

Immunization History

Columbia University Medical Center Student Health Service

Columbia University Medical Center Student
Health Service
630 W. 168th Street
Box 77
New York, NY 10032
(212) 305-3400

Patient Information

Name: Shuliak, Karyna
Address:

DOB:

ID:



Vaccination History

Name	Date	On Site	Additional Information
BCG	06/05/1989	N	
DT	05/11/2000	N	
DTP	10/25/1995	N	
DTP	06/11/1991	N	
DTP	11/30/1989	N	
Hepatitis B	03/04/2003	N	
Hepatitis B	04/18/2003	N	
Hepatitis B	10/21/2003	N	
Influenza split virus vaccine, IM	10/22/2013	Y	Exposure; 0.5ml; IM; Deltoid
Influenza split virus vaccine, IM	09/19/2012	Y	Exposure; 0.5ml; IM; Deltoid
Initial Health Assessment	05/24/2012	N	
Measles	06/08/1990	N	
Measles	07/31/1995	N	
Mumps	03/26/1991	N	
OPV (Polio)	10/25/1995	N	
OPV (Polio)	06/11/1991	N	
OPV (Polio)	08/13/1991	N	
PPD Planted	11/11/2013	Y	Other; 0.1 ml; Intradermal; Arm
PPD Planted	05/29/2012	Y	Other; 0.1ml; Intradermal; Arm
Rubella	02/14/2005	N	
Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) for IM use	05/24/2012	Y	Exposure; 0.5ml; injection; Arm

Titer Results

Name	Date	Result	Note
Hepatitis B	05/25/2012	Positive	1.90
Hepatitis C	05/25/2012	Negative	<0.1
Measles	05/25/2012	Positive	2.08
Mumps	05/25/2012	Positive	1.72
Rubella	05/25/2012	Positive	372
Varicella	05/25/2012	Positive	2.85

Incidences of Disease

None

Tuberculosis History

Report Date: 02/13/2014

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Address:

DOB: [REDACTED]

ID: [REDACTED]

Name	Date	Result Date	Result	Note
PPD	11/11/2013	11/13/2013	Negative (0 mm)	
PPD	05/29/2012	05/31/2012	Negative (0 mm)	
PPD	09/20/2003	09/20/2003	Negative (7 mm)	

Exemptions

Name	Expiration Date	Reason
Meningococcal	05/31/2022	Waived