

ADULT IMMUNIZATION RECORD

Name: HEYWOOD, JACOB

DOB: 11/15/1994

CHR#: _____

Date of Service: 11/25/2020

Allergies: _____

Reactions: _____

Vaccine Family	Type of Vaccine (no Brand Name)	Date Given (mm/dd/yy)	Age at Adm	Dose (cc/mL)	Route & Site	Mfr.	Lot #	VIS Date	Vaccinator Signature
Tetanus, Diphtheria, (Pertussis) (e.g., Td, Tdap)	DTAP	01/18/95	2 m	0.5					
	DTAP	03/22/95	4 m	0.5					
	DTAP	05/17/95	6 m	0.5					
	DTAP	11/15/95	12 m	0.5					
	DTAP	01/14/00	5 y	0.5					
	TDAP	05/01/09	14 y	0.5					
Hepatitis A (e.g., HepA, HepA-HepB)	HEP A	07/16/02	7 y	0.5					
	HEP A	10/12/04	9 y	0.5					
	HEP A	05/01/09	14 y	0.5					
	HEP A	02/01/11	16 y	0.5					
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	HEP B UNS	11/17/94	0 m	0.5					
	HEP B UNS	01/18/95	2 m	0.5					
	HEP B UNS	11/15/95	12 m	0.5					
Human Papillomavirus (e.g., HPV)									
Measles, Mumps, Rubella (MMR, MMRV)	MMR	12/06/95	12 m	0.5					
	MMR	01/14/00	5 y	0.5					
Meningococcal (MCV4, MPSV4)	MENINGOCOCCAL UNS	05/01/09	14 y	0.5					
Pneumococcal (e.g. PCV, PPV)									
Polio (e.g., IPV, DTaP-HepB-Hib)	OPV	01/18/95	2 m	0.5					
	OPV	03/22/95	4 m	0.5					
	OPV	05/17/95	6 m	0.5					
	IPV	01/14/00	5 y	0.5					
Varicella (Var, MMRV)	VARICELLA	01/24/97	2 y	0.5					
	VARICELLA	02/01/11	16 y	0.5					
Influenza (e.g., TIV, LAIV)	INFLUENZA UNS	10/17/04	9 y	0.25 0.5					
	IIV4 - P FREE	12/26/19	25 y	0.5	IM LA	PMC	UT6713LA		OUTSIDE CLINIC
	IIV4 - P FREE	11/11/20	25 y	0.5		SEQ			OUTSIDE CLINIC
Zoster									
Other	HIB UNS	01/18/95	2 m	0.5					
	HIB UNS	03/22/95	4 m	0.5					
	HIB UNS	05/17/95	6 m	0.5					
	HIB UNS	11/15/95	12 m	0.5					

CHR- 8A

AUTAUGA CO HLTH DEPT
219 N COURT ST
P O BOX G
PRATTVILLE, AL36067-3003
334 3613743

PPD	Date	Results	PPD	Date	Results
Mantoux			Maxtoux		
Mantoux			Mantoux		
Mantoux			Mantoux		

Your Prescription Receipt

HEYWOOD, JACOB

NEED PT INFO
PRATTVILLE, AL 36066
(I) - DOB: 11/15/1994

Publix Pharmacy# 1228
2451 COBBS FORD RD
PRATTVILLE, AL 36066

Phone# (334) 285-0623

Rx: 6954684 New
Filled: 11/11/20

AFLURIA QUAD 2020-2021 (3YR UP) SYR
NDC: 33332-0320-01 Mfg: SEQIRUS, INC.
Qty: 0.5 Days: 1

No Refills. Auth Required.

KEYANNAH HOLLOWAY

Primary Ins. BC OF ALABAMA
Primary Ref. # 203163836534015999

Your plan(s) have saved you \$48.00

Your Medication

AMOUNT DUE: \$0.00

NDC# 33332-0320-01

Side 1 -

Side 2 -

Form: syringe

Shape:

Color:

Your Prescription Receipt

HEYWOOD, JACOB

NEED PT INFO
PRATTVILLE, AL 36066
() - DOB: 11/15/1994

Publix Pharmacy# 1228
2451 COBBS FORD RD
PRATTVILLE, AL 36066
Phone# (334) 285-0623

Rx: 6957130 New
Filled: 11/30/20

BOOSTRIX TDAP SYR

NDC: 58160-0842-52 Mfg: GLAXOSMITHKLINE
Qty: 0.5 Days: 1

No Refills. Auth Required.

KEYANNAH HOLLOWAY

Primary Ins. BC OF ALABAMA
Primary Ref. # 203353404892010999

Rx#: 6957130 – 1228

HEYWOOD, JACOB

NEED PT INFO
PRATTVILLE, AL 36066
11151994



Amount Due: 0.00

0842 – 52

HE

Fill: 00 Filled: 11/30/20
PDT: 11/30/2020 09:41 AM
Delivery Method: Waiting
Ordersource: Store
BC OF ALABAMA

Your plan(s) have saved you \$72.95

Your Medication

NDC# 58160-0842-52

Side 1 -

Side 2 -

Form: syringe

Shape:

Color: white

AMOUNT DUE: \$0.00

