



Immunization Report (11/28/2022)
EASTERN SHORE URGENT CARE
7416 CHURCH HILL RD
CHESTERTOWN MD 21620
(410)498-4848 (410)826-7828

BLIZZARD, RACHEL
4 PARK AVE
Ridgely MD 21660

DOB: 11/2/1976 AGE: 46 yrs. Acct#: 2611

<u>Vaccine Name</u>	<u>Date</u>	<u>Site</u>	<u>Manufacturer</u>	<u>LotNum</u>	<u>Comments</u>			
Tdap#2 - Adult	11/28/2022	Administered	0.50 ml	Right Deltoid	Boostrix	B4C44	11/10/2022	4

Other _____

Autre _____

OTHER IMMUNIZATIONS/PROPHYLAXIS RECEIVED
Autres immunisations/prophylaxies reçues

(Immune globulin, malaria, measles, etc.)

H6 PD. non-déficient

Date	Vaccine/prophylactic drug Vaccin/droge prophylactique	Dose	Physician's signature Signature du médecin
12 Jan 1977	DPT / OPV #1	0.5cc/gtt/10cc	Copied from previous INTERNATIONAL CERTIFICATE OF VACCINATION
17 Mar 1977	DPT / OPV #2	0.5cc/gtt/10cc	Copied from previous INTERNATIONAL CERTIFICATE OF VACCINATION
18 May 1977	DPT / OPV #3	0.5cc/gtt/10cc	Copied from previous INTERNATIONAL CERTIFICATE OF VACCINATION
7 Mar 1978	Small Pox vaccination		Copied from previous INTERNATIONAL CERTIFICATE OF VACCINATION
7 Mar 1978	Typhoid #2	0.2cc	Copied from previous INTERNATIONAL CERTIFICATE OF VACCINATION

21 Apr 1978	D.P.T. #4	0.5cc	Copied from previous INTERNATIONAL CERTIFICATE OF VACCINATION
26 Apr 1979	Rabies #6	1.0cc	Copied from previous INTERNATIONAL CERTIFICATE OF VACCINATION
27 June 1979	M.M.-R	0.5cc	Copied from previous INTERNATIONAL CERTIFICATE OF VACCINATION
16 Apr 1980	Rabies #7	1.0cc	Copied from previous INTERNATIONAL CERTIFICATE OF VACCINATION
11 June 1981	D.P.T./OPV #5	0.5cc/gtt/10cc	Copied from previous INTERNATIONAL CERTIFICATE OF VACCINATION
23 Feb 1982	Typhoid #8	0.5cc	Copied from previous INTERNATIONAL CERTIFICATE OF VACCINATION
1 Sept 1982	OPV #5	gtt/10cc	Copied from previous INTERNATIONAL CERTIFICATE OF VACCINATION
29 SEP 1987	Meningitis A/C/41W	0.5cc	A. DILORENZO, COL, MC
1 OCT 1987	Typhoid #9	0.5cc	A. DILORENZO, COL, MC
22 MAY 1995	Engerix (Hep B) #1	1cc	Timothy Kuklo, MAJ, MC
22 MAY 1995	Typhoid #10	0.5cc	Timothy Kuklo, MAJ, MC
31 MAY 1995	Dip/Tet #11	0.5cc	Timothy Kuklo, MAJ, MC
31 MAY 1995	HAVRIX (Hep A) #12	1cc	Timothy Kuklo, MAJ, MC

06 OCT 1994	PPD 0.1cc	0.1cc	Timothy Kuklo, MAJ, MC
29 SEP 1987	Tine Test	reg	A. DILORENZO, COL, MC
6 MAY 1986	Tine Test	reg	A. DILORENZO, COL, MC
19 JUN 1984	Tine Test	reg	A. DILORENZO, COL, MC

OTHER IMMUNIZATIONS/PROPHYLAXIS RECEIVED
Autres immunisations/prophylaxies reçues

(Immune globulin, malaria, measles, etc.)

