

Immunization Record (Registro de Vacunas)

To be completed by an immunization provider
 (Para ser completado por proveedor de vacunación.)

Vaccine (Vacunas)	Recommended at Age/ (Dosis recomendada edad)	Dose (Dosis) #	Date (Fecha)	Verification by doctor or clinic (Verificación del doctor)	Vaccine Manufacturer, lot number (Fabricante de Vacuna o clínica número de lote)	Next Appointment (Próxima Visita)
Hepatitis B (HBV) * +	Birth (nacimiento)	Dose #1 (Dosis #1)	1/29/06	1FFR2 1105P	Eng. 5cc A1130022912	8/12/07
	1- 4 mos. (1 - 4 meses)	Dose #2 (Dosis #2)	3/1/06			
	6 -18 mos. (6- 18 meses)	Dose #3 (Dosis #3)	11/4/07			
Diphtheria, Tetanus, Pertussis (DTP, DTaP, Dt) * +	2 mos. (2 meses)	Dose #1 (Dosis #1)	4/5/06			
	4 mos. (4 meses)	Dose #2 (Dosis #2)	6-5-06			
	6 mos. (6 meses)	Dose #3 (Dosis #3)	8/7/06			
	15-18 mos. (15-18 meses)	Dose #4 (Dosis #4)	9/30/07			
	4-6 yrs. (4-6 años)	Dose #5 (Dosis #5)	02-17-11			
Haemophilus Influenza B (HIB) * +	2 mos. (2 meses)	Dose #1 (Dosis #1)	4/5/06			
	4 mos. (4 meses)	Dose #2 (Dosis #2)	6-5-06			
	6 mos. (6 meses)	Dose #3 (Dosis #3)	8/7/06			
	12-15 mos. (12-15 meses)	Dose #4 (Dosis #4)	9/30/07			
Pneumococcal Conjugate (PCV)	2 mos. (2 meses)	Dose #1 (Dosis #1)	4/5/06			
	4 mos. (4 meses)	Dose #2 (Dosis #2)	6-5-06			
	6 mos. (6 meses)	Dose #3 (Dosis #3)	8/7/06			
	12-15 mos. (12-15 meses)	Dose #4 (Dosis #4)	9/30/07			
Polio (Oral/OPV) (Inactivated/IPV) * +	2 mos. (2 meses)	Dose #1 (Dosis #1)	4/5/06			
	4 mos. (4 meses)	Dose #2 (Dosis #2)	6-5-06			
	6-18 mos. (6-18 meses)	Dose #3 (Dosis #3)	8/7/06			
	4-6 yrs. (4-6 años)	Dose #4 (Dosis #4)	2-17-11			
Measles, Mumps, Rubella (MMR) * +	12-15 mos. (12-15 meses)	Dose #1 (Dosis #1)	2/5/07			
	4-6 yrs. (4-6 años)	Dose #2 (Dosis #2)	2-17-11			
Tetanus Diphtheria (Adult Td)	11-16 yrs. of age and every 10 yrs throughout life (11-16 años y después cada 10 años de por vida)					
Varicella (Chicken pox) * +	12-18 mos. (12-18 meses)	Dose #1 (Dosis #1)	2/5/07			
		Dose #2 (Dosis #2)	02-17-01			
Influenza	Daksha, Jain	Dose #1 (Dosis #1)	2-13-09			
		Dose #2 (Dosis #2)				
Hepatitis A	2/5/07	Dose #1 (Dosis #1)				
	7/30/07	Dose #2 (Dosis #2)				

*= required for day care

+ = required for school entry

*= (Usted necesita matricular)

+ = (Usted necesita matricular a su niño o niña en la escuela.) guardería infantil)

Please check with your child's health care provider for the schedule that best suits your child's needs.

(Por favor comuníquese con su proveedor de salud para su próxima cita para mejor proteger las necesidades de su niño.)

VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clínica	NEXT DOSE DUE próxima vacuna
INFLUENZA	9/15 11	<input type="checkbox"/> TIV <input checked="" type="checkbox"/> LAIV	DAKSHA JAIN M.D. 9605 FOOTHILL BLVD. RANCHO CUCAMONGA, CA 91730
	11/12 12	<input type="checkbox"/> TIV <input checked="" type="checkbox"/> LAIV	DAKSHA JAIN M.D. 9605 FOOTHILL BLVD. RANCHO CUCAMONGA, CA 91730
	11/17 14	<input checked="" type="checkbox"/> TIV <input type="checkbox"/> LAIV	DAKSHA JAIN M.D. 9605 FOOTHILL BLVD. RANCHO CUCAMONGA, CA 91730
	3/3 17	<input type="checkbox"/> TIV <input type="checkbox"/> LAIV	SUSHIL ANAND M.D., FAAP SUNSHINE PEDIATRICS
		<input type="checkbox"/> TIV <input type="checkbox"/> LAIV	
HUMAN PAPILLOMAVIRUS (HPV)	3/3 17		SUSHIL ANAND M.D., FAAP SUNSHINE PEDIATRICS
	FEB 15 2018		SUNSHINE PEDIATRICS
	3		
MENINGOCOCCAL (meningitis)	3/3 17	<input type="checkbox"/> MCV <input type="checkbox"/> MPV	SUSHIL ANAND M.D., FAAP SUNSHINE PEDIATRICS
		<input type="checkbox"/> MCV <input type="checkbox"/> MPV	

DT/Td = diphtheria, tetanus [difteria, tétano]

DTaP/Tdap = diphtheria, tetanus, and pertussis (whooping cough) [difteria, tétano, y tos ferina]

