



NUR: 1/14/02

MEASLES, MUMPS, RUBELLA (MMR) IMMUNIZATIONLAST NAME: Woodruff FIRST NAME: Marie TSSC ID #: _____

MEASLES/MUMPS/RUBELLA (MMR) TITER - TO BE COMPLETED BY PHYSICIAN, NURSE PRACTITIONER, OR NURSE.

HAVE YOU RECEIVED YOUR MMR IMMUNIZATION IN THE PAST? IF "YES" - SEE STEP 1 & IF "NO" SEE STEP 2.

STEP 1 - IF YOU HAVE COMPLETED AN MMR IMMUNIZATION IN THE PAST - HAVE A TITER DRAWN - AND HAVE YOUR PROVIDER COMPLETE THE FOLLOWING. IF ANY RESULTS ARE NEGATIVE - SEE STEP 2 - RE-VACCINATION IS REQUIRED.

DATE OF MEASLES (RUBEOLA) TITER: 6/13/24 POSITIVE? ☒ (≥ 1.1 AI) NEGATIVE? ☐ (≤ 0.8 AI) (please identify results with a ☒)

DATE OF MUMPS TITER: 6/13/24 POSITIVE? ☐ (≥ 1.1 AI) NEGATIVE? ☒ (≤ 0.8 AI) (please identify results with a ☒)

DATE OF RUBELLA (MEASLES) TITER: 6/13/24 POSITIVE? ☒ (≥ 1.1 AI) NEGATIVE? ☐ (≤ 0.7 AI) (please identify results with a ☒)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Lindsey Barton, CRNPPHYSICIAN/NURSE PRACTITIONER SIGNATURE [Signature]

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

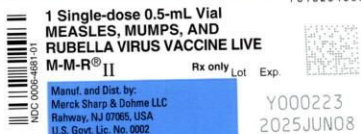
IF YOUR TITER RESULTS ARE POSITIVE - YOU ARE DONE!
IF TITER RESULTS ARE NEGATIVE OR IF YOU HAVE NEVER BEEN VACCINATED - COMPLETE STEP 2 BELOW.

MEASLES, MUMPS, RUBELLA (MMR) VACCINATION**STEP 2** - IF YOU HAVE NOT HAD AN MMR IMMUNIZATION OR IF YOU HAVE A NEGATIVE TITER - IMMUNIZATION IS REQUIRED. A HEALTHCARE PROVIDER MAY RECOMMEND A BOOSTER. IF A BOOSTER IS PERFORMED COMPLETE DOSE #1 LINE ITEM.

DOSE # 1	MEASLES (RUBEOLA)	DATE: <u>6/18/24</u>	DOSE # 2	MEASLES (RUBEOLA)	DATE: _____
DOSE # 1	MUMPS	DATE: <u>6/18/24</u>	DOSE # 2	MUMPS	DATE: _____
DOSE # 1	RUBELLA (MEASLES)	DATE: <u>6/18/24</u>	DOSE # 2	RUBELLA (MEASLES)	DATE: _____

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Lindsey Barton, CRNPPHYSICIAN/NURSE PRACTITIONER SIGNATURE [Signature]

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**AFTER COMPLETION OF STEP 2 (2-DOSE SERIES) OR BOOSTER, HAVE A TITER DRAWN FOR EACH VACCINATION RECEIVED IN STEP 2 TO DOCUMENT IMMUNITY:**

DATE OF MEASLES TITER: 7/18/24 POSITIVE? ☒ NEGATIVE? ☐ (please identify results with a ☒)

DATE OF MUMPS TITER: 7/18/24 POSITIVE? ☒ NEGATIVE? ☐ (please identify results with a ☒)

DATE OF RUBELLA TITER: 7/18/24 POSITIVE? ☒ NEGATIVE? ☐ (please identify results with a ☒)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Lindsey Barton, CRNPPHYSICIAN/NURSE PRACTITIONER SIGNATURE [Signature]



HEPATITIS B IMMUNIZATION

DOB: 11/17/02

LAST NAME: Woodruff

FIRST NAME: Marie

TSCC ID #: A82319618

HAVE YOU COMPLETED A SERIES OF HEPATITIS B IMMUNIZATION? IF "YES" - SEE STEP 1 & IF "NO" SEE STEP 2.

HEPATITIS B TITER - TO BE COMPLETED BY YOUR HEALTHCARE PROVIDER.

STEP 1 - IF YOU HAVE COMPLETED A HEPATITIS B SERIES IN THE PAST - HAVE A TITER DRAWN AND COMPLETE THE FOLLOWING.
PLEASE NOTE THAT IF YOUR TITER IS NEGATIVE YOU MUST COMPLETE STEP 2.

