

**WESTMED Medical Group**  
 210 Westchester Ave  
 White Plains, NY 10604  
 (914) 682-0731

## IMMUNIZATION REPORT

(Information on this form may be shared with appropriate personnel for health and educational purposes.)

Please Print						
Student's Name	Birth Date	Sex	Responsible Provider	ID #		
CARTY, XAVIER	07/21/1995	Male	Mitchell Stevens, MD	139288		
Address	APT 501, MOUNT VERNON 10552-3556					
Immunizations: To be completed by health care provider. Note the mon/day for every dose administered. The day and month is required if the vaccine was given after the minimum interval or age. If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.						
VACCINE/DOSE	1	2	3	4	5	6
T-dap (Boostrix, Adacel)	MO DA YR 08/01/2006	MO DA YR <b>5/25/17</b>	MO DA YR	MO DA YR	MO DA YR	MO DA YR
Pediarix (DTaP, IPV, Hep B)						
Pentacel (DTaP,IPV,HIB)						
Diphtheria, Tetanus and Pertussis (DTP or DTaP)	09/22/1995	11/21/1995	01/19/1996	01/21/1997	08/05/1999	
Pediatric DT or TD (Decavac)						
Inactivated Polio (IPV) (Oral)	09/22/1995	1/21/1995	01/19/1996	08/05/1999		
Kinrix (DTaP,IPV)						
Haemophilus influenzae type b (Hib)	09/22/1995	1/21/1995	01/19/1996	08/09/1996		
Hepatitis B (HB)	07/22/1995	09/22/1995	04/22/1996			
Varicella (Chickenpox)	01/21/1997	08/26/2008				
Combined Measles, Mumps and Rubella (MMR)	08/09/1996	08/05/1999				
Measles (Rubola)						
Rubella (3-day measles)						
Mumps						
Proquad (MMR & Varicella)						
Pneumococcal (7, 13, Pneumovax)						
Hepatitis A	08/01/2006	1/1/4/2011				
Meningococcal (Bexsero, Trumenba)						
Meningococcal (Menactra)						
Menactra:	08/26/2008	Menactra-Serogroup				
PPD	Result: 0 mm 05/10/2005	Result: mm	Result: mm	Result: mm	Result: mm	
Quantiiferon	Result:					
Flu						
Typhoid						
BCG						
Rotarix						
Rotarix	08/17/2013	08/14/2014	<b>5-25-17</b>			
Gardasil (4, 9)						
Yellow Fever						
Synopsis						
Comments: Lead Blood: HCT: HGB: Titer: Variella: Hep B Quant: Hep C Ab: Measles: Mumps: Rubella:	Westmed Medical Group					
Health care provider (MD, APN, PA, school health professional, health official) verifying the above immunization history must sign below.	Date: May 25, 2017					
Signature	Title					

05/25/2017

# New York State Immunization Information System

WMMG -WESTMED - 210 Peds - 02184

## Immunization History Report

Patient ID: 139288

Patient Name: XAVIER CARTY

Birth Date: 07/21/1995 Gender: Male

Address: APT 501 485 E LINCOLN AVE

State: NY

ZIP: 10552-3556

Phone: (914) 668-6756

Tracking Schedule:ACIP

Age: 21 years, 10 months, 4 days

Immun	Date Admin	Series	Vaccine [Trade Name]	Dose	Mfg Code	Lot #	Bod Rt.Bod St.	Provider of Information	React
DTP/DTaP	09/22/1995	1 of 5	DTaP-Hib [TriHIBit <sup>®</sup> ]	Full				WMMG - WestMed	
DTP/DTaP	11/21/1995	2 of 5	DTaP-Hib [TriHIBit <sup>®</sup> ]	Full				WMMG - WestMed	
DTP/DTaP	01/19/1996	3 of 5	DTaP-Hib [TriHIBit <sup>®</sup> ]	Full				WMMG - WestMed	
DTP/DTaP	01/21/1997	4 of 5	DTaP	Full				WMMG - WestMed	
DTaP/DTaP	08/05/1999	5 of 5	DTaP	Full				WMMG - WestMed	
HepA	08/01/2006	1 of 2	HepA-Ped 2 Dose	Full			AHAVB110AA	LA	WMMG - WestMed
HepA	11/14/2011	2 of 2	HepA-Ped 2 Dose	Full			AHAVB492CA	IM	LD WMMG -WESTMED -
HepB	07/22/1995	1 of 3	HepB-Peds	Full					WMMG - WestMed
HepB	09/22/1995	2 of 3	HepB-Peds	Full					WMMG - WestMed
HepB	04/22/1999	3 of 3	HepB-Peds	Full					WMMG - WestMed
Hib	09/22/1995		DTaP-Hib [TriHIBit <sup>®</sup> ]	Full					WMMG - WestMed
Hib	11/21/1995		DTaP-Hib [TriHIBit <sup>®</sup> ]	Full					WMMG - WestMed
Hib	01/19/1996		DTaP-Hib [TriHIBit <sup>®</sup> ]	Full					WMMG - WestMed
Hib	08/09/1996	1 of 2	Hib	Full					WMMG - WestMed
HPV	08/13/2013	1 of 3	HPV, Quadrivalent [Gardasil <sup>®</sup> ]	Full			H020002	IM	LD WMMG -WESTMED -
Mening	08/26/2008	1 of 2	Meningococcal-MCV4 [Menactra <sup>®</sup> ] MCV4P [Menactra <sup>®</sup> ] Meningococcal-MCV4 [Menin MCV4 <sup>®</sup> ]	Full			U2725AA	IM	LA WMMG - WestMed
Mening	08/13/2013	2 of 2	MMR [MMR II <sup>®</sup> ]	Full			U4610BA	IM	LD WMMG -WESTMED -
MMR	08/09/1996	1 of 2	MMR [MMR II <sup>®</sup> ]	Full					WMMG - WestMed
MMR	08/05/1999	2 of 2 ;	MMR [MMR II <sup>®</sup> ]	Full					WMMG - WestMed
Polio	09/22/1995	1 of 4	Polio-Oral [ORIMUNE <sup>®</sup> ]	Full					WMMG - WestMed
Polio	11/21/1995	2 of 4	Polio-Oral [ORIMUNE <sup>®</sup> ]	Full					WMMG - WestMed
Polio	01/19/1996	3 of 4	Polio-Oral [ORIMUNE <sup>®</sup> ]	Full					WMMG - WestMed
Polio	08/05/1999	4 of 4	Polio-Oral [ORIMUNE <sup>®</sup> ]	Full					WMMG - WestMed
Td/Tdap	08/01/2006	Booster	Tdap > 7 years	Full			AC52B008AA	IM RA	WMMG - WestMed
Varicella	01/21/1997	1 of 2	Varicella [Varivax <sup>®</sup> ]	Full					WMMG - WestMed
Varicella	08/26/2008	2 of 2	Varicella [Varivax <sup>®</sup> ]	Full		0101X	SC	LA	WMMG - WestMed

