

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 VO CARDIN N Student Number _____
Last First Middle
Address 6606 Rushton Ridge Montgomery AL 36117
Street City State Zip Code
Phone Number 334 333 7019 E-mail Address judynguyen331@yahoo.com Date of Birth 7/24/07 Date of Enrollment 1/1/11

REQUIRED IMMUNIZATIONS

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

Date Given: 7/8/24 Date Read: 7/10/24 Results: Positive _____ mm Negative 0 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: ____/____/____

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: ____/____/____
1st 2nd (One dose on or after the 16th birthday)

Meningococcal B Vaccine ____/____/____

I certify that the above dates and vaccinations are true.

Montgomery Pediatric
Associates, P.A.
420 Cotton Gin Road
Montgomery, AL 36117

J. Robert M. Duggan
Signature of Licensed Health Care Professional

7/10/24
Date

License Number or Office Stamp



Alabama Department of Public Health

CERTIFICATE OF IMMUNIZATION

08/29/2028

Date of Expiration

(Next Required Immunization)

CARDIN NGUYEN VO (12287105)

Child's Name (first, middle, last)

07/24/2007

Birthdate

NGOCNHU T NGUYEN

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 09/24/2007	DTAP 11/26/2007	DTAP 01/23/2008	DTAP 01/26/2009	DTAP-IPV 08/29/2011				
TD									
Tdap	TDAP 08/29/2018								
IPV,OPV	IPV 09/24/2007	IPV 11/26/2007	IPV 01/26/2009	DTAP-IPV 08/29/2011					
Hib(under age 5)	HEP B - HIB 09/24/2007	HEP B - HIB 11/26/2007	HIB 10/27/2008						
Measles	MMR 10/27/2008	MMR 09/10/2012							
Mumps	MMR 10/27/2008	MMR 09/10/2012							
Rubella	MMR 10/27/2008	MMR 09/10/2012							
PCV	PCV7 09/24/2007	PCV7 11/26/2007	PCV7 01/23/2008	PCV7 07/29/2008					
Varicella	VARICELLA 07/29/2008	VARICELLA 09/10/2012							

Recommended Vaccines									
HepA	HEP A 01/26/2009	HEP A 08/17/2009							
HepB	HEP B 07/24/2007	HEP B - HIB 09/24/2007	HEP B - HIB 11/26/2007	HEP B 10/27/2008	HEP B 06/02/2009	HEP B 10/19/2009			
HPV	HPV9 09/09/2019	HPV9 10/14/2020							
MCV, MPSV,MENB	MCV40 08/29/2018	MCV4P 07/24/2023	MEN B (TRUMENBA) 07/24/2023	MEN B (TRUMENBA) 10/09/2023					
Rotavirus	ROTA 09/24/2007	ROTA 11/26/2007	ROTA 01/23/2008						
Covid-19	Pfizer Covid19 06/21/2021	Pfizer Covid19 07/12/2021							

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 : MONTGOMERY PEDIATRIC
ASSOCIATION P

Address: 420 COTTON GIN RD
MONTGOMERY

Telephone #: (334) 2609129

Date of Issue: 7/10/2024