

University Health Services  
150 Infirmary Way  
Amherst, MA 01003-9288  
(413) 577-5256

Immunization Record

Zhang, Qinrou

Matsugaoka 2-4-11 Otsu, MA 5202102

**Other ID:** 32389272      **Date of Birth:** 06/07/2000      **Status:** Compliant, Verified  
**Gender:** Female      **Date Printed:** 08/17/2021      **School:** College of Information and **Standing:** Undergraduate

CPT Code	Description	Verified	Immunization Date	Validation Results	Result Date	Waiver	Expiration Date
Clinical Services Rendered							
	A - REQUIRED IMMUNIZATIONS FORM (Vaccine Documentation/Exemption Requests)	Yes	08/06/2019				
	A - REQUIRED IMMUNIZATIONS FORM (Vaccine Documentation/Exemption Requests)	Yes	08/15/2021				
Copies of Records Received							
90746	Hep B 3 Dose Vaccine	Yes	06/08/2000				
90746	Hep B 3 Dose Vaccine	Yes	07/08/2000				
90746	Hep B 3 Dose Vaccine	Yes	12/08/2000				
None	History Of Varicella Disease	Yes	02/04/2001				
90705	Measles Vaccine ICM	Yes	05/24/2015				
90734	Meningococcal ACWY/MCV4 Vaccine	Yes	08/06/2019				
90707	MMR Vaccine	Yes	05/04/2002				
91301	Moderna COVID Vaccine	Yes	06/25/2021				
91301	Moderna COVID Vaccine	Yes	07/26/2021				
90704	Mumps Vaccine ICM	Yes	10/10/2001				
90706	Rubella Vaccine ICM	Yes	08/18/2006				
90715	Tdap Vaccine ICM	Yes	05/09/2012				
90716	Varicella Vaccine	Yes	02/04/2001			Medical Waiver	
90716	Varicella Vaccine	Yes	08/09/2019			Medical Waiver	

Missing Requirements:

None

Authorized Signature

Date