

ADULT IMMUNIZATION RECORD

Allergies: _____

Reactions: _____

Name: PHILLIPS, MICHELE W
 DOB: 03-28-1969
 CHR#: 351072979
 Date of Service: 03-29-2024

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)	MMR	06/16/08	39 y	0.5					
Meningococcal (MCV4, MPSV4)									
Pneumococcal (e.g. PCV, PPV)									
Polio (e.g., IPV, DTaP-HepB- Hib)									
Varicella (Var, MMRV)									
Influenza (e.g., TIV, LAIV)	INFLUENZA, RECOM, QUAD, INJ, PFREE	09/04/19	50 y	0.5	IM LD	PMC			OUTSIDE CLINIC
	IIV4 - P FREE	09/20/21	52 y	0.5	IM	SKB	9XX32		OUTSIDE CLINIC
	IIV4 - P FREE	10/11/22	53 y	0.5	IM RD	SKB	M3R5B		OUTSIDE CLINIC
Zoster									
Other									

CHR-8A

HOUSTON CO HLTH DEPT
 1781 E COTTONWOOD RD

 DOTHAN, AL36301-5309
 334 6782800

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

THIS CERTIFIED DOCUMENT HAS BEEN
 VERIFIED BY ADPH EMPLOYEE
 NAME Kelly Lopez DATE 03/28/2024
ASA II

imprint

ADULT IMMUNIZATION RECORD

Allergies: _____

Reactions: _____

Name: PHILLIPS, LEANNA MICHELE W
 DOB: 03-28-1969
 CHR#: _____
 Date of Service: 03-29-2024

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)	TDAP	10/05/23	54 y	0.5	IM RD	SKB	NR5DX		OUTSIDE CLINIC
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	10/11/22	53 y	0.5	IM RD	SKB	M3R5B		OUTSIDE CLINIC
	IIV4 - P FREE	11/02/23	54 y	0.5	IM RD	SKB	G2ML4		OUTSIDE CLINIC
Zoster									
Other	Pfizer Covid-19 Bivalent	12/02/22	53 y	0.3	IM RD	PFR	GH9702		OUTSIDE CLINIC

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Reactions:

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DOB: 03-28-1969

CHR#:

Date of Service: 03-29-2024

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)									
Zoster									
Other	Moderna COVID-19 Vaccine	06/23/21	52 y	0.5	IM	MOD	025A21A		OUTSIDE CLINIC
	Moderna COVID-19 Vaccine	07/19/21	52 y	0.5	IM	MOD	038C21A		OUTSIDE CLINIC

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