



VERPLANCK ELEMENTARY SCHOOL

**126 OLCOTT STREET
MANCHESTER, CT 06040**

(860) 647-3383
Fax: (860) 647-5029

Mike Saimond, Principal

September 8, 2009

Honorable Maxwell Wiley
Justice of the Supreme Court
Criminal Term, Part 42
111 Centre Street
New York, NY 10013

Dear Judge Wiley,

This letter and enclosed documents are in response to the Judicial Subpoena Duces Tecum IND. NO. 5234-08 concerning THE PEOPLE OF THE STATE OF NEW YORK –against- Edward “Reese” Hopkins, Defendant. The subpoena was delivered by certified mail on Friday, September 4, 2009. The request for information was for August 19, 2009.

The records of Verplanck Elementary School indicate that Ethan Tessler, date of [REDACTED] attended Verplanck on the first day of school, August 26th, 2004 and continued as a student at Verplanck until his exit from Verplanck on December 22nd, 2004.

Please contact me if you have any questions or if I can be of further assistance.

Thank You.

Sincerely,

Mike Saimond

Mike Saimond

1003

Apt. A

Phone:

Guardian 1:

Guardian 2:

Living With: MOTHER

[illegible][illegible][illegible]

Date: 8/25/04

FORT LEE SCHOOL DISTRICT

255 Whiteman Street
Fort Lee, N.J. 07024

TRANSCRIPT REQUEST FORM

Dear Principal:

Ethan Tesher, a former student in your school is now enrolled in the Fort Lee Public School System.

Please furnish us with a complete transcript, grade level, and any other available information including Child Study Team records and health records. If student is in High School credits earned must be stated.

Sincerely yours,

Peter R. Emr

Principal

Peter R. Emr

Parent Consent

School No. 1
250 Hoym Street

()

School No. 2
2047 Jones Road

()

Verplank Elementary
Previous School

School No. 3
2405 Second Street

()

160 Olcott St
Street

School No. 4
1193 Anderson Avenue

(✓)

Manchester
City

Lewis F. Cole Middle School
467 Stillwell Avenue
Attention: Secretary

()

Connecticut 06040
State Zip Code

Fort Lee High School
3000 Lemoine Avenue
Attention: Guidance Secretary

()

~~203~~ 860-647-3383
Phone Number

860-647-5029
Fax Number

MANCHESTER SCHOOLS

A NOTE FROM THE SCHOOL NURSE

Date: 9/15/07

Dear: Mrs. Tessler,

I am not finding a physical exam. form completed by a Dr. prior to Ethan, transferring to this school. He has completed all his immunizations - the last being 8/25/04. Did he have a physical exam. at that time? If so I will need a copy

Signature: Jean Gustafson RN

White Copy - Recipient Yellow Copy - File

Fax # 647-5029

Check verified records
☒ Birth
☒ Immunization
☒ Residency
☐ Date Records Requested

MANCHESTER PUBLIC SCHOOLS
ENROLLMENT DATA

Date of Registry 8/14 Registered by KL
SSN [REDACTED]
Student # [REDACTED] Grade 2
Home School [REDACTED]
Assigned School [REDACTED]

Student's Last Name	Student's First Name	Student's Middle Name	Sex	Date of Birth			Date of Entry		
Tessler	Ethan	Conner	M ☒ F ☐	Mo.	Day	Year	Mo.	Day	Year
							08	26	04

PLACE OF BIRTH: City N.Y. State N.Y. Country U.S.A. U.S. Citizen ☒ Yes ☐ No
If foreign, list month/year of arrival in USA: Mo. Year
Pupil lives with: Both parents ☐ Father ☐ Mother ☒ Guardian ☐ Foster Parent ☐

Father: Full Name N/A Address Telephone No. DOB Previous Address
Legal Guardian: Full Name Address Telephone No. DOB Date of legal guardianship

Mother: Full Name [REDACTED] Address [REDACTED] Telephone No. [REDACTED] DOB [REDACTED] Previous Address [REDACTED]
Foster Parent: Full Name Address Telephone No. DOB
DCF Worker: Full Name Address Telephone No.

