KAISER PERMANENTE®

Member name: Donna Espadas
Date of birth: 5/29/1979
Gender: F
Primary care physician: STEPHANIE LUCINE PEZESHKIAN DO, D.O.
Date printed: 12/10/2021

IMMUNIZATION RECORD

Comprobante de immunizacion

KAISER MR# 000019645000 PRINTED: 12/10/2021
Name
nombre ESPADAS,DONNA
Birthdate *fecha de nacimiento* 05/29/1979 Sex *sexo* F
Allergies
alergias
Vaccine Reactions
reacciones a la vacuna

RETAIN THIS DOCUMENT — *CONSERVE ESTE DOCUMENTO*

VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clinica	DATE NEXT DOSE DUE próxima vacuna
TDAP TDAP	10/06/2010	TDAP (ADACEL) Kaiser Permanente	
TDAP	07/22/2020	TDAP (ADACEL) Kaiser Permanente	
HEPA HAV	07/29/2020	HAV (ADULT) Kaiser Permanente	
HAV	02/26/2021	HAV (ADULT) Kaiser Permanente	
INFLUENZA INFS	10/06/2010	INFS 18YRS+ Kaiser Permanente	
INFS	10/06/2011	INFS 18YRS+ Kaiser Permanente	
INFS	10/08/2012	INFS Kaiser Permanente	
INFS	10/10/2013	INFS 4YRS+ (FLUVIRIN) Kaiser Permanente	
INFS PF	10/30/2014	INFS PF 3YRS+ (FLUARIX) Kaiser Permanente	
INFS PF	10/12/2015	INFS PF 4YRS+ (FLUVIRIN) Kaiser Permanente	
INFS PF	09/27/2016	INFS PF 6MOS-ADULT QUAD Kaiser Permanente	
INFS PRES	09/28/2017	INFS PRES FREE 6MOS-ADULT Kaiser Permanente	
INFS PRES	01/04/2019	INFS PRES FREE 6MOS-ADULT Kaiser Permanente	
INFS PF	10/14/2019	INFS PF 6MOS-ADULT QUAD Kaiser Permanente	
INFS PRES	10/25/2020	INFS PRES FREE 4YRS-ADULT Kaiser Permanente	
INF	09/13/2021	INF UNSPECIFIED Historical records	
COVID19 PFIZER-BIONT	12/22/2020	PFIZER-BIONTECH Kaiser Permanente	
PFIZER-BIONT	01/22/2021	PFIZER-BIONTECH Kaiser Permanente	
PFIZER-BIONT	11/10/2021	PFIZER-BIONTECH Kaiser Permanente	
Chickenpox			

Parents: Your child must meet California's immunization requirements to be enrolled in school and child care.Keep this Record as proof

of immunization.

Padres: *Su niño debe cumpar con los requisitos de vacunas par asistar a la escuela y a la guarderia. Marienga esta Comprobanta lo necesitana.*

DT/Td	= Diphteria,tetanus [difteria,tetano]
DTaP/Tdap	= Diphteria,tetanus,pertussis(whooping cough) [difteria,tetano,y los forino]
DTP	= Diphteria,tetanus,pertussis(whooping cough) [difteria,tetano,y los forino]
HEPA	= Hepatitis A
HEPB	= Hepatitis B
HIB	= HIB Meningitis (Haemophilius influenzae type B) [meningitis Hib]
HPV	= Human papilloma virus [viris del papiloma humana]
INFV	= Influenza [la gripa]
MENINGOCOCCAL	= Meningococcal vaccine [vacuna meningococia]
MMR	= Measles, mumps, rubella [sarampion, papras rubeola]
PNEUMO	= Pneumococcae vaccine [pneumococica]
POLIO	= Poliomielitis [poliomielitis]
RV	= Rotavirus [rotavirus]
VZV	= Varicella (chickenpox) [varicela]

TB SKIN TESTS[1] *Pruebas de la Tuberculosis*

Type[2]	Date given	Given by	Date read	Read by	mm/indur	Impression
PPD	09/13/2021		09/15/2021		0	NEG
PPD	07/29/2020		07/31/2020		0	NEG
PPD	07/22/2020		07/29/2020		0	NEG

[1] A chest x-ray may be indicated if skin test is positive.
[2] If required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY Film date: _____/_____/_____ Interpretation: [ ]normal [ ]abnormal
[Radiografia] Person is free of communicable tuberculosis [ ]yes [ ]no
(Necessary if skin test positive.)

Signature/Agency _____