

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 Clay Courtney Kristen Student Number _____
Last First Middle
Address 132 Patti Loop Prattville AL 36066
Street City State Zip Code
(334) 361-2913 CKclay06@yahoo.com 08/05/2006 6/7/24
Phone Number E-mail Address Date of Birth Date of Enrollment

REQUIRED IMMUNIZATIONS

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

Date Given: _____ Date Read: _____ 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: _____/_____/_____

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

Meningococcal B Vaccine _____/_____/_____

I certify that the above dates and vaccinations are true.

Signature of Licensed Health Care Professional

Date

License Number or Office Stamp



Alabama Department of Public Health

CERTIFICATE OF IMMUNIZATION

06/01/2027

Date of Expiration

(Next Required Immunization)

COURTNEY KRISTEN CLAY (12111385)

05/08/2006

Child's Name (first, middle, last)

Birthdate

Cynthia Clay

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 07/10/2006	DTAP 09/11/2006	DTAP 11/06/2006	DTAP 08/13/2007	DTAP-IPV 05/11/2011				
TD									
Tdap	TDAP 06/01/2017								
IPV,OPV	IPV 07/10/2006	IPV 09/11/2006	IPV 11/06/2006	DTAP-IPV 05/11/2011					
Hib(under age 5)	HIB 07/10/2006	HIB 09/11/2006	HIB 08/13/2007						
Measles	MMR 05/14/2007	MMR 05/11/2011							
Mumps	MMR 05/14/2007	MMR 05/11/2011							
Rubella	MMR 05/14/2007	MMR 05/11/2011							
PCV	PCV7 07/10/2006	PCV7 09/11/2006	PCV7 11/06/2006	PCV7 08/13/2007					
Varicella	VARICELLA 05/14/2007	VARICELLA 05/11/2011							

Recommended Vaccines									
HepA	HEP A 11/12/2007	HEP A 05/12/2008							
HepB	HEP B 05/10/2006	HEP B 07/10/2006	HEP B 11/06/2006						
HPV	HPV9 06/01/2017	HPV9 12/21/2017							
MCV, MPSV,MENB	MCV40 06/01/2017	MCV40 06/20/2022	MEN B OMV (BEXSERO) 06/20/2022	MEN B OMV (BEXSERO) 07/20/2022					
Rotavirus	ROTA 07/10/2006	ROTA 09/11/2006	ROTA 11/06/2006						
Covid-19	Pfizer Covid19 07/29/2021	Pfizer Covid19 08/19/2021	Pfizer Bivalent COVID-19 10/21/2022						

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 : PARTNERS IN PEDS LLC - PRATTVILLE

Address: 136 E MAIN ST PRATTVILLE

Telephone #: (334) 2721799

Date of Issue: 5/15/2024