Sc PD - normal

Date	Vaccine/prophylactic drug Vaccin/drogue prophylactique	Dose	Physician's signature Signature du médecin
20 July 1976	Smallpox vaccine	0.5cc	Copied from previous INTERNATIONAL CERTIFICATE OF VACCINATION
5 Sept 1978	Oral polio vaccine (OPV)	0.5cc	Copied from previous INTERNATIONAL CERTIFICATE OF VACCINATION
18 Sept 1986	MMR 1st set (②)	0.5cc	Copied from previous INTERNATIONAL CERTIFICATE OF VACCINATION
1 OCT 1987	Typhoid (②)	0.5cc	Eben H. Dustin, M.D.
10 Mar 88	Meningococcal	0.5cc	5 Measles

15 APR 1991	Typhoid (②) a.c.y.w-135	0.5cc	Paul A. Hoff, M.D.
16 APR 1991	Measles	0.5cc	Paul A. Hoff, M.D.



Concentra Medical Centers
16 Ethel Road
Edison, NJ 08817

Phone: (732) 248-0088 Fax: (732) 248-4408

Adult Vaccine Administration Record (18 years and older)

Patient name: Rachel Blizzard

Date of Birth: 11/02/1976

Give copy of VAR to patient or legal representative for patient's PCP if International Certificate of Vaccination or Prophylaxis (ICVP) for travel is not used.

Date Vaccine and VIS Given	CLINICIAN ORDER (Signature)	CLINICIAN REVIEW of VSQ / AUTH (Signature)	VACCINE	SCHEDULE		VIS Date	DOSE	RT	Vaccine Information				SECONDARY VERIFICATION	ADMIN BY	
									MFR	Lot#	Exp.	R/L	Part		
			<u>Hepatitis A</u>	Initial		28 JUL 20	1.0 ml (0.5ml if s18)	IM	GSK Merck					Deltoid	
				6 months		28 JUL 20			GSK Merck					Deltoid	
			<u>Hepatitis B Recombivax / Engerix</u>	0	0	0	15 AUG 19	1.0 ml	IM	GSK Merck				Deltoid	
				1m	7d	1m	15 AUG 19			GSK Merck				Deltoid	
				4-8m	21d	2m	15 AUG 19			GSK Merck				Deltoid	
					12m	12m	15 AUG 19			GSK Merck				Deltoid	
			<u>Hepatitis B Heplisav-B</u>	Initial		15 AUG 19	0.5 ml	IM	Dynavax					Deltoid	
				≥ 28 days		15 AUG 19								Deltoid	
			<u>Hep A/B Twinrix</u>	0	0		Hep A 28 JUL 20 Hep B 15 AUG 19	1.0 ml	IM	GSK				Deltoid	
				1 mo.	7d					GSK				Deltoid	
				6 mo.	21d					GSK				Deltoid	
					12m					GSK				Deltoid	
			<u>Polio (IPV)</u>			06 AUG 21	0.5 ml	IM SC	Sanofi					Deltoid/Upper Arm	
			<u>Influenza (Inactivated)</u>			08 AUG 21	0.5 ml	IM	Sequirus					Deltoid	
			<u>Japanese Encephalitis (Ixiaro)</u>	Initial		15 AUG 19	0.5 ml	IM	Valneva					Deltoid	
				Day 7	Day 28	15 AUG 19				Valneva				Deltoid	
			<u>MMR</u>	Initial		08 AUG 21	0.5 ml	SC	Merck	793	4/11/21			Upper Arm	JJ
				≥28 days		08 AUG 21				Merck				Upper Arm	
11/30/21 DS			<u>Meningoococcal Menactra/Menveo</u>			08 AUG 21	0.5 ml	IM	Sanofi GSK					Deltoid	
			<u>Rabies Pre-exposure</u>	Initial		08 JAN 20	1.0 ml	IM	Sanofi					Deltoid	
				Day 7		08 JAN 20								Deltoid	
				Day 21 or Day 28		08 JAN 20								Deltoid	
			<u>Td/TB Td/Dip/Perussis</u>			08 AUG 21	0.5 ml	IM	Sanofi GSK					Deltoid	
			<u>Injectable Typhoid</u>			30 OCT 19	0.5 ml	IM	Sanofi					Deltoid	
			<u>Oral Typhoid</u>	1 capsule every other day		30 OCT 19	4 caps	PO	EBS					NIA	
			<u>Varicella Chicken Pox</u>	Initial		08 AUG 21	0.5 ml	SC	Merck					Upper Arm	
				≥28 days		08 AUG 21				Merck				Upper Arm	
			<u>Yellow Fever</u>			01 APR 20	0.5 ml	SC	Sanofi					Upper Arm	

*Accelerated JE vaccine schedule (0.7d) ages 18-65. Booster at ≥11 months after series if re-exposure expected.
**If Prevnar, Pneumovax, Vaxchora, or other vaccine not listed is administered, write in.