DATE OF TITER: 01/18/24 POSITIVE? ☐ (anti-HBs $\geq$ 10 mIU/mL) NEGATIVE? ☒ (anti-HBs $\leq$ 10 mIU/mL) (please identify results with a $\checkmark$)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Wendy Burton, RN

PHYSICIAN/NURSE PRACTITIONER SIGNATURE [Signature]

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IF YOUR TITER RESULTS ARE POSITIVE - YOU ARE DONE!
IF YOUR RESULTS ARE NEGATIVE - COMPLETE STEP 2 BELOW.

STEP 2 - IF YOU HAVE NOT COMPLETED A HEPATITIS B IMMUNIZATION OR IF YOU HAD A NEGATIVE TITER - A FULL 3-PART SERIES IMMUNIZATION IS REQUIRED.

1ST VACCINATION DATE: 01/18/2024

PHYSICIAN/NURSE PRACTITIONER SIGNATURE [Signature]
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P.O. BOX 244023
MONTGOMERY, AL 36124-4023

2ND VACCINATION DATE: 7/18/2024
TO BE ADMINISTERED 1 MONTH AFTER 1ST DOSE

PHYSICIAN/NURSE PRACTITIONER SIGNATURE [Signature]
AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

3RD VACCINATION DATE: _____
TO BE ADMINISTERED 6 MONTHS AFTER 2ND DOSE

PHYSICIAN/NURSE PRACTITIONER SIGNATURE: _____

Provider:
Please place office stamp
here (if possible) for
validation purposes.

AFTER COMPLETION OF THE FULL 3-PART SERIES, HAVE A TITER DRAWN FOR HEPATITIS B ANTIBODY TO DOCUMENT IMMUNITY:

DATE OF TITER: _____ POSITIVE? ☐ (anti-HBs $\geq$ 10 mIU/mL) NEGATIVE? ☐ (anti-HBs $\leq$ 10 mIU/mL) (please identify results with a $\checkmark$)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) _____

PHYSICIAN/NURSE PRACTITIONER SIGNATURE _____

LOT: 4T39P
EXP: 12/09/25

NDC 58160-821-43
Hepatitis B
Vaccine
(Recombinant)
ENERGIX-B 20 mcg/mL
Mfd. by
GlaxoSmithKline
Biologicals
495702

LOT: 4T39P
EXP: 12/09/25

NDC 58160-821-43
Hepatitis B
Vaccine
(Recombinant)
ENERGIX-B 20 mcg/mL
Mfd. by
GlaxoSmithKline
Biologicals
495702



Patient Information	Specimen Information	Client Information
WOODRUFF, MACIE DOB: 01/04/2002 AGE: 22 Gender: F Phone: 334.595.7278 Patient ID: 5369	Specimen: AL000019P Requisition: 5714291 Lab Ref #: 01021275 Collected: 07/18/2024 / 16:22 CDT Received: 07/19/2024 / 19:17 CDT Reported: 07/20/2024 / 17:06 CDT	Client #: 49100638 QATL0000 BARTON, LINDSEY AUM NURSING CARE CENTER 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

PROVIDER: BICKNELL MIRANDA

Test Name	In Range	Out Of Range	Reference Range	Lab
MEASLES, MUMPS, AND RUBELLA (MMR) AB (IGG) PANEL, IMMUNE STATUS				
MEASLES AB (IGG), IMMUNE STATUS	84.50		AU/mL	AT
AU/mL	Interpretation			
-----	-----			
<13.50	Not consistent with immunity			
13.50-16.49	Equivocal			
>16.49	Consistent with immunity			
The presence of measles IgG suggests immunization or past or current infection with measles virus.				
For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ162 (This link is being provided for informational/educational purposes only.)				
MUMPS VIRUS AB (IGG), IMMUNE STATUS	14.40		AU/mL	AT
AU/mL	Interpretation			
-----	-----			
<9.00	Not consistent with immunity			
9.00-10.99	Equivocal			
>10.99	Consistent with immunity			
The presence of mumps IgG antibody suggests immunization or past or current infection with mumps virus.				
RUBELLA AB (IGG), IMMUNE STATUS	8.77		Index	AT
Index	Interpretation			
-----	-----			
<0.90	Not consistent with immunity			
0.90-0.99	Equivocal			
> or = 1.00	Consistent with immunity			
The presence of rubella IgG antibody suggests immunization or past or current infection with rubella virus.				

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG, MD, PHD, CLIA: 11D0255931

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Maie Woodruff

DATE OF BIRTH 01/04/2002
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	☐	☒	☐
2. Do you have allergies to medications, food, a vaccine component, or latex? <u>penicillin</u>	☒	☐	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☒	☐
4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	☐	☒	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☒	☐
6. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☒	☐
7. Have you had a seizure or a brain or other nervous system problem?	☐	☒	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☒	☐
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☒	☐
10. Have you received any vaccinations in the past 4 weeks?	☒	☐	☐

FORM COMPLETED BY Maie Woodruff DATE 07/18/2024

FORM REVIEWED BY [Signature] RN DATE 7/18/2024

Did you bring your immunization record card with you? yes ☒ no ☐

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.