

Vaccine	Date	Given By (Doctor or Clinic Name)	Next Dose Due
Varicella	1		
	2		
Pneumococcal Conjugate (PCV7)	1		
	2		
	3		
	4		

Other Vaccinations			Next Dose Due
Vaccine	Date	Given By (Doctor or Clinic Name)	
HepB	31 Jan 85		
HepB	18 Mar 85		
HepB	11 Jul 90		

TRANSCRIBED FROM
 OFFICIAL DOD RECORDS
 DEC 91 Neg h-tek
 Restart Series
 LORI NEWMES ANOVA
 3010G EAFB, AK 99506

TB SKIN TESTS						Result
Type	Given By	Date	Read By	Date	(mm induration)	
<input checked="" type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other _____	KM Mosley RN	5/18/04	KM	5/20/04		Neg
<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other _____		/ /		/ /		
<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other _____		/ /		/ /		
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<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other _____		/ /		/ /		

ALASKA IMMUNIZATION RECORD

OFFICIAL DOCUMENT

Rev. 4/02

State law requires that your child meet Alaska's Immunization requirements to be enrolleds in school or licensed day care. **RETAIN THIS DOCUMENT AS PROOF OF IMMUNIZATION.**

Name Bostek, Chester

Birthdate 5 Mar 47 SSN 30/573-68-7773

Allergies Penicillin

Vaccine Reactions _____

PRESENT THIS RECORD AT EACH MEDICAL VISIT