

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 Hubbard Elijah Garrett Student Number _____
Last First Middle
Address 7409 Muirfield Loop Montgomery AL 36116
Street City State Zip Code
Phone Number 334-201-9298 E-mail Address elijahgarrett.hubbard@gmail.com Date of Birth 08/21/2006 Date of Enrollment 08/19/24

REQUIRED IMMUNIZATIONS

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

Date Given: 7/16/24 Date Read: 7/19/24 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: 08/28/2017

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 09/11/2007 Date of Second Dose 10/22/2010

RECOMMENDED IMMUNIZATIONS

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

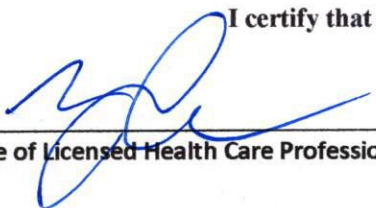
Hepatitis B: 08/28/2006 11/09/2006 01/04/2007
1st 2nd 3rd

Varicella (Chickenpox) Vaccine: 09/11/2007 10/22/2010
1st 2nd

Meningococcal (MenACWY) Vaccine: 08/28/2017 11/09/2022 (One dose on or after the 16th birthday)
1st 2nd

Meningococcal B Vaccine 11/09/2022

I certify that the above dates and vaccinations are true.


Signature of Licensed Health Care Professional

7/19/24
Date

PROFESSIONAL PEDIATRICS, P.A.
ALISA CARMICHAEL, RD.
License Number or Office Stamp
MONTGOMERY, AL 36106
(Adopted 1/12, Revised 5/2021)



Alabama Department of Public Health

CERTIFICATE OF IMMUNIZATION

08/28/2027

Date of Expiration

(Next Required Immunization)

ELIJAH GARRETT HUBBARD

Child's Name (first, middle, last)

08/27/2006

Birthdate

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-HEP B- IPV 11/09/2006	DTAP-HEP B- IPV 01/04/2007	DTAP-HEP B- IPV 02/28/2007	DTAP 01/30/2008	DTAP-IPV 10/22/2010				
TD									
Tdap	TDAP 08/28/2017								
IPV,OPV	DTAP-HEP B- IPV 11/09/2006	DTAP-HEP B- IPV 01/04/2007	DTAP-HEP B- IPV 02/28/2007	DTAP-IPV 10/22/2010					
Hib(under age 5)	HIB 11/09/2006	HIB 01/04/2007	HIB 02/28/2007	HIB 09/11/2007					
Measles	MMRV 09/11/2007	MMR 10/22/2010							
Mumps	MMRV 09/11/2007	MMR 10/22/2010							
Rubella	MMRV 09/11/2007	MMR 10/22/2010							
PCV	PCV7 11/09/2006	PCV7 01/04/2007	PCV7 02/28/2007	PCV7 09/11/2007	PCV13 10/22/2010				
Varicella	MMRV 09/11/2007	VARICELLA 10/22/2010							

Recommended Vaccines									
HepA	HEP A 01/30/2008	HEP A 08/28/2008							
HepB	HEP B 08/28/2006	DTAP-HEP B- IPV 11/09/2006	DTAP-HEP B- IPV 01/04/2007	DTAP-HEP B- IPV 02/28/2007					
HPV	HPV9 08/28/2017	HPV9 10/06/2020							
MCV, MPSV,MENB	MCV4P 08/28/2017	MCV40 11/09/2022	MEN B OMV (BEXSERO) 11/09/2022	MEN B OMV (BEXSERO) 07/16/2024					
Rotavirus	ROTA 11/09/2006	ROTA 01/04/2007	ROTA 02/28/2007						
Covid-19	Pfizer Covid19 07/01/2021	Pfizer Covid19 07/22/2021							

Site Name : PROFESSIONAL PEDIATRICS

Address: 4154 CARMICHAEL RD
MONTGOMERY

Telephone #: (334) 2715959