

Immunization Form

JS

To ensure the health and safety of our campus, immunizations against communicable diseases is extremely important. Vaccination against Measles, Mumps, Rubella (MMR), Tetanus, Diphtheria and Pertussis (Tdap), and proof of negative Tuberculosis is required of all students entering Auburn Montgomery. This form must be completed and is the preferred document for proof of immunizations and TB testing.

Complete and Return to: **Student Health Center**
Attn: Immunizations
PO Box 244023
Montgomery, AL 36124
(334) 244-3281 Fax (334) 244-3396

Name Waldrop Natalie E Student Number 500350033
Last First Middle
Address 2149 Thistle Lane Auburn AL 36832
Street City State Zip Code
Phone Number 334 275 0541 E-mail Address nwaldrop@aum.edu Date of Birth 10/03/1994 Date of Enrollment 01/09/2018

REQUIRED IMMUNIZATIONS

Tuberculosis Screening (within 6 months prior to semester student is to begin at AUM.)

Date Given 12/4/17 (Date of reading, within 48 to 72 hours of date given) TB skin test (PPD) 12/4/2017

Results: Positive _____ mm Negative 0 mm

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

Tetanus, Diphtheria, Pertussis (Tdap) Vaccine. Students without previous documentation of a Tdap vaccine should have one dose within the last 10 years. Other students should be current to maintain their status throughout their entire academic career.

Date of Tdap vaccine: 6/10/2009

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 1/10/1996 Date of Second Dose 6/27/2000

OPTIONAL 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.

AUBURN UNIVERSITY MONTGOMERY
400 LEM MORRISON HALL
AUBURN UNIVERSITY, AL 36849-5000

[Signature]
Signature of Licensed Health Care Professional

Date

12/4/2017

License Number or Office Stamp

(Adopted 1/12, Revised 8/2016)

Pediatric Clinic LLC



2401 Village Professional Drive
Opelika, AL 36801
Phone: (334) 749-8121
Fax: (334) 749-6166

Natalie E. Waldrop

Patient #: 1083590

DOB: 10/03/1994 (22 years)

Your Immunization Record:

Immunization	Date
DTaP #4 (90700)	05/02/1996
DTaP #5 (90700)	06/27/2000
DTP #1 (90701)	11/29/1994
DTP #2 (90701)	02/24/1995
DTP #3 (90701)	05/16/1995
Hep A / HEP A CHILD (90633)	05/24/2012
Hep B #1 / HEP B CHILD (90744)	11/03/1994
Hep B #2 / HEP B CHILD (90744)	05/16/1995
HIB / HIB - Sanofi (90648)	01/10/1996
HPV #1 / HPV (90649)	06/10/2009
HPV #2 / HPV (90649)	06/16/2010
HPV #3 / HPV (90649)	02/20/2012
Influenza (3 years and up) / FLU MDV 3yrs+up (90658)	02/20/2012
IPV #1 (90713)	11/29/1994
IPV #2 (90713)	02/24/1995
IPV #3 (90713)	05/02/1996
IPV #4 (90713)	06/27/2000
Meningococcal (serogroups A,C,Y & W-135) / MENACTRA (90734)	06/10/2009
MMR #1 / MMR (90707)	01/10/1996
MMR #2 / MMR (90707)	06/27/2000
TB Skin Test, Intradermal / TB MANTOUX (86580) *Comments: 0; No reaction.	06/11/2013
TB Skin Test, Intradermal / TB MANTOUX (86580) *Comments: 0.0mm	08/14/2014
Tdap (7 years and up) / Tdap (90715)	06/10/2009
Varicella #1 / VARIVAX (90716)	05/02/1996
Varicella #2 / VARIVAX (90716)	06/10/2009

Lab Order

SKIN TEST INTRADERMAL TB (Enter in Results) (86580)

NATALIE E. WALDROP

Final, Reviewed

Diagnosis: Encounter for tuberculin skin test (Z11.1)

Ordered by Beth Pate RN on behalf of Only Nurse on 12/4/2017 (Routine)

Collected on 12/4/2017 10:26 AM

Reported on 12/6/2017 1:23 PM (LABORATORY)

Reviewed by Brenda Hughes RN on 12/6/2017 1:23 PM

Result Note:

tbinfoc4865AA exp 01/2018

lfa id

sanofi pasteru

BPate, RN

Test Name	Result	Units	Normal Range	Status
SKIN TEST INTRADERMAL TB	0	mm	0 - 15	Final, Reviewed