



MRN: 110017346850

KAISER MR#		110017346850	PRINTED: 12/03/2021
Name			
<i>nombre</i>		WORTHAM,TERREN	
Birthdate		Sex	
<i>fecha de nacimiento</i>		07/21/1989	<i>sexo</i> F
Allergies			
<i>alergias</i>			
Vaccine Reactions			
<i>reacciones a la vacuna</i>			
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[illegible]

MMR		Historical records					
TDAP/TD	03/28/2001	TD ADULT UNSPEC FOR					
TD ADULT		Historical records					
Tdap	05/12/2015	Tdap		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.			TB SKIN TESTS ¹ <i>Pruebas de la Tuberculosis</i>			
Padres:	<i>Su niño debe cumplir con los requisitos de vacunas par asistir a la escuela y a la guarderia. Marienga esta Comprobanta lo necesitana.</i>						
DT/Td	= Diphteria,tetanus [difteria,tetano]			Type ²	Date given	Given by	Date read
DTaP/Tdap	= Diphteria,tetanus,pertussis(whooping cough) [difteria,tetano,y los forino]						
DTP	= Diphteria,tetanus,pertussis(whooping cough)			PPD	02/09/2021	KRYSTA NICHOLS	02/11/2021
HEPA	[difteria,tetano,y los forino]						
	= Hepatitis A			PPD	02/25/2020	Historical	02/27/2020
HEPB	= Hepatitis B						
HIB	= HIB Meningitis (Haemophilus influenzae type B) [meningitis Hib]			PPD	02/08/2019	Historical	02/11/2019
HPV	= Human papilloma virus [viris del papiloma humana]						
INFV	= Influenza [la gripa]						
MENINGOCOCCAL	= Meningococcal vaccine [vacuna meningococia]			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.)			
MMR	= Measles, mumps, rubella [sarampion, papras rubeola]			Signature/Agency _____			
PNEUMO	= Pneumococcae vaccine [pneumococica]						
POLIO	= Poliomyelitis [poliomyelitis]						
RV	= Rotavirus [rotavirus]						
VZV	= Varicella (chickenpox) [varicela]						