

ADULT IMMUNIZATION RECORD

Name: MITCHELL, TAMYA LASHAY

DOB: 05/15/1999

CHR#: 511099045

Date of Service: 08/08/2022

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, Diptheria, (Pertussis) (e.g., Td, Tdap)	DTAP	09/14/99	3 m	0.5					
	DTAP	11/15/99	6 m	0.5					
	DTAP	12/15/99	7 m	0.5					
	DTAP	01/18/01	20 m	0.5					
	DTAP	05/21/01	24 m	0.5					
	DTAP	07/13/04	5 y	0.5					
	TDAP	10/20/11	12 y	0.5					
Hepatitis A (e.g., HepA, HepA-HepB)	HEP A	10/20/11	12 y	0.5					
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	HEP B ADOL/PED	05/15/99	0 m	0.5					
	HEP B ADOL/PED	11/15/99	6 m	0.5					
	HEP B ADOL/PED	05/15/00	12 m	0.5					
Human Papillomavirus (e.g., HPV)									
Measles, Mumps, Rubella (MMR, MMRV)	MMR	05/15/00	12 m	0.5					
	MMR	07/13/04	5 y	0.5					
Meningococcal (MCV4, MPSV4)	MCV4P (MENACTRA)	10/20/11	12 y	0.5					
Pneumococcal (e.g. PCV, PPV)									
Polio (e.g., IPV, DTaP-HepB-Hib)	IPV	09/14/99	3 m	0.5					
	IPV	11/15/99	6 m	0.5					
	IPV	05/15/00	12 m	0.5					
	IPV	10/20/11	12 y	0.5					
Varicella (Var, MMRV)	VARICELLA	05/15/00	12 m	0.5					
	VARICELLA	10/20/11	12 y	0.5					
Influenza (e.g., TIV, LAIV)									
Zoster									
Other	HIB (HBOC)	09/14/99	3 m						
	HIB UNS	11/15/99	6 m						
	HIB UNS	12/15/99	7 m						
	HIB (HBOC)	05/15/00	12 m						
	Pfizer Covid19	10/20/21	22 y		IM	PFR	FF8839		OUTSIDE CLINIC
	Pfizer Covid19	11/10/21	22 y		IM	PFR	FJ1611		OUTSIDE CLINIC
	Pfizer Covid19 (NonDiluent)	05/23/22	23 y		IM	PFR	FM9992		OUTSIDE CLINIC

MONTGOMERY CO HLTH DEPT
3060 MOBILE HWY

MONTGOMERY, AL36108-4027
334 2936448

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

CHR-8A

imprint



american family care
The Right Care. Right Now.

Vaccine Report

Printed Date: 8/8/2022

Patient: Ta'mya L Mitchell
DOB: 05/15/1999
Sex: F

Address: 4015 Powelldale dr
MONTGOMERY, AL, 36111
Home Phone: (334) 868-0445

Date	Vaccine	Notes
03/16/2022	Hep B	Route: Intramuscular Lot number: TB3KN Expiration date: 12/03/2023 Site: Left Deltoid Patient action: Accepted Abnormal: no
08/08/2022	Tdap	Route: Intramuscular Lot number: 4M2EZ Expiration date: 06/03/2023 Site: Left Deltoid Patient action: Accepted Abnormal: no
01/11/2021	Flu, shot	Route: Intramuscular Lot number: 283853 Expiration date: 06/30/2021 Site: Left Deltoid Patient action: Accepted Abnormal: no

OFFICIAL CERTIFICATE

Result of x-ray or skin test must be no more than 1 year old when received in this office. If chest x-ray or skin test is found to be positive, a statement from a physician must accompany this health certificate.

Date Made: 03/10/2022 Date Read: 03/18/2022

Site Given: ① FOREARM

Chest x-ray or skin test - Result: 0.3 ML must be
recorded in millimeters. Tech Int.: ERSON

TAMMY MITCHELL

Applicant's Name

Street, RFD, or Box

AMERICAN FAMILY CARE City

4305 ATLANTA HIGHWAY

SIGNED:

MONTGOMERY, AL 36109

(334)-323-2260 (P)

ADDRESS:

(334)-323-2260 (P)

OH-1 07/15

JOHN TINGLIN TB