

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.

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

Name Knighting Jada G Student Number _____
Last First Middle
Address 10800 Blackwater Court Montgomery AL 36117
Street City State Zip Code
Phone Number 334-354-3746 E-mail Address _____ Date of Birth 07/29/2008 Date of Enrollment _____

REQUIRED IMMUNIZATIONS

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

Date Given: 05/07/2024 Date Read: see attached 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.

Tdap- Tetanus, Diphtheria, Pertussis - Students should have one adult dose within the last 10 years. If more than 10 years, then a booster is required.

Date of Tdap vaccine: 09/14/2019

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 07/29/09 Date of Second Dose 08/12/12

RECOMMENDED IMMUNIZATIONS

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

Hepatitis B: 07/29/08 08/28/08 01/30/09
1st 2nd 3rd

Varicella (Chickenpox) Vaccine: 07/29/09 08/12/12
1st 2nd

Meningococcal (MenACWY) Vaccine: 09/14/19 _____ (One dose on or after the 16th birthday)
1st 2nd

Meningococcal B Vaccine _____

I certify that the above dates and vaccinations are true.

MAW
Signature of Licensed Health Care Professional

5/8/24
Date

001219
License Number or Office Stamp

Knighting, Jada Gabrielle

Felicia Morgan, RN
Registered Nurse
Pediatrics

Progress Notes  
Signed

Encounter Date: 5/10/2024

Patient presents for PPD read.

Results: negative 0mm. FMorgan, RN

Electronically signed by Felicia Morgan, RN at 5/10/2024 8:26 AM

Clinical Support on 5/10/2024 *Note shared with patient*

Additional Documentation

Flowsheets: Fall Risk, Abuse/Neglect Screening

Orders Placed

None

Medication Changes

As of 5/10/2024 8:24 AM

None

Visit Diagnoses

None

TB Skin Test Administration

Order #23493250

Status: Final result Visible to patient: No (not released) Dx: Screening for tuberculosis

Component	08:25
Ref Range & Units	
TB Skin Test	Negative
Negative	
Induration	0
mm	

Last Resulted: 05/10/24 08:25

[Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)

Result Care Coordination

Patient Communication

 Not Released Not seen

Result Report

TB Skin Test Administration (Order #23493250) on 5/7/24

Lab Component SmartPhrase Guide

TB Skin Test Administration (Order #23493250) on 5/7/24

Order-Level Documents:

There are no order-level documents.

Encounter-Level Documents:

There are no encounter-level documents.



Alabama Department of Public Health

CERTIFICATE OF IMMUNIZATION

JADA GABRIELLE KNIGHTING

Child's Name (first, middle, last)

07/29/2008

Birthdate

09/14/2029

Date of Expiration

(Next Required Immunization)

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
Required Vaccines for School or Child Care Attendance									
DTP,DTaP,DT	DTAP-HIB-IPV 10/01/2008	DTAP-HIB-IPV 12/01/2008	DTAP-HIB-IPV 01/30/2009	DTAP 11/06/2009	DTAP 08/02/2012				
TD									
Tdap	TDAP 09/14/2019								
IPV,OPV	DTAP-HIB-IPV 10/01/2008	DTAP-HIB-IPV 12/01/2008	DTAP-HIB-IPV 01/30/2009	IPV 08/12/2012					
Hib(under age 5)	DTAP-HIB-IPV 10/01/2008	DTAP-HIB-IPV 12/01/2008	DTAP-HIB-IPV 01/30/2009	HIB 08/17/2011					
Measles	MMR 07/29/2009	MMR 08/12/2012							
Mumps	MMR 07/29/2009	MMR 08/12/2012							
Rubella	MMR 07/29/2009	MMR 08/12/2012							
PCV	PCV7 10/01/2008	PCV7 12/01/2008	PCV7 01/30/2009	PCV7 07/29/2009	PCV13 08/17/2011				
Varicella	VARICELLA 07/29/2009	VARICELLA 08/12/2012							

Recommended Vaccines									
HepA	HEP A 07/29/2009	HEP A 02/05/2010							
HepB	HEP B 07/29/2008	HEP B 08/28/2008	HEP B 01/30/2009						
HPV	HPV9 09/14/2019	HPV9 03/16/2020							
MCV, MPSV,MENB	MCV4P 09/14/2019								
Rotavirus	ROTA 10/01/2008	ROTA 12/01/2008	ROTA 01/30/2009						
Covid-19	Pfizer Covid19 08/01/2021	Pfizer Covid19 08/22/2021							

NOTES

A licensed physician or qualified employee of the Alabama Dept of Public Health is responsible for the content of this certificate. All dates must include the month, day, and year. In cases of history of disease 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 : PHYSICIANS TO CHILDREN

Address: 470 TAYLOR RD STE 210 TAYLOR
MEDICAL COMPLEX MONTGOMERY

Telephone #: (334) 2935033

Date of Issue: 5/7/2024