

*South Dakota*  
*Jessica Purcell*

Vaccine Immunization  
Record  
Short Form

Clinic: Medical Arts Clinic - #1075  
Address: 717 ST. FRANCIS  
Rapid City (Part-Pennington), South Dakota 57701  
Phone: 605-342-2880  
Fax: 605-388-4617

PATIENT INFORMATION

Last Name	Middle Name	First Name
Drake	C	Jessica
DOB	Sex	Race
3/1/1989	Female	Hispanic Origin
Address	City	Non-Hispanic
803 1/2 11th st	RAPID CITY	State
		SD
		Zip
		57701

VACCINE HISTORY

VACCINE	DOSE #	VACCINATION DATE	LOT #	INJECTION SITE
DTP	1	06/07/1989		
DTP	2	10/04/1989		
DTP	3	02/07/1990		
DTP	4	11/02/1990		
DTP	5	03/21/1994	3E51112	
HPV UNS	1	04/11/2007	1427F	
MMR	1	11/02/1990		
MMR	2	03/21/1994	0423W	
OPV	1	06/07/1989		
OPV	2	10/04/1989		
OPV	3	11/02/1990		
OPV	4	03/21/1994	691L2	
Td Adsorb	1	05/28/2002	U0376AA	

Generated March 12, 2019

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University of South Dakota Health Sciences  
REQUIRED IMMUNIZATION FORM

Name Jessica Purcell DOB 03/01/1987 USD ID# 742723

Program: Addiction Studies [] Dental Hygiene [] Health Science [] Medical Laboratory Science [] Medicine [] Nursing [] Occupational Therapy [] Physical Therapy [] Physician Assistant [] Public Health [] Social Work [] Master of Social Work [] Health Science Major Paramedic Specialization []

**Health Affairs Requirements:** For students in programs requiring full compliance with the USD Health Affairs Immunization Policy, this form must be completed with the appropriate signatures.  
*Include copies of titer reports and other medical records when applicable.*

**REQUIRED IMMUNIZATIONS:**

- A. **MMR (Measles, Mumps, Rubella) Vaccine.** Two doses required for all students born after 12/31/56.

Dates: 1. 11/02/1990 2. 03/21/1994

OR individual vaccine/proof of immunity as noted below.

1 Measles (Rubeola) 11-2-90

Vaccine Dates: 11/02/1990

OR Has report of positive immune titer. Date: 3/21/1994

2

Rubella (German Measles) 11-2-90

Vaccine Dates:

OR 11/2/90 2. 3/21/1994

3

Has report of positive immune titer. Date: 3/21/1994

Mumps

Vaccine Dates: 1. 11/2/90 2. 3/21/1994

OR

Has report of positive immune titer. Date: 3/21/1994

B.

Date of Tdap (tetanus, diphtheria, adult pertussis): Date: 1/29/16

If longer than 10 years; date of latest booster Date: 1/29/16 Td or Tdap (circle one)

C.

**Varicella (Chicken Pox)** One of the following is required:

Documentation of positive varicella titer. Date: 2/25/19 ATTACH LAB REPORT

OR

Vaccine: Two doses are required for those without evidence of immunity. Recommended interval is 4-8 weeks between doses.

Dates: 1. 11/2/90 2. 3/21/1994

- D. **Hepatitis B Vaccine** - Three doses and positive titer required. (*If unable to obtain dates of immunizations a positive titer is acceptable*)

1st dose Date: 02/25/2019

2nd dose Date: 04/01/2019 (1 month after 1st dose)

3rd dose Date: 08/26/2019 (6 months after 1st dose)

AND

**Hepatitis B Titer (HbsAB or Anti-HBs ~ hepatitis B surface antibodies)**

Immunity demonstrated by hepatitis B titer - ATTACH LAB REPORT

Date: 3/21/19 Positive/Reactive \_\_\_\_\_

(If neg. see immunization policy) Negative/Nonreactive \_\_\_\_\_

Purcell, Jessica C, F, 03/01/1989

605-390-5141

RCMC Medical Arts Lab  
717 Saint Francis St, Rapid City, SD 577014677  
605-342-2880

## FINAL RESULT

Accession ID: 576012

Lab Ref ID: 7464855

Order Date: 02/25/2019

Result Recd: 02/27/2019 09:16:00

Coll. Date: 02/25/2019 08:44:00

Report: 02/27/2019 09:15:00

Requesting Physician: Farke, Marie

Ordering Physician: Farke, Marie

## Varicella-Zoster V Ab, IgG (Immunity)

NAME	VALUE	REFERENCE RANGE
F Varicella Zoster IgG	1739	Immune >165 (index)
		Negative <135
		Equivocal 135 - 165
		Positive >165

A positive result generally indicates exposure to the pathogen or administration of specific immunoglobulins, but it is not indication of active infection or stage of disease.

Testing performed at: [BN] LabCorp Burlington, 1447 York Court, Burlington, NC, 27215-3361, Phone: 800-762-4344, Laboratory Director: Sanjay Nagendra, MD

Purcell, Jessica C, F, 03/01/1989

Accession ID: 576012

Purcell, Jessica C, 30 Y, F, 03/01/1989  
605-390-5141

RCMC Lab Medical A  
717 Saint Francis St, Rapid City, SD 57701  
605-342-2

Accession ID: 626817  
Order Date: 09/27/2019  
Collection Date: 09/27/2019 09:14:00  
Requesting Physician: Farke, Marie

Ref ID: 7979315  
Received: 09/30/2019 08:53:01  
Report: 09/30/2019 08:51:00  
Ordering Physician: Farke, Marie

## FINAL RESULT

# Hepatitis B Surface Ab (anti-HBs, Immunity) Qualitative

NAME	VALUE
F Hep B Surface Ab, Qual	Reactive

Non Reactive: Inconsistent with immunity.

less than 10 mIU/mL

Reactive: Consistent with immunity.

greater than 9.9 mIU/mL

Testing performed at: [DV] LabCorp Denver, 8490 Upland Drive, Englewood, CO, 80112-7115, Phone: 303-792-2600, Laboratory Director: Earle S. Collum, MD

## COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.



Purcell

Last Name

3-1-1989

Date of birth

JESSICA

First Name

MI

Patient number (medical record or IIS record number)

vaccine	Product Name/Manufacturer Lot Number	Date mm dd yy	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	Pfizer 330305D	11/27/21 mm dd yy	Walgreens 1005
2 <sup>nd</sup> Dose COVID-19	Pfizer EP7258	11/12/21 mm dd yy	Walgreens
Other		mm dd yy	
Other		mm dd yy	