

VACCINE	DATE GIVEN	DOCTOR OFFICE OR CLINIC	DATE NEXT DOSE DUE
VARICELLA (chickenpox) <input type="checkbox"/> Had disease	3/17/03	Tran Medical Clinic 2899 Senter Rd. 140 San Jose, CA 95111 408-281-3889	
	6/3/08	Evergreen Pediatrics Assoc 1569 Lexann Ave. #232 San Jose, CA 95121 Tel: (408) 270-3374 Ex: (408) 270-3384	
HEPATITIS A 1	4/7/04	1642 East Capitol Expwy. San Jose, CA 95121 Tel: (408) 270-3374 Ex: (408) 270-3384	
2	1/28/05	2899 Senter Rd. 140 San Jose, CA 95111 408-281-3889	
PNEUMOCOCCAL Conjugate	1 9/21/02	Tran Medical Clinic 2899 Senter Rd. 140 San Jose, CA 95111 408-281-3889	
	2 12/2/02	Tran Medical Clinic 2899 Senter Rd. 140 San Jose, CA 95111 408-281-3889	
	3 4/20/03	Tran Medical Clinic 2899 Senter Rd. 140 San Jose, CA 95111 408-281-3889	
	4	X	
Flu # 1	11/1/02	Tran Medical Clinic 2899 Senter Rd. 140 San Jose, CA 95111 408-281-3889	
# 2	12/2/02	Tran Medical Clinic 2899 Senter Rd. 140 San Jose, CA 95111 408-281-3889	
TB SKIN TESTS PPD-Mantoux Other PPD-Mantoux Other Tuberculosis	Type*: Date given: 3/17/03 Date given: 3/15/05	Given by: [Signature] Date read: 3/19/03 Date read: 3/18/05	Read by: KT mm indur: 0 mm indur: 0 Impression: <input checked="" type="checkbox"/> Pos <input checked="" type="checkbox"/> Neg <input type="checkbox"/> Pos <input checked="" type="checkbox"/> Neg
CHEST X-RAY (Necessary if skin test positive.)	Film date: ____/____/____ Impression: <input type="checkbox"/> normal <input type="checkbox"/> abnormal Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no	Signature/Agency: _____	

Parents: Your child must meet California's 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.

Pneumovax 7/8/5

Flu 9/30/05

IMMUNIZATION RECORD

Comprobante de Inmunización

Menactra 7/16/13
 Menactra 11/27/18
 MenB 12/26/18
 HPV #1 11/22/17
 HPV #2 8/31/18
 HPV #3 12/26/18

Name
nombre

Bennett Trung Nguyen

Birthdate
fecha de nacimiento

March 13, 2002

Allergies
alergias

Vaccine Reactions
reacciones a cualquier vacuna

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO

Name	Sex	Birthdate	VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clínica	DATE NEXT DOSE DUE próxima vacuna
			POLIO	1 5/13/02	<input type="checkbox"/> IPV <input type="checkbox"/> OPV EVERGREEN DOCTORS 1642 East Capitol Expressway San Jose, CA 95121 408-270-3374 Tel. 408-270-3384 Fax	
				2 7/16/02	<input checked="" type="checkbox"/> IPV <input type="checkbox"/> OPV Tran Medical Clinic 2899 Senter Rd. Ste 140 San Jose, CA 95111 408-281-3889	
				3 11/1/02	<input checked="" type="checkbox"/> IPV <input type="checkbox"/> OPV Gm	
				4 3/27/03	<input checked="" type="checkbox"/> IPV <input type="checkbox"/> OPV EVERGREEN PEDIATRICS 1642 EAST CAPITOL EXPWY.	
			DTaP Td DT	1 5/13/02	<input type="checkbox"/> DTaP <input type="checkbox"/> DT/Td EVERGREEN DOCTORS 1642 East Capitol Expressway San Jose, CA 95121 408-270-3374 Tel. 408-270-3384 Fax	
				2 7/16/02	<input type="checkbox"/> DTaP <input type="checkbox"/> DT/Td	
				3 9/21/02	<input checked="" type="checkbox"/> DTaP <input type="checkbox"/> DT/Td Gm Tran Medical Clinic 2899 Senter Rd. Ste 140 San Jose, CA 95111 408-281-3889	
				4 6/20/03	<input checked="" type="checkbox"/> DTaP <input type="checkbox"/> DT/Td Gm Tran Medical Clinic 2899 Senter Rd. Ste 140 San Jose, CA 95111 408-281-3889	
				5 3/27/03	<input checked="" type="checkbox"/> DTaP <input type="checkbox"/> DT/Td EVERGREEN PEDIATRICS 1642 EAST CAPITOL EXPWY. SAN JOSE CA 95121 TEL: (408) 270-3374	
			HIB	1 5/13/02	EVERGREEN DOCTORS 1642 East Capitol Expressway San Jose, CA 95121 408-270-3374 Tel. 408-270-3384 Fax	
				2 7/16/02		
				3 9/21/02	Gm Tran Medical Clinic 2899 Senter Rd. Ste 140 San Jose, CA 95111 408-281-3889	
				4 3/17/03	Gm Tran Medical Clinic 2899 Senter Rd. Ste 140 San Jose, CA 95111 408-281-3889	
			MMR	1 3/17/03	Gm EVERGREEN PEDIATRICS 1642 EAST CAPITOL EXPWY. SAN JOSE CA 95121 TEL: (408) 270-3374 FX: (408) 270-3384	
				2 3/27/03		
			HEPATITIS B	1 3/13/02	O'Connor Hospital	
				2 5/13/02	EVERGREEN DOCTORS 1642 East Capitol Expressway San Jose, CA 95121 408-270-3374 Tel. 408-270-3384 Fax	
				3 7/21/02	Gm	

PROVIDERS: If using combination vaccines, remember to record dose in all appropriate spaces.

DTaP= diphtheria, tetanus, pertussis (whooping cough) difteria, tétano y tos ferina
MMR = measles, mumps, rubella sarampión, paperas y sarampión alemán
HIB = Hib meningitis (Haemophilus influenzae type B) meningitis Hib

IPV = inactivated polio
OPV = oral polio