

PERSONAL IMMUNIZATION HISTORY

CLIENT INFORMATION

Client Name BLAKE C. SCHANEN	Date of Birth 12/19/1989
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HISTORY

Vaccine Group	Vaccine	Trade Name	Date Administered	Series
COVID-19	Pfizer COVID-19 Vaccine	Pfizer COVID-19 Vac	02/02/2021	1 of 2
	Pfizer COVID-19 Vaccine	Pfizer COVID-19 Vac	02/24/2021	2 of 2
DTP/aP	DTP	DTP	02/23/1990	1 of 5
	DTP	DTP	04/17/1990	2 of 5
	DTP	DTP	06/19/1990	3 of 5
	DTP	DTP	10/03/1991	4 of 5
	DTP	DTP	11/04/1994	5 of 5
HepA	Hep A, unspecified formulation		07/22/2006	1 of 2
	Hep A, unspecified formulation		03/24/2008	2 of 2
HepB	HepB-Peds		06/21/1994	1 of 3
	Hep B, unspecified formulation		08/21/1994	2 of 3
	HepB-Peds		08/24/1994	
	HepB-Peds		12/28/1994	3 of 3
Hib	Hib, unspecified formulation		02/01/1991	1 of 2
	Hib, unspecified formulation		05/03/1991	2 of 2
Influenza	Influenza, unspecified formulat		11/11/2003	Booster
	Influenza, unspecified formulat		10/16/2014	Booster
	Influenza, unspecified formulat		10/02/2015	Booster
	Influenza Quadrivalent P-Free		10/03/2016	Booster
	Influenza, unspecified formulat		10/10/2017	Booster
	Influenza MDCK Quadrivalent P	Flucelvax Quadrivale	10/03/2018	Booster
	Influenza Quadrivalent P-Free		10/14/2019	Booster
Meningo	Influenza Quadrivalent P-Free		10/05/2020	Booster
	Meningococcal, unspecified for		08/29/2005	1 of 2
MMR	MMR	MMR II	03/26/1991	1 of 1
	MMR	MMR II	11/04/1994	
Pertussis/Tdap	Tdap		07/22/2006	1 of 1
	Tdap	Boostrix	05/05/2017	
Polio	Polio-Oral	ORIMUNE	02/23/1990	1 of 4

Current Age: 32 years, 3 months, 20 days

Need Help?

Please direct questions regarding this immunization record to your health care provider.



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Vaccine Group	Vaccine	Trade Name	Date Administered	Series
	Polio-Oral	ORIMUNE	04/17/1990	2 of 4
	Polio-Oral	ORIMUNE	10/03/1991	3 of 4
	Polio-Oral	ORIMUNE	01/04/1994	4 of 4
Td	Td		11/07/2000	Booster
	Tdap		07/22/2006	Booster
	Tdap	Boostrix	05/05/2017	Booster
Typhoid	Typhoid-ViCPs	Typhim Vi	07/13/2017	
Yellow Fever	Yellow fever US	YF-VAX	07/13/2017	1 of 1

Current Age: 32 years, 3 months, 20 days

VACCINES RECOMMENDED

Vaccine	Immunization Status
COVID-19	Recommended Now
DTP/aP	Complete
HepA	Complete
HepB	Complete
Hib	Complete
Influenza	Recommended Now
MMR	Complete
Pertussis/Tdap	Complete
Polio	Complete
Td	Date Needed 05/05/2027
Varicella	Immune
Yellow Fever	Complete

Immunizations which are in yellow text and highlighted were entered into the Wisconsin Immunization Registry by a school.

Legend for Immunization Status:

Contraindicated - A comment was recorded that indicates a person should not receive the vaccine.

Complete - The person does not need to receive the vaccine.

Immune - A comment was recorded for this person indicating he or she is immune to the disease.

Recommended Now - The person is currently due for a dose of the vaccine.

Date Needed - The person will be due for the next dose of this vaccine on the date shown.

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