

Auburn University Montgomery

Student Immunization Form

Immunization history must be completed and signed by a health care provider. Copies of your original immunization records are acceptable in place of this form, but must be in English. Please submit completed form or a copy of your immunization record to

Warhawk Health Services

Name Carol Lillian Mckenzie Student Number 500421000
Last First Middle

Address 2808 Samantha Ln Opelika AL 36804
Street City State Zip Code

334-350-9373 Kenzicrrill@ 3/3/2005 08/ 2023
Phone Number E-mail Address gmail.com Date of Birth Date of Enrollment

REQUIRED IMMUNIZATIONS

See certificate

Tuberculosis Screening- TB skin test must be performed within 2 months of matriculation.

Date Given: _____ Date Read: _____ Results: Positive _____ mm Negative _____ mm

If positive, you must attach a radiology report from chest X-ray and documentation of treatment.

*All TB skin test, blood, and/or CXR must be performed in the U.S.

Date of Tdap vaccine: _____/_____/_____

Measles, Mumps, Rubella (MMR)

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 _____/_____/_____ Date of Second Dose _____/_____/_____

RECOMMENDED IMMUNIZATIONS

These immunizations are not required by the university but are recommended by the American College Health Association.

Hepatitis B: _____/_____/_____ _____/_____/_____ _____/_____/_____
1st 2nd 3rd

Varicella (Chickenpox) Vaccine: _____/_____/_____ _____/_____/_____
1st 2nd

Meningococcal (MenACWY) Vaccine: _____/_____/_____ _____/_____/_____ (One dose on or after the 16th birthday)
1st 2nd

Meningococcal B Vaccine _____/_____/_____

I certify that the above dates and vaccinations are true.

Signature of Licensed Health Care Professional

Date

License Number or Office Stamp

(Adopted 1/12, Revised 5/2021)



CERTIFICATE OF IMMUNIZATION

DYLAN MCKENZIE CARROLL
(11976421)

03/03/2005

Child's Name (first, middle, last)

Birthdate

07/24/2027

Date of Expiration

(Next Required Immunization)

AUDRA M YEAGER

Parent/Guardian Name (first, middle, last)

Unless Specifically exempted by law, Alabama law (code of Alabama 1975, Section 16-30-4) requires a certificate on file for each child in attendance in all schools and licensed child care facilities in Alabama. Instructions for this form and immunization requirements by age are detailed via the ADPH web site at www.adph.org/immunization

Vaccine	DOSE1 DATE MM DD YY	DOSE2 DATE MM DD YY	DOSE3 DATE MM DD YY	DOSE4 DATE MM DD YY	DOSE5 DATE MM DD YY	DOSE6 DATE MM DD YY	Total Doses	Confirmed Lab MM YY	History MM YY
DTP,DTaP,DT	DTAP 05/08/05	DTAP 07/05/05	DTAP 09/06/05	DTAP 09/25/06	DTAP 02/05/10				
TD									
Tdap	TDAP 07/24/17								
IPV,OPV	IPV 05/06/05	IPV 07/05/05	IPV 09/25/06	IPV 02/05/10					
Hib (Under Age 5)	HIB 05/08/05	HIB 02/05/10	HIB 09/25/06	HIB 02/05/10					
Mumps	MMR 06/09/06	MMR 02/05/10							
Rubella	MMR 06/09/06	MMR 02/05/10							
PCV	PCV7 05/08/05	PCV7 07/05/05	PCV7 09/25/06	PCV7 02/05/10					
Varicella	VARICELLA 03/09/06	VARICELLA 02/05/10							

Recommended Vaccines

HepA	HEP A 09/25/06 03/05/05	HEP A 07/24/17 05/06/05	09/25/05						
HPV									
MCV, MPSV,MENB	MCV40 07/24/17								
Rotavirus									
Covid-19	Pfizer Covid19 04/01/21	Pfizer Covid19 04/22/21							

NOTES

A signed copy of this certificate or laboratory confirmation, the month and year of infection or test must be filled in the appropriate box(es).

The certificate is NOT valid without the name and birth date of the child, date of expiration, name and address of the physician or health department, and date of issue. A school or facility official is responsible for keeping a current valid Certificate on file for each child in attendance. When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian.

Site Name : PEDIATRIC ASSOCIATES OF AUBURN

OPELIKA

Telephone #: (334) 2031766

Date of Issue: 6/8/2023