



IMMUNIZATION RECORD

Comprobante de inmunización

KAISER MR# 000016727143 PRINTED: 06/14/2017

Name **ADDY, KNIYA NAA-AKUYE**

Birthdate **11/10/2004** Sex **F**

Allergies

Vaccine Reactions

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO

VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clinica	DATE NEXT DOSE DUE próxima vacuna
DTP	01/14/2005	DTAP-HBV-POL Kaiser Permanente	
DTAP-HBV-POL	03/24/2005	DTAP-HBV-POL Kaiser Permanente	
DTAP-HBV-POL	05/12/2005	DTAP-HBV-POL Kaiser Permanente	
DTAP	06/12/2006	DTAP Kaiser Permanente	
DTAP-POL	12/18/2009	DTAP-POL (KINRIX) Kaiser Permanente	
TDAP	05/31/2016	TDAP (ADACEL) Kaiser Permanente	
HIB	01/14/2005	HIB PRP-OMP Kaiser Permanente	
HIB PRP-OMP	03/24/2005	HIB PRP-OMP Kaiser Permanente	
HIB PRP-OMP	11/10/2005	HIB PRP-OMP Kaiser Permanente	
POLIO	01/14/2005	DTAP-HBV-POL Kaiser Permanente	
DTAP-HBV-POL	03/24/2005	DTAP-HBV-POL Kaiser Permanente	
DTAP-HBV-POL	05/12/2005	DTAP-HBV-POL Kaiser Permanente	
Parents: Your child must meet California's immunization requirements to be enrolled in school and child care. Keep this Record as proof of immunization. Padres: Su niño debe cumplir con los requisitos de vacunas par asistir a la escuela y a la guardería. Marienga esta Comprobante lo necesitara.			
DT/Td	= Diphtheria, tetanus [difteria, tetano]		
DTaP/Tdap	= Diphtheria, tetanus, pertussis (whooping cough) [difteria, tetano, y los forino]		
DTP	= Diphtheria, tetanus, pertussis (whooping cough) [difteria, tetano, y los forino]		
HEPA	= Hepatitis A		
HEPB	= Hepatitis B		
HIB	= Hib Meningitis (Haemophilus influenzae type B) [meningitis Hib]		
HPV	= Human papilloma virus [virus del papiloma humana]		
INFLU	= Influenza [la gripe]		
MENINGOCOCCAL	= Meningococcal vaccine [vacuna meningococica]		
MMR	= Measles, mumps, rubella [sarampion, papras rubeola]		
PNEUMO	= Pneumococcal vaccine [pneumococica]		
POLIO	= Poliomyelitis [poliomielitis]		
RV	= Rotavirus [rotavirus]		
VZV	= Varicella (chickenpox) [varicela]		

VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clinica	DATE NEXT DOSE DUE próxima vacuna
DTAP-POL	12/18/2009	DTAP-POL (KINRIX) Kaiser Permanente	
PNEUMO	01/14/2005	PNUCN Kaiser Permanente	
PNUCN	03/24/2005	PNUCN Kaiser Permanente	
PNUCN	05/12/2005	PNUCN Kaiser Permanente	
PNUCN	06/12/2006	PNUCN Kaiser Permanente	
HEPB	11/14/2004	HBV (PED/ADOL) Kaiser Permanente	
HBV	01/14/2005	DTAP-HBV-POL Kaiser Permanente	
DTAP-HBV-POL	03/24/2005	DTAP-HBV-POL Kaiser Permanente	
DTAP-HBV-POL	05/12/2005	DTAP-HBV-POL Kaiser Permanente	
HEPA	06/12/2006	HEP A, PEDS Kaiser Permanente	
HEP A	12/08/2006	HEP A, PEDS Kaiser Permanente	
MUMPS, MEASLES, RUBELL	11/10/2005	MMR Kaiser Permanente	
MMR	12/18/2009	MMR Kaiser Permanente	
VZV	11/10/2005	VAR Kaiser Permanente	
VAR	12/18/2009	VAR Kaiser Permanente	
HPV	05/31/2016	HPV9 Kaiser Permanente	
HPV9	09/14/2016	HPV9 Kaiser Permanente	
HPV9	06/14/2017	HPV9 Kaiser Permanente	

TB SKIN TESTS¹ Pruebas de la Tuberculosis

Type ²	Date given	Given by	Date read	Read by	mm/indur	Impression
PPD						
PPD						
PPD						

¹ A chest x-ray may be indicated if skin test is positive

² If required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY Film date: / / Interpretation: [] normal [] abnormal
 [Radiografia] Person is free of communicable tuberculosis [] yes [] no
 (Necessary if skin test positive.)

Signature/Agency