



MEASLES, MUMPS, RUBELLA (MMR) IMMUNIZATION

LAST NAME: Seithalil

FIRST NAME: Amelia

TSCC ID #: A02360551

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: 10/29/24 POSITIVE? (≥ 1.1 AI) NEGATIVE? ✓ (≤ 0.8 AI) (please identify results with a ✓)
 DATE OF MUMPS TITER: 10/29/24 POSITIVE? (≥ 1.1 AI) NEGATIVE? ✓ (≤ 0.8 AI) (please identify results with a ✓)
 DATE OF RUBELLA (MEASLES) TITER: 10/29/24 POSITIVE? ✓ (≥ 1.1 AI) NEGATIVE? (≤ 0.7 AI) (please identify results with a ✓)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Lindsey Barton, CRNP

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

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

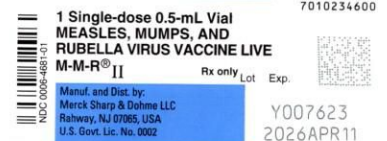
STEP 2 - IF YOU HAVE NOT HAD AN MMR IMMUNIZATION OR IF YOU HAVE A NEGATIVE TITER - IMMUNIZATION IS REQUIRED. A HEALTHCARE PROVIDER MAY RECOMMEND A BOOSTER. IF A BOOSTER IS PERFORMED COMPLETE DOSE #1 LINE ITEM.

DOSE # 1	MEASLES (RUBEOLA)	DATE: <u>11/8/24</u>	DOSE # 2	MEASLES (RUBEOLA)	DATE: <u> </u>
DOSE # 1	MUMPS	DATE: <u>11/8/24</u>	DOSE # 2	MUMPS	DATE: <u> </u>
DOSE # 1	RUBELLA (MEASLES)	DATE: <u>11/8/24</u>	DOSE # 2	RUBELLA (MEASLES)	DATE: <u> </u>

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) [Signature]

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



Term SubQ

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: POSITIVE? NEGATIVE? (please identify results with a ✓)
 DATE OF MUMPS TITER: POSITIVE? NEGATIVE? (please identify results with a ✓)
 DATE OF RUBELLA TITER: POSITIVE? NEGATIVE? (please identify results with a ✓)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT)

PHYSICIAN/NURSE PRACTITIONER SIGNATURE



HEPATITIS B IMMUNIZATION

LAST NAME: Seithalil

FIRST NAME: Amelia

TSCC ID #: A02360551

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.

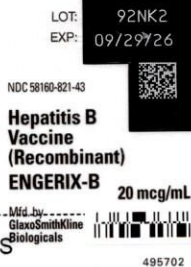
DATE OF TITER: 10/29/24 POSITIVE? ☐ (anti-HBs ≥ 10 mIU/mL) NEGATIVE? ☒ (anti-HBs ≤ 10 mIU/mL) (please identify results with a $\checkmark$)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Lindsey Barton, CRNP

PHYSICIAN/NURSE PRACTITIONER SIGNATURE

L. Barton, CRNP
AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
Provider:
IRMA B. MOORE HALL RM. 102
Please place office stamp
here (if possible) for
validation purposes.
PO BOX 244023
MONTGOMERY, AL 36124-4023

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: 11/8/2024

PHYSICIAN/NURSE PRACTITIONER SIGNATURE

L. Barton, CRNP
AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
Provider:
IRMA B. MOORE HALL RM. 102
Please place office stamp
here (if possible) for
validation purposes.
PO BOX 244023
MONTGOMERY, AL 36124-4023

2ND VACCINATION DATE: _____
TO BE ADMINISTERED 1 MONTH AFTER 1ST DOSE

PHYSICIAN/NURSE PRACTITIONER SIGNATURE: _____

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

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 ≥ 10 mIU/mL) NEGATIVE? ☐ (anti-HBs ≤ 10 mIU/mL) (please identify results with a $\checkmark$)

