



Connecticut Department Of Public Health
Keeping Connecticut Healthy
Connecticut Immunization Information System
Official Immunization Record



As of Date: March 16, 2020

PATIENT NAME

Date of Birth: 07/01/2008

Gender: MALE

This represents the Official State of Connecticut, Department of Public Health immunization record. This record contains immunizations reported to the Department of Public Health by your medical provider. If you believe this record is incomplete or incorrect please contact your medical provider.

! = Invalid Dose. ⓧ = Dose determined invalid by provider.

DTaP / TD / Tdap			
	Vaccine	Date Given MM/DD/YYYY	Age at Time of Vaccination
1	DTaP, UF	09/19/2008	0Y 2M 11D
2	DTaP, UF	11/12/2008	0Y 4M 4D
3	DTaP, UF	01/15/2009	0Y 6M 7D
4	DTaP, UF	10/12/2009	1Y 3M 4D
5			

Polio			
	Vaccine	Date Given MM/DD/YYYY	Age at Time of Vaccination
1	Polio-IPV	09/18/2008	0Y 2M 10D
2	Polio-IPV	11/12/2008	0Y 4M 4D
3	Polio-IPV	01/15/2009	0Y 6M 7D
4	Polio-IPV	10/12/2009	1Y 3M 4D
5			

Hib			
	Vaccine	Date Given MM/DD/YYYY	Age at Time of Vaccination
1	Hib, UF	09/18/2008	0Y 2M 10D
2	Hib, UF	11/12/2008	0Y 4M 4D
3	Hib, UF	01/15/2009	0Y 6M 7D
4	Hib, UF	10/12/2009	1Y 3M 4D
5			

Pneumococcal			
	Vaccine	Date Given MM/DD/YYYY	Age at Time of Vaccination
1	PCV7	09/18/2008	0Y 2M 10D
2	PCV7	11/12/2008	0Y 4M 4D

3	PCV7	01/15/2009	0Y 6M 7D
4	PCV7	10/12/2009	1Y 3M 4D
5			

Rotavirus			
	Vaccine	Date Given MM/DD/YYYY	Age at Time of Vaccination
1	Rotavirus, UF	09/18/2008	0Y 2M 10D
2	Rotavirus, UF	11/12/2008	0Y 4M 4D
3	Rotavirus, UF	01/15/2009	0Y 6M 7D

Hep A			
	Vaccine	Date Given MM/DD/YYYY	Age at Time of Vaccination
1	Hep A, ped/adol, 2D	07/10/2009	1Y 0M 2D
2	Hep A, ped/adol, 2D	01/11/2010	1Y 6M 3D
3			

Hep B			
	Vaccine	Date Given MM/DD/YYYY	Age at Time of Vaccination
1	Hep B, UF	07/08/2008	0Y 0M 0D
2	Hep B, UF	09/18/2008	0Y 2M 10D
3	Hep B, UF	11/12/2008	0Y 4M 4D
4	Hep B, UF	01/15/2009	0Y 6M 7D
5			

MMR			
	Vaccine	Date Given MM/DD/YYYY	Age at Time of Vaccination
1	MMR	07/10/2009	1Y 0M 2D
2			

PATIENT NAME**Date of Birth:** 07/01/2008**Gender:** MALE

This represents the Official State of Connecticut, Department of Public Health immunization record. This record contains immunizations reported to the Department of Public Health by your medical provider. If you believe this record is incomplete or incorrect please contact your medical provider.

! = Invalid Dose. ❌ = Dose determined invalid by provider.

Varicella (CPOX)			
	Vaccine	Date Given MM/DD/YYYY	Age at Time of Vaccination
1	Varicella	07/10/2009	1Y 0M 2D
2			

Meningococcal			
	Vaccine	Date Given MM/DD/YYYY	Age at Time of Vaccination
1			

HPV			
	Vaccine	Date Given MM/DD/YYYY	Age at Time of Vaccination
1			

Influenza			
	Vaccine	Date Given MM/DD/YYYY	Age at Time of Vaccination
1	Influenza Quad Inj P	12/10/2012	4Y 5M 2D
2			

Other			
	Vaccine	Date Given MM/DD/YYYY	Age at Time of Vaccination
1			

Zoster			
	Vaccine	Date Given MM/DD/YYYY	Age at Time of Vaccination
1			

Precautions/Contraindications		
Description	Start	End