

Ohio Department of Health Practice Immunization Record Card

NORWOOD HEALTH DEPT.
2059 SHERMAN AVE.
NORWOOD, OH 45212

Patient name Mohamed Hadi		Birthdate 8/1/13
Chart number	Moved/Gone Elsewhere (MOGE) <input type="checkbox"/> Yes <input type="checkbox"/> No	MOGE date

Vaccine	Route	Date given (mo/day/yr)	Site*		Vaccine			Vaccine Information Statement		Signature/ initials of person giving vaccine
			LD LVL	RD RVL				Date of VIS	Date given	
DTaP/DT	IM	9/12/13								
DTaP/DT	IM	10/18/13								
DTaP/DT	IM	11/15/13								
DTaP/DT	IM	01/17/15								
DTaP/DT	IM	9/12/19	RT	G9P35	GIAKO	UNNIX	11/5/15	9/12/19	UORN	
Tdap/Td	IM									
Tdap/Td	IM									
Tdap/Td	IM									

Hib	IM	11/15/13								
Hep B	IM	8/2/13								
Hep B	IM	11/15/13								
Hep B	IM	9/12/19			RO21371	MEROCK	RECOMBIVAX	10/12/18	9/12/19	UORN
Hep B		9/12/19	RT	RO21371	MEROCK	RECOMBIVAX	10/12/18	9/12/19	UORN	

Hib	IM	9/11/13								
Hib	IM	10/18/13								
Hib	IM	11/15/13								
Hib	IM									

Polio	IM/SQ	8/2/13								
Polio	IM/SQ	9/12/13								
Polio	IM/SQ	10/18/13								
Polio	IM/SQ	9/12/19	RT	G9P35	GIAKO	UNNIX	11/5/15	9/12/19	UORN	

PCV/PPV	IM									
PCV/PPV	IM									
PCV/PPV	IM									
PCV/PPV	IM									

Rotavirus (RV)	Oral									
Rotavirus (RV)	Oral									
Rotavirus (RV)	Oral									

Hep A	IM	8/18/14								
Hep A	IM	9/12/19	LT	RO24007	MEROCK	VQVTA	7/20/14	9/12/19	UORN	

MMR	SQ	11/26/14								
MMR	SQ	7/23/19								

Varicella	SQ	01/17/15								
Varicella	SQ	9/12/19	LT	SO2394	MEROCK	VANVAX	2/12/18	9/12/19	UORN	

If had disease, give date _____

Influenza	IM/IN									
Influenza	IM/IN									
Influenza	IM/IN									
Influenza	IM/IN									
Influenza	IM/IN									