

Immunization (Vaccination) Form

To ensure the health and safety of our campus, immunizations against communicable diseases are extremely important. Vaccination against Measles, Mumps, Rubella (MMR) and Tetanus, Diphtheria and Pertussis is required of all students entering Auburn University at Montgomery. This form must be completed and is the preferred document for proof of immunizations. Take this form to a doctor or clinic to be completed. Also, upon arrival to the campus, international students will be required to report to Student Health Services to receive a Tuberculosis Skin Test. The cost of this test is \$10.00. TB skin tests performed outside of the United States will not be accepted.

Name KHAN SAMAR AUM Student Number 500374122
 Last First Middle

Local Address _____
 Street City State Zip Code

+91 9560870793 Samar.khan24.co@gmail.com 12/04/1997
 Cell Phone Number E-mail Address Date of Birth (MMDD/YYYY)

REQUIRED IMMUNIZATIONS (Vaccinations)

Tetanus, Diphtheria, Pertussis Vaccine (preferred). Students without previous documentation of a TDaP vaccine should have one dose prior to entrance based on current guidelines. A DTaP will not be accepted. Date of Tdap vaccine: 20 / 07 / 2019 (within the last 5 years).
 D M Y

Measles, Mumps, Rubella (MMR) 2 separate vaccinations of the MMR, given at least 1 month apart is required.

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 12 / 02 / 1999 Date of Second Dose 20 / 07 / 2019
 D M Y D M Y

OPTIONAL IMMUNIZATIONS (These immunizations are not required by the university but are recommended by the American College Health Association.)

Hepatitis B: 16 / 01 / 2013 21 / 02 / 2013 06 / 08 / 2013
 1st 2nd 3rd

Varicella (Chickenpox) Vaccine: 24 / 06 / 2016 20 / 07 / 2019
 1st 2nd

Meningococcal (meningitis) Vaccine: 10 / 05 / 2010 20 / 07 / 2019 (MCV4 preferred)
 1st (MENACEVAX) 2nd (MENACTRA)

I certify that the above dates and vaccinations are true.

DR. DEEPAK YADAV
 M.D., D.C.H., M.D., (PAED)
 CONSULTANT PAEDIATRICIAN
 REGD. No. (A) 17080-PMC
 (B) 10050-DMC

20 / 07 / 19
 Signature of License Health Care professional Date License Number or Office Stamp