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

PHYSICIAN/NURSE PRACTITIONER SIGNATURE _____

Screening Checklist for Contraindications to Vaccines for Adults

YOUR NAME Amelia Seithali
DATE OF BIRTH 10 / 10 / 2003
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 we need to ask you more questions. 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?	☐	☒	☐
3. Have you ever had a serious reaction after receiving a vaccine?	☐	☒	☐
4. Do you have any of the following: a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy?	☐	☒	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☒	☐
6. Do you have a parent, brother, or sister with an immune system problem?	☐	☒	☐
7. In the past 6 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?	☒	☐	☐
8. Have you had a seizure or a brain or other nervous system problem?	☐	☒	☐
9. Have you ever been diagnosed with a heart condition (myocarditis or pericarditis) or have you had Multisystem Inflammatory Syndrome (MIS-A or MIS-C) after an infection with the virus that causes COVID-19?	☐	☒	☐
10. In the past year, have you received immune (gamma) globulin, blood/blood products, or an antiviral drug?	☐	☒	☐
11. Are you pregnant?	☐	☒	☐
12. Have you received any vaccinations in the past 4 weeks?	☒	☐	☐
13. Have you ever felt dizzy or faint before, during, or after a shot?	☐	☒	☐
14. Are you anxious about getting a shot today?	☐	☒	☐

FORM COMPLETED BY Amelia Seithali DATE 11/8/24
FORM REVIEWED BY MB OREN DATE 11/8/2024

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

It is important 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.



Patient:

SEITHALIL, AMELIA

Ordered:

10/29/2024 11:16 AM by Jennifer Logan

Patient ID:

60612-1

Collected:

10/29/2024 11:16 AM

Patient DOB:

10/16/2003

Reported:

10/31/2024 11:45 PM

Sex:

Female

Reviewed:

11/01/2024 8:33 AM jlo

Status:

Final Review

Lab Result Status:

Final results

Receiving Facility:

361170

Requisition:

602922

Performing Lab:

PathGroup

Accession:

24C204N50NLAB

Varicella Zoster Virus (VZV) Antibodies, IgG/IgM

VZVGM

Test performed by PathGroup Labs, LLC
1010 Airpark Center Dr., Suite C, Nashville, TN 37217
Benton R. Middleman, MD, Laboratory Director
CLIA: 44D1008678
AND
Test performed by ARUP Laboratories
500 Chipeta Way, Salt Lake City, UT 84108
Sherrie L Perkins, MD, Laboratory Director

Specimen

Test Performed	Result	Flag	Normal Range	Result Status
Varicella Zoster Virus (VZV) Antibody, IgG	114.7	L	>165.0 Index	F
VZV INTERPRETATION OF RESULTS < 135.0 Non-immune/Non-reactive 135.0-165.0 Equivocal > 165.0 Immune/Reactive A positive result generally indicates exposure to the pathogen or administration of specific immunoglobulins, but it is not indicative of active infection or stage of disease.				
Varicella-Zoster Virus Antibody, IgM	0.16		<=0.90 ISR	F

CBC With Platelet And Differential

CBCWD

Specimen

Measles Mumps Rubella (MMR) Immune Status Panel

IMSPR

Specimen

Test Performed	Result	Flag	Normal Range	Result Status
Rubella Antibody, IgG	73.1		>9.9 IU/mL	F
INTERPRETATION OF RESULTS				
< 10.0 Non-immune/Non-reactive				
≥ 10.0 Immune/Reactive				
Presence of antibodies to Rubella is presumptive evidence of immunity except when acute infection is suspected.				
Measles (Rubeola) Antibody IgG	12.9	L	>16.5 AU/mL	F
INTERPRETATION OF RESULTS				
< 13.5 Non-reactive				
13.5-16.5 Equivocal				
> 16.5 Reactive				
Presence of antibodies to Rubeola is presumptive evidence of immunity except when acute infection is suspected.				
Mumps Antibody IgG	<5.00	L	>10.9 AU/mL	F
INTERPRETATION OF RESULTS				
< 9.0 Non-immune/Non-reactive				
9.0-10.9 Equivocal				
> 10.9 Immune/Reactive				
Immune/Reactive Presence of antibodies to Mumps is presumptive evidence of immunity except when acute infection is suspected.				

