



FAULKNER

DEPARTMENT OF SPEECH LANGUAGE PATHOLOGY

Student Name Yukta Patel

Date of Exam July 26, 2024

PPD TB Test	Date	Results
QuantIFERON*	Date	Results

*The PPD (purified protein derivative) TB skin test is required to be completed by the student's healthcare provider. This is an annual requirement of the affiliating clinical agencies and will need to be repeated by the student during the program prior to expiration with documentation provided to the Speech-Language Pathology Program. Students who have a medical history of a false positive, allergy to the test, BCG vaccination, or are a converter are **required** to undergo TB QuantIFERON testing (interferon-gamma release assay [IGRA] for TB infection through their provider, annually.

MMR:	Date	Date	Or Titer Dates / Results (+/- or P/N)
Rubeola	12/2/2002	8/21/2006	
Rubella	12/2/2002	8/21/2006	
Mumps	12/2/2002	8/21/2006	

Adult Diphtheria Tetanus REQUIRED every ten years:	Tdap Date must be at least two years after receiving Adult Diphtheria Tetanus:
Date <u>5/23/2012</u>	Date <u>6/28/2021</u>

Hepatitis B Series	Date 1	Date 2	Date 3	Or Date Titer /Result (+/- or P/N)
	<u>3/14/01</u>	<u>4/27/01</u>	<u>9/18/01</u>	

Varicella (aka: Chicken Pox)	Date of Vaccine --or- series of two injections, two months apart if received after June 2006	Or Date Titer / Result (+/- or P/N)
	<u>4/11/02</u> <u>5/23/2012</u>	

Polio Vaccine	Date 1	Date 2	Date 3	Date 4	Or Date Titer/Result (+/- or P/N)
	<u>4/27/01</u>	<u>9/18/01</u>	<u>12/2/02</u>	<u>8/21/06</u>	

Lindsey E. Eaton, CNP
Signature of Physician or Licensed Clinician

Lindsey E. Eaton, CNP
Printed Name

7/26/2024
Date



FAULKNER

DEPARTMENT OF SPEECH LANGUAGE PATHOLOGY

Physical Exam (date) 7/26/24

Physician or Licensed Clinician:

Please sign below confirming this student is able to safely perform the motor functions of a speech-language pathologist as delineated below and is free of all above communicable diseases and up-to-date with all immunizations, boosters/titers according to the Master of Science Speech-Language Pathology Program at Faulkner University requirements.

Clinical practice by audiologists and speech language pathologists involves a variety of tasks that require manipulation of items and environments. It is recognized that this may be accomplished through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to client/patient needs.

- Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and therapeutic equipment and technology, client/patient equipment, and practice management technology) while retaining the integrity of the process
- Respond in a manner that ensures the safety of clients and others

L. Barton, CRNP
Signature of Physician or Licensed Clinician

Lindsey Barton, CRNP
Printed Legal Name of Physician or Licensed Clinician

7/26/24
Date

Provider's Stamp

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-0023

Please forward to:

ATTN: Speech and Language Pathology Department

Faulkner University

5445 Atlanta Highway

Montgomery, AL 36109

Primary Care Internists of Montgomery, P.C.
1722 Pine Street, Suite 309
Montgomery, AL 36106-1178

Glenn A. Yates, M.D.
James T. McLaughlin, M.D.

Raghu Mukkamala, M.D.
Rakesh Patel, M.D.

TUBERCULOSIS FORM (PPD)

Patient Name: Yukta Patel
Patient Date of Birth: 3-14-2001
Date Placed: 7-15-2024
Date Read: 7-17-2024
Millimeters: 0

THIS TEST IS CONSIDERED TO BE: NEGATIVE X
POSITIVE _____

Insurance: Medicare _____ Non-Medicare X
Initials Trail: On Schedule X Nurse notes _____ Billing Dept _____

ROUTE/SITE	NDC NUMBER	VACCINE MANUFACTURER	LOT NUMBER	EXPIRATION DATE	STAFF INITIALS
<u>Lforearm</u>	<u>4223-104-01</u>	<u>Pfizer</u>	<u>68154</u>	<u>3-2025</u>	<u>(um)</u>

