



State of Alaska Official Patient Vaccination Record

All Recorded Vaccinations

Facility:		Phone: (907)469-0478
Date: April 25, 2024		Street:
Patient ID: 2673559		City:
Name: IZZY TOBOGGAN		State:
Birth Date: 01/12/2023		Zip Code:
Sex: FEMALE		Country: United States
Physician:		WIC ID:
Medicaid No:		
Guardian:		

Note: X= Invalid Dose

Vaccine Name	Dose 1	Dose 2	Dose 3	Dose 4
DTaP-Hep B-IPV	04/06/2023	06/04/2023	08/04/2023	
Hep A, ped/adol, 2 dose	02/04/2024			
Hep B, adolescent or pediatric	02/04/2023			
Hib (PRP-OMP)	04/06/2023	06/04/2023	02/04/2024	
Influenza vaccine, quadrivalent, adjuvanted	09/01/2023			
Influenza, injectable, quadrivalent, preservative free, pediatric	09/29/2023			
MMR	02/04/2024			
Pneumococcal conjugate PCV20, polysaccharide CRM197 conjugate, adjuvant, PF	04/06/2023	06/04/2023		
varicella	02/04/2024			

