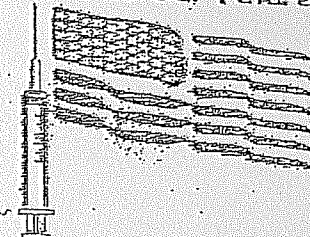


ADOLESCENT & ADULT IMMUNIZATION RECORD

CLINIC:

Protect Our Future!



Name: Matthew Simmons

Date of birth: 6/27/88 Record # _____

Allergies: NKMA Reactions: _____

History of Chickenpox? YES or NO If yes, date if known: _____

Immunize!

Vaccine	Date Admin			Age at the time	VIS Form Given			Manuf Abbr*	Lot Number	Dose	Admin Site**	Route	Provider Initials*** or Outside Provider Name
	Mo	Day	Yr		Type	Mo	Yr						
Td					Td					0.5cc		IM	
Td					Td					0.5cc		IM	
Td					Td					0.5cc		IM	
Td					Td					0.5cc		IM	
Tdap	12	13	16		Tdap	2	15	SP	Adacel® NDC 49281-400-58 L U5458CA E 28SEP18	0.5cc	LD	IM	AM
Hep B					Hep B							IM	
Hep B					Hep B							IM	
Hep B					Hep B							IM	
Hep B (booster if needed)					Hep B							IM	
MMR Rubella Rubeola					MMR					0.5cc		SQ	
MMR Rubella Rubeola					MMR					0.5cc		SQ	
Varicella					Var					0.5cc		SQ	
Varicella					Var					0.5cc		SQ	
IPV					Polio					0.5cc		SQ	
IPV					Polio					0.5cc		SQ	
IPV					Polio					0.5cc		SQ	
IPV					Polio					0.5cc		SQ	
PPV23					PPV					0.5cc		IM	
PPV23					PPV					0.5cc		IM	
Hepatitis A					Hep A							IM	
Hepatitis A					Hep A							IM	
HPV					HPV					0.5cc		IM	
HPV					HPV					0.5cc		IM	
HPV					HPV					0.5cc		IM	
Influenza					Flu					0.5cc		IM	
Influenza					Flu					0.5cc		IM	
Influenza					Flu					0.5cc		IM	
MCV4					Mening							IM	
MPSV4					Mening							SQ	

* Manufacturers: M = Merck; S = Sanofi Pasteur; W = Wyeth; G = GlaxoSmithKline.

** Sites: LT = Left Thigh, RT = Right Thigh, LA = Left Arm, RA = Right Arm, LD = Left Deltoid, RD = Right Deltoid

*** VIS Language given, if not English: _____

MEDICAL RECORD

Progress Notes

NOTE DATED: 08/11/2016 11:22
LOCAL TITLE: INJECTIONS, IMMUNIZATIONS, SKIN TESTS
STANDARD TITLE: IMMUNIZATION NOTE
VISIT: 08/11/2016 11:15 NSAC PACT NURSING

PPD was read today. The induration was measured.
Induration in mm: 0
Result: Negative

Signed by: /es/ Patricia M. Winn, LVN
Staff LVN, Primary Care Clinic
08/11/2016 11:23

SIMMONS, MATTHEW DEREK
590-06-4495 DOB: 06/27/1988

NORTHERN CALIFORNIA HCS
Pt Loc: OUTPATIENT

Printed: 08/11/2016 11:23
Vice SF 509

ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET

11. IMMUNIZATION (Continued)										
DOSE #	DATE	MANUFACTURER	LOT #	DOSE	ROUTE	SITE	VIS EDITION (DATE OR N/A)	NAME/RATE/RANK OF PERSON ADMINISTERING	SIGNATURE	MTF FACI

Typhoid, Parenteral (Vi-CPS)

11	25Mar2009	PMC	BO347	0.5			N/A	PAULA MEDINA		21540
B	06APR-11	SP	DIC-87	0.5	IM	L		H.M. GWINN		N21

Varicella (anti-chickenpox vaccine)