Father's Employer & Address Clear Channel Communications Hartford 10 Columbus Bus. Tel. [REDACTED]
Mother's Employer & Address Self Bus. Tel. [REDACTED]
Guardian's Employer & Address Bus. Tel. #
Foster Parent's Employer & Address Bus. Tel. #
Emergency Contact & Address Telephone

Names of Other Children Residing in the Home Date of Birth Sex(M/F) School Attending
[REDACTED] [REDACTED] F East Side middle - NYC

Number of Children in Family 2

Previously attended Manchester Schools? Yes ☐ No ☒ Date(s)

LAST TWO SCHOOLS ATTENDED (Include Address, If Out-Of-Town)
1. P.S. 198 3rd Ave NY NY 10128 Grade
2. Grade

Did your child receive special education services? ☐ Yes ☒ No What School? Did your child receive any other special services such as social work, speech and language, special reading, etc.? ☐ Yes ☒ No What School?
Any handicaps or problems school should know? None

LANGUAGE: Used in Home by Parents English By Student English Student Learned First English

SIGNATURE OF PARENT OR GUARDIAN: I hereby declare, under penalties of perjury, that all information supplied on this form is correct to the best of my knowledge. I understand that if any of this information is incorrect and the student is not entitled to enroll tuition-free as a Manchester resident, the student shall be discharged from the Manchester School system and the prevailing tuition charge assessed against me for each day the student is enrolled.
DATE 8/19/04 [REDACTED]

ETHNIC CODE FOR REPORTING PURPOSES (circle one)
1. American Indian/Alaskan Native
2. Asian or Pacific Islander
3. Black/not of Hispanic Origin
4. White
5. Hispanic
Parental Restrictions: Yes ☐ No ☒
BY WHOM:
(Court Documentation Required)

WHITE: CUM YELLOW: School or Special Services

BELOW IS AN EXACT COPY OF A
certificate contains any errors
New York, New York 10011
to do this at once. DO NOT
The reproduction or alteration
Health Code
Notice In issuing this transcript of the
statements made in
Mr. Joseph W. Hewes
MAYOR
VITAL RECORDS
DATE FILED: DEPT. OF HEALTH
BOROUGH OF MANHATTAN

Notice: In issuing this transcript of the record, the Department of Health of the City of New York does not certify to the truth of the statements made thereon as no inquiry as to the facts has been provided by law.

Margaret O. Hastings, ad.

MAYOR

COMMISSIONER OF HEALTH

Steven P. Schwartz
CITY REGISTRAR



VITAL RECORDS
DATE FILED: **DEPT OF HEALTH**
CERTIFICATE OF BIRTH
BOROUGH OF MANHATTAN

1997 MAY 22 P 3:16

Birth No.

1. FULL NAME OF CHILD		First Name		Middle Name		Last Name	
Ethan						Tessler-Conner	
2. SEX	3a. NUMBER DELIVERED of this pregnancy	4a. DATE OF CHILD BIRTH	(Day)		(Month)		(Year)
Male	1						
	3b. If more than one, number of this child in order of delivery	5b. Name of Facility (if not in institution, street address)					
		Tisch Hospital					
5. PLACE OF BIRTH	5a. NEW YORK CITY BOROUGH OF	5b. MOTHER'S DATE OF BIRTH		5c. MOTHER'S BIRTHPLACE City & State or foreign country		5d. TYPE OF PLACE	
	Manhattan			New York, NY		Hospital	
7. MOTHER'S USUAL RESIDENCE		7c. City, town, or location		7d. State		7e. Outside city limits of 7c? YES	
New York		New York		New York		YES	
8a. FATHER'S FULL NAME		8b. FATHER'S DATE OF BIRTH		8c. FATHER'S BIRTHPLACE City & State or foreign country		8d. TYPE OF PLACE	
				New York, NY		Hospital	
9a. NAME OF ATTENDANT AT DELIVERY		9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN					
Information added or amended		(Reason)					

Information added or amended

(Reason)

MANCHESTER PUBLIC SCHOOLS
WRITTEN PARENT CONSENT

FOR

TRANSFER OF CONFIDENTIAL INFORMATION

Date 8/19/04

P.S. 198

School address 3rd Avenue

New York, New York 10128

School Number
212-289-3702

I hereby request the Manchester Public Schools to release and/or receive the following confidential information regarding my child:

Student's Name Ethan Fessler Address 1 Downey Drive, Manchester, CT 06040
D.O.B. [REDACTED] School Verplanck School

	Receive	Release		Receive	Release
Psychological	☐	☒	Health	☐	☒
Psychiatric	☐	☒	I.E.P./PPT Minutes	☐	☒
Educational	☐	☒	Social Work	☐	☒
Speech/Language	☐	☒	Other	☐	☒
Cumulative	☐	☒			

