Registro de Salud

JAVIERA PAZ OLGUIN AVENDAÑO

Rut: 20.807.962-K

Fecha: 05/10/2021

Grupo Sanguíneo y Factor RH

ALERGIAS	
Alérgeno	**Severidad**

ENFERMEDADES	
Nombre	**Edad**

HOSPITALIZACIÓN		
Motivo	**Fecha**	**Clinica/Hospital**
Apendicitis Aguda	14/08/2017	Clinica Alemana

VACUNAS		
Nombre	**Fecha**	**Lugar**
Tres Virica	29/10/2002	Clinica Alemana
Antigripal (influenza + H1n1)	22/05/2010	Clinica Alemana

VACUNAS		
Nombre	**Fecha**	**Lugar**
Menactra Vacuna Meningococica	10/12/2014	Clinica Alemana
Vacuna Varivax X Vial 5 Ml (frio)	10/12/2014	Clinica Alemana
Twinrix A. Hep. A Y B	10/12/2014	Clinica Alemana
Gardasil Vph	10/12/2014	Clinica Alemana
Neumococo Conj.	10/04/2002	Clinica Alemana
Polio Oral	10/04/2002	Clinica Alemana
Tetra Dpt Hib	10/04/2002	Clinica Alemana
Neumococo Conj.	07/12/2001	Clinica Alemana
Polio Oral	07/12/2001	Clinica Alemana
Tetra Dpt Hib	07/12/2001	Clinica Alemana
Treta Dpt Hib	07/02/2002	Clinica Alemana
Polio Oral	07/02/2002	Clinica Alemana
Neumococo Conj.	07/02/2002	Clinica Alemana
Vacuna Gardasil 9	05/11/2019	Clinica Alemana

dministration Record

Insurance No.:

ame: Javiera Olguin

s:

Date: Oct 3, 2001 Male ____ Female ✓

Clinic Name and Address:
Brookline Health Dept.
11 Pierce St., Brookline, MA 02445

Name(s) of Vaccine Administrator(s):	Initials
Bm L. Westley RN	BW

Use Reverse Side for Additional Names and Initials

ccine administrator: Make sure to give the parent or legal representative the most recent copy of the Vaccine Information Statement (VIS) which explains risks nd benefits of vaccine for each dose of vaccine given.

Vaccine	Type of Vaccine*	Date Given mo/day/yr	Dose	Route (PO, SC, IM, ID, IN)	Site (RA,LA, RT, LT)	Vaccine lot #	Vaccine mfr.	Vaccine Information Statement Date on VIS	Vaccine Information Statement Date Given	Vaccine Admin Initials
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	Hep B #3	11/10/15	0.5	IM	RA	L004754	Merck			BW
				IM						
				IM						
				IM						
Diphtheria, Tetanus, Pertussis (e.g., DTP, DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, DTaP-IPV/Hib, Td, Tdap)	Tdap	1-22-15	0.5	IM	LA	Adacel® NDC 49281-400-58 (L) C4690BA (E) 04 FEB 2017	S-P	5-19-15	1-22-15	BW
				IM						
				IM						
				IM						
				IM						
				IM						
Haemophilus influenzae type b (e.g., Hib, HepB-Hib, DTaP-Hib, DTaP-IPV/Hib)				IM						
				IM						
				IM						
				IM						
Polio (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib)	IPV	1-22-15	0.5	IM SC	LA	J1281	S-P	11-8-11	1-22-15	BW
				IM·SC						
				IM·SC						
				IM·SC						
Pneumococcal Conjugate (PCV7)				IM						
				IM						
				IM						
				IM						
Hepatitis A (HepA, HepA-HepB)				IM						
				IM						
Rotavirus (e.g., RV5: 3-dose series, RV1: 2-dose series)				PO						
				PO						
				PO						
Measles, Mumps, Rubella (MMR, MMRV)	MMR	1-26-15	0.5	SC	RA	K004949	Merck	4-20-12	1-26-15	BW
				SC						
Varicella (Var, MMRV)	VAR	1-26-15	0.5	SC	LA	K015969	Merck	3-13-08	1-26-15	BW
				SC						

☐ Check box if this child has a physician-certified reliable history of chickenpox. Date box checked ___/___/___ A reliable history of chickenpox is defined as: 1) physician interpretation of parent/guardian description of chickenpox; 2) physician diagnosis of chickenpox; or 3) laboratory proof of immunity.

Meningococcal Conjugate (MCV4) or Polysaccharide (MPSV4)				IM·SC						
				IM·SC						
Influenza Inactivated (Intramuscular) or Live (Intranasal)				IM·IN						
				IM·IN						
				IM·IN						
Pneumococcal Polysaccharide (PPV23)				IM·SC						
				IM·SC						
Human Papillomavirus (HPV)				IM						
				IM						
				IM						
Other										

* Record the generic abbreviation for the type of vaccine given (e.g., DTaP), not the trade name. For combination vaccines, indicate the type (e.g.,DTaP-Hib) and all other information for each individual antigen (e.g., in the DTP and Hib sections) comprising the combination.