PDF Report

0PDF

INTERPRETIVE INFORMATION: Varicella-Zoster Virus Antibody, IgM

0.90 ISR or less Negative - No significant level of detectable varicella-zoster virus IgM antibody.

0.91-1.09 ISR Equivocal - Repeat testing in 10-14 days may be helpful.

1.10 ISR or greater Positive - Significant level of detectable varicella-zoster

virus IgM antibody. Indicative of current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.

Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD
CLIA Number: 46D0523979
Test performed by PathGroup Labs, LLC
1010 Airpark Center Dr., Suite C, Nashville, TN 37217
Benton R. Middleman, MD, Laboratory Director
CLIA: 44D1008678

Test Performed	Result	Flag	Normal Range	Result Status
<u>24C204N50NLAB.PDF</u>				

Result Statuses:

F = Final results

Test Performed	Result	Flag	Normal Range	Result Status
WBC	6.2		3.8-11.5 K/uL	F
Red Blood Cell Count (RBC)	4.35		3.60-5.30 M/mm3	F
Hemoglobin (Hgb)	13.3		11.5-15.5 gm/dL	F
Hematocrit (HCT)	41.1		35.2-46.4 %	F
MCV	94.5		79.0-99.0 fL	F
MCH	30.6		26.9-35.0 pg	F
MCHC	32.4		30.4-34.8 g/dL	F
RDW	45.8		38.6-53.8 fL	F
Platelet Count	296		137-397 K/cumm	F
Neutrophils Automated	64.0		41.0-77.0 %	F
Lymphocytes Automated	25.0		14.0-48.0 %	F
Monocytes Automated	9.8		4.0-13.0 %	F
Eosinophils Automated	0.5		0.0-8.0 %	F
Basophils Automated	0.5		0.0-1.5 %	F
Immature Granulocyte Automated	0.2		0.0-1.0 %	F

Hepatitis B Surface Antibodies (HBsAb) Total

HBSTL

Specimen

Test Performed	Result	Flag	Normal Range	Result Status
Hepatitis B Surface Antibodies (HBsAb) Total	<3.5		mIU/mL	F

Individual is considered to be not immune to infection with HBV.

Elecsys Anti-HBs Result

Result Interpretation

<8.5 mIU/mL

Negative

8.5-11.4 mIU/mL

Indeterminate

>= 11.5 mIU/mL

Positive

Patient:

SEITHALIL, AMELIA

Ordered:

10/29/2024 11:16 AM by Jennifer Logan

Patient ID:

60612-1

Collected:

10/29/2024 11:16 AM

Patient DOB:

10/16/2003

Reported:

10/31/2024 11:45 PM

Sex:

Female

Reviewed:

11/01/2024 8:33 AM jlo

Status:

Final Review

Lab Result Status:

Final results

Receiving Facility:

361170

Requisition:

602922

Performing Lab:

PathGroup

Accession:

24C204N50NLAB

Varicella Zoster Virus (VZV) Antibodies, IgG/IgM

VZVGM

Test performed by PathGroup Labs, LLC
1010 Airpark Center Dr., Suite C, Nashville, TN 37217
Benton R. Middleman, MD, Laboratory Director
CLIA: 44D1008678
AND
Test performed by ARUP Laboratories
500 Chipeta Way, Salt Lake City, UT 84108
Sherrie L Perkins, MD, Laboratory Director

Specimen

Test Performed	Result	Flag	Normal Range	Result Status
Varicella Zoster Virus (VZV) Antibody, IgG	114.7	L	>165.0 Index	F
VZV INTERPRETATION OF RESULTS < 135.0 Non-immune/Non-reactive 135.0-165.0 Equivocal > 165.0 Immune/Reactive A positive result generally indicates exposure to the pathogen or administration of specific immunoglobulins, but it is not indicative of active infection or stage of disease.				
Varicella-Zoster Virus Antibody, IgM	0.16		<=0.90 ISR	F