To/From Verplanck School
Name 126 Olcott Street, Manchester, CT 06040
Address 126 Olcott Street Town Manchester State CT Zip Code 06040

[REDACTED]

8/19/04
Date

Original: Confidential Student File

PPT:11
(6/97)

MANCHESTER PUBLIC SCHOOLS
MANCHESTER, CONNECTICUT

Verification of Residence

NEW ENROLLEE/ STUDENT TRANSFER/ CHANGE OF ADDRESS (within Manchester)

Parent/Legal Guardian Statement

I (print name) [REDACTED] the parent or legal guardian of (name) Ethan Tesser
(address) 1 Downey Dr. certify that the above named student actually lives full time
(7 days per week) at the above address. The telephone number at the same address is [REDACTED]
and the telephone number in an emergency [REDACTED] 58 Grade 2

This information and the documents provided are accurate. I authorize representatives of the Manchester Public School to verify this information, and I understand falsification of any information or documents required for this verification will result in revocation of registration for the student.

Parent/Guardian Signature [REDACTED]

Date: 8/19/04

For Transfers only

Current School (send records) P.S. 158

New School Verplank

FOR OFFICE USE ONLY

In order to verify district residence, the child over 18, parents or guardians, or an emancipated minor must sign above and provide documents from any of the items listed below.

- ___ 1. Copy of one of the following at address within the district in the parent's or guardian's name:
- ___ a. Deed to home
 - ___ b. Escrow papers or signed mortgage commitment
 - ___ c. Dated rental agreement showing student(s) name
 - ___ d. Notarized letter from landlord or attorney acknowledging parent/guardian's and student's residence
- ___ 2. YS:14 to be filled out by person with whom family and student reside. Verification visit by Residency Confirmation staff will follow; **child may attend school.**
- ___ 3. Verification visit by Residency Confirmation staff (for situations not covered by 1 and 2); **child may not attend school until complete.**

Documents seen by: Alex L. Rohrer on 8-19-04



Manchester Public Schools

45 North School Street
Manchester, Connecticut 06040

ADMINISTRATIVE OFFICES

Superintendent of Schools
647-3442

Assistant Superintendent
Personnel and Administration
647-3451

Assistant Superintendent
for Instruction
647-3447

Director Pupil Personnel Services
647-3448

Business Manager
647-3445

ENGLISH LANGUAGE LEARNER'S SURVEY

CHILD'S NAME Ethan Fessler

Dear Parents:

In compliance with Public Act 77-588, please complete this questionnaire on behalf of your child.

1. In what language do you speak to your child in the home? English
2. In what language does your child respond to you in the home? English
3. What language did your child first speak? English

SCHOOL HISTORY

Has the student ever been in **BILINGUAL CLASSES** (Classes taught in a language other than English)? ☒ NO ☐ YES

IF YES, WHERE? (School and Town) _____

WHEN? (Dates or Grades) _____

Has the student ever been in **ESOL**, *English for Speakers of Other Languages*, Classes? (special classes or extra help learning English) ☒ NO ☐ YES

IF YES, WHERE? (School and/or Town) _____

WHEN? (Dates or Grades) _____

IF ENTERING FROM ANOTHER COUNTRY: Has the student studied English? ☒ NO ☐ YES

IF YES, WHERE? _____ HOW LONG? _____

LEASE AGREEMENT mt

THIS LEASE, made this **TWENTY-SIXTH** day of **JUNE, 2004**, between **FOUNTAIN VILLAGE ASSOCIATES, LLC**, of Manchester, Connecticut (landlord), and **EDWARD HOPKINS**, [REDACTED] 1A Downey Drive, Manchester, Connecticut (Tenant).

In this Lease, "WE", "US", "OUR" and "OURS" refer to the Landlord. The words "YOU", "YOUR" and "YOURS" refer to You, the Tenant.

We hereby lease to you, to be used as a residence only, by you the tenant and the following additional person(s): - **Ethan (Son)**, the following premises: **1A Downey Drive, Manchester, Connecticut**. Written request and permission granted is required for any additional persons, not named herein to occupy the apartment. Upon approval, there will be a surcharge of \$50.00 for each additional person. This lease shall be for a term for **One Year and 5 day(s)** beginning **12:00 NOON**, the **TWENTY-SIXTH** day of **JUNE, 2004**, and ending at **12:00 NOON**, the **THIRTIETH** day of **JUNE, 2005**.

