

Name: Parab, Shuban

DOB: 08/31/2007

Gender: Male



School Immunization Record

Vaccine	No.	Date	Vaccine Type
Hepatitis B	1		
	2		
	3		
Diphtheria, Tetanus, Pertussis	1	07/17/2023	TDAP (BOOSTRIX)
	2		
	3		
	4		
	5		
	6		
Haemophilus Influenza Type B	1		
	2		
	3		
	4		
Polio	1		
	2		
	3		
	4		
Rotavirus	1		
	2		
	3		
Pneumococcal	1		
	2		
	3		
	4		
Hepatitis A	1	07/17/2023	HEP A - PED/ADOL, 2 DOSE SERIES (HAVRIX-PEDS)
	2		

Vaccine	No.	Date	Vaccine Type
Measles, Mumps, Rubella	1		
	2		
Varicella	1	07/17/2023	VARICELLA (VARIVAX)
	2		
Meningococcal Quadrivalent	1	07/17/2023	MENINGOCOCCAL CONJ - MCV40 (MENVEO)
	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
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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. *Jaclyn T. Marroquin MD* Signature: *Jaclyn Marroquin*
 Practice name: 433111PDL ADC LEANDER PEDI Date: 07/17/2023



ADC
THE AUSTIN DIAGNOSTIC CLINIC

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