

BUSINESS SERVICES-OUTPATIENT 3288 MOANALUA ROAD HONOLULU HI 96819 9/5/2025

Immunization Summary

Member	nformati	on
--------	----------	----

Member NameLegal SexDOBIcalia, Vincent FMale4/16/1987

TB-PPD (Outpatient)

No TB-PPD on file

Complete Immunization Summary

Name Date
INFS pres free 6mos-adult
(Fluzone trivalent) (influenza)