HIB = Hib meningitis (*Haemophilus influenzae* type b) [meningitis Hib]

HPV = human papillomavirus [virus del papiloma humano]

IPV = inactivated polio vaccine [vacuna antipoliomielítica inactivada]

LAIIV = nasal spray influenza vaccine [vacuna intranasal viva contra la influenza]

MCV = meningococcal conjugate vaccine [vacuna meningocócica conjugada]

MMR = measles, mumps, rubella [sarampión, paperas y rubéola (sarampión alemán)]

MPV = meningococcal polysaccharide vaccine [vacuna meningocócica polisacárida]

OPV = oral polio vaccine [vacuna oral contra la polio]

PCV = pneumococcal conjugate vaccine [vacuna neumocócica conjugada]

PPV = pneumococcal polysaccharide vaccine [vacuna polisacárida contra el neumococo]

RV = rotavirus [rotavirus]

TIV = flu shot [vacuna desactivada contra la influenza]

TB SKIN TESTS*	Type**	Date given	Given by	Date read	Read by	mm indur	Interpretation
Pruebas de la Tuberculosis	<input checked="" type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other _____	3/17/11	EVA MAZ	3/21/11	SC	Q	<input type="checkbox"/> Pos <input checked="" type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other _____	/ /		/ /			<input type="checkbox"/> Pos <input type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other _____	/ /		/ /			<input type="checkbox"/> Pos <input type="checkbox"/> Neg

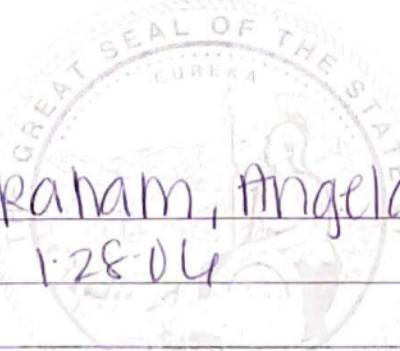
* A chest x-ray may be indicated if skin test is positive.

** If required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY (Radiografía) (Necessary if skin test positive.)	Film date: ____ / ____ / ____ Interpretation: <input type="checkbox"/> normal <input type="checkbox"/> abnormal Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no Signature/Agency: _____
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 cumplir con los requisitos de vacunas para asistir a la escuela y a la guardería. Mantenga este Comprobante: lo necesitará.	

IMMUNIZATION RECORD

Comprobante de Inmunización



Name
nombre

Abraham, Angela

Birthdate
fecha de nacimiento

1-28-04

Allergies
alergias

Vaccine Reactions
reacciones a cualquier vacuna

Name:

▼ PROVIDERS: If using combination vaccines, remember to record dose in all appropriate spaces.

Sex:
Birthdate:

VACCINE VACUNA	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clínica	NEXT DOSE DUE próxima vacuna
HEPATITIS B	1 2 3		
ROTAVIRUS (RV)	1 2 3		
DIPHTHERIA TETANUS PERTUSSIS	1 2 3 4 5 6	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td <input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td <input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td <input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td 02-17-11	DAKSHA JAIN M.D. 9605 FOOTHILL BLVD. RANCHO CUCAMONGA, CA 3-31-17 <input checked="" type="checkbox"/> Tdap <input type="checkbox"/> Td
HAEMOPHILUS INFLUENZAE TYPE B (HIB)	1 2 3 4		SUSHIL ANAND M.D., FAAP SUNSHINE PEDIATRICS
PNEUMOCOCCAL	1 2 3 4	<input type="checkbox"/> PCV <input type="checkbox"/> PPV <input type="checkbox"/> PCV <input type="checkbox"/> PPV <input type="checkbox"/> PCV <input type="checkbox"/> PPV <input type="checkbox"/> PCV <input type="checkbox"/> PPV	
POLIO	1 2 3 4	<input type="checkbox"/> IPV <input type="checkbox"/> OPV <input type="checkbox"/> IPV <input type="checkbox"/> OPV <input type="checkbox"/> IPV <input type="checkbox"/> OPV 02-17-11 <input type="checkbox"/> IPV <input type="checkbox"/> OPV	DAKSHA JAIN M.D. 9605 FOOTHILL BLVD. RANCHO CUCAMONGA, CA 91730
MEASLES MUMPS RUBELLA (MMR)	1 2	02-17-11	DAKSHA JAIN M.D. 9605 FOOTHILL BLVD. RANCHO CUCAMONGA, CA 91730
VARICELLA (chickenpox) <input type="checkbox"/> Had disease	1 2	02-17-11	DAKSHA JAIN M.D. 9605 FOOTHILL BLVD. RANCHO CUCAMONGA, CA 91730
HEPATITIS A	1 2		

Immunization Summary

Angela Abraham
MRN: 1188742

MARHEED ALJILANI, M.D.
RIVERSIDE MEDICAL CLINIC
6250 CLAY ST.
RIVERSIDE, CA 92509
TEL: 951-360-5260
FAX: 951-360-6278

Patient Information

Patient Information

Patient Name	Legal Sex	DOB
Abraham, Angela	Female	1/28/2006

Immunizations by Immunization Family

Influenza, Seasonal, Injectable	10/16/2019 (13 y.o.)
Meningococcal Mcv4o	9/19/2022 (16 y.o.)
Novel Influenza-h1n1-09, All Formulations	11/14/2009 (3 y.o.)
Pfizer-BioNTech (ages 12+)	1/29/2022 (16 y.o.)
COVID-19 Vaccine, Tris-sucrose formula	
Pfizer-biontech Covid-19 Vaccine Pfizer Manufacturing Belgiv	6/7/2021 (15 y.o.)
	6/28/2021 (15 y.o.)