



american family care
The Right Care. Right Now.

Vaccine Report

Printed Date: 1/12/2021

Patient: Alnetra A Dixon
DOB: 02/17/1997
Sex: F

Address: 2047 Johnson St
MONTGOMERY, AL, 36110
Home Phone: (334) 314-7604

Date	Vaccine	Notes
01/12/2021	Tdap	Route: Intramuscular Lot number: x99ka Expiration date: 10/28/2022 Site: Left Deltoid Patient action: Accepted Abnormal: no
01/12/2021	Flu, shot	Route: Intramuscular Lot number: 283853 Expiration date: 06/30/2021 Site: Right Deltoid Patient action: Accepted Abnormal: no

Alabama Department of Public Health

CERTIFICATE OF IMMUNIZATION

09/22/2018

Date of Expiration

(Next Required Immunization)

ALNETRA ALQUENETTA DIXON

02/17/1997

Child's Name (first, middle, last)

Birthdate

Parent/Guardian Name (first, middle, last)

Unless Specifically exempted by law, Alabama law(code of Alabama 1975, Section 16-30-4) requires a certificate on file for each child in attendance in all schools and licensed child care facilities in Alabama. Instructions for this form and immunization requirements by age are detailed via the ADPH web site at www.adph.org/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	Total Doses	Confirmed Lab MM YY	History MM YY
Required Vaccines for School or Child Care Attendance									
DTP,DTaP,DT	DTP-HIB 04/22/97	DTP-HIB 06/17/97	DTP-HIB 08/18/97	DTAP UNS 05/21/98					
TD									
Tdap	TDAP 09/22/08								
IPV,OPV	OPV 04/22/97	OPV 06/17/97	OPV 05/21/98	IPV 06/05/01					
Hib (Under Age 5)	DTP-HIB 04/22/97	DTP-HIB 06/17/97	DTP-HIB 08/18/97	HIB UNS 05/21/98					
Measles	MMR 05/21/98	MMR 06/02/01							
Mumps	MMR 05/21/98	MMR 06/02/01							
Rubella	MMR 05/21/98	MMR 06/02/01							
PCV									
Varicella	VARICELLA 05/21/98	VARICELLA 10/09/14							

Recommended Vaccines									
HepA	HEP A 09/22/08	HEP A 07/01/13							
HepB	HEP B 02/17/97	HEP B 04/22/97	HEP B 08/18/97						
HPV	GARDASIL 07/08/13	GARDASIL 10/09/14							
MCV or MPSV	MENACTRA 09/22/08	MCV UNS 07/08/13							
Rotavirus									

NOTES:

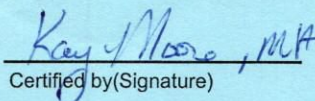
A licensed physician or qualified employee of the Alabama Dept. of Public Health is responsible for the content of this certificate. All dates must include in the month, day, and year. In cases of history of disease or laboratory confirmation, the month and year of infection, or test must be filled in the appropriate box(es).

The certificate is NOT valid without the name and birth date of the child, date of expiration, legible name and address of the physician or health department, certified by signature, and the date of issue. A school or facility official is responsible for keeping a current valid Certificate on the file for each child in attendance. When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian.

Clinic Name : ALL ABOUT KIDS

Address: 2921 ZELDA RD MONTGOMERY
36106

Telephone #: (334)277-5431



Certified by(Signature)

10/9/2014
Date of Issue