

## Patient Vaccination Record

Summary (Does not include all vaccine types)

**Organization:** 1859 - DC HEALTH  
**Facility:** DOCIIS 1.0 - MISSING FACILITY ID  
**Date:** March 24, 2023  
**Patient ID:** 723795  
**Name:** MATIAS A AYALA  
**Birth Date:** 09/29/2006  
**Sex:** MALE  
**Physician:**  
**Medicaid No:**  
**Guardian:**

**Phone:**  
**Street:**  
**City:**  
**State:**  
**Zip Code:**  
**Country:**  
**WIC ID:**

Vaccine Group	Dose 1	Dose 2	Dose 3	Dose 4
DTaP/DT/Td	12/05/2006 9 weeks	02/13/2007 4 months	05/02/2007 7 months	01/29/2008 16 months
OPV/IPV	12/05/2006 9 weeks	02/13/2007 4 months	05/02/2007 7 months	
MMR	10/03/2007 12 months			
Hib	12/05/2006 9 weeks	02/13/2007 4 months	05/02/2007 7 months	01/29/2008 16 months
Hep A	01/29/2008 16 months	10/01/2008 24 months		
Hep B - 3 Dose	12/05/2006 9 weeks	02/13/2007 4 months	05/02/2007 7 months	
Varicella	10/03/2007 12 months			
Rotavirus	12/05/2006 9 weeks	02/13/2007 4 months	05/02/2007 7 months	
Pneumo (PCV)	12/05/2006 9 weeks	02/13/2007 4 months	05/02/2007 7 months	01/29/2008 16 months

**Next Vaccine Due:** MMR **Recommended Due Date:** 09/29/2010

Signature of physician or authorized representative of health agency:

**DC Health**  
**Health Care Access Bureau**  
**Immunization Program**  
**899 North Capital Street, NE**  
**3<sup>rd</sup> Floor**  
**Washington, DC 20002**