

ADULT IMMUNIZATION RECORD

Allergies:

Reactions:

Name: CHESTNUT, SYDNEY RENEE
 DOB: 08/18/2002
 Chart #:
 Date of Service: 11/11/2022

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	10/18/02	2 m	0.5					
	DTAP	12/19/02	4 m	0.5					
	DTAP	01/05/03	4 m	0.5					
	DTAP	06/10/03	9 m	0.5					
	DTAP	08/22/06	4 y	0.5					
	TDAP	04/04/14	11 y	0.5					OUTSIDE CLINIC
Hepatitis A (e.g., HepA, HepA-HepB)	HEP A	06/12/17	14 y	0.5		MSD	M047658	10/15/2021	OUTSIDE CLINIC
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	HEP B ADOL/PED	08/18/02	0 m	0.5					OUTSIDE CLINIC
	HEP B ADOL/PED	09/23/02	1 m	0.5					
	HEP B UNS	02/24/03	6 m	0.5					
Human Papillomavirus (e.g., HPV)	HPV9	06/12/17	14 y	0.5		MSD	M031557	08/06/2021	OUTSIDE CLINIC
Measles, Mumps, Rubella (MMR, MMRV)	MMR	08/21/03	12 m	0.5					
	MMR	08/22/06	4 y	0.5					
Meningococcal (MCV4, MPSV4)	MENINGOCOCCA L UNS	04/04/14	11 y	0.5					OUTSIDE CLINIC
Pneumococcal (e.g. PCV, PPV)	PCV7	10/26/02	2 m	0.5					
	PCV7	01/03/03	4 m	0.5					OUTSIDE CLINIC
	PCV7	06/24/03	10 m	0.5					
Polio (e.g., IPV, DTaP-HepB-Hib)	IPV	10/18/02	2 m	0.5					
	IPV	12/19/02	4 m	0.5					
	IPV	01/03/03	4 m	0.5					
	IPV	06/10/03	9 m	0.5					
	IPV	08/22/06	4 y	0.5					
Varicella (Var. MMRV)	VARICELLA	08/21/03	12 m	0.5					
	VARICELLA	06/17/10	7 y	0.5					
Influenza (e.g., TIV, LAIV)	IIV4 - P FREE	12/06/19	17 y	0.5	IM LA	SKB	9A47X		OUTSIDE CLINIC
	INFLUENZA, RECOM, QUAD, INJ, PFREE	10/01/20	18 y	0.5	IM LA	PMC			OUTSIDE CLINIC
	IIV4 - P FREE	10/04/22	20 y	0.5	IM RA	PMC	UT7683MA		OUTSIDE CLINIC
Zoster									
Other	HIB (HBOC)	10/18/02	2 m						
	HIB UNS	12/19/02	4 m						
	HIB UNS	01/05/03	4 m						
	HIB UNS	06/10/03	9 m						
	J&J Covid19	04/06/21	18 y	0.5	IM LA	JSN	1808980		OUTSIDE CLINIC
	Pfizer Covid19	10/28/21	19 y		IM	PFR	FF2593		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		

Alabama Department of Public Health

CERTIFICATE OF IMMUNIZATION

04/04/2024

Date of Expiration

(Next Required School Immunization)

CHESTNUT, SYDNEY RENEE

Child's Name (first, middle, last)

08/18/2002

Birthdate

CHESTNUT, KESHA R

Parent/Legal Guardian Name (first, middle, last)

According to the Code of Alabama 1975§16-30-4 and Administrative Rules 420-6-1, all children in school and childcare must present an up-to-date Certificate of Immunization

Vaccine	DOSE1 DATE MM DD YY	DOSE2 DATE MM DD YY	DOSE3 DATE MM DD YY	DOSE4 DATE MM DD YY	DOSE5 DATE MM DD YY	DOSE6 DATE MM DD YY	Confirmed Lab MM YY	History MM YY
Required Vaccines for School or Child Care Attendance								
DTP,DTaP,DT	DTAP 10/18/02	DTAP 12/19/02	DTAP 06/10/03	DTAP 08/22/06				
TD								
Tdap	TDAP 04/04/14							
IPV,OPV	IPV 10/18/02	IPV 12/19/02	IPV 06/10/03	IPV 08/22/06				
Hib (Under Age 5)	HIB 10/18/02	HIB 12/19/02	HIB 06/10/03					
Measles	MMR 08/21/03	MMR 08/22/06						
Mumps	MMR 08/21/03	MMR 08/22/06						
Rubella	MMR 08/21/03	MMR 08/22/06						
PCV	PCV7 10/28/02	PCV7 01/03/03	PCV7 06/24/03					
Varicella	VARICELLA 08/21/03	VARICELLA 06/17/10						

Recommended Vaccines								
HepA	HEP A 06/12/17							
HepB	HEP B 08/18/02	HEP B 09/23/02	HEP B 02/24/03					
HPV	HPV9 06/12/17							
MCV, MPSV,MENB	MCV 04/04/14							
Rotavirus								

This Certificate of Immunization is only valid if printed from ImmPRINT. When a child leaves or transfers to another school or child-care center, the Certificate of Immunization should be given to a parent/legal guardian.

Site Name : EAST MEMORIAL CHRISTIAN ACADEMY

Address: 1320 OLD RIDGE ROAD PRATTVILLE

Telephone #: (334) 3584085

Date of Issue: 7/16/2018

immprint