

**AUM Student Health Services
Immunization Record**

Patient Name: Yukta Patel

Birthdate: 3-14-2001

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	M	Comments	V.I. S.	Initials
Tdap	6-28-21	Left deltoid		EXP: 12/31/25 NDC 08180-042-01 Tetanus Toxoid, Reduced-Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed BOOSTRIX 0.5 mL 11/18/18 11/18/18 11/18/18 49801			DM
Td Booster							
MMR							
HEP A							
HEP B							
Other							

exp-9-19-22

Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
	6-28-21	10-30-21	0	Sanofi	65751AA	RT Forearm	DM
	7-16-21	7-8-21	0	Sanofi	65702CA	LT Forearm	LB

Initials	Signature	Initials	Signature
DM	<i>Debra Maynard</i>	LB	<i>Jonathan, Clerk</i>

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

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Auburn University Montgomery
School of Nursing
Mantoux (PPD) Tuberculin Skin Test Report

First year nursing students: use the two-step (test-retest method explained below.)

Procedure for two-step tuberculin skin test

Method :

- ◆ Apply first test
- ◆ Read results in 48-72 hours
- ◆ If result is negative (0-9mm induration), apply second test 1-3 weeks later
- ◆ If result is positive, send for x-ray and treatment per state protocol
- ◆ Read results in 48-72 hours
- ◆ Use result of second test as baseline

Reference: Alabama Department of Public Health, Tuberculosis Division, 1994

First Step

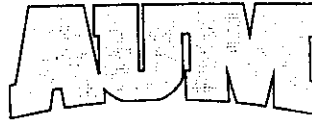
Name Yukta Patel Date of Birth: 3 / 14 / 2001
Date Tested: 6 / 28 / 21 Manufacturer Sanofi Lot # C5751AA
Signature of Licensed Personnel Giving Test Daedra Marzetta
Date Read 6 / 30 / 21 Measurement 0 MM
Signature of Licensed Personnel Reading Test Daedra Marzetta

Second Step

Name: Yukta Patel Date of Birth: 3 / 14 / 2001
Date Tested: 7 / 6 / 2021 Manufacturer Sanofi Lot # 657626A
Signature of Licensed Personnel Giving Test Daedra Marzetta
Date Read 7 / 8 / 21 Measurement 0 MM
Signature of Licensed Personnel Reading Test Daedra Marzetta

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**WARHAWK
HEALTH SERVICES**

TB Screening Questionnaire

Name: Yukta Patel

Date of Birth: 03/14/2001

Student Number: 500364517

Please mark "yes" or "no" to the following questions.

YES NO

1. Do you have a cough that has lasted longer than 3 weeks?		X
2. Have you coughed up blood or mucus?		X
3. Have you had fever, chills, or night sweats?		X
4. Have you had unintentional weight loss?		X
5. Have you been feeling very tired?		X
6. Have you lost your appetite?		X
7. Have you ever had a positive TB skin test result or Positive interferon gamma release assay (IGRA) result? If so, when?		X
8. Have you ever had an abnormal chest x-ray?		X
9. Have you recently had the mucus coughed up tested for TB?		X
10. Have you ever been told you had TB or latent TB?		X
11. Have you ever taken medicine for TB?		X
12. Have you ever lived with or had close contact with someone who had TB?		X
13. Do you currently have a rash on either forearm?		X
14. Are you immunocompromised? (Steroids, chemotherapy, or other?)		X
15. Have you received a live vaccine in the past 30 days?		X

All TB skin test and Chest x-rays must be performed in the U.S. to be valid.

I attest the above is true and accurate to the best of my knowledge.

Patient Signature: Yukta Patel

Date: 06/28/21

Provider Signature: Debra M. M. M. M. M.

Date: 6-28-21