

FILE AS PAGE DIRECTLY BEHIND DD FORM 2766 ON LEFT SIDE OF MEDICAL RECORD

VACCINE ADMINISTRATION RECORD

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

This document complies with Article 36 and Annex 6 of the World Health Organization International Health Regulations (IHR) of 2005. International Health Regulations call for this document to be accepted in lieu of the International Certificate of Vaccination (PHS Form 731) when traveling outside the United States. In accordance with the IHR, this automated record is an equivalent document issued by the United States Armed Forces.

By inserting the Vaccine Information Statement (VIS) version date in the applicable field, providers verify that the vaccine(s) annotated were administered and current VISs were given to the parent, legal guardian or patient. This form complies with federal record-keeping requirements of the National Childhood Vaccine Injury Act of 1986 as amended 14 December 1993. Parent, guardian, or patient signature is not required unless state law mandates a guardian signature and proof of informed consent.

Vaccine (Series)	Date	Manufacturer	Lot Number	Dosage	VIS Version	Administering Tech
Hep A-Hep B(1)	29 Jul 2009	GlaxoSmithKline	AHABB162AA	1.0 mL	3/21/06 7/18/07	RILEY, SHANNON
Hep A-Hep B(2)	2 Sep 2009	GlaxoSmithKline	AHABB162AA	1.0 mL	3/21/06 7/18/07	RILEY, SHANNON
Hep A-Hep B(1)	30 Jun 2015	GlaxoSmithKline	3ED7N	1.0 mL		JORDAN, CHELSEA
Influenza Split Virus	5 Oct 2009	Sanofi Pasteur	U3212AA	0.5 mL		RILEY, SHANNON
Influenza, seasonal, inj, preservative fr	6 Sep 2011	Novartis Pharmaceutical	TRANSCRIBED			TRANSCRIBED
Tdap	4 Aug 2009	Sanofi Pasteur	C3097AA	0.5 mL		RILEY, SHANNON
Typhoid, ViCPs	29 Jul 2009	Sanofi Pasteur	B0706	0.5 mL	5/19/04	RILEY, SHANNON

Immunization Exemptions

Vaccine	Exemption	Expiration Date
MMR	Pos Titer	Indefinite
Polio	Pos Titer	Indefinite

LAST ITEM

DO NOT MAKE ENTRIES BELOW THIS BLOCK

Chelsea Jordan
 Immunization Clinic/SGGMI
 300 South Twining St., Bldg 760
 Maxwell AFB, AL 36112-5304
 (334)953-5731 DSN 493-5731

Name: DUENAS BICH N		Sex: F
Status: DEP		Rank:
Service: Air Force	Sponsor's SSAN: 546-02-3674	DOB: 10 Jun 1956

ADULT IMMUNIZATION RECORD

Allergies:
Reactions:

Name: DUENAS, BICH N
 DOB: 06/10/1956
 Chart #: _____
 Date of Service: 01/05/2023

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, Diptheria, (Pertussis) (e.g., Td, Tdap)									
Hepatitis A (e.g., HepA, HepA-HepB)									
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)									
Human Papillomavirus (e.g., HPV)									
Measles, Mumps, Rubella (MMR, MMRV)									
Meningococcal (MCV4, MPSV4)									
Pneumococcal (e.g. PCV, PPV)									
Polio (e.g., IPV, DTaP-HepB-Hib)									
Varicella (Var, MMRV)									
Influenza (e.g., TIV, LAIV)	IIV4 - P FREE	09/06/20	64 y	0.5	IM LA	PMC		08/06/2021	OUTSIDE CLINIC
	INFLUENZA, HIGH DOSE, QUAD	09/19/21	65 y	0.25 0.5	IM	PMC	UJ702AC		OUTSIDE CLINIC
	INFLUENZA, SEASONAL, QUAD,P-FREE	09/14/22	66 y	0.5	IM LA	SEQ	346372		OUTSIDE CLINIC
Zoster	SHINGLES	06/28/22	66 y	0.5	IM	SKB	XM22G		OUTSIDE CLINIC
	SHINGLES	08/27/22	66 y	0.5	IM LA	SKB	5CE55		OUTSIDE CLINIC
Other	Pfizer Covid19	09/27/21	65 y		IM	PFR	FF2587		OUTSIDE CLINIC
	Pfizer Covid19 (NonDiluent)	04/21/22	65 y		IM	PFR	FJ4989		OUTSIDE CLINIC
	Pfizer Bivalent	09/14/22	66 y		IM RA	PFR	GH9694		OUTSIDE CLINIC

WARHAWK HEALTH SERVICES
 7461 EAST DRIVE
 RM 102 MOORE HALL
 MONTGOMERY, AL36117
 334 2443281

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

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Reactions:

Name: DUENAS, BICH
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Tetanus, Diptheria, (Pertussis) (e.g., Td, Tdap)									
Hepatitis A (e.g., HepA, HepA-HepB)									
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)									
Human Papillomavirus (e.g., HPV)									
Measles, Mumps, Rubella (MMR, MMRV)									
Meningococcal (MCV4, MPSV4)									
Pneumococcal (e.g. PCV, PPV)									
Polio (e.g., IPV, DTaP-HepB-Hib)									
Varicella (Var, MMRV)									
Influenza (e.g., TIV, LAIV)									
Zoster									
Other	Pfizer Covid19	02/13/21	64 y		IM LD	PFR	EN6200		
	Pfizer Covid19	03/05/21	64 y		IM LD	PFR	EN6205		

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

**AUM Student Health Services
Immunization Record**

Patient Name: Bich Duenas

Birthdate: 01/01/1960

Allergies/Medical Alert: NKA

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
<u>Tdap</u>	<u>11/5/2023</u>	<u>(L) deltoid</u> <u>1m</u>				<u>8/10/21</u>	<u>WB</u>
Td Booster							
MMR							
HEP A							
HEP B							
Other							

Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials

Initials	Signature	Initials	Signature
<u>WB</u>	<u>[Signature]</u>		

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

STAMP ABOVE

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Rich Duenas
DATE OF BIRTH 6 / 10 / 1950
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	☐	☒	☐
2. Do you have allergies to medications, food, a vaccine component, or latex?	☐	☒	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☒	☐
4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	☐	☒	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☒	☐
6. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☒	☐
7. Have you had a seizure or a brain or other nervous system problem?	☐	☒	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☒	☐
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☒	☐
10. Have you received any vaccinations in the past 4 weeks?	☐	☒	☐

FORM COMPLETED BY Rich Duenas DATE Jan 5 - 2023
FORM REVIEWED BY URS [Signature] RN DATE 1/9/2023

Did you bring your immunization record card with you? yes ☒ no ☐

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.