

IMMUNIZATION RECORD Comprobante de inmunización

PACOIMA HEALTH CTR.
13300 Van Nuys Blvd.
Pacoima, CA 91331
(818) 896-1903

Name: **ESTEBAN REYES**
Birthdate: **9/5/1996** Sex: **M**
Allergies: **None**
Vaccine Reactions: **None**
History of Chickenpox: **No** Date Printed: **8/7/2012**

RETAIN THIS DOCUMENT - CONSERVE ESTE DOCUMENTO

VACCINE	DATE GIVEN	DOCTOR OFFICE OR CLINIC	DATE NEXT DOSE DUE
vacuna	fecha de vacunación	médico o clínica	próxima vacuna
POLIO (1) OPV	11/06/1996	TRANSCRIBED	
(2) OPV	01/13/1997	TRANSCRIBED	
(3) OPV	03/13/1997	TRANSCRIBED	
OPV	03/16/1998	TRANSCRIBED	
(4) OPV	10/26/2001	TRANSCRIBED	
OPV	11/23/2001	TRANSCRIBED	
DTP (1) DTP	11/06/1996	TRANSCRIBED	
(2) DTP	01/13/1997	TRANSCRIBED	
(3) DTP	03/13/1997	TRANSCRIBED	
(4) DTP	03/16/1998	TRANSCRIBED	
(5) DTP	10/26/2001	TRANSCRIBED	
(B) Tdap	08/07/2012	Pacoima Health Center	08/07/2022

DTP = diphtheria, tetanus, pertussis (whooping cough) difteria, tétano y tos ferina
Hib = Hib meningitis (Haemophilus influenzae B) meningitis Hib
PM 298 (7/98)

MMR = measles, mumps, rubella sarampión, paperas y sarampión alemán
HEPB = hepatitis B

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VACCINE	DATE GIVEN	DOCTOR OFFICE OR CLINIC	DATE NEXT DOSE DUE
vacuna	fecha de vacunación	médico o clínica	próxima vacuna
MMR (1) MMR	11/06/1996	TRANSCRIBED	
(2) MMR	05/18/1998	TRANSCRIBED	
MMR (1) MMR	05/31/2005	TRANSCRIBED	
(2) MMR	03/20/2012	TRANSCRIBED	
HEPB (1) HIBV	09/09/1996	TRANSCRIBED	
(2) HIBV	11/06/1996	TRANSCRIBED	
(3) HIBV	03/13/1997	TRANSCRIBED	
PNUcon			
PNUps			
VZV (1) VZV	09/19/1997	TRANSCRIBED	
(2) VZV	08/05/1999	TRANSCRIBED	
HAV (1) HAV	04/14/2000	TRANSCRIBED	
HAV	09/15/2000	TRANSCRIBED	
(2) HAV	08/07/2012	Pacoima Health Center	

Type	Date given	Given by	Date read	Read by	mm indur	Impression
SKIN TESTS	AUG 07 2012	13 2012	14	POSITIVE		
Pruebas en la Piel						

* if required for school entry, must be Mantoux unless exception granted by local hlt. dpt.
Film date: **AUG 7 3 2012** Impression: ☐ normal ☒ abnormal
Person is free of communicable tuberculosis: ☐ yes ☒ no
Signature/Agency: **PACOIMA HEALTH CENTER**
13300 VAN NUYS BLVD.
Parents: Your child must meet California immunization requirements to be enrolled in school.
Keep this Record as proof of immunization. Padres: Su niño debe cumplir con los requisitos de vacunas para asistir a la escuela. Mantenga este Comprobante: lo necesitará.

VZV = varicella (chickenpox) varicela
() indicates a dose number in a series
98 10418

Comprobante de Immunizacion - Pagina de Continuacion

ESTEBAN REYES

Med Rec#:

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[illegible]

MMR = measles, mumps, rubella sarampión, paperas y sarampión alemán VZV = varicella (chickenpox) varicela
HEPB = hepatitis B () indicates a dose number in a series

() indicates a dose number in a series

92.10412

		DATE GIVEN	VACCINE TYPE	DOCTOR OR CLINIC	DATE NEXT DUE
Hib	1			11-6-90	
	2		Hemophilus	18 MAY 1998	
	3		HA	14 APR 2000	
	4		HA	15 SEP 2000	
Other	1		Bcg	11-13-94	
	2				

Notice to Parents: Please take this card with you each time you visit your doctor or health clinic and have them fill in immunization information.



STATE OF FLORIDA

FLORIDA DEPARTMENT OF HEALTH
and REHABILITATIVE SERVICES



IMMUNIZATION RECORD

HRS Form 886, Jan-94 (Replaces Mar 91 edition)

		DATE GIVEN	VACCINE TYPE	DOCTOR OR CLINIC	DATE NEXT DUE
DTP	1			11-6-90	
	2			Free 13/97	
	3			13-III-97	
	4			III-16-98	
	5			X-26-01	
MMR	1			Sep 19-97	
	2			Varicella 5-99	

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POLIO	1			11-6-90 IPV	
	2			Free 13/97	
	3			13-III-97	
	4			III-16-98 X-26-01	
Hep B	1	9/9/96	Hep B	0.5 cc IM x1	12/9/96
	2	10/9/96		11-6-90	
	3			13-III-97	

