Immunizations

Selected Record

Last Name	First Name	Middle Name	DOB	Gender	Mother's Maiden	Phone Number
ZZTEST	PATIENT		1/20/1944	Male		6085551212

Vaccine Schedule

Vaccine Group	Dose#	Earliest Date	Recommended Date	Overdue Date	Status
Td	4 of 3	9/27/2021	9/27/2026	9/27/2026	Up to Date
Influenza	3 of 2	8/1/2021	8/1/2021	11/25/2021	Up to Date
Zoster: Shingrix	3 of 3	11/11/2019	11/11/2019	12/9/2019	Past Due
VARICELLA start age 13	1 of 2	9/25/2012	9/25/2012	9/25/2012	Past Due

Immunization History

Refused = Contraindication = Reaction =

Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
Influenza	11/9/2006	10/3/2008	9/25/2009	10/19/2011	11/21/2007	8/29/2014
Influenza High Dose	9/19/2013	9/29/2015	9/27/2016	10/4/2018	9/16/2019	
Influenza Quadrivalent Adjuvanted	8/25/2020					
Influenza-Whole Virus	10/12/1998	10/15/1997	10/25/1999	11/1/1996		
Pfizer COVID-19 Vaccine	1/14/2021	2/4/2021				
Pneumo-Conjugate 13	12/8/2015					
Pneumococcal 23	12/5/2007	9/29/2015				
Td Preservative-Free	12/1/2006					
Tdap	9/27/2016					
Zoster (shingles), live	6/28/2012					
Zoster (shingles), recombinant	9/16/2019					