

Virginia Department of Health
Immunization Record

Print Date: 12/06/2021

Client ID: **136615022** Name: **HERRERA QUEZADA, CATALINA ARACELLY** DOB: **08/12/2003**
 District: **ALEXANDRIA** Print Site: **510A**
 Name: **HEALTH DISTRICT**
 Site Name: **AHD-KING STREET CTR** Phone: **(703)746-4996**
 Site Address: **4480 KING ST ALEXANDRIA, VA 22302**

Item Code	Date(s) Given
BCG	08/13/2003
HEPA-AD/HEPB-AD	11/26/2019
HEPA-PED	09/11/2020
HEPB-PED	12/17/2019 02/12/2020 09/11/2020
HPV	10/26/2015 09/14/2016
IPV	01/08/2020 02/12/2020 09/11/2020
MCV4-O	11/26/2019
MMR	11/26/2019 01/08/2020
QFLU-PFA	01/08/2020 09/11/2020
TDAP	08/30/2017
Td	12/07/2011 01/08/2020

Skin Tests:

Item Code	Date(s) Given	Date Read	Reading	Reading Type
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Contraindications/Exemptions:

Item Code	Description	Type	Eff. Until Date	Disease Date / Year
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Comments: HISTORY OF VARICELLA DISEASE 2014.
 Next shots due on:

This is an official replication of the immunization record for the above person. Dates of immunization are either dates given or dates recorded with your physician or with the Virginia Department of Health.

Signature of Physician or Health Dept. Official : *M. Michelle Stockton* Date : 12-6-21

For School Entry Purposes:

I certify that this student has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this student has a plan for the completion of his/her requirements within the next 90 days (conditional enrollment).

Signature of Physician or Health Dept. Official : _____ Date : _____

I certify that this student is AGE APPROPRIATELY IMMUNIZED in accordance with the MINIMUM requirements for attending school prescribed by the State Board of Health.

Signature of Physician or Health Dept. Official : _____ Date : _____

Fecha de Emisión: 10 de enero de 2026

Comprobante de Vacunación

Nombre Catalina Aracelly Herrera Quezada

Número de Documento [RUN] 21.360.706-5

Fecha de Nacimiento 12 de agosto de 2003

Edad 22 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 COVID-19 JN.1 (Pfizer)	Refuerzo	26-05-2025	Hospital Clínico San Borja Arriarán
Vacuna contra influenza trivalente	Única (0,5 ml)	21-03-2025	Hospital Clínico San Borja Arriarán
Vacuna contra COVID-19 XBB.1.5 (Moderna)	Refuerzo	20-12-2024	Centro de Salud Familiar Agustín Cruz Melo
Vacuna contra influenza trivalente	Única	05-04-2024	Centro de Salud Familiar Eduardo Frei Montalva
Vacuna contra COVID-19 XBB.1.5 (Moderna)	Refuerzo	07-12-2023	Centro de Salud Familiar Agustín Cruz Melo
Vacuna contra influenza trivalente	Única	30-05-2023	Centro de Salud Familiar Eduardo Frei Montalva
Vacuna contra hepatitis B	3° Dosis	15-05-2023	Hospital Clínico Universidad de Chile
Vacuna contra COVID-19 (internacional)	4° Dosis (Moderna)	23-05-2022	Centro de Salud Familiar Padre Pierre Dubois (Ex L