You agree to pay rent in the amount of **Ten Thousand Two Hundred and Eighty Dollars and Eighty-Five Cents (\$10,280.85)** per the lease term. You will pay this amount in the following manner: Initially, prorated June 26-30, 2004, rent in the amount of **\$140.85** followed by Twelve (12) Monthly Payments of **Eight Hundred and Forty-Five Dollars (\$845.00)** each to be paid on the first day of each month as long as this lease is in effect at our office located at 175A Downey Drive, Manchester, Connecticut or at any other place that we direct in writing. You will also pay to us the sum of **Nine Hundred and Forty-Five Dollars (\$945.00)**, which is due on or before **June 26, 2004**, as a **Security Deposit**. We will hold said security deposit as long as this lease remains in effect, to guarantee that you perform all of your obligations under this lease. If you fail to make any of your rent payments to us, or if you cause any damage to your apartment or any other of our property which we allow you to use, over and above normal wear and tear, we will deduct the amount of rent that you fail to pay or the cost of repairing the damage that you cause from your security deposit at the end of this lease. Any portion of the security deposit remaining at the end of this lease will be returned to you within thirty (30) days after you vacate the apartment, as long as you have performed all of your obligations under this lease. You may not use your security deposit for any month's rent.

WE AGREE TO:

1. Inform you of the date the apartment will be ready for you to move in.
2. Allow you to occupy the apartment during the term of this lease, so long as you perform all of your obligations under this lease.
3. Supply at no extra charge the following:
 - a) Heat at reasonable quantities during the cold months of the year.
 - b) Hot and cold running water in reasonable quantities.
 - c) The following appliances: stove, refrigerator, dishwasher, garbage disposal and one air conditioner.
 - d) Building and grounds maintenance
 - e) The use of one parking space.
 - f) The use of playground and pool at your own risk, if provided.
 - g) The use of storage space designated by us, for which we assume no responsibility, to be used at your own risk for storage only, if provided.
 - h) Fire Detector provided but you are responsible to replace battery – and be sure detector is in working order.

YOU AGREE TO:

4. **Pay all rent** on or before the **first day of each month** in which it is due. A **\$30.00 late fee** to cover the expense of handling late fee payments will be due if the rent is not received by the 10th of the month. An additional fee of **\$15.00 shall be charged for each and every check of yours which is returned to us unpaid by the bank.**
5. Pay an additional \$5.00 per month for each extra parking space and/or \$70.00 per month for use of Garage, No. included in monthly payments on page one, paragraph three, if applicable.
6. Pay an additional \$20.00 per month for use of an extra air conditioner, if provided by Fountain Village.
7. Leave the apartment in good and clean condition when you move out.
8. To repair all broken window glass at your own expense.
9. Vacate the apartment when the lease expires, Noon of the last day of the month.
10. Observe any regulation which may be part of this lease by attaching them to the lease prior to your signing it,

652

[illegible]

V. Referral Information

VI. Additional Health Assessments

[illegible]

H = Health

Student's Name Tessler, Eithan
(Last, First, Middle)

IX. Date and Sign All Nurse's Notes

[illegible]

Note: In case of student transfer, this record is to be mailed to the Connecticut school district to which the student moves. A true copy is to be retained.





VERPLANCK ELEMENTARY SCHOOL

126 OLCOTT STREET
MANCHESTER, CONNECTICUT 06040

MARY REYNOLDS LUCE, Principal
(860) 647-3383

10/26/2004

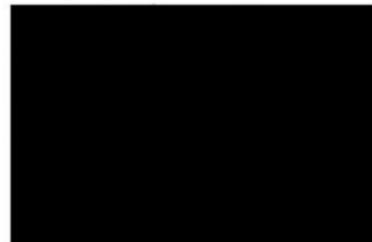
Dear [REDACTED]

Presently, I have not yet received Ethan's physical examination report that is mandated by the State to be in his file. Please obtain a copy or make an appointment for a physical with his doctor. A timely response is currently necessary. Thank you very much.

If you have any questions or concerns don't hesitate to call me at 647-3385.

