



Wichita Falls Wichita County Public Health  
District

1700 Third Street  
Wichita Falls, TX 76301  
Tel:(940)761-7800

Encounter #: 10700 Date: Friday, August 28, 2015

**Personal Immunization Record**

Patient Name: **Larance Hollie Denise** Date of Birth: **01/01/1975**  
Parent/Guardian: **Self** Client ID: **12001098**  
Patient Address: **PO Box 57** IMMTRAC #:  
**NEWCASTLE, TX 76372**

Medical Exemptions

<u>Immunization</u>	<u>Vaccine Type</u>	<u>Immunization Date</u>	<u>Vaccine Manufacturer</u>	<u>Lot Number</u>
Rabies	Rabies	08/07/2015		565011A
	Rabies	08/14/2015		565011A
	Rabies	08/28/2015		565011A

PPD Tests

Clinic: Immunizations

Clinic Phone # (940) 761-6841

Next Vaccination: \_\_\_\_\_ Return for PPD Result:

Certified By Reuben LWN Date 8/28/15

Old Versions of this form in file for students in school should not be replaced.