

Save, Commands: 1 1028212 DEVLIN, COURTNEY Form 1.0

31 Acc't Name: \_\_\_\_\_ Acc't. No: \_\_\_\_\_ Type: UX Dr: 32\_
32 Addr: 3218 HANOVER DALLAS, TX 75225
33 Phone Home: 214-368-2133 Phone RP Work: 214-692-9211
34 Phone Mother Work or Emergency: \_\_\_\_\_

PATIENT INFORMATION

25
26 Pt Name: DEVLIN, COURTNEY Birth: 09/27/86 Pt. No: 1028212
27 Last P.E.: 09/18/03 Drug Reactions: \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_
28 Last Visit: 09/18/03

IMMUNIZATIONS

10 DPT: (1) 12/16/86 (2) 02/06/87 (3) 03/24/87 (4) 03/29/88 (5) 06/04/92
11 DPT: (6) \_\_\_\_\_
12 DT: (1) 07/11/02 (2) 10/21/05 (3) \_\_\_\_\_ (4) \_\_\_\_\_ (5) \_\_\_\_\_
13 OPV/IPV (1) 12/16/86 (2) 02/06/87 (3) 03/24/87 (4) 03/29/88 (5) 06/04/92
14 OPV/IPV (6) \_\_\_\_\_
15 Hib: (1) 03/29/88 (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_ PVX \_\_\_\_\_
16 MMR: (1) 02/04/88 (2) 08/12/94 MSL \_\_\_\_\_ TB 04/08/96 PPD \_\_\_\_\_
17 HEP B: (1) 07/11/00 (2) 04/26/01 (3) 07/11/02 VAR (1) \_\_\_\_\_ (2) \_\_\_\_\_
18 HEP A: (1) 06/04/92 (2) \_\_\_\_\_ (3) \_\_\_\_\_
19 RV: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_
20 PNEMO: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

21 Tdap 08/2009

[Handwritten signature]

Cook Childrens Healthcare System  
Occupational Health Services  
801 7th Ave.  
Fort Worth, TX 76104  
682-885-3837 office  
682-885-6717 fax

*Individual Immunization Compliance Report*

Employee	Devlin, Courtney B.	SSN	XXX-XX-6490
DOB	09/27/1986	ID	14579
Department	PICU	Job	RN

PPD						
Date Given	10/10/2011	08/17/2011	CXR		Pro Rx Declined	//
Date Read	10/12/2011	08/19/2011	Pro Rx Begin	//		
MM Reaction	0	0	Pro Rx End	//		
Status	N	N				

Hepatitis B				Lab Date	Value	Result
Dose 1	07/11/2000	Decline	Booster 1	HBsAb	10/14/2011	P
Dose 2	04/26/2001		Booster 2	HBsAg		
Dose 3	07/11/2002			Core Ab		

Titers			
Date	Type	Result	Susceptible
10/14/2011	Hepatitis B Surface Antibody	P	
10/14/2011	Varicella	IMMUNE	

Vaccines			
Date	Type	Status	Note
08/23/2012	Influenza-Seasonal TIV	C	
10/10/2011	Influenza-Seasonal TIV	C	done in orientation
08/22/2009	Tetanus Diphtheria Acellular Pertussis		record
08/12/1994	MMR		record
02/04/1988	MMR		record

Required Exams/Training		
Exam/Training Type	Date Due	Last Exam Date
Annual Influenza Vaccination	08/23/2013	08/23/2012
Annual Health Assessment	11/29/2012	11/29/2011
Blood Pressure/Vitals	11/29/2012	11/29/2011
Tuberculin Skin Test	10/10/2012	10/10/2011
Respirator Fit Test	10/10/2011	
Respirator Training	10/10/2011	

Disease History		
Date	Type	Reported By

ADACEL INJ SANO Days Supply:1  
INJECT ADMINISTER AS PER PROTOCOL I.M. INJECTION  
ICD-9 V06.8 CPT 90715 & ADMIN CPT 90471  
NO REFILLS DOB: 09/27/86

DEVLIN, COURTNEY B.  
\*\*NO SAFETY CAPS\*\*

CASH 08/22/09 Rx 6093983



1 2 3 4  
COUNSEL

Signature \_\_\_\_\_



7000 SNIDER PLAZA UNIVERSITY PARK TX 75205  
(214) 346-4586 NABP 4520133

Date 08/22/09

Call your doctor for medical advice about side effects.  
You may report side effects to FDA at 1-800-FDA-1088.

DEVLIN, COURTNEY B.  
7255 LANE PARK DR.  
DALLAS, TX 75225  
(214) 502-0596  
Dr. PENNELLA, CORIN/HURLEY,  
ADACEL INJ SANO  
Qty: 1 49281-0400-10

Rx 6093983-GR  
Price 59.99

Do not flush unused medications or pour down a sink or drain.

NET \$59.99

DEVLIN, COURTNEY B. Rx 6093983-GR



Pharmacy Dept: \$59.99  
ASK ABOUT AUTO-REFILL ENROLLMENT



DRUG NAME: ADACEL INJ SANO

GENERIC NAME: TETANUS TOXOID (TET-a-nus), DIPHTHERIA TOXOID (dif-THEER-ee-a), AND ACELLULAR PERTUSSIS (aye-SELL-yoo-ler per-TUS-is) VACCINE

COMMON USES: This medicine is a vaccine used to prevent tetanus, diphtheria, and pertussis infections.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. This medicine is given as an injection at your doctor's office, hospital, or clinic. This medicine is usually handled and stored by a health care provider. If you are using this medicine at home, STORE THIS MEDICINE as directed by your pharmacist or health care provider. Protect from light. IF YOU MISS A DOSE OF THIS MEDICINE, contact your doctor as soon as possible to reschedule your dose.

CAUTIONS: DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it or if you are allergic to any ingredient in this product. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are using this medicine. TELL YOUR DOCTOR IF YOU WILL BE RECEIVING OTHER VACCINES. THIS MEDICINE MAY NOT PROTECT EVERYONE WHO RECEIVES IT FROM TETANUS, DIPHTHERIA, OR PERTUSSIS. Discuss any questions or concerns with your doctor. This medicine is not approved for use in ELDERLY patients older than 64 years old; safety and effectiveness in these patients have not been confirmed. CAUTION IS ADVISED WHEN USING THIS MEDICINE IN CHILDREN because they may be more sensitive to the effects of the medicine, especially fever. This medicine is not approved for use in CHILDREN younger than 11 years old; safety and effectiveness in these children have not been confirmed. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS that may occur while using this medicine include diarrhea; headache; mild fever or chills; minor joint pain or swelling; minor pain, swelling, or redness at the injection site; minor muscle ache or weakness; nausea; tiredness; or vomiting. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience blistering or sores at the injection site; fainting; muscle spasms; numbness or tingling of the arms or legs; seizure; severe or persistent fever, chills, or dizziness; severe or persistent diarrhea or vomiting; severe or persistent joint pain or swelling; or severe or persistent muscle weakness. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

The information in this monograph is not intended to cover all possible uses, directions, precautions, drug interactions, or adverse effects. This information is generalized and is not intended as specific medical advice. If you have questions about the medicines you are taking or would like more information, check with your doctor, pharmacist, or nurse.

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This is not intended to inform you of all side effects or risk of this medication. You should consult your Physician for more information.