Sincerely,

Joan Guntulis RNC.
School Nurse



No 0.8
please
bring

NAME: TESSLER, ETHAN

DOB: [REDACTED] SEX: M STUDENT ID: [REDACTED]

DIST-B-SCHL: 02-M-198

GRD-LVL-CLS: 110-01-102 ADMIT DTE: 09/05/02 (58)

TYPE	(1)	(2)	(3)	(4)	CDE	EXEMPT END DATE
=====	=====	=====	=====	=====	=====	=====
DPT/Dt/Td	07 31 97	09 18 97	11 24 97	08 25 98	---	---
OPV (POLIO)	07 31 97	09 18 97	11 24 97	---	---	---
MMR	09 11 00	05 07 02	---	---	---	---
MEASLES	---	---	---	---	---	---
MUMPS	---	---	---	---	---	---
RUBELLA	---	---	---	---	---	---
Hep.B(HBV) SERIES 3	[REDACTED]	07 31 97	08 25 98	---	---	---
VARICELLA(CH. POX)	---	---	---	---	---	---
Hem. Infl. Type B(HIB)	COMPLETE	(ENTER "Y"):	---	---	---	---

IMMUN STATUS: COMPLETE

ACTION: Student has a COMPLETE immunization status.

Please enter required information and press F2

F1/Help F2/Save F3/Quit-return F4/Lookup F5/ F6/Tuber

F7/ F8/ F9/Refresh F10/Next id F11/Repeat F12/Exit

MANCHESTER BOARD OF EDUCATION
STUDENT HEALTH / DEVELOPMENTAL HISTORY

PLEASE PRINT

DATE: _____

NAME OF CHILD: Tessler Ethan Conner
(Last) (First) (Middle)

SEX: male

ADDRESS: 1A Downey DR.

PHONE: _____

PLACE OF BIRTH: New York D.O.B. [REDACTED] VERIFICATION OF BIRTH: _____

FATHER'S NAME: Reese Hopkins MOTHER'S NAME [REDACTED]

GUARDIAN: N/A

CHILD LIVES WITH: parents NUMBER OF CHILDREN IN FAMILY: 2

NAME (First & Last)	AGE	NAME (First & Last)	AGE
<u>[REDACTED]</u>	<u>[REDACTED]</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILD'S PHYSICIAN:
NAME: _____
ADDRESS: _____
PHONE: _____

CHILD'S DENTIST:
NAME: _____
ADDRESS: _____
PHONE: _____

WHAT DOES YOUR CHILD ENJOY DOING? Drama, Reading, soccer, play station.

DESCRIBE YOUR CHILD IN ONE SENTENCE: Caring, exuberant, and loves to make people laugh.

HAS YOUR CHILD HAD A PRE-SCHOOL EXPERIENCE? yes WHERE? children's liberation

HAS YOUR CHILD RECEIVED SERVICES FROM AN ORGANIZATION SUCH AS MANCHESTER PUBLIC HEALTH NURSING, NEWINGTON HEARING CLINIC, CHILD GUIDANCE, ETC.? No

HOW DOES YOUR CHILD REACT IN NEW SITUATIONS? Adapts well

HOW DOES YOUR CHILD RESPOND TO MEETING NEW PEOPLE? Adapts well

HAVE THERE BEEN ANY BIG CHANGES IN YOUR CHILD'S LIFE DURING THE PAST YEAR? moving to here from New York city.

BIRTH WEIGHT: 5 lbs. 14 oz. LENGTH: _____

SYSTEM REVIEW

*****	YES	NO	EXPLAIN IF YES
1. Is your child allergic to anything?		✓	
2. Does your child have asthma?		✓	
3. Has your child ever had an unusual reaction to an immunization?		✓	
4. Does your child eat anything that is not food (starch, paint, dirt)?		✓	
5. Does your child take medication regularly?		✓	
6. Does your child have trouble seeing; or does he/she squint or have crossed eyes?		✓	
7. Does your child wear glasses or is he/she supposed to wear glasses?		✓	
8. Does your child have frequent ear infections?		✓	
9. Does your child favor one ear or seem to have trouble hearing?		✓	
10. Does your child have a persistently runny or stuffy nose?		✓	
11. Does your child breathe through his/her mouth?	✓		normal Breathing
12. Does your child have frequent colds, coughs or sore throats?		✓	
13. Does your child tire easily?		✓	
14. Does your child have frequent stomach pain? Vomiting? Diarrhea? Constipation?		✓	
15. Does your child wet or soil his/her pants?		✓	
16. Does your child have any pain or weakness with his/her arms, legs, or does he/she limp?		✓	
17. Does your child complain of frequent headaches?		✓	
18. Does your child have trouble sleeping?		✓	
19. Does your child have skin rashes?	✓		
20. Does your child have any problems with his/her teeth or gums?	✓		
21. Does your child wear any dental appliances?		✓	
22. Are there any other medical problems with your child?		✓	

