NARENDRAN, DHEERAV VELAN, 01/08/2020 North Carolina Immunization Registry Immunization Record Patient Copy

Page 1 of 2

NOVANT HEALTH BALLANTYNE PEDIATRICS

14215 BALLANTYNE CORPORATE PL STE 130 CHARLOTTE, NC 28277

Tracking Schedule: ACIP Client Name (L, F M):

NARENDRAN, DHEERAV VELAN Gender: 01/08/2020 Birth Date:

State, NC Zip. 28277

Name (L, F M): SUBBURAJ, NARENDRAN Name (L. F.M): NARENDRAN, SUBBURAJ 11910 ALLFORTH LN APT.2333° P.O. Box null RLOTTE State: NC Name (1. F.M). SURF Relationship: Father City: CHARLOTTE Address:

Relationship: Father

null P.O. Box null Address: City:

Phone: (630) 864-9215

Phone: (630) 864-9215

City:

Relationship: Self

Address: 11910/ALL/FORTHA-N APT 2323 P.O. Box null

City: CHARLOTTE

Zip: 28277-4094

Phone: (630) 864:9215

Zip: 28277-4094

Phone: (630) 864:9215

Zip: 28277-4094

	Н	R. North		ı
	ш	18. 3	300	ı
.3	ď	100	1	ı
۶	100	4.	50	ı
. * 4	3):			ı
×		1300	100	
	Ш	10.20 A	20	ł
ı	×.			١
e.	X7.	2.3	٠.	Į
Ç	Ž.	3 83	96	
~	× 52/	3939		
1	. *	(A) 1964		
1				
۰.	***		32	
2	*	- 1000 - 1000 - 1000	100	
ı	H	200		
ı	>	100		l
ı	V. 15.8.5.			į
28.8	×			ı
ı	П			ı
ı	П	'	ŀ	ı
ı				ı
1				ı
I				١
ı				۱
ı			1	۱
ſ				
ı				ĺ
J				ĺ
1				ı
J	J			١
ı				ĺ
ı				۱
١				۱
١				۱
١				١
ı			1 1	Į
ı	-			ı
ł	ı			ł
1	-		, 1	۱
ı	ı			۱
J	. 1			۱
ŧ	Š			۱
ı	7	4000	1	ı
ı	ı	1480	33	l
ı	ł	1	-	ı
ı	ı	1 1, 18		ı
ı	I		1	ı
ı	1			۱
ı	1			۱
Į	1			۱
ŀ	ı			Ì
ı	ı			İ
ł	١			ı
ı	1	100 m	į,	ŀ
ı	ı	62. 3		ľ
ŀ	· į			۱
ı	ı	\$1,030.	62.	ŀ
ŀ	~ [(0.40		200
ı	ı	2000	2	
	ا		13	ſ
1	Š			
ı	×.	S.		
١	1			
١	1			
	Į.	1	È.m.	
1		*		ŀ
l	Ŕ		×.	
ſ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(
l	Ì	Straffer.	20%	
ł	,	X) .		9
İ	٤	`, _I		011111111111111111111111111111111111111
١	ı	2	080	İ
١	ı	, 5	3	ľ
ł	ş l	,0	3	
ı	1	:: Z	».	
ı		ا≝یئظا	ı	ľ
١	3	"ວຸ 5⊹ I	إپ	
ľ	١,	E E	<u>ښ</u>	ķ
۱	ı	E B	1	ĺ
Į	1	, o		1
ł	-f	<u> </u>	_	2
1	ı	별 유!	′	
ı	ı	<u> </u>	ı	
ı	ı	5 I		
1	L		Į	
	200	Client Comme No Comme		

