

## PERSONAL IMMUNIZATION HISTORY

### CLIENT INFORMATION

Client Name	Date of Birth
ADRIC JAMES RICHARD NARF	04/19/2014

### HISTORY

Vaccine Group	Vaccine	Trade Name	Date Administered	Series
DTP/aP	DTAP/Polio/Hep B	Pediarix	08/05/2014	1 of 5
	DTAP/Polio/Hep B	Pediarix	11/14/2014	2 of 5
	DTAP/Polio/Hep B	Pediarix	02/17/2015	3 of 5
	DTaP	Infanrix	10/06/2015	4 of 5
HepA	HepA-Ped 2 Dose	Havrix-Peds 2 Dose	06/05/2015	1 of 2
	HepA-Ped 2 Dose	Havrix-Peds 2 Dose	04/04/2016	2 of 2
HepB	HepB-Peds	Engerix-B Peds	04/19/2014	1 of 3
	DTAP/Polio/Hep B	Pediarix	08/05/2014	2 of 3
	DTAP/Polio/Hep B	Pediarix	11/14/2014	3 of 3
	DTAP/Polio/Hep B	Pediarix	02/17/2015	
Hib	Hib-OMP	PedvaxHIB	08/05/2014	1 of 3
	Hib-OMP	PedvaxHIB	11/14/2014	2 of 3
	Hib-OMP	PedvaxHIB	10/06/2015	3 of 3
Influenza	Influenza	Fluzone	02/17/2015	
MMR	MMR	MMR II	06/05/2015	1 of 2
Pneumococcal	Pneumo-Conjugate 13	Prevnar 13	08/05/2014	1 of 4
	Pneumo-Conjugate 13	Prevnar 13	11/14/2014	2 of 4
	Pneumo-Conjugate 13	Prevnar 13	02/17/2015	3 of 4
	Pneumo-Conjugate 13	Prevnar 13	06/05/2015	4 of 4
Polio	DTAP/Polio/Hep B	Pediarix	08/05/2014	1 of 5
	DTAP/Polio/Hep B	Pediarix	11/14/2014	2 of 5
	DTAP/Polio/Hep B	Pediarix	02/17/2015	3 of 5
Rotavirus	Rotavirus-RV5	RotaTeq	11/14/2014	1 of 3
Varicella	Varicella	Varivax	06/05/2015	1 of 2

Current Age: 7 years, 3 months, 29 days

### VACCINES RECOMMENDED

Vaccine	Immunization Status
HepA	Complete
HepB	Complete
Hib	Complete

#### Need Help?

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



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### VACCINES RECOMMENDED

Vaccine	Immunization Status
Influenza	Recommended Now
MMR	Recommended Now
Pertussis/Tdap	Date Needed 04/19/2025
Pneumococcal	Complete
Polio	Recommended Now
Td	Date Needed 10/06/2025
Varicella	Recommended Now

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.

#### Need Help?

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

