

VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clínica	NEXT DOSE DUE próxima vacuna	
<b>TRIVALENT INACTIVATED INFLUENZA</b> (IIV3) <i>[vacuna trivalente inactivada contra la influenza]</i>	11/25/09	NAOKO MATSUMOTO, M.D., INC		
				<input type="checkbox"/> IIV3 <input checked="" type="checkbox"/> IIV4 <input type="checkbox"/> LAIV
				<input type="checkbox"/> IIV3 <input type="checkbox"/> IIV4 <input type="checkbox"/> LAIV
<b>QUADRIVALENT INACTIVATED INFLUENZA</b> (IIV4) <i>[vacuna quadrivalente inactivada contra la influenza]</i>				
<input type="checkbox"/> IIV3 <input type="checkbox"/> IIV4 <input type="checkbox"/> LAIV				
<input type="checkbox"/> IIV3 <input type="checkbox"/> IIV4 <input type="checkbox"/> LAIV				
<b>NASAL SPRAY INFLUENZA</b> (LAIV) <i>[vacuna intranasal viva contra la influenza]</i>				
<input type="checkbox"/> IIV3 <input type="checkbox"/> IIV4 <input type="checkbox"/> LAIV				
<b>HUMAN PAPILLOMAVIRUS</b> (HPV2/HPV4/HPV9) <i>[virus del papiloma humano]</i>	1	<input type="checkbox"/> HPV2 <input type="checkbox"/> HPV4 <input type="checkbox"/> HPV9		
	2	<input type="checkbox"/> HPV2 <input type="checkbox"/> HPV4 <input type="checkbox"/> HPV9		
	3	<input type="checkbox"/> HPV2 <input type="checkbox"/> HPV4 <input type="checkbox"/> HPV9		
<b>MENINGOCOCCAL CONJUGATE</b> (MenACWY/MCV4) <i>[vacuna meningocócica conjugada]</i>	1			
	2			
<b>SEROGROUP B MENINGOCOCCAL</b> (MEN B) <i>[vacuna meningocócica del grupo B]</i>  <input type="checkbox"/> Bexsero® <input type="checkbox"/> Trumenba®	1			
	2			
	3			
BCG	12/9/2008	COPY COPY		
Japanese Encephalitis	11/29/2011 12/9/2011 2/4/2013			

TB SKIN TESTS*	Type**	Date given	Given by	Date read	Read by	mm indur	Interpretation
Pruebas de la Tuber- culosis	<input type="checkbox"/> PPD-Mantoux	/ /		/ /			<input type="checkbox"/> Pos
	<input type="checkbox"/> Other	/ /		/ /			<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux	/ /		/ /			<input type="checkbox"/> Pos
	<input type="checkbox"/> Other	/ /		/ /			<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux	/ /		/ /			<input type="checkbox"/> Pos
	<input type="checkbox"/> Other	/ /		/ /			<input type="checkbox"/> Neg

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

<b>CHEST X-RAY</b> [Radiografía] (Necessary if skin test positive.)	Film date: ___/___/___ Interpretation: <input type="checkbox"/> normal <input type="checkbox"/> abnormal Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no Signature/Agency: _____
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