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VACCADM



Quest Diagnostics
5846 Distribution Drive
Memphis, TN 38141
www.questdiagnostics.com
877-598-2522

CLIA ID# 44D2035207

Charles Handorf, MD PhD, Medical Director

Patient Last Name: BLIZZARD
Patient First Name: RACHEL
Patient ID: 258338474
Sex: F
DOB: 11/2/1976
Collection Date: 11/30/2021

Provider: RITCH DE HERRERA,
Location: Concentra Edison Ethel Road
Customer Number: USGE16
Sample ID: 214557073
Received Date: 12/1/2021
Approval Date: 12/2/2021

T-SPOT.TB Test Results

T-SPOT.TB

Negative

Normal Value: Negative

A negative test result does not exclude the possibility of exposure to or infection with Mycobacterium tuberculosis (M. tuberculosis). Patients with recent exposure to TB infected individuals exhibiting a negative T-SPOT.TB result should be considered for retesting within



In Partnership with Peninsula Regional Health System

QUALITATIVE FIT TEST

Employee Name: Rachel J Blizzard	Date of Birth: 11/2/1976	Ht: 5'8	Wt: 154
Employer: Universal Background Screening			

- Does employee wear glasses? Yes No
- Does employee have facial hair, dentures or other attributes that will prevent a positive face fit?
 Yes No

Respirator Type (Make Model and Certificate number)	N95 lot # A 3M 8210	Sacchi 18	
Testing Media	Breath		
Compatible with eye glasses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Positive pressure fit check	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Negative pressure fit check	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Head Stationary Normal Breathing (60 seconds)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Head Stationary Deep Breathing (60 seconds)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Head Turning Side to Side (60 seconds)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Head Moving Up and Down (60 seconds)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Talking (recite Rainbow Passage or count backwards)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Grimace (15 seconds)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Bending Over (60 seconds)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Head Stationary Normal Breathing (60 seconds)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Calculated Fit Factor			
Respirator fit test result (Half Mask >100 Fit Factor) (Full Face >1000 Fit Factor)	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail <i>Could not tolerate mask</i>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Based on the information provided on this form, I certify that the employee named on this form can wear the respiratory protective equipment listed above.

Signature of Person Administering Test Rachel J. Blizzard Date 2/23/23



Patient Information	Specimen Information	Client Information
BLIZZARD, RACHEL DOB: 11/02/1976 AGE: 46 Gender: F Fasting: U Phone: 443.630.4431 Patient ID: NG	Specimen: BA818878V Requisition: 1905773 Collected: 02/23/2023 / 11:16 EST Received: 02/24/2023 / 03:41 EST Faxed: 02/27/2023 / 11:11 EST	Client #: 53587331 8888888 GIANELLE, WALTER D BACK IN ACTION 2425 N SALISBURY BLVD SALISBURY, MD 21801-2138

Test Name In Range Out Of Range Reference Range Lab
MEASLES, MUMPS, AND RUBELLA (MMR) AB (IGG) PANEL, IMMUNE STATUS Z99

MEASLES AB (IGG), IMMUNE STATUS	18.30	AU/mL
AU/mL	Interpretation	
-----	-----	
<13.50	Not consistent with immunity	
13.50-16.49	Equivocal	
>16.49	Consistent with immunity	

The presence of measles IgG suggests immunization or past or current infection with measles virus.

For additional information, please refer to
<http://education.QuestDiagnostics.com/faq/FAQ162>
(This link is being provided for informational/
educational purposes only.)

MUMPS VIRUS AB (IGG), Z99

IMMUNE STATUS	92.60	AU/mL
AU/mL	Interpretation	
-----	-----	
<9.00	Not consistent with immunity	
9.00-10.99	Equivocal	
>10.99	Consistent with immunity	

The presence of mumps IgG antibody suggests immunization or past or current infection with mumps virus.

RUBELLA AB (IGG), Z99

IMMUNE STATUS	21.10	Index
Index	Interpretation	
-----	-----	
<0.90	Not consistent with immunity	
0.90-0.99	Equivocal	
> or = 1.00	Consistent with immunity	

The presence of rubella IgG antibody suggests immunization or past or current infection with rubella virus.

VARICELLA ZOSTER VIRUS

ANTIBODY (IGG)	700.90	index
Index	Interpretation	
-----	-----	
<135.00	Negative - Antibody not detected	
135.00 - 164.99	Equivocal	
> or = 165.00	Positive - Antibody detected	

A positive result indicates that the patient has antibody to VZV but does not differentiate between an active or past infection.

The clinical diagnosis must be interpreted in conjunction with the clinical signs and symptoms of the patient. This assay reliably measures immunity