Patient Signature: [Signature] Date: 7-17-2024
Patient Date of Birth: 3-14-2001 Witness: Patricia May

ADULT IMMUNIZATION RECORD

Allergies:
Reactions:

Name: PATEL, YUKTA H
 DOB: 03-14-2001
 Chart #:
 Date of Service: 07-26-2024

Vaccine Family	Type of Vaccine (no Brand Name)	Date Given (mm/dd/yy)	Age at Adm	Dose (cc/mL)	Route & Site	Mfr.	Lot #	VIS Date	Vaccinator Signature
Tetanus, Diptheria, (Pertussis) (e.g., Td, Tdap)	DTAP	04/27/01	1 m	0.5					
	DTAP	09/18/01	6 m	0.5					
	DTAP	11/01/01	7 m	0.5					
	DTAP	12/02/02	20 m	0.5					
	DTAP	08/21/06	5 y	0.5					OUTSIDE CLINIC
	TDAP	05/23/12	11 y	0.5					OUTSIDE CLINIC
	TDAP	06/28/21	20 y	0.5	IM LD	SKB	575HC		
Hepatitis A (e.g., HepA, HepA-HepB)	HEP A	05/23/12	11 y	1.0					
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	HEP B ADOL/PED	03/14/01	0 m	0.5					OUTSIDE CLINIC
	HEP B ADULT	04/27/01	1 m	1.0					
	HEP B - HIB	09/18/01	6 m	0.5					
	HEP B ADULT	11/01/01	7 m	1.0					
	HEP B - HIB	12/02/02	20 m	0.5					
Human Papillomavirus (e.g., HPV)									
Measles, Mumps, Rubella (MMR, MMRV)	MMR	12/02/02	20 m	0.5					
	MMR	08/21/06	5 y	0.5					OUTSIDE CLINIC
Meningococcal (MCV4, MPSV4)									
Pneumococcal (e.g. PCV, PPV)	PCV7	04/27/01	1 m	0.5					
	PCV7	11/01/01	7 m	0.5					
	PCV7	01/10/02	9 m	0.5					
	PCV7	12/02/02	20 m	0.5					
Polio (e.g., IPV, DTaP-HepB-Hib)	IPV	04/27/01	1 m	0.5					
	IPV	09/18/01	6 m	0.5					
	IPV	12/02/02	20 m	0.5					
	IPV	08/21/06	5 y	0.5					OUTSIDE CLINIC
Varicella (Var, MMRV)	VARICELLA	04/11/02	12 m	0.5					
	VARICELLA	05/23/12	11 y	0.5					OUTSIDE CLINIC
Influenza (e.g., TIV, LAIV)	IIV4 MDCK P-FREE	10/27/21	20 y	0.5	IM	SEQ			OUTSIDE CLINIC
	INFLUENZA, INJ, MDCK, QUAD	10/15/22	21 y	0.5	IM	SEQ			OUTSIDE CLINIC
	IIV4 MDCK P-FREE	10/21/23	22 y	0.5	IM	SEQ			OUTSIDE CLINIC
Zoster									
Other	HIB (HBOC)	04/27/01	1 m	0.5					
	HIB (HBOC)	11/01/01	7 m	0.5					
	Moderna COVID-19 Vaccine	03/25/21	20 y	0.5	IM RA	MOD	017B21A		OUTSIDE CLINIC
	Moderna COVID-19 Vaccine	04/22/21	20 y	0.5	IM LA	MOD	017B21A		OUTSIDE CLINIC
	Moderna COVID-19 Vaccine	12/04/21	20 y	0.25	IM RA	MOD	077C21B		OUTSIDE CLINIC

WARHAWK HEALTH SERVICES
7461 EAST DRIVE
RM 102 MOORE HALL
MONTGOMERY, AL36117
334 2443281

PPD	Date	Results	PPD	Date	Results
Mantoux			Maxtoux		
Mantoux			Mantoux		
Mantoux			Mantoux		