

UA Required Immunizations and TB Testing Form

See instructions for completion of this form

Name: Kingsley Anne Johns CWID: 12393971

Contact Phone Number: 334 300-2608 Date of Birth: 11/28/2005 Age: 18

Plan to enter: Fall ☐ Spring ☐ Summer ☐ Classification: Undergraduate ☒ Graduate ☐ Law ☐ ELI ☐

Section A: Required Immunizations

ALL TITERS MUST INCLUDE LAB REPORT

VACCINE NAME	MONTH/DAY/YEAR (1 st dose)	MONTH/DAY/YEAR (2 nd dose)	OR TITER DATE AND RESULT
Measles	Dec. 12/04/2006	05/04/2011 12/04/2006	REVIEW JNS
Mumps	Dec. 12/04/2006	May 05/04/2011	
Rubella	Dec. 12/04/2006	May 05/04/2011	
MCV4 (Menactra or Menveo) One required at age 16 or above	Dec. 12/01/2010	June 06/03/2014	Required of all students 20 yrs and younger or residing in campus housing regardless of age

An official stamp from a doctor's office, clinic or health dept. AND an authorized signature must appear here or this form will NOT be approved.

I attest that the above immunization information is correct.

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

OFFICIAL OFFICE STAMP HERE

PHYSICIAN OR AUTHORIZED SIGNATURE AND DATE

Office contact number: (334) 244-3281

MS 01/3/24

See next page for TB testing results