C. Ability to Function on:

1. One-to-one basis *very well*
2. Small group basis *very well*
3. Large group basis *good*

D. Any outside agencies involved (Juvenile Court, Child Guidance Clinic, etc.)

None

E. Social / emotional strengths (interest, leadership qualities)

loves to teach and always caring of New & Old Students

F. Areas of concern (inappropriate behavior, self-image, etc.)

Loves to be acknowledged

II. COMMENTS:

Lead Screening Questions:

1. Has your child ever lived in or regularly visited a house (such as the home of a friend or relative) built before 1978? Circle: Yes or No
2. Are there any areas of peeling or chipping paint visible in these houses? Circle: Yes or No
3. Has the dwelling ever undergone any renovation while your child was in residence or visiting? Circle: Yes or No
4. Are there any areas of bare soil around your house or outbuildings where your child plays? Circle: Yes or No
5. Does your child eat any unusual items such as dirt or soil? Circle: Yes or No

I AM AWARE THAT THE ABOVE

Signature of Parent / Guardian:

[Redacted Signature]

Interviewer: _____

Date: _____

LIFETIME IMMUNIZATIONS DATES AND SIGNATURE

De Muthering, Co. Gene

Vaccine		DOSE NUMBER				
		1	2	3	4	5
Diphtheria Tetanus Pertussis	DATE GIVEN SIGNATURE					
Polio OPV or IPV	DATE GIVEN SIGNATURE	11/1/17	11/1/17	11/24/17		
Measles Mumps Rubella	DATE GIVEN SIGNATURE	11/1/17	5/7/18			
Hemophilus Influenzae Type B Conjugate	DATE GIVEN SIGNATURE		11/1/17	11/24/17	8/25/18	
Hepatitis B	DATE GIVEN SIGNATURE		11/1/17	1/9/18		
Diphtheria Tetanus Acellular Pertussis	DATE GIVEN SIGNATURE		11/1/17	11/24/17	8/25/18	
DTP/HIB Combined Vaccine	DATE GIVEN SIGNATURE	7/3/17				
Tetanus Diphtheria	DATE GIVEN SIGNATURE					
Pneumo- coccal	DATE GIVEN SIGNATURE					
Other	DATE GIVEN SIGNATURE					

Screening Tests

TEST	DATE	RESULT
Rubella Titer		
Hepatitis B specify		
Other	8-25-98	neg 8-28-98 sno

HISTORY

Place of Delivery		Hospital Record No:			
Birth Date	Gestational Age at Birth		Mos.		
Birth Weight	Lbs.	Birth Length	In.	Head Circum.	In.
Perinatal Problems			Breast Fed Mos.		
FAMILY HISTORY. State who has					
Allergies	Heart Disease				
Anemia	Hypertension				
Asthma	Nervous System Illness				
Diabetes	Other				
HOSPITALIZATIONS					
Date	Diagnosis		Hospital		
REGULAR MEDICATIONS					
Date	Medication		Dosage		

SPECIAL CARE NEEDS

[illegible]

SCREENINGS

TEST	DATE	TYPE RESULTS	DATE	TYPE RESULTS	DATE	TYPE RESULTS	DATE
Newborn Screening				Hemoglobin Electrophoresis			
Hematocrit							
Blood Lead Ug / dl							
Urine							
Tuberculin Mantoux	8/25/98	/ mm		/ mm		/ mm	
Other							
Vision							
Far		R L		R L		R L	R
Fusion		R L		R L		R L	R
Near		R L		R L		R L	R
Audio							
Sweep	8/25/98	PASS PASS		R L		R L	R
Threshold		R L		R L		R L	R
Developmental							

VACCINE ADMINISTRATION RECORD

Name John Upton
 Last First MI
 Date of Birth [REDACTED]

En Maryland, en April

He sido dado una copia, he leído o me han explicado la información contenida en el panfleto de información sobre Vacunas, o sobre las enfermedades o vacunas que aquí aparecen. He tenido la oportunidad de hacer varias preguntas las cuales fueron contestadas a mi satisfacción. Entiendo los beneficios y riesgos de dichas vacunas, y pido que las vacunas marcadas abajo me sean puestas a mí o a persona cuyo nombre aparece aquí mencionado, por quien estoy autorizado a hacer esta solicitud.