																	111																	
	222	;. % ≿ ≈		, soje Jego ar m			indiray Live n Kanada	1. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	Service Service Service		YSV Lig Koja			THE CONTRACT														•						
, sta		stered B	* .			inia'i								éve.				EALTI				i's												
N. TW.	IP.	Admini			. ww.			et. Ten		i. I	Š Sto	V.		(gysk)		j. Ž		HLU																
194	• ACI	<i>20</i>	16296	16296	16296	16296	16296	16296	16296	16296	16296	16296	16296	16296	16296	16296	16296	NOVA	16296	16296	16296	16296	16296	16296	16296	16296	16296	16296	16296	16296	16296	16296	16296	16296
1000 1000 1000 1000 1000 1000 1000 100	Schedul	4				\$ \$,	**************************************							Z.,	- 40				No.													
	Tracking Schedu	Reaction	XQ		54° (55)			i Die	, . XX X 2	j. La				3 80°°					(). ().	**/ **.	Ы. Э	Ç.	O	en No										
		Re		X.	. 19 ^{c)} L															j.				neties.		4.	**							
			. 3	, w?s,,	**************************************		, e, e, e			*): Š	Secretary of the second		ì.							
		Dose		e 3	Sing.				3.0		perwal (Cho.)		Ž.					Full					Maria Maria		, "Y	See also These	è Si							
				v .						Š,				1)%	Žėja Sasas			Free				,	vo*∕ «vata		**************************************	Ö,			A. C. Section of the Section of					
	3	e Name	e de	en political politica politica politica politica politica politica politica politica politica politica politica poli			 Nik				7	er som sig	ova ia	#D#Ø#C#	pa ·			4 Pres	40.3	7			Lage			sii V			Control of States of					
		Trade			erin É	erna M. 1		Haye	83 K	\$7.73°	សស្សារ !	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(184). (184).	, "45.7 , "45.7		, K.	(P)	ax IIV	r J				gag. 1944 : Gran	San San		100 m 100 m 100 m 100 m								
	mmunization History				Koro Židas	~~;~ ¥£	(m. 1772)	in a)				e Linn	XC35.523	sajički	i Val		Flucelvax	, A						a					Ä.				
3,	hization		2	2		9	2	(2) (2)	3			~(ر. . ۱۳۰۰ شهری	\(\frac{1}{2}\)	14 24		2	e.		2	9	· ·		?			,	10	2	· ·	10	~	~	~
3800	Immu	Series	्री of	2 of	3 of	4 of	l of	2 of	l of	2 of	3 of	l.of	2 of	3 of	4 of.	6	2 of:	Booster		1 of .	1 of	2 of	•		,40% 		>	l of	2 of:	3 of ;	4 of :	l of	2 of 3	1 of 2
		200	020	020	070	021	021	022	022	022	023	020	020	020	021	022	023	023	12/14/2020	021	022	022	020	020	020	020	22	020	020	020	021	020	020	021
S.S.		Date Admin	03/06/202	05/12/20	07/25/2020	5/12/12	03/13/2021	03/24/2022	06/06/2022)7/16/2	01/20/2023	03/06/2020	05/12/2020	37/25/2	07/21/2021	0/29/2	01/20/2023	10/31/2	2/14/2	08/17/2021)1/11/2	3/24/2	03/06/2020)5/12/2	7,(16/2	7/25/2	07/21/2021	3/06/2	05/12/2020	07/25/2020	07/21/2021	03/06/2020	5/12/2	09/17/202
1828 S		-52) Mag	, ,	82#		_ 	o ooi	\$50,6 \$	 	U Verigi			#T FS							W. 3.3.	13.37				J	<u> </u>	J	J)	Ç	ی
		ization	DTP/aP	DTP/aP	DTP/aP	P/aP	HepA	bA:	pB	HepB	HepB	Hib	ib	ib	ib	enza	Influenza	nfluenza	Æ	MIMIR	Meningo	Meningo	onjuga	onjuga e	onjuga	onjuga	onjuga,	lio	lio	lio	lio	Rotavirus	Rotavirus	cella
		Immunization			Ta See	I	He	HepA	H	He	Ĥ		Hib		H	Influ	Influenza		MMR	M	Men	Men	PneumoConjugate	PneumoConjugate	PneumoConjugate	PneumoConjugate	PneumoConjugate	Polio	Polio	Polio	Polio	Rota	Rota	Varicella
		` 35 ¹	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	30					77-76 77-76		3000	ار او او او او او او او او او او او او او	~&}* }*	Sec.	,CAR	/¥***							Pr	Pr	Pr	Pr	P_{L}							

11 July 2024

NARENDRAN, DHEERAV VELAN, 01/08/2020 North Carolina Immunization Registry Immunization Record Patient Copy

NOVANT HEALTH BALLANTYNE PEDIATRICS

14215 BALLANTYNE CORPORATE PL STE 130 CHARLOTTE, NC 28277

The date each dose was given and doctor's name or health department stamp, are required as proof of immunization. This record can be used to prove the patient has received all necessary immunizations to enter cited care. facilities, school or a N.C. collegeluniversity or mettemployer requirements.

14215 Ballongine Curporate Pa 324-1950 F) 70a Charlotte, NC 28277

Please bring this Immunization Record to every doctor or clinic visit

Name of Doctor and/or Local Health

3	<u> </u>	_							35 0 A S	183	< \$€£			14
Name of Doctor and/o	edule				Motori.	DED			· 38.		1. C. C. C. C.		TANK.	
Name o Departi	acking Scho	Date Needed	COMPLETE	COMPLETE	COMPLETE	MAX AGE EXCEEDED	07/08/2020	08/18/2021	05/24(2022	01/08/2024	01/08/2024	01/08/2024	01/08/2024	10/31/2024
	elected Tra	Da	CC	CC	CC	MAX A	.0	0	0.	, 0 ,	0 0	0	0	-
	d by S	L		. , ,		10. CV	,	CAN'S	ings) 200				_	
	mende			S. S.		1988				atawa tanan	30.73 30.74 30.74 70.74	23 6 24 1 F 0	1021	
	Vaccines Recommended by Selected Tracking Schedule	Vaccine	HepA	ر HepB	Hib	. Rotavirus	COVID-19	Pneumo Conjugate	Meningo	DTP/aP	MMR	Polio	Varicella	Influenza
	Vacc			×		Secondary.	الانتياني د	Pne	, s.		3000			
		₩.	ed.			(A) (S) (A)	, 6 (1)	77.Q 	***			200		

ppointment:

Provider Phone Number: (704) 384-1950