Massachusetts Immunization Information

Certificate of Immunization

Name: JAVIERA OLGUIN Birth Date: 10/03/2001 Age: 14 Yr 1 Mo Gender: Female

Vaccine Group	#	Vaccine	Date
Hepatitis B	1	HepB, unspecified	02/07/2002
	2	HepB, unspecified	12/10/2014
	3	HepB-Peds	11/10/2015
Diphtheria Tetanus Pertussis	1	DTaP,unspecified	12/07/2001
	2	DTaP,unspecified	02/07/2002
	3	DTaP,unspecified	04/10/2002
	4	Tdap	01/22/2015
	5		
	6		
	7		
Hib	1	Hib, unspecified	12/07/2001
	2	Hib, unspecified	02/07/2002
	3	Hib, unspecified	04/10/2002
	4		
Poliomyelitis	1	Polio, unspecified	12/07/2001
	2	Polio, unspecified	02/07/2002
	3	Polio, unspecified	04/10/2002
	4	IPV	01/22/2015
	5		
Pneumococcal Conjugate	1	Pneumococcal Congugate, unspecified	12/07/2001
	2	Pneumococcal Congugate, unspecified	02/07/2002
	3	Pneumococcal Congugate, unspecified	04/10/2002
	4		

Vaccine Group	#	Vaccine	Date
Rotavirus	1		
	2		
	3		
Measles Mumps Rubella	1	MMR	10/29/2002
	2	MMR	01/26/2015
Varicella	1	Varicella	12/10/2014
	2	Varicella	01/26/2015
Meningococcal	1	MCV4-Menactra	12/10/2014
	2		
Influenza	1	Flu, unspecified	05/22/2010
	2		
	3		
	4		
Influenza-H1N1	1		
	2		
	3		
	4		
Pneumococcal Polysaccharide	1		
	2		
Hepatitis A	1	HepA, unspecified	10/12/2014
	2		
Human Papilloma Virus	1	HPV, unspecified	12/10/2014
	2		
	3		
Zoster	1		

Other vaccine(s):
School Exemption(s):
Serologic Proof Of Immunity:
Chickenpox (Varicella) history:

I certify that this certificate was created from the immunization records of the above-named individual.

Doctor or nurse's name (please print): Barbara Westley RN Date: 11-10-15

Facility Name: Brookline Health Dept.

Signature: Barbara Westley RN

This report was printed by Barbara Westley at Brookline Health Department from the MIIS on November 10, 2015 at 03:46 PM. It may be accepted for school entry requirements without a signature in compliance with Massachusetts' regulation 105 CMR 220.400.

*NV = Not Valid, RI = Recalled Invalid, UR = Under Review, N/A = Not Applicable

*This certificate reflects the Immunization information contained in the MIIS. It may not be a complete representation of this patient's most current immunization status.

Ministerio de Salud
Gobierno de Chile

Salud Digital | Ministerio de Salud

Fecha de Emisión: 16 de noviembre de 2025

Comprobante de Vacunación

Nombre Javiera Paz Olguín Avendaño

Número de Documento **[RUN]** 20.807.962-K

Fecha de Nacimiento 3 de octubre de 2001

Edad 24 años

En este documento podrás revisar tus Vacunas e Inmunizaciones disponibles en el Registro Nacional de Inmunizaciones (RNI) del Ministerio de Salud desde 2021 a la fecha.

Vacuna	Dosis	Fecha de Administración	Establecimiento
Vacuna contra hepatitis B	1° Dosis	05-11-2025	Centro Médico y Dental Arauco Salud
Vacuna contra influenza trivalente	Única (0,5 ml)	28-03-2025	Hospital San Juan de Dios (Santiago, Santiago)
Vacuna contra COVID-19 JN.1 (Moderna)	Única	28-03-2025	Hospital San Juan de Dios (Santiago, Santiago)
Vacuna contra COVID-19 XBB.1.5 (Pfizer)	Refuerzo	04-06-2024	Hospital Clínico Universidad de Chile
Vacuna contra influenza trivalente	Única	15-05-2024	Hospital Clínico Universidad de Chile
Vacuna contra COVID-19 (Pfizer)	Refuerzo Bivalente	25-04-2023	Centro de Salud Familiar Agustín Cruz Melo
Vacuna contra influenza trivalente	Única	20-03-2023	Hospital Clínico Universidad de Chile
Vacuna contra COVID-19 (Moderna)	4° Dosis	06-06-2022	Centro de Salud Familiar Ossandon