

Immunization Form

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, 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 Office (334) 244-3396

Name _____ Student Number _____
Last First Middle
Address _____
Street City State

Phone Number _____ Cell Phone Number _____ E-mail Address _____ Date of Birth _____

REQUIRED IMMUNIZATIONS

Tuberculosis Screening (with in last 12 months)

(Date of reading) TB skin test (PPD) _____ / _____ / _____

Results: Positive _____ mm Negative

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

Tetanus, Diphtheria, Pertussis Vaccine (preferred)

Date of Tdap vaccine: _____ / _____ / _____

or Td _____ / _____ / _____ (within the last 5 years)

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) are acceptable. Please attach documentation to the back of the form.

Date of first dose: _____ / _____ / _____

Date of second dose: _____ / _____ / _____

RECOMMENDED IMMUNIZATIONS (Specify Dates)

Hepatitis B: _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____
1st 2nd 3rd

Varicella (Chickenpox) Vaccine: _____ / _____ / _____ _____ / _____ / _____
1st 2nd

Meningococcal (meningitis) Vaccine: _____ / _____ / _____ (Menactra preferred)

I certify that the above dates and vaccinations are true.

Signature of License Health Care professional Date License Number or Office Stamp