

Name: FAISAL, ALI

DOB: 07/21/2014

Gender: Male

Address: 1306 TAMINA PASS LN, FRIENDSWOOD, TX-77546-2040

094 Groveway
4501 Groveway Dr, HOUSTON, TX-
77087-1122
713-644-1568

School Immunization Record

Vaccine	No.	Date	Vaccine Type
Hepatitis B	1	07/21/2014	zzMIG Hep B unspecified
	2	09/09/2014	zzMIG Hep B unspecified
	3	04/28/2015	zzMIG Hep B unspecified
Diphtheria, Tetanus, Pertussis	1	10/09/2014	zzMIG DTaP Hib IPV
	2	12/08/2014	zzMIG DTaP Hib IPV
	3	02/24/2015	zzMIG DTaP, 5 pertussis antigens
	4	06/24/2016	zzMIG DTaP, 5 pertussis antigens
	5	03/01/2019	zzMIG DTaP IPV
	6		
Haemophilus Influenza Type B	1	10/09/2014	zzMIG DTaP Hib IPV
	2	12/08/2014	zzMIG DTaP Hib IPV
	3	02/24/2015	zzMIG HIB unspecified
	4	06/24/2016	zzMIG HIB unspecified
Polio	1	10/09/2014	zzMIG DTaP Hib IPV
	2	12/08/2014	zzMIG DTaP Hib IPV
	3	03/01/2019	zzMIG DTaP IPV
	4		
Rotavirus	1	10/09/2014	zzMIG Rotavirus Pentavalent
	2	12/08/2014	zzMIG Rotavirus Pentavalent
	3	02/24/2015	zzMIG Rotavirus Pentavalent
Pneumococcal	1	10/09/2014	zzMIG PCV 13
	2	12/08/2014	zzMIG PCV 13
	3	02/24/2015	zzMIG PCV 13
	4	04/28/2015	zzMIG PCV 13
	5	10/08/2015	zzMIG PCV 13

Vaccine	No.	Date	Vaccine Type
Hepatitis A	1	02/07/2017	zzMIG Hep A, ped/adol, 2 dose
	2	08/09/2017	zzMIG Hep A, ped/adol, 2 dose
Measles, Mumps, Rubella	1	10/08/2015	zzMIG MMR
	2	03/01/2019	zzMIG MMRV
Varicella	1	10/08/2015	zzMIG Varicella
	2	03/01/2019	zzMIG MMRV
Meningococcal Quadrivalent	1		
	2		
Meningococcal Serogroup B	1		
Human Papillomavirus	1		
	2		
COVID-19	1		
Most Recent			
Seasonal Influenza		11/15/2021	
Reading Date		Result	
PPD			

Immunizations Not Administered

Date	Vaccine Type	Reason

Certification

I certify that this immunization information is representative of the above-named individual's medical records.

Doctor or nurse's name:

Practice name:

PEDIATRIC ASSOCIATES
4501 Groveway Dr
Houston, TX 77087
PH:713-644-1568

Signature:

Date:

08/26/2025

Patient Name: FAISAL, ALI, DOB: 07/21/2014, Account No: 703652

FAISAL, ALI, M, 07/21/2014

Address 1306 TAMINA PASS LN, FRIENDSWOOD, TX-77546-2040

Pediatric Clear Lake
16 PROFESSIONAL PARK DR, Webster, TX-77598-4127
281-332-3503

Patient Vaccine Administration Record

Administered

Diphtheria, Tetanus, Pertussis

Vaccine	Date Given	Dose	Lot No.	NDC Code	Exp. Date
1 TdaP (Boostrix)	02/17/2025	1 unit(s)	XN575	58160-0842-52	03/27/2027

Location : Left Arm

Manufacturer :
GlaxoSmithKline

Given By : Kenneth Dinh (Pediatric MA)

Record generated by eClinicalWorks EMR/PM Software (www.eclinicalworks.com)