PRESENT THIS RECORD AT EACH VISIT



Immunization History



As of: Jan. 10, 2013

For the Parent/Guardian of: ESTEBAN REYES

FL SHOTS ID: 7001596900

Date of Birth: 09/05/1996 (16yr 4mo)

Report Provided By:

DADE CHD

WEST PERRINE HEALTH CENTER

18255 HOMESTEAD AVE.

MIAMI, FL 33157-5564

(305)278-0428

Immunizations Received					
Vaccine Series	Vaccine Type	Dose #	Date Given	Clinic/Provider	Recommended Next Due Date
DTAP	DTP	1	11/06/1996		--
DTAP	DTP	2	01/13/1997		--
DTAP	DTP	3	03/13/1997		--
DTAP	DTP	4	03/16/1998		--
DTAP	DTP	5	10/26/2001		--
DTAP	TDAP	6	08/07/2012		Completed
HEP A	HEP A	1	04/14/2000		--
HEP A	HEP A	2	08/07/2012		Completed
HEP B	HEP B	1	09/09/1996		--
HEP B	HEP B	2	11/06/1996		--
HEP B	HEP B	3	03/13/1997		Completed
HIB	HIB (UNK)	1	11/06/1996		--
HIB	HIB (UNK)	2	05/18/1998		Completed
HPV	HPV4	1	08/07/2012		--
HPV	HPV4	2	01/09/2013	DADE CHD	05/09/2013
MEASLES	MMR	1	05/31/2005		--
MEASLES	MMR	2	03/20/2012		Completed
MEN	MCV4	1	08/07/2012		10/02/2012
MUMPS	MMR	1	05/31/2005		--
MUMPS	MMR	2	03/20/2012		Completed
POLIO	OPV	1	11/06/1996		--
POLIO	OPV	2	01/13/1997		--
POLIO	OPV	3	03/13/1997		--
POLIO	OPV	4	03/16/1998		--
POLIO	OPV	5	11/23/2001		Completed
RUBELLA	MMR	1	05/31/2005		--
RUBELLA	MMR	2	03/20/2012		Completed
VZV	VZV	1	09/19/1997		--
VZV	VZV	2	08/05/1999		Completed

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ESTEBAN REYES

[illegible]

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Hib = Hib meningitis (Haemophilus influenzae B) *meningitis Hib*
PM 29 (7/98)

MMR = measles, mumps, and rubella
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HEPB= hepatitis B

() indicates a dose number in a series

98 10418



Immunization History



As of: Jan. 9, 2013

For the Parent/Guardian of: ESTEBAN REYES

FL SHOTS ID: 7001596900

Report Provided By:
DADE CHD
WEST PERRINE HEALTH CENTER
18255 HOMESTEAD AVE.
MIAMI, FL 33157-5564
(305)278-0428

Date of Birth: 09/05/1996 (16yr 4mo)

REYES, ESTEBAN
15055 SW 143 TER
MIAMI FL 33196
09/05/1996 W MA



01/09/2013

124-69-95

Immunizations Received					
Vaccine Series	Vaccine Type	Dose #	Date Given	Clinic/Provider	Recommended Next Due Date
DTAP	DTP	1	11/06/1996		--
DTAP	DTP	2	01/13/1997		--
DTAP	DTP	3	03/13/1997		--
DTAP	DTP	4	03/16/1998		--
DTAP	DTP	5	10/26/2001		--
DTAP	TDAP	6	08/07/2012		Completed
HEP A	HEP A	1	04/14/2000		--
HEP A	HEP A	2	08/07/2012		Completed
HEP B	HEP B	1	09/09/1996		--
HEP B	HEP B	2	11/06/1996		--
HEP B	HEP B	3	03/13/1997		Completed
HIB	HIB (UNK)	1	11/06/1996		--
HIB	HIB (UNK)	2	05/18/1998		Completed
HPV	HPV4	1	08/07/2012		--
HPV	HPV4	2	01/09/2013	DADE CHD	05/09/2013
MEASLES	MMR	1	05/31/2005		--
MEASLES	MMR	2	03/20/2012		Completed
MEN	MCV4	1	08/07/2012		10/02/2012
MUMPS	MMR	1	05/31/2005		--
MUMPS	MMR	2	03/20/2012		Completed
POLIO	OPV	1	11/06/1996		--
POLIO	OPV	2	01/13/1997		--
POLIO	OPV	3	03/13/1997		--
POLIO	OPV	4	03/16/1998		--
POLIO	OPV	5	11/23/2001		Completed
RUBELLA	MMR	1	05/31/2005		--
RUBELLA	MMR	2	03/20/2012		Completed
VZV	VZV	1	09/19/1997		--
VZV	VZV	2	08/05/1999		Completed

Jueves, Mayo 9, 2013 @ 3:00p.m.

<https://www.flshots.com/flshots/mgtPatient/RptImmHistory.csp?CSPToken=QShcBiPJWP...> 1/9/2013

Biológico	Dosis	Fecha	Fabricante y Lote	Firma
Contra Fiebre Amarilla		12 ENE. 2016	LS134-4	Q. J. Q.
Contra Influenza		09 SEP. 2019	VJ171AB	Daneta VA
		16 OCT. 2020	265856A7A	S. S. S.
Virus de Papiloma Humano		JUNIO - JUNIO 2021		
Variceles		09 SEP. 2019	A7AD352A	Daneta VA
		16 OCT. 2020	5032877	S. S. S.