I have been given a copy and have read, or have had explained to me, the information contained in the appropriate Vaccine Information Pamphlet(s) (VIP) or the appropriate important information Statement(s) about the disease(s) and vaccine(s) indicated below. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the indicated vaccine(s) and request that the vaccine(s) checked below be given to me or to the person named above for whom I am authorized to make this request.



VACCINE	Date Given	Vaccine Manufacturer	Vaccine Lot Number	Site Given	Initial of Vaccine Administrator	Signature of Parent or Guardian
P 1						
P 2 DTAP	9/18/97	Lincoln	0681441	Right	John	X Maria Smith
P 3 DTAP	11/24/97	SRL	81652	Right	John	X Juliana Govea
P/DT aP 4						
P/DT aP 5						
(PED)						
V/IPV 1	7/31/97	Pfizer Merieux	10225	Right	John	X Maria Smith
V/IPV 2	9/18/97	Pfizer Merieux	10225	Right	John	X Maria Smith
V/IPV 3	11/24/97	Lyovac	07592	Right	John	X Juliana Govea
V/IPV 4						
b 1						
b 2	9/18/97	Pfizer-Merieux	10225	Right	John	X Maria Smith
b 3	11/24/97	Pfizer-Merieux	7091716	Right	John	X Juliana Govea
b 4						
MR 1						
MR 2						
ep B 1		Chick				
ep B 2		Merck	05170	Right	John	X Maria Smith
ep B 3		SRL	2235AL	Right	John	X Maria Smith
Hib		Chick				
TP/Hib1	9/18/97	Lyovac	434-808	Right	John	X Maria Smith
TP/Hib2						
TP/Hib3						
TP/Hib4						
LU						
THER 1						
THER 2						
MANTOUX	Date					
LEAD	Date					

Vaccine Administration Record for Children and Teens

Patient's Name: Ethan Tessler
DOB:

Parent/Guardian: _____

Address: 1 Downy Dr. Manchester, CT

Insurance: _____
Medicaid#: _____

Provider Name/Address: N/A

Vaccine Administrator: Make sure you give the parent/guardian all appropriate Vaccine Information Statements (VIS) and an updated shot record at every visit.

Vaccine and route (circle type given)	Date given	Site given (LA, RA, LT, RT)	Vaccine lot number	Vaccine manufacturer	VIS date	Signature or initials of vaccine administrator	Signature or initials of parent or guardian
DTaP/HepB /IPV comb - 1 (IM)							
DTaP/HepB /IPV comb - 2 (IM)							
DTaP/HepB /IPV comb - 3 (IM)							
Hepatitis B - 1 ____ mcg (IM)							
Hepatitis B - 2 ____ mcg (IM)							
Hepatitis B - 3 ____ mcg (IM)							
DTaP • DT • Td - 1 (IM)							
DTaP • DT • Td - 2 (IM)							
DTaP • DT • Td - 3 (IM)							
DTaP • DT • Td - 4 (IM)							
DTaP • DT • Td - 5 (IM)							
DTaP/Hib - 4 (IM)							
Td booster (IM)	8/25/01	LA 2 RT 2	Ep 015104	Rt daltoid		J. Cannon R	
Td booster (IM)							
Hib - 1 (IM)							
Hib - 2 (IM)							
Hib - 3 (IM)							
Hib - 4 (IM)							
Hib/Hep B - 1 (IM)							
Hib/Hep B - 2 (IM)							
Hib/Hep B - 3 (IM)							
Polio - 1 (SQ-IM)							
Polio - 2 (SQ-IM)							
Polio - 3 (SQ-IM)							
Polio - 4 (SQ-IM)	8/25/04	2 deltoid	1071-2 Ep 71104			J. Cannon R	
Pneum conj (PCV) - 1 (IM)							
Pneum conj (PCV) - 2 (IM)							
Pneum conj (PCV) - 3 (IM)							
Pneum conj (PCV) - 4 (IM)							
MMR - 1 (SQ)							
MMR - 2 (SQ)							
Varicella - 1 (SQ)							
Varicella - 2 (SQ)							
Hepatitis A - 1 (IM)							
Hepatitis A - 2 (IM)							
Influenza -1 (IM)							
Influenza-2 (IM)							
Other							

