



# Minnesota Immunization Report

Name (L, F M): **MOUSE, MICKEY**

MIIC ID: 0000000

Date of Birth: 12/29/2008

Age: 9 years, 6 months, 22 days

Gender: M

Org ID: N/A

This report contains immunizations submitted to MIIC. Provider participation in MIIC is voluntary. Please check with your healthcare provider if you notice missing vaccinations. This report should be acceptable to use as proof of immunization for child care, school, and other purposes.

## Immunization History

Vaccine Type	Dose Number	Date Given	Vaccine (Trade Name)
DTP/aP	1 of 5	03/03/2009	DTAP/Polio/Hep B [Pediatrix ®]
DTP/aP	2 of 5	05/06/2009	DTAP/Polio/Hep B [Pediatrix ®]
DTP/aP	3 of 5	07/14/2009	DTAP/Polio/Hep B [Pediatrix ®]
DTP/aP	4 of 5	07/16/2010	DTaP
DTP/aP	5 of 5	07/25/2014	DTaP/Polio [Kinrix ®]
H1N1 Novel Flu		01/18/2010	H1N1-09 Novel Flu, all formulations
HepA	1 of 2	04/28/2010	HepA, unspecified formulation
HepA	2 of 2	01/11/2011	HepA, unspecified formulation
HepB	1 of 3	03/03/2009	DTAP/Polio/Hep B [Pediatrix ®]
HepB	2 of 3	05/06/2009	DTAP/Polio/Hep B [Pediatrix ®]
HepB	3 of 3	07/14/2009	DTAP/Polio/Hep B [Pediatrix ®]
Hib	1 of 4	03/03/2009	Hib-PRP-T [ActHib ®]
Hib	2 of 4	05/06/2009	Hib-PRP-T [ActHib ®]
Hib	3 of 4	07/14/2009	Hib-PRP-T [ActHib ®]
Hib	4 of 4	04/28/2010	Hib-PRP-T [ActHib ®]
Influenza	1 of 2	11/11/2009	FLU, unspecified formulation
Influenza	2 of 2	01/11/2011	FLU, unspecified formulation
Influenza	Booster	11/06/2012	FLU, unspecified formulation
Influenza	Booster	09/03/2013	FLU quadrivalent, 3+ yrs [FluLaval, quadrivalent, 6 mos + ®]
Influenza	Booster	10/07/2016	FLU quadrivalent, p-free 3+ yrs [Fluarix quad 3+ yrs ®]
MMR	Not Valid	01/18/2010	MMR [MMR II ®]
MMR	1 of 2	07/25/2014	MMRV [Proquad ®]
Pneumo-conj	1 of 4	03/03/2009	Pneumo-PCV7 [Prevnar 7 ®]
Pneumo-conj	2 of 4	05/06/2009	Pneumo-PCV7 [Prevnar 7 ®]
Pneumo-conj	3 of 4	07/14/2009	Pneumo-PCV7 [Prevnar 7 ®]
Pneumo-conj	4 of 4	01/18/2010	Pneumo-PCV7 [Prevnar 7 ®]
Pneumo-conj		07/16/2010	Pneumo-PCV13 [Prevnar 13 ®]
Polio	1 of 4	03/03/2009	DTAP/Polio/Hep B [Pediatrix ®]
Polio	2 of 4	05/06/2009	DTAP/Polio/Hep B [Pediatrix ®]
Polio	3 of 4	07/14/2009	DTAP/Polio/Hep B [Pediatrix ®]
Polio	4 of 4	07/25/2014	DTaP/Polio [Kinrix ®]
Rotavirus	1 of 2	03/03/2009	Rotavirus, monovalent, 2-dose [Rotarix ®]
Rotavirus	2 of 2	05/06/2009	Rotavirus, monovalent, 2-dose [Rotarix ®]
Varicella	Not Valid	12/22/2009	Varicella [Varivax ®]
Varicella	1 of 2	07/25/2014	MMRV [Proquad ®]

Not Valid = According to the national immunization schedule and FDA license indications, this vaccine dose was given outside the recommended indications and may need to be repeated to ensure proper immunity. Please check with your healthcare provider if you have any questions.

## Immunization Comments

Comment	Date
None	

## Immunizations Recommended

Vaccine	Recommended Date
DTP/aP	COMPLETE
HPV	12/28/2019
HepA	COMPLETE
HepB	COMPLETE
Hib	COMPLETE
Influenza	07/01/2018
MMR	08/22/2014
Pneumo-conj	COMPLETE
Polio	COMPLETE
Rotavirus	COMPLETE
Td/Tdap	07/25/2024
Varicella	10/17/2014