CBC With Platelet And Differential

CBCWD

Specimen

Measles Mumps Rubella (MMR) Immune Status Panel

IMSPR

Specimen

Test Performed	Result	Flag	Normal Range	Result Status
Rubella Antibody, IgG	73.1		>9.9 IU/mL	F

INTERPRETATION OF RESULTS

< 10.0 Non-immune/Non-reactive

>= 10.0 Immune/Reactive

Presence of antibodies to Rubella is presumptive evidence of immunity except when acute infection is suspected.

Measles (Rubeola) Antibody IgG	12.9	L	>16.5 AU/mL	F
--------------------------------	------	---	-------------	---

INTERPRETATION OF RESULTS

< 13.5 Non-reactive

13.5-16.5 Equivocal

> 16.5 Reactive

Presence of antibodies to Rubeola is presumptive evidence of immunity except when acute infection is suspected.

Mumps Antibody IgG	<5.00	L	>10.9 AU/mL	F
--------------------	-------	---	-------------	---

INTERPRETATION OF RESULTS

< 9.0 Non-immune/Non-reactive

9.0-10.9 Equivocal

> 10.9 Immune/Reactive

Immune/Reactive Presence of antibodies to Mumps is presumptive evidence of immunity except when acute infection is suspected.

PDF Report

OPDF

INTERPRETIVE INFORMATION: Varicella-Zoster Virus Antibody, IgM

0.90 ISR or less Negative - No significant level of detectable varicella-zoster virus IgM antibody.

0.91-1.09 ISR Equivocal - Repeat testing in 10-14 days may be helpful.

1.10 ISR or greater Positive - Significant level of detectable varicella-zoster

virus IgM antibody. Indicative of current or recent infection. However, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection or immunization.

Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD
CLIA Number: 46D0523979
Test performed by PathGroup Labs, LLC
1010 Airpark Center Dr., Suite C, Nashville, TN 37217
Benton R. Middleman, MD, Laboratory Director
CLIA: 44D1008678

Test Performed	Result	Flag	Normal Range	Result Status
<u>24C204N50NLAB.PDF</u>				

Result Statuses:

F = Final results

Test Performed	Result	Flag	Normal Range	Result Status
WBC	6.2		3.8-11.5 K/uL	F
Red Blood Cell Count (RBC)	4.35		3.60-5.30 M/mm3	F
Hemoglobin (Hgb)	13.3		11.5-15.5 gm/dL	F
Hematocrit (HCT)	41.1		35.2-46.4 %	F
MCV	94.5		79.0-99.0 fL	F
MCH	30.6		26.9-35.0 pg	F
MCHC	32.4		30.4-34.8 g/dL	F
RDW	45.8		38.6-53.8 fL	F
Platelet Count	296		137-397 K/cumm	F
Neutrophils Automated	64.0		41.0-77.0 %	F
Lymphocytes Automated	25.0		14.0-48.0 %	F
Monocytes Automated	9.8		4.0-13.0 %	F
Eosinophils Automated	0.5		0.0-8.0 %	F
Basophils Automated	0.5		0.0-1.5 %	F
Immature Granulocyte Automated	0.2		0.0-1.0 %	F

Hepatitis B Surface Antibodies (HBsAb) Total

HBSTL

Specimen

Test Performed	Result	Flag	Normal Range	Result Status
Hepatitis B Surface Antibodies (HBsAb) Total	<3.5		mIU/mL	F
Individual is considered to be not immune to infection with HBV.				

Elecsys Anti-HBs Result	Result Interpretation			
<8.5 mIU/mL	Negative			
8.5-11.4 mIU/mL	Indeterminate			
>= 11.5 mIU/mL	Positive			