

**Client Information**

Client Name (First - MI - Last)

KHUSHI DEVRE

Mother's Maiden Name (First Last)

SMITA ANAND VADNERE

DOB

04/24/2002

Gender

F

Race

Asian

Ethnicity

Not Hispanic or Latino

Comments

09/26/2014 ~ Refusal of HPV

09/26/2014 ~ Refusal of Influenza-Seasonal

09/26/2014 ~ Refusal of Meningococcal

**History**[Print](#)[Return to Search](#)

Vaccine Group	Vaccine	Date Administered	Series
<b>DTP/aP</b>	<b>DTaP</b>	<b>06/24/2002</b>	<b>1 of 5</b>
	<b>DTaP</b>	<b>08/24/2002</b>	<b>2 of 5</b>
	<b>DTaP</b>	<b>10/31/2002</b>	<b>3 of 5</b>
	<b>DTaP</b>	<b>10/21/2003</b>	<b>4 of 5</b>
	<b>DTaP</b>	<b>08/07/2006</b>	<b>5 of 5</b>
HepA	Hep A, unspecified formulation	01/20/2004	1 of 2
	Hep A, unspecified formulation	07/19/2004	2 of 2
HepB	Hep B, unspecified formulation	04/25/2002	1 of 3
	<b>Hep B, unspecified formulation</b>	<b>08/21/2002</b>	<b>2 of 3</b>
	<b>Hep B, unspecified formulation</b>	<b>03/07/2014</b>	<b>3 of 3</b>
Hib	Hib, unspecified formulation	06/24/2002	1 of 4
	Hib, unspecified formulation	08/24/2002	2 of 4
HPV	HPV, unspecified formulation	03/07/2014	1 of 3
<b>MMR</b>	<b>MMR</b>	<b>05/19/2003</b>	<b>1 of 2</b>
	<b>MMR</b>	<b>08/07/2006</b>	<b>2 of 2</b>
Pertussis/Tdap	Tdap	09/26/2014	1 of 1
Pneumococcal	Pneumo-Conjugate 7	06/24/2002	1 of 4
	Pneumo-Conjugate 7	08/24/2002	2 of 4
	Pneumo-Conjugate 7	10/31/2002	3 of 4
	Pneumo-Conjugate 7	05/19/2003	4 of 4
<b>Polio</b>	<b>Polio, unspecified formulation</b>	<b>06/24/2002</b>	<b>1 of 5</b>
	<b>Polio, unspecified formulation</b>	<b>08/24/2002</b>	<b>2 of 5</b>
	<b>Polio, unspecified formulation</b>	<b>10/31/2002</b>	<b>3 of 5</b>
	<b>Polio, unspecified formulation</b>	<b>10/21/2003</b>	<b>4 of 5</b>
	<b>Polio, unspecified formulation</b>	<b>08/07/2006</b>	<b>5 of 5</b>
Td	Tdap	09/26/2014	Booster
Typhoid	Typhoid, unspecified formulation	05/06/2004	
<b>Varicella</b>	<b>Varicella</b>	<b>07/21/2003</b>	<b>1 of 2</b>
	Varicella	03/07/2014	2 of 2

Current Age: 14 years, 7 months, 14 days

**Vaccines Recommended**

Vaccine	Immunization Status
DTP/aP	Complete
HepA	Complete
HepB	Complete
MMR	Complete
Pertussis/Tdap	Complete
Pneumococcal	Complete
Polio	Complete
Varicella	Complete
HPV	Recommended Now

**Legend for Immunization Status:**

Contraindicated - A comment was recorded that indicates the person should not receive the vaccine.

Complete - The person has finished receiving all doses of this vaccine.

Immune - A comment was recorded for this person indicating he or she is immune to the disease.

Recommended Now - The person is now due for a dose of this vaccine.

Date Needed - The person is due for the next dose of this vaccine on this date.

Immunization which are in yellow text and highlighted were

Influenza	Recommended Now
Meningo	Recommended Now
Td	Date Needed 09/26/2024

entered into the Wisconsin Immunization Registry by a school.

**Need Help?**  
Please direct questions regarding this immunization record to your health care provider.