E	Evaluated Immunization History and Immunization Forecast		
Test Case ID	Query the Registry for Juana Mariana Vazquez		
Juror ID			
Juror Name			
HIT System Tested			
Inspection Date/Time			
Inspection Settlement	Pass	Fail	
(Pass/Fail)			
Reason Failed			
Juror Comments			

DISPLAY VERIFICATION

This Test Case-specific Juror Document provides a checklist for the Tester to use during certification testing for assessing the EHR technology's ability to display required core data elements from the information received in the Evaluated Immunization History and Immunization Forecast Z42 response message. Additional data from the message or from the EHR are permitted to be displayed by the EHR. Grayed-out fields in the Juror Document indicate where no data for the data element indicated were included in the Z42 message for the given Test Case.

The format of this Juror Document is for ease-of-use by the Tester and does not indicate how the EHR display must be designed.

The Evaluated Immunization History and Immunization Forecast data shown in this Juror Document are derived from the Z42 message provided with the given Test Case; equivalent data are permitted to be displayed by the EHR. The column headings are meant to convey the kind of data to be displayed; equivalent labels/column headings are permitted to be displayed by the EHR.

Patient Information		
Element Name	Data Tester Comment	
Patient Identifier		
ID Number	123456	
Assigning Author	rity	
Namespace ID	MYEHR	
ID Type	MR	
Patient Identifier		
ID Number	987633	
Assigning Author	rity	
Namespace ID	MYIIS	
ID Type	SR	
Name	Juana Mariana Vazquez	
Date of Birth	11/01/2011	
Sex	Female	
Address 1		
Street	4345 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country	USA	
Address Type	L	
Mother's Maiden Name	Maria Merida Acosta	

When displayed in the EHR with the Evaluated Immunization History and Immunization Forecast, these patient demographics data may be derived from either the received immunization message or the EHR patient record. When displaying demographics from the patient record, the EHR must be able to demonstrate a linkage between the demographics in the message (primarily the patient ID in PID-3.1) and the patient record used for display to ensure that the message was associated with the appropriate patient.

Evaluated Immunization History Information		
Element Name	Data	Tester Comment
Entering Organization	Shoreline Hospital	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration-Start	11/01/2011	

	Evaluated Immunization Hi	story Information
Date/Time Administration-End	11/01/2011	
Administration-End Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	hepatitis B vaccine, unspecified formulation	
Refusal Reason		
Date/Time Administration-Start	12/20/2011	

	Evaluated Immunization Hi	story Information
Date/Time Administration-End	12/20/2011	
Administration-End Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on .	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration-Start	05/20/2012	

	Evaluated Immunization Hi	story Information
Date/Time Administration-End	05/20/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	

	Evaluated Immunization Hi	story Information
Refusal Reason		
Date/Time Administration-Start	01/22/2012	
Date/Time Administration-End	01/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	

Evaluated Immunization History Information			
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis		
Refusal Reason			
Date/Time Administration-Start	03/23/2012		
Date/Time Administration-End	03/23/2012		
Administered Amount	0.5		
Administered Units of Measure	mL		
Route of Administration	IM		
Administration Site	Right Thigh		
Substance Manufacturer Name	Sanofi Pasteur Inc		
Administration Notes	new immunization record		
Administering Provider			
Name	J Martinez		
ID Number			
Administered-at Locatio	n		
Facility ID	DCS_DC		
Street Address			
Other Designation			
City			
State			
Zip Code			
Country			
Valid Dose	YES		
Validity Reason			
Completion Status*	Complete		
Dose Number in Series	2		
Number of Doses in Series	5		
Immunization Series Name			
Status in Immunization Series			
Immunization Schedule Used	ACIP		
Adverse Event			
Element Name	Data Occomprisery Predictories	Tester Comment	
Entering Organization	Oceanview Pediatrics		

Evaluated Immunization History Information		
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration-Start	05/22/2012	
Date/Time Administration-End	05/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment

Evaluated Immunization History Information		
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration-Start	02/21/2013	
Date/Time Administration-End	02/21/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	4	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		

