

Client Information

Client Name (First - MI - Last)

SHUBHAM DEVRE

Mother's Maiden Name (First Last)

SMITA A VADNERE

DOB

01/31/2008

Gender

M

Race

Asian

Ethnicity

Not Hispanic or Latino

Comments

09/26/2014 ~ Refusal of HepA

09/26/2014 ~ Refusal of Influenza-Seasonal

History

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Vaccine Group	Vaccine	Date Administered	Series
DTP/aP	DTaP	04/15/2008	1 of 5
	DTaP	06/17/2008	2 of 5
	DTaP	08/16/2008	3 of 5
	DTaP	02/17/2009	4 of 5
	DTaP	08/26/2009	
	DTaP	05/07/2013	5 of 5
	DTaP	07/05/2013	
HepB	Hep B, unspecified formulation	01/31/2008	1 of 3
	Hep B, unspecified formulation	03/12/2008	2 of 3
	Hep B, unspecified formulation	08/16/2008	3 of 3
Hib	Hib, unspecified formulation	04/15/2008	1 of 4
	Hib, unspecified formulation	06/17/2008	2 of 4
	Hib, unspecified formulation	08/16/2008	3 of 4
	Hib, unspecified formulation	08/26/2009	4 of 4
Meningo	Meningococcal, unspecified formulation	04/15/2008	NOT VALID
	Meningococcal, unspecified formulation	02/17/2009	1 of 4
MMR	MMR	02/17/2009	1 of 2
	MMR	08/26/2009	2 of 2
Pneumococcal	Pneumo-Conjugate 7	04/15/2008	1 of 5
	Pneumo-Conjugate 7	06/17/2008	2 of 5
	Pneumo-Conjugate 7	08/16/2008	3 of 5
	Pneumo-Conjugate 7	02/17/2009	4 of 5
Polio	Polio, unspecified formulation	04/15/2008	1 of 5
	Polio, unspecified formulation	06/17/2008	2 of 5
	Polio, unspecified formulation	08/16/2008	3 of 5
	Polio, unspecified formulation	08/26/2008	
	Polio, unspecified formulation	08/26/2009	4 of 5
	Polio, unspecified formulation	05/07/2013	5 of 5
Varicella	Polio, unspecified formulation	07/05/2013	
	Varicella	02/17/2009	1 of 2
	Varicella	05/07/2013	2 of 2
	Varicella	09/26/2014	

Current Age: 8 years, 10 months, 7 days

Vaccines Recommended

Vaccine	Immunization Status
DTP/aP	Complete
HepB	Complete
Hib	Complete
MMR	Complete
Polio	Complete
Varicella	Complete
HepA	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

Influenza	Recommended Now	vaccine on this date.
Meningo	Date Needed 01/31/2019	
Pertussis/Tdap	Date Needed 01/31/2019	Immunization which are in yellow text and highlighted were entered into the Wisconsin Immunization Registry by a school.
Td	Date Needed 05/07/2023	

Need Help?

Please direct questions regarding this immunization record to your health care provider.