

ADULT IMMUNIZATION RECORD

Name: MONTGOMERY, SHADERRICK NAJEE

DOB: 03/04/1994

CHR#: _____

Date of Service: 11/20/2023

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, Diphtheria, (Pertussis) (e.g., Td, Tdap)	DTP	05/04/94	2 m	0.5					OUTSIDE CLINIC
	DTP	07/05/94	4 m	0.5					OUTSIDE CLINIC
	DTP-HIB	09/14/94	6 m	0.5					OUTSIDE CLINIC
	DTP-HIB	03/16/95	12 m	0.5					OUTSIDE CLINIC
	DTAP	03/06/98	4 y	0.5					OUTSIDE CLINIC
	TD	08/01/05	11 y	0.5					
Hepatitis A (e.g., HepA, HepA-HepB)									
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	HEP B ADOL/PED	03/04/94	0 m	0.5					
	HEP B ADOL/PED	04/04/94	1 m	0.5					OUTSIDE CLINIC
	HEP B ADOL/PED	09/14/94	6 m	0.5					OUTSIDE CLINIC
Human Papillomavirus (e.g., HPV)									
Measles, Mumps, Rubella (MMR, MMRV)	MMR	03/16/95	12 m	0.5					OUTSIDE CLINIC
	MMR	03/06/98	4 y	0.5					OUTSIDE CLINIC
Meningococcal (MCV4, MPSV4)	MCV4P (MENACTRA)	03/05/09	15 y	0.5					
Pneumococcal (e.g. PCV, PPV)									
Polio (e.g., IPV, DTaP-HepB-Hib)	OPV	05/04/94	2 m	0.5	PO				OUTSIDE CLINIC
	OPV	07/05/94	4 m	0.5	PO				OUTSIDE CLINIC
	OPV	09/14/94	6 m	0.5	PO				OUTSIDE CLINIC
	OPV	03/06/98	4 y	0.5	PO				OUTSIDE CLINIC
Varicella (Var, MMRV)	VARICELLA	08/10/01	7 y	0.5					
	VARICELLA	03/05/09	15 y	0.5					
Influenza (e.g., TIV, LAIV)									
Zoster									
Other	HIB (HBOC)	05/04/94	2 m						OUTSIDE CLINIC
	HIB (HBOC)	07/05/94	4 m						OUTSIDE CLINIC

CHR- 8A

ELMORE CO HLTH DEPT
6501 US HWY 231

WETUMPKA, AL36092-0006
334 5671171

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