**Reaction Descriptions:**  
No Records Found.

**Patient Comments:**  
No Records Found.

Start Date: End Date:

# Employee Health Immunization Record

Date: 2/13/15

Name: Xavier Cachy Date of Birth: 7/21/95  
Address:

Phone #

VACCINATION TEST	DATE	RESULTS	SERUM TITER TEST
MMR (2 MMR's only if after May 2013)	#1 8/9/96 #2 8/5/99	No further documentation needed if proof of 2 MMR's provided	
Measles	#1 #2	Titer:	
Mumps	#1 #2	Titer:	
Rubella	#1 #2	Titer:	
Varicella (series of 2 or hx of disease or titer)	#1 1/21/99 #2 8/26/09	Titer: HCP hx. of disease:	
TDaP			
Hepatitis B Vaccine	#1 7/22/95 #2 9/22/05 #3 4/22/06	Titer: 6/25/10, normal Declination signed: 6/23/10	
Influenza	10/24/10		
PPD #1 (results in mm)	#1 #2		
Two-Step PPD plant:			
Annual PPD History			
CXR Date and Result	6/25/10	During my tie break - negative	
Other immunizations	WOMEN & INFANTS HOSPITAL EMPLOYEE HEALTH OFFICE 101 DUDLEY STREET PROVIDENCE, RI 02905		

**Women and Infants Hospital of Rhode Island**  
**Department of Pathology and Laboratory Medicine**

**101 Dudley Street, Providence, RI 02905**

Patient Name: Carty, Xavier S  
FIN: 02669919 MRN: 008152296  
Birth Date/Sex: 7/21/1995 / Male Patient Home Phone: (914) 319-9297  
Copies To: Mehta MD,Niharika D Patient Location: W-LAB  
Address: Women & Infants Hospital  
100 Dudley Street, 3rd Floor  
Department of Medicine  
Providence, RI 02905-

**Reference Testing**

**Reference Lab Studies**

Tests	Collected Date	Collected Time	Units	Reference Range
M.tuberculosis by QuantiFERON,B	Negative	^1	Negative	

**Interpretive Data**

M.tuberculosis by QuantifERON,B

An indeterminate result may occur due to heterophile antibody effects or non-specific gamma interferon in the patient's blood. It may also be due to patient immune suppression.

Legend C=Critical L=Low H=High @=Abnormal (c=Corrected f=Footnotes

Print Date/Time: 6/29/2018 03:07 EDT Page 1 of 1 XR Chart ID: 42927209

Report Type: DISTRIBUTION

**Women and Infants Hospital of Rhode Island**  
**Department of Pathology and Laboratory Medicine**

101 Dudley Street, Providence, RI 02905

Patient Name:	Carty, Xavier S	MRN:	008152296
FIN:	02669919	Patient Home Phone:	(914) 319-9297
Birth Date/Sex:	7/21/1995 /Male	Patient Location:	W-LAB
Copies To:	Mehta MD,Niharika D		
Address:	Women & Infants Hospital 100 Dudley Street, 3rd Floor Department of Medicine Providence, RI 02905-		

### Immunology

#### Immunology Studies

Tests	Collected Date	Collected Time	Units	Reference Range
Hepatitis B Surface Ab	6/25/2018	11:15 EDT		
Hepatitis B Surface Ab;Quantitative			mlUnit/mL	1

#### Interpretive Data

^1: Hepatitis B Surface Ab  
Reference Range  
Unvaccinated: Nonreactive <8.0 mIU/mL  
Vaccinated: Reactive >=12.0 mIU/mL

### Pending Orders

#### Pending Orders

Order Start Date/Time: 6/25/2018 11:15 EDT

Order: M.tuberculosis by QuantifERON,B

Order Status: Ordered

*Subacute*  
*liver disease*  
*18/14/18*

Legend C=Critical L=Low H=High @=Abnormal (c=Corrected f=Footnotes

Print Date/Time: 6/26/2018 03:09 EDT

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Report Type: DISTRIBUTION