

Certificate of Immunization
Central District Health Department
Family and Community Health System
12/18/2008

NAME: MARIA JESSA PARKINSON

CLIENT ID #: 000247804

DATE OF BIRTH: 07/19/1980

AGE (AS OF CERTIFICATION): 28

GENDER: F

CLINIC OF LAST ADMINISTERED: CENTRAL DISTRICT HEALTH DEPT

PARENT/GUARDIAN: MARIA JESSA PARKINSON

AND DATE OF SERVICE: 12/11/2008

| SERVICE DESCRIPTION | DOSE 1 | DOSE 2 | DOSE 3 | DOSE 4 | DOSE 5 | DOSE 6 |
|------------------------------|-------------|------------|--------|--------|--------|--------|
| MMR - ADULT | 08/22/2008* | 12/11/2008 | | | | |
| TDAP (ADACEL) - D | 08/22/2008* | | | | | |
| VARICELLA - ADULT - VARIV | 08/22/2008* | 12/11/2008 | | | | |

SIGNATURE OF PHYSICIAN OR AUTHORIZED

REPRESENTATIVE OF HEALTH AGENCY: _____

DATE: _____

CENTRAL DISTRICT HEALTH DEPT

10:39 a.m.

707 N. ARMSTRONG PL.

BOISE ID 83704

(208) 375-5211

FAX: (208) 327-8500

* INDICATES DOSE WAS HISTORICAL