Element Name	Evaluated Immunization History Information		
Entering Organization Vaccine Group Hib, unspecified formulation Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administred Units of Measure Rout of Administration Site Substance Manufacturer Name Administration Notes Administratio		D (T
Vaccine Group Hib, unspecified formulation Vaccine Administered Refusal Reason Date/Time Administration-Start Administered Amount Administered Amount Administered Units of Measure Manufacturer Name Administration Notes Name J Martinez ID Number Administered-at Location Facility ID State State Zip Code Country Valid Dose VES Validity Reason Completion Status* Complete Dose Number in Series Number of Dose in Stries Status in Immunization Series Name Status in Immunization Series Name Status in Immunization Series Name Status in Immunization Schedule Used Vaccine Administration Hadministration Hadmini			Tester Comment
Vaccine Administered Refusal Reason Dato/Time Administration-Start Date/Time Administration-End Administration-End Administered Amount Administered Units of Measure Route of Administration Notes Name Date/Time Administration Route of Administration Route of Administration Route of Administration Notes Name Date/Time Administration Notes Route of Route of Route of Route of Administration Notes Route of Route			
Refusal Reason	Vaccine Group		
Date/Time Administration-Start Date/Time Administration-End Administration-End Administration—End Administered Amount 0.5 Administered Units of mL Route of Administration Image: Marked Sharp and Dohme Corp Administration Notes Image: Marked Sharp and Dohme Corp Administration Notes Image: Marked Sharp and Dohme Corp Administration Notes Image: Marked Sharp and Dohme Corp Image: Marked Sharp and Dohme Corp Administration Notes Image: Marked Sharp and Dohme Corp Imag	Vaccine Administered		
Administration-End Administration-End Administration-End Administered Amount Administration Notes Administration Notes Administration Notes Administration Provider Name J Martinez ID Number Administered-at Location Facility ID SCS DC Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Inmunization Scries Number of Doses in Series Status in Immunization Scries Immunization Schedule Used ACIP	Refusal Reason		
Administered Amount Administered Units of Machaeure Route of Administration Notes Route of Administration Notes Route of Administration Notes Route of Administration Notes Route of Right Thigh Route of Route of Route of Right Thigh Route of Route		01/22/2012	
Administered Units of Measure Route of Administration		01/22/2012	
Measure Manufacture of Administration Manufacturer Name Merck Sharp and Dohme Corp	Administered Amount	0.5	
Administration Site Right Thigh Substance Manufacturer Name Merek Sharp and Dohme Corp new immunization record Administering Provider Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Name Status in Immunization Schedule Used		mL	
Substance Manufacturer Name Administration Notes new immunization record Administrating Provider Name J Martinez ID Number Administred-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Name Status in Immunization Schedule Used Merck Sharp and Dohme Corp Immunization Schedule Location Rew immunization record DMartinez J Martinez J Martinez		IM	
Manufacturer Name Administration Notes new immunization record Administering Provider Name J Martinez ID Number Administered-at Location Facility ID SCS_DC Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Name Status in Immunization Scries Name Status in Immunization Scries Immunization Schedule Used Administering Provider J Martinez J Martine	Administration Site	Right Thigh	
Administering Provider Name ID Number Administered-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Name Status in Immunization Series Name Status in Immunization Screes Immunization Schedule Used Mumber of Dose Shedule Calministericz Administericz DMartinez DMartinez DCS_DC DC		Merck Sharp and Dohme Corp	
Name J Martinez ID Number Administered-at Location Facility ID DCS DC Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Scries I Number of Doses in Series Satus in Immunization Series Immunization Scries Name Status in Immunization Series Immunization Schedule Used	Administration Notes	new immunization record	
Administered-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Inmunization Series Name Status in Immunization Series Immunization Schedule Used ACIP	Administering Provider	•	
Administered-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used Other DCS_DC Street Address Cotty State City State City State City State City State Complete Status in Immunization Schedule Used	Name	J Martinez	
Facility ID DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series I Number of Doses in Series Name Status in Immunization Series Immunization Schedule Used DOSE Number of Dose Schedule Name Status in Immunization Schedule Used	ID Number		
Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series I Number of Doses in Series Name Status in Immunization Series Name Immunization Schedule Used ACIP	Administered-at Location	on	
Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series I Number of Doses in Series Name Status in Immunization Series Name Status in Immunization Schedule Used	Facility ID	DCS_DC	
Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Name Status in Immunization Series Name Immunization Schedule Used ACIP	Street Address		
State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Compl			
Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series I Number of Doses in Series Name Status in Immunization Series Name Immunization Schedule Used ACIP	City		
Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series I Number of Doses in Series Name Status in Immunization Series Immunization Schedule Used ACIP	State		
Valid Dose Validity Reason Completion Status* Complete Dose Number in Series I Number of Doses in Series Validity Reason L Number of Doses in Series Validity Reason Validity	Zip Code		
Validity Reason Completion Status* Complete Dose Number in Series 1 Number of Doses in Series Name Status in Immunization Series Name Immunization Schedule Used ACIP	Country		
Completion Status* Complete Dose Number in Series Number of Doses in Series A Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP	Valid Dose	YES	
Dose Number in Series 1 Number of Doses in Series 4 Immunization Series Name Status in Immunization Series Series Immunization Schedule Used ACIP	Validity Reason		
Number of Doses in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP	Completion Status*	Complete	
Series 4 Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP	Dose Number in Series	1	
Name Status in Immunization Series Immunization Schedule Used ACIP		4	
Series Immunization Schedule Used ACIP			
Used			
Adverse Event		ACIP	
	Adverse Event		

Evaluated Immunization History Information		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration-Start	03/23/2012	
Date/Time Administration-End	03/23/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on .	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		

