

AUM Student Health Services

Immunization Record

Patient Name: Yukta Patel

Birthdate: 3/14/01

Allergies/Medical Alert:

Immunization	Date	Site	Dose	MFR	Comments	Visit Date	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

Tuberculin Testing PPD (MANTOUX) 0.1 ml/ID	Date Given	Date Read	Results	MFR	LOT#	Comments	Initials
	6/3/19	6/5/19	0 mm	SP	CSS63AB	(L) forearm	AM

Initials	Signature	Initials	Signature
AM	<i>[Signature]</i>		
MT	<i>[Signature]</i> , CRNP		

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

STAMP ABOVE

Immunization Form

entered
6/3/19

To ensure the health and safety of our campus, immunizations against communicable diseases is extremely important. Vaccination against Measles, Mumps, Rubella (MMR), Tetanus, Diphtheria and Pertussis (Tdap), and proof of negative Tuberculosis is required of all students entering Auburn Montgomery. This form must be completed and is the preferred document for proof of immunizations and TB testing.

Complete and Return to: **Student Health Center**
Attn: Immunizations
PO Box 244023
Montgomery, AL 36124
(334) 244-3281 Fax (334) 244-3396

Name Patel Yukta Hemant Student Number 500 36 4517
Last First Middle
Address 5837 Monticello Drive Montgomery AL 36117
Street City State Zip Code
334-425-5752 ypatel2@aum.edu 03/14/2001 06/3/2019
Phone Number E-mail Address Date of Birth Date of Enrollment

REQUIRED IMMUNIZATIONS

Tuberculosis Screening (within 6 months prior to semester student is to begin at AUM.)

Date Given _____ (Date of reading, within 48 to 72 hours of date given) TB skin test (PPD) _____ / _____ / _____

Results: Positive _____ mm Negative _____ mm

If positive, you must attach a radiology report from chest X-ray and documentation of treatment.

Tetanus, Diphtheria, Pertussis (Tdap) Vaccine. Students without previous documentation of a Tdap vaccine should have one dose within the last 10 years. Other students should be current to maintain their status throughout their entire academic career.

Date of Tdap vaccine: 05/23/2012

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 12/02/02 Date of Second Dose 08/21/06

OPTIONAL IMMUNIZATIONS (These immunizations are not required by the university but are recommended by the American College Health Association.)

Hepatitis B: 09/18/2001 11/01/2001 12/02/2002
1st 2nd 3rd

Varicella (Chickenpox) Vaccine: 04/11/2002 05/23/2012
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

(Adopted 1/12, Revised 8/2016)

Alabama Department of Public Health
CERTIFICATE OF IMMUNIZATION

03/30/2022
Date of Expiration
(Next Required Immunization)

Yukta H PATEL
Name (first, middle, last)

03/14/2001
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									
DTaP, D ₁ , D ₂ , D ₃	DTaP 04/27/01	DTaP 09/18/01	DTaP 11/01/01	DTaP 12/02/02	DTaP 08/21/06	TDaP 05/23/12			
IPV, OPV	IPV 04/27/01	IPV 09/18/01	IPV 12/02/02	IPV 08/21/06					
Hib (Under Age 5)	HIB 04/27/01	HEP B - HIB 09/18/01	HIB 11/01/01	HEP B - HIB 12/02/02					
Measles	MMR 12/02/02	MMR 08/21/06							
Mumps	MMR 12/02/02	MMR 08/21/06							
Rubella	MMR 12/02/02	MMR 08/21/06							
	PCV7 04/27/01	PCV7 11/01/01	PCV7 01/10/02	PCV7 12/02/02					
Varicella	VAR 04/11/02	VAR 05/23/12							

Recommended Vaccines									
HepA	HEP A 05/23/12								
HepB	HEP B 03/14/01	HEP B 04/27/01	HEP B - HIB 09/18/01	HEP B 11/01/01	HEP B - HIB 12/02/02				
HPV									
MCV or MPSV									
Rotavirus									

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 4 digit 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, legible name and address of the physician or health department, certified by signature, and the date of issue. A school or facility official is responsible for keeping a current valid Certificate on the 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.

Clinic Name : MONTGOMERY CO HLTH
DEPT

Address: 3060 MOBILE HWY
MONTGOMERY 36108

Telephone #: (334)293-6448

Certified by (Signature)

Date of Issue

Montgomery County Health Department
Immunization Division
3060 Mobile Highway
Montgomery, Alabama 36108