

Name: PARAB, SAANVI

DOB: 02/09/2012

Gender: Female



School Immunization Record

Vaccine	No.	Date	Vaccine Type
Hepatitis B	1		
	2		
	3		
Diphtheria, Tetanus, Pertussis	1		
	2		
	3		
	4		
	5		
	6		
Haemophilus Influenza Type B	1		
	2		
	3		
	4		
Polio	1	07/13/2023	POLIO INACTIVATED-IPV (IPOL)
	2		
	3		
	4		
Rotavirus	1		
	2		
	3		
Pneumococcal	1		
	2		
	3		
	4		
Hepatitis A	1	07/13/2023	HEP A - PED/ADOL, 2 DOSE SERIES (HAVRIX-PEDS)
	2		

Vaccine	No.	Date	Vaccine Type
Measles, Mumps, Rubella	1	07/13/2023	MMR -VARICELLA (PROQUAD) 12MO - 12YRS
	2		
Varicella	1	07/13/2023	MMR -VARICELLA (PROQUAD) 12MO - 12YRS
	2		
Meningococcal Quadrivalent	1		
	2		
Meningococcal Serogroup B	1		
Human Papillomavirus	1		
	2		
COVID-19	1		

Most Recent

Seasonal Influenza

Reading Date Result

PPD

Immunizations Not Administered

Date Vaccine Type Reason

Certification

I certify that this immunization information is representative of the above-named individual's medical records.

Doctor or nurse's name: MARROQUIN, JACLYN T.

Practice name: 433111PDL ADC LEANDER FED

Jaclyn T. Marroquin MD

Signature: *Jaclyn Marroquin*

Date: 07/13/2023

