

LAST NAME: Roughton

FIRST NAME: Paulina

TSCC ID #: A02587736

DATE OF VARICELLA TITER: 12/8/25 POSITIVE? (≥ 1.1 AI) NEGATIVE? ✓ (≤ 0.8 AI) (please identify results with a ✓)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT)

Hayley Guthrie, CRNP

PHYSICIAN/NURSE PRACTITIONER SIGNATURE _____

AUBURN UNIVERSITY MONTGOMERY

STUDENT HEALTH CENTER

IRMA B. MOORE HALL RM. 102

Free BOX 244023

MONTGOMERY, AL 36124-4023

DATE OF VARICELLA VACCINE #1: 12/21/25 Var. VAX
Lot 20037060 - Moore, Pharm.D
exp 1/30/27 21627

DATE OF VARICELLA VACCINE #2: _____

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

PHYSICIAN/NURSE PRACTITIONER SIGNATURE _____

DATE OF TITER: 2/10/20 POSITIVE? ☒ NEGATIVE? ☐ (please identify results with a ✓)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT)

Breena Till, CRNP

PHYSICIAN/NURSE PRACTITIONER SIGNATURE