



State of Louisiana Universal Certificate of Immunizations

No. 5281 P. 2

Expiration Date: 06/15/2011 Vaccine: Tdap  
This record is invalid without a proper expiration date

Child's Name: EMILY CHELETTE Date of Birth: 08/06/1985 Parent or Guardian: CATHY  
SIS Patient ID: 3982473

Vaccine	MONTH, DAY AND YEAR EACH DOSE WAS GIVEN							
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Dose 7	Dose 8
DTaP/DTP/d	10/28/1985	12/14/1985	02/11/1987	04/20/1990	07/19/2001			
OPV/IPV	10/28/1985	12/14/1985	02/11/1987	04/20/1990				
MMR	02/11/1987	07/24/1991						
Hib	09/03/1987							
Hep A	05/20/2011							
Hep B - 3 Dose	05/22/2008	06/22/2006	01/03/2007					
Meningococcal	08/06/2006							

\* School Entry Complete - Minimum: 4-DTP, 3-Polio, (1st DTP and Polio after 4th birthday), 2-MMR after 1st birthday and, 3-Hep B  
 \*\* Daycare Center. Hib also required  
 \*\*\* Beginning Aug 2003, Varicella vaccine or history of the disease will be required for school and daycare entry.  
 \*\*\*\* As a result of Hurricanes Katrina and Rita in 2005, many immunization records were destroyed or lost. Impacted children should be considered up-to-date for enrollment as long as they show proof of having received age-appropriate immunizations.  
 Varicella History: Contraindication: Parent report of disease

I certify that this child has received the above noted immunizations and is in compliance with rules set forth by the State of Louisiana, Department of Health and Hospitals, Office of Public Health with the expiration date above

*Jan London*  
 Authorized Signature Date: July 7, 2011  
 Clinic of Issue: RATIBONE CLINIC

Falseification of this record could result in imprisonment for not more than five years or by a fine of not more than five thousand dollars, or both, pursuant to R.S. 14:132 or R.S. 14:133.

The sole purpose of this form is to document a patient's immunization history to authorized child care/school officials in accordance with Louisiana laws and regulations. It is not intended for use as a government-issued form of identification and cannot be accepted as a primary source of identification. The Louisiana Department of

CHELETTE, EMILY

Accession: RV327726

34047  
 RATHBONE  
 RICHARD F  
 M.D.  
 11323 CHURCH ST  
 CLINTON, LA 70722

**CLINICAL PATHOLOGY LABORATORIES, INC.**

9200 Wall Street - Austin, Texas 78754  
 512-873-1600 1-800-633-4757

Cap Accreditation # 21525-01  
 CLIA # 45D0850303

PATIENT NAME	PATIENT ID	ROOM NUMBER	AGE	SEX	PHYSICIAN
CHELETTE, EMILY	1004483		25 Y 08/05/1985	F	RATHBONERICHARD

REQUISITION NO	ACCESSION NO	ID. NO.	COLLECTION DATE & TIME	LOG-IN-DATE	REPORT DATE	& TIME
R3404718359-0	RV327726	5046155004	05/20/11 08:11 AM	05/20/11 06:46 PM	05/23/11	07:59PM

**TEST RESULTS UNITS EXPECTED RANGE LAB**

**VARICELLA ZOSTER IGG**  
 VZV Igg Index Value **1.63** SEE BELOW. MAIN

Interpretation  
 Negative for antibodies to VZV Igg  
 Equivocal for antibodies to VZV Igg  
 Positive for antibodies to VZV Igg

PERFORMING LAB(S) LEGEND:  
 MAIN CLINICAL PATHOLOGY LABS, INC  
 9200 WALL STREET, AUSTIN, TX 78754-4334  
 LABORATORY DIRECTOR: ANNECA SIEBERMAN, MD  
 45D0850303

Reviewed by:

FINAL

(+) *[Signature]*

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FELICIANA DIAGNOSTICS Jul. 7. 2011 3:49PM