IMMUNIZATION RECORD

Comprobante de immunizacion

KAISER MR# 110018800798 **PRINTED: 06/07/2024**

Name
nombre **MURPHY,TUBA S**

Birthdate *fecha de nacimiento* 01/02/1989 **Sex** *sexo* **F**

Allergies
alergias

Vaccine Reactions
reacciones a la vacuna

RETAIN THIS DOCUMENT — ***CONSERVE ESTE DOCUMENTO***

VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clinica	DATE NEXT DOSE DUE próxima vacuna
HPV HPV9	03/27/2019	HPV9 Historical records	
HPV9	04/16/2024	HPV9 Kaiser Permanente	
INFLUENZA INFS PRES	01/10/2018	INFS PRES FREE (QUAD) Historical records	
INFS	10/15/2020	INFS SEASONAL Historical records	
INFS PRES	11/21/2022	INFS PRES FREE (QUAD) Historical records	
MMR MMR	05/26/2016	MMR Historical records	
MMR	01/10/2018	MMR Historical records	
POLIO POL-IPV	06/05/2024	POL-IPV Kaiser Permanente	
TDAP/TD TdaP	07/10/2016	TdaP Historical records	
VACC COVID-19 MODERNA	03/18/2021	MODERNA, EXT ADMIN Historical records	
MODERNA	04/15/2021	MODERNA, EXT ADMIN Historical records	
MODERNA	01/28/2022	MODERNA, EXT ADMIN Historical records	

VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clinica	DATE NEXT DOSE DUE próxima vacuna
MODERNA	03/10/2023	MODERNA BIVALENT Historical records	
PFIZ XBB	06/05/2024	PFIZ XBB 12YRS+ Kaiser Permanente	
Chickenpox			

Parents: Your child must meet California's immunization requirements to be enrolled in school and child care.Keep this Record as proof of immunization.

Padres: *Su niño debe cumpar con los requisitos de vacunas par asistar a la escuela y a la guardería. Marienga esta Comprobanta lo necesitana.*

DT/Td	= Diphteria,tetanus [difteria,tetano]
DTaP/Tdap	= Diphteria,tetanus,pertussis(whooping cough)[difteria,tetano,y los forino]
DTP	= Diphteria,tetanus,pertussis(whooping cough)[difteria,tetano,y los forino]
HEPA	= Hepatitis A
HEPB	= Hepatitis B
HIB	= HIB Meningitis (Haemophilius influenzae type B) [meningitis Hib]
HPV	= Human papilloma virus [viris del papiloma humana]
INFV	= Influenza [la gripa]
MENINGOCOCCAL	= Meningococcal vaccine [vacuna meningococia]
MMR	= Measles, mumps, rubella [sarampion, papras rubeola]
PNEUMO	= Pneumococcae vaccine [pneumococica]
POLIO	= Poliomielitis [poliomielitis]
RV	= Rotavirus [rotavirus]
VZV	= Varicella (chickenpox) [varicela]

TB SKIN TESTS[1] *Pruebas de la Tuberculosis*

Type[2]	Date given	Given by	Date read	Read by	mm/indur	Impression
PPD	05/22/2024	MARIA OCAMPO	05/24/2024	ALFREDO PARTIBLE	0	NEG
PPD						
PPD						

[1] A chest x-ray may be indicated if skin test is positive.
[2] If required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY Film date: ____/____/____ Interpretation: [ ]normal [ ]abnormal
[Radiografia] Person is free of communicable tuberculosis [ ]yes [ ]no
(Necessary if skin test positive.)

Signature/Agency