faq/FAQ105>
(This link is being provided for informational/
educational purposes only).