

AUBURN UNIVERSITY MONTGOMERY

STUDENT HEALTH SERVICES

P. O. Box 244023

7461 East Drive

Montgomery, Alabama 36124

Office (334) 244-3281 Fax (334) 244-3396

This is to verify that a copy of the following records and/or lab results were given to

Carlissa Brown

on

08/20/15

Print Patient's Name

Date

Description of record(s) copied:

TB skin test and
immunizations:

Carlissa Brown
Patient's Signature

08/20/15
Date

AUM-Nursing Care Center
Patient Release of Information Authorization Statement

I, Carlina Brown, hereby authorize Auburn University at
(name of student)

Montgomery Nursing Care Center to release to Baptist Health System in
Montgomery Alabama the following information, documentation of influenza
vaccination.

The purpose and need for this disclosure is to : provide evidence to health care
agency of vaccination of students against influenza. The documentation of
vaccination shall include: date vaccinated, identification of type of vaccine
administered, vaccine manufacturer and lot number, location vaccination
administered and signature of person administering vaccine.

10-13-14
Date Signed

10/13/14
Date Witnessed

Carlina Brown
Signature of Student

Linda J. Rudolph
Signature of Witness

AUM-Student Health Center
Patient Release of Information Authorization Statement

I, Carlissa Brown, hereby authorize Auburn University at
(Name of student)

Montgomery Nursing Care Center to release to Baptist Health System in
Montgomery Alabama the following information, documentation of influenza
vaccination.

The purpose and need for this disclosure is to : provide evidence to health care
agency of vaccination of students against influenza. The documentation of
vaccination shall include: date vaccinated, identification of type of vaccine
administered, vaccine manufacturer and lot number, location vaccination
administered and signature of person administering vaccine.

September 29, 2015
Date Signed

9-29-2015
Date Witnessed

Carlissa Brown
Signature of Student

Benny Adam
Signature of Witness