

PROVIDERS: If using combination vaccines, remember to record dose in all appropriate spaces.

Birthdate:

Sex:

VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clínica	NEXT DOSE DUE próxima vacuna
HEPATITIS B	1 4/30/12	Providence LCMC-Torrance Lot# 15220A Exp. 21 APR 14	
	2 7-30-12	Elliot T. Sumi, MD, FAAP	
	3 1-28-13	Elliot T. Sumi, MD, FAAP	
ROTAVIRUS (RV)	1		
	2		
	3		
DIPHTHERIA TETANUS PERTUSSIS	1 7/2/12	<input checked="" type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td Elliot T. Sumi, MD, FAAP <i>pentacel</i>	
	2 8/29/12	<input checked="" type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td Elliot T. Sumi, MD, FAAP	
	3 10/29/12	<input checked="" type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td Elliot T. Sumi, MD, FAAP	
	4 10/16/13	<input checked="" type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td Elliot T. Sumi, MD, FAAP	
	5 7/28/17	<input checked="" type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td Elliot T. Sumi, MD, FAAP	
	6	<input type="checkbox"/> Tdap <input type="checkbox"/> Td	
HAEMOPHILUS INFLUENZAE TYPE B (HIB)	1 7/2/12	Elliot T. Sumi, MD, FAAP	<i>pentacel</i>
	2 8/29/12	Elliot T. Sumi, MD, FAAP	
	3 10/29/12	Elliot T. Sumi, MD, FAAP	
	4 4/30/14	Elliot T. Sumi, MD, FAAP	
PNEUMOCOCCAL	1 7/2/12	<input checked="" type="checkbox"/> PCV <input type="checkbox"/> PPV Elliot T. Sumi, MD, FAAP	
	2 8/29/12	<input checked="" type="checkbox"/> PCV <input type="checkbox"/> PPV Elliot T. Sumi, MD, FAAP	
	3 1-28-13	<input type="checkbox"/> PCV <input type="checkbox"/> PPV Elliot T. Sumi, MD, FAAP	
	4 8/19/13	<input checked="" type="checkbox"/> PCV <input type="checkbox"/> PPV Elliot T. Sumi, MD, FAAP	
POLIO	1 7/2/12	<input checked="" type="checkbox"/> IPV <input type="checkbox"/> OPV Elliot T. Sumi, MD, FAAP <i>pentacel</i>	
	2 8/29/12	<input checked="" type="checkbox"/> IPV <input type="checkbox"/> OPV Elliot T. Sumi, MD, FAAP	
	3 10/29/12	<input checked="" type="checkbox"/> IPV <input type="checkbox"/> OPV Elliot T. Sumi, MD, FAAP	
	4 7/28/17	<input checked="" type="checkbox"/> IPV <input type="checkbox"/> OPV Elliot T. Sumi, MD, FAAP	
MEASLES MUMPS RUBELLA (MMR)	1 5/10/13	Elliot T. Sumi, MD, FAAP	
	2 10/12/14	Elliot T. Sumi, MD, FAAP	

Name:	Sex:	Birthdate:	ROTAVIRUS (RV)	2			
			3				
DIPHTHERIA TETANUS PERTUSSIS				1	7/2/12	<input checked="" type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	Elliot T. Sumi, MD, FAAP <i>Pentacel</i>
				2	8/29/12	<input checked="" type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	Elliot T. Sumi, MD, FAAP
				3	10/29/12	<input checked="" type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	Elliot T. Sumi, MD, FAAP
				4	10/10/13	<input checked="" type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	Elliot T. Sumi, MD, FAAP
				5	7/28/17	<input checked="" type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	Elliot T. Sumi, MD, FAAP
				6		<input type="checkbox"/> Tdap <input type="checkbox"/> Td	
HAEMOPHILUS INFLUENZAE TYPE B (HIB)				1	7/2/12		Elliot T. Sumi, MD, FAAP <i>Pentacel</i>
				2	8/29/12		Elliot T. Sumi, MD, FAAP
				3	10/29/12		Elliot T. Sumi, MD, FAAP
				4	4/30/14		Elliot T. Sumi, MD, FAAP
PNEUMOCOCCAL				1	7/2/12	<input checked="" type="checkbox"/> PCV <input type="checkbox"/> PPV	Elliot T. Sumi, MD, FAAP
				2	8/29/12	<input checked="" type="checkbox"/> PCV <input type="checkbox"/> PPV	Elliot T. Sumi, MD, FAAP
				3	1-28-13	<input type="checkbox"/> PCV <input type="checkbox"/> PPV	Elliot T. Sumi, MD, FAAP
				4	8/10/13	<input checked="" type="checkbox"/> PCV <input type="checkbox"/> PPV	Elliot T. Sumi, MD, FAAP
POLIO				1	7/2/12	<input checked="" type="checkbox"/> IPV <input type="checkbox"/> OPV	Elliot T. Sumi, MD, FAAP <i>Pentacel</i>
				2	8/29/12	<input checked="" type="checkbox"/> IPV <input type="checkbox"/> OPV	Elliot T. Sumi, MD, FAAP
				3	10/29/12	<input checked="" type="checkbox"/> IPV <input type="checkbox"/> OPV	Elliot T. Sumi, MD, FAAP
				4	7/28/17	<input checked="" type="checkbox"/> IPV <input type="checkbox"/> OPV	Elliot T. Sumi, MD, FAAP
MEASLES MUMPS RUBELLA (MMR)				1	5/10/13		Elliot T. Sumi, MD, FAAP
				2	10/12/14		Elliot T. Sumi, MD, FAAP
VARICELLA (chickenpox) <input type="checkbox"/> Had disease				1	8/10/13		Elliot T. Sumi, MD, FAAP
				2			
HEPATITIS A				1	4/30/14		Elliot T. Sumi, MD, FAAP
				2	4/12/14		Elliot T. Sumi, MD, FAAP

VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clínica	NEXT DOSE DUE próxima vacuna
INFLUENZA	10/29/12	<input type="checkbox"/> TIV <input type="checkbox"/> LAIV	Elliot T. Sumi, MD, FAAP
	10/16/12	<input checked="" type="checkbox"/> TIV <input type="checkbox"/> LAIV	Elliot T. Sumi, MD, FAAP 7410 Linden Blvd., Torrance, CA 90505 (310) 326-7706 • (800) 557-7310
	11/12/14	<input type="checkbox"/> TIV <input type="checkbox"/> LAIV	
	10/12/10	<input type="checkbox"/> TIV <input type="checkbox"/> LAIV	Elliot T. Sumi, MD, FAAP
		<input type="checkbox"/> TIV <input type="checkbox"/> LAIV	

HUMAN PAPILLOMAVIRUS (HPV)	1		
	2		
	3		
MENINGOCOCCAL (meningitis)	1	<input type="checkbox"/> MCV <input type="checkbox"/> MPV	
		<input type="checkbox"/> MCV <input type="checkbox"/> MPV	

DT/Td = diphtheria, tetanus [difteria, tétano]
DTaP/Tdap = diphtheria, tetanus, and pertussis (whooping cough) [difteria, tétano, y tos ferina]
HIB = Hib meningitis (Haemophilus influenzae type b) [meningitis Hib]
HPV = human papillomavirus [virus del papiloma humano]
IPV = inactivated polio vaccine [vacuna antipoliomielítica inactivada]
LAIV = nasal spray influenza vaccine [vacuna intranasal viva contra la influenza]
MCV = meningococcal conjugate vaccine [vacuna meningocócica conjugada]
MMR = measles, mumps, rubella [sarampión, paperas y rubéola (sarampión alemán)]
MPV = meningococcal polysaccharide vaccine [vacuna meningocócica polisacárida]
OPV = oral polio vaccine [vacuna oral contra la polio]
PCV = pneumococcal conjugate vaccine [vacuna neumocócica conjugada]
PPV = pneumococcal polysaccharide vaccine [vacuna polisacárida contra el neumococo]
RV = rotavirus [rotavirus]
TIV = flu shot [vacuna desactivada contra la influenza]

TB SKIN TESTS*	Type**	Date given	Given by	Date read	Read by	mm indur	Interpretation
Pruebas de la Tuberculosis	<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.

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

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 cumplir con los requisitos de vacunas para asistir a la escuela y a la guardería. Mantenga este Comprobante: lo necesitará.

IMMUNIZATION RECORD

Comprobante de Inmunización



HUMAN PAPILOMAVIRUS (HPV)	1		
	2		
	3		
MENINGOCOCCAL (meningitis)	1	<input type="checkbox"/> MCV <input type="checkbox"/> MPV	
		<input type="checkbox"/> MCV <input type="checkbox"/> MPV	

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RV = rotavirus [rotavirus]
TIV = flu shot [vacuna desactivada contra la influenza]

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

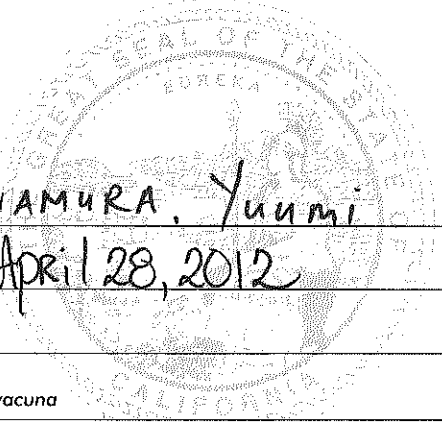
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CHEST X-RAY [Radiografía]
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IMMUNIZATION RECORD

Comprobante de Inmunización



Name nombre KAWAMURA, Yuumi
 Birthdate fecha de nacimiento April 28, 2012
 Allergies alergias _____
 Vaccine Reactions reacciones a cualquier vacuna _____

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO