



Nevada Immunization Record

Official Document

Registro de Inmunizacion

Documento Oficial

Immunization Record Provided By:

Nevada State Immunization Program

4150 Technology Way, Suite 210

Carson City, NV 89706

(775) 684-5900

Name/Nombre: **ANDREW N GREEN**

Date of Birth/Fecha de Nacimiento: **03/13/1991**

Gender/Genero: **Male**

Nevada WebIZ ID#: **6164506**

Date of Next Vaccination/Fecha de Proxima Vacuna: **10/12/2023**

Present this record at each medical visit.
Presente este documento durante sus visitas medicas.

Vaccine/Vacuna	Date Given Dada en la Fecha MM/DD/YYYY	Age at Imm. Edad Cuando Inm.
COVID-19 (Most recent 3 doses)		
1		
2		
Influenza (Most recent 3 doses)		
1	Influenza w/preserv.	10/17/2014 23Y 7M 4D
2	Influenza	10/13/2010 19Y 7M 0D
3		

Date	Note

Invalid Dose. NSIP minimum age/interval not met. Dose determined invalid by provider

Vaccine/Vacuna	Date Given Dada en la Fecha MM/DD/YYYY	Age at Imm. Edad Cuando Inm.
DTaP/Td/Tdap		
1	DTP	08/28/1991 0Y 5M 15D
2	DTP	10/15/1991 0Y 7M 2D
3	DTP	02/06/1992 0Y 10M 24D
4	DTP	08/30/1993 2Y 5M 17D
5	Td (adult), adsorbed	04/22/1997 6Y 1M 9D
6	Td (adult), adsorbed	03/18/2002 11Y 0M 5D
7	Tdap	04/30/2012 21Y 1M 17D
8	Tdap	09/12/2023 32Y 5M 30D
9		
Polio		
1	OPV, trivalent (US)	08/28/1991 0Y 5M 15D
2	OPV, trivalent (US)	10/15/1991 0Y 7M 2D
3	OPV, trivalent (US)	02/06/1992 0Y 10M 24D
4	OPV, trivalent (US)	04/08/1996 5Y 0M 26D
5		
MMR/Measles		
1	Measles	09/28/1992 1Y 6M 15D
2	Mumps	06/01/1993 2Y 2M 19D
3	Measles	06/23/1997 6Y 3M 10D
4	Measles	09/09/1997 6Y 5M 27D
5	Mumps	09/24/1998 7Y 6M 11D
6	Rubella	05/11/2004 13Y 1M 28D
7	MMR	08/11/2004 13Y 4M 29D
8	MMR	02/07/2006 14Y 10M 25D
9		
Hib		
1		
2		
3		
4		
HEPB		
1	Hep B, ped/adol	03/05/2004 12Y 11M 21D
2	Hep B, ped/adol	04/05/2004 13Y 0M 23D
3	Hep B, ped/adol	08/11/2004 13Y 4M 29D
4	Hep B, ped/adol	12/07/2004 13Y 8M 24D
5		
HEPA		
1	Hep A, ped/adol	08/11/2004 13Y 4M 29D
2	Hep A, ped/adol	03/20/2006 15Y 0M 7D
3		
Pneumococcal		
1		
2		
3		
4		
ROTA		
1		
2		
3		
Varicella(CPOX)		



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Vaccine/Vacunasss		Date Given Dada en la Fecha MM/DD/YYYY	Age at Imm. Edad Cuando Inm.
1			
2	History of Varicella	10/12/2023	
3			
Travel			
1			
Other			
1			
Meningococcal B			
1			
Meningococcal			
1			
2			
HPV			
1			
2			
3			



Immunization Recommendations for:
ANDREW N GREEN DOB: 03/13/1991

Recommended immunizations for today, 10/12/2023 (32Y 6M 29D) (11,901 days)

Vaccine
COVID Biv (PFR 6m to 5y)
CPOX (Varicella)
Influenza Quad Inj P

Future Recommendations

The first recommended return date is 11/09/2023 (32Y 6M 29D)

Vaccine	Date	Age	Age In Days
Pneumococcal	03/13/2056	65Y 0M 0D	23,742
RSV	03/13/2051	60Y 0M 0D	21,915
Zoster	03/13/2041	50Y 0M 0D	18,263
DTaP/Td/Tdap	09/12/2033	42Y 5M 30D	15,524
Varicella(CPOX)	11/09/2023	32Y 7M 27D	11,929