Yellow Fever

1	09Apr2007	UNK	UNK	UNK			N/A	Transcribed NMO Interface		N0184
										N0184

Other

Tuberculosis Sensitivity Test

Date Placed	Type	Dose	Route	Site	Results	Date Read	Reader	Signature
25Mar2009					No / Zero mm	27Mar2009		
25Jan2007					No	27Jan2007		
21APR-11	PPD	.1 CC	ID	(L) FA	ZERO MM	27APR-11	H.M. GWINN	

Remarks

PATIENT'S NAME (Last, First, Middle Initial)
SIMMONS MATTHEW
DD FORM 2766, MRRS GENERATED

SSN/ID NUMBER
590-06-4495

DATE OF BIRTH
27-Jun-1988

SEX
M

ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET

11. IMMUNIZATION

DOSE #	DATE	MANUFACTURER	LOT #	DOSE	ROUTE	SITE	VIS EDITION (DATE OR N/A)	NAME/RATE/RANK OF PERSON ADMINISTERING	SIGNATURE	MTF OR FACILITY
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Anthrax

1	25Mar2009	MIP	FAV164	0.5			N/A	PAULA MEDINA		
2	10Apr2009	MIP	FAV164	0.5			N/A	DAVID FREDERICK		21540
3	28Apr2009	MIP	FAV164	0.5			N/A	PAULA MEDINA		21540
4	22Sep2009	MIP	FAV206	0.5			N/A	PAULA BARNEY		21540
5	19Apr2010	MIP	fav226	0.5			N/A	MICHAEL FABBI		54000
6	04Jan2011	UNK	fav242	0.5			N/A	MICHAEL SMITH		20175

Hepatitis A

Hepatitis B

Hepatitis A/B Combo (TWINRIX)

1	09Feb2007	UNK	AHABB05	UNK			N/A	Transcribed NMO Interface		N0184
2	09Apr2007	UNK	UNK	UNK			N/A	Transcribed NMO Interface		N0184
3	29Apr2008	SKB	UNK	1.0			N/A	JEREMY WILSON		21540

Human Papillomavirus

Influenza

1	22Sep2009	MED	500685P	0.2				PAULA BARNEY		21540
2	09Sep2010	MED	501024P	0.2				HM3 DERRICK ROWE		20175

Japanese Encephalitis

1	25Mar2008	PMC	EJN235A	1.0			N/A	PAULA MEDINA		21540
2	10Apr2009	MSD	EJN235A	1.0			N/A	DAVID FREDERICK		21540
3	28Apr2009	PMC	EJN235A	1.0			N/A	PAULA MEDINA		21540

PATIENT'S NAME (Last, First, Middle initial)
SIMMONS MATTHEW

SSN/ID NUMBER
590-06-4495

DATE OF BIRTH
27-Jun-1988

SEX
M

DO FORM 2766, MRRS GENERATED

ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET

11. IMMUNIZATION (Continued)

DOSE #	DATE	MANUFACTURER	LOT #	DOSE	ROUTE	SITE	VIS EDITION (DATE OR N/A)	NAME/RATE/RANK OF PERSON ADMINISTERING	SIGNATURE	MTF OR FACILITY
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Meningococcal

1	25Jan2007	UNK	UE585AB	UNK			N/A	DEERS		32583R

Measles/Mumps/Rubella

1	09Feb2007	UNK	UNK	UNK			N/A	Transcribed NMO Interface		N0184

Pneumococcal

Poliovirus (OPV)

Poliovirus (IPV)

1	09Apr2007	UNK	UNK	UNK			N/A	Transcribed NMO Interface		N0184

Rabies

Smallpox (Vaccinia)

1	01Apr2009	UNK	VV04003A	15.			01Apr2009	PAULA MEDINA		21540

Tetanus-Diphtheria (Td)

1	25Jan2007	PMC	U1817BA	UNK			N/A	Transcribed NMO Interface		N0184

Tetanus-Diphtheria-Pertussis (Tdap)

Typhoid, Oral (TY 21a)

PATIENT'S NAME (Last, First, Middle Initial)
SIMMONS MATTHEW

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SEX
M

DD FORM 2766, MRRS GENERATED