

**AUM Student Health Services
Immunization Record**

Patient Name: Emily Lott

Birthdate: 2/22/2002

Allergies/Medical Alert: NKA

Immunization	Date	Site	Dose	Lot#	Comments	V.I. S.	Initials
Tdap	3/31/2023	Ⓡ Deltoid 1m		LOT: HA9CH EXP: 07/13/25 MFR NDC 58160-942-43 Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed BOOSTRIX 0.5 mL Mfg. by GlaxoSmithKline Biologicals 496018		8/6/21	WJS
Td Booster							
MMR	3/31/2023	Ⓛ Palm sub Q		1 Single-dose 0.5-mL Vial MEASLES, MUMPS, AND RUBELLA VIRUS VACCINE LIVE M-M-R® II Rx only U.S. Govt. Lic. No. 0002 NDC 0004-4881-01 Manuf. and Dist. by: Merck Sharp & Dohme Corp., a subsidiary of MERCK & CO., INC. Whitehouse Station, NJ 08889, USA Lot Exp. W033287 2024MAY03		8/6/21	WJS
HEP A							
HEP B	3/31/2023	Ⓛ Deltoid 1m		LOT: NT9X3 EXP: 09/09/24 NDC 58160-921-43 Hepatitis B Vaccine (Recombinant) ENGRIX-B 20 mcg/mL Mfg. by GlaxoSmithKline Biologicals		10/15/19	WJS
Other							

Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	495702	LOT#	Comments	Initials

Initials	Signature	Initials	Signature
WJS	WJS [Signature]		

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

STAMP ABOVE

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Emily Wt
DATE OF BIRTH 2/22/2002
month day year

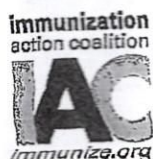
For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare 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?	☐	☒	☐
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 Emily Wt DATE 3/31/2023
FORM REVIEWED BY MS in ID, RN DATE 3/31/2023

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.



Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/catg.d/p4065.pdf • Item #P4065 (4/18)