	Evaluated Immunization H	istory Information
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration-Start	05/22/2012	
Date/Time Administration-End	05/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on .	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		

	Evaluated Immunization H	istory Information
	D (
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration-Start	11/21/2012	
Date/Time Administration-End	11/21/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	4	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		

Evaluated Immunization History Information			
Element Name	Data	Tester Comment	
Entering Organization	Oceanview Pediatrics		
Vaccine Group	poliovirus vaccine, inactivated		
Vaccine Administered	poliovirus vaccine, inactivated		
Refusal Reason			
Date/Time Administration-Start	01/22/2012		
Date/Time Administration-End	01/22/2012		
Administered Amount	0.5		
Administered Units of Measure	mL		
Route of Administration	SC		
Administration Site	Left Deltoid		
Substance Manufacturer Name	Sanofi Pasteur Inc		
Administration Notes	new immunization record		
Administering Provider			
Name	J Martinez		
ID Number			
Administered-at Location	n		
Facility ID	DCS_DC		
Street Address	333 Oceanview Lane		
Other Designation			
City	Stamford		
State	CT		
Zip Code	06901		
Country			
Valid Dose	YES		
Validity Reason			
Completion Status*	Complete		
Dose Number in Series	1		
Number of Doses in Series	4		
Immunization Series Name			
Status in Immunization Series			
Immunization Schedule Used	ACIP		
Adverse Event			

Evaluated Immunization History Information		
Diamet Name	D.4.	T-4 C4
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration-Start	03/23/2012	
Date/Time Administration-End	03/23/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	SC	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on .	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event	convulsions (fits, seizures) within 72 hours of dose	

Evaluated Immunization History Information		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	rester comment
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	01/22/2012	
Date/Time Administration-End	01/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on .	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	

Evaluated Immunization History Information		
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	03/23/2012	
Date/Time Administration-End	03/23/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on .	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		

Evaluated Immunization History Information		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	05/22/2012	
Date/Time Administration-End	05/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	4	
Immunization Series Name		

Status in Immunization Series Immunization Schedule		
Immunization Cahadula		
Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization (Oceanview Pediatrics	
	pneumococcal, unspecified formulation	
	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	01/11/2013	
Date/Time Administration-End	01/11/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site I	Left Deltoid	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes r	new immunization record	
Administering Provider		
Name J	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address 3	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	4	
Number of Doses in Series	4	

	Evaluated Immunization H	istory Information
Immunization Series		
Name Status in Immunization		
Series Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	Tester Comment
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason	Totavirus, rive, monovalent vaccine	
Date/Time		
Administration-Start	01/22/2012	
Date/Time Administration-End	01/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	3	

	Evaluated Immunization Hi	story Information
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
	D	
Element Name	Data Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration-Start	03/23/2012	
Date/Time Administration-End	03/23/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	3	

	Evaluated Immunization H	istory Information
Immunization Series		
Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
	D.	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	09/25/2012	
Date/Time Administration-End	09/25/2012	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi PasteurGlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	2	

	Evaluated Immunization H	istory Information
Immunization Series		
Name Status in Immunization		
Series Series		
Immunization Schedule Used	ACIP	
Adverse Event		
		m
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization		
Vaccine Group	influenza, unspecified formulation Influenza, injectable, quadrivalent,	
Vaccine Administered	preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	10/29/2012	
Date/Time Administration-End	10/29/2012	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi PasteurGlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	2	

Immunization Series		Evaluated Immunization H	istory Information
Status in Immunization Series ACIP Adverse Event Element Name Data Tester Comment Entering Organization Oceanview Pediatries Vaccine Group influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatrie Refusal Reason Date/Time Administration-Start Administration-Start 10:02/2013 Date/Time Administration Fend Date/Time Administration Fend Administration Manual Processor	Immunization Series		,
Series Immunization Schedule Used Adverse Event Element Name Entering Organization Vaccine Administered Influenza, inspectified formulation Influenza, inspectified formulation Vaccine Administered Influenza, inspectified formulation Influenza, inspectified formulation Vaccine Administered Influenza, inspectified formulation Influenza, inspection influenza, inspection Influenza, influ			
Listed Adverse Event			
Element Name Data Tester Comment Entering Organization Oceanview Pediatrics Vaccine Group influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric Refusal Reason Influenza, injectable, quadrivalent, preservative free, pediatric Refusal Reason Influenza, injectable, quadrivalent, preservative free, pediatric Refusal Reason Influenza Injectable, quadrivalent, preservative free, pediatric Refusal Reason Influenza Injectable, quadrivalent, preservative free, pediatric Refusal Reason Influenza		ACIP	
Entering Organization Vaccine Group influenza, unspecified formulation Vaccine Administered Influenza, injectable, quadrivalent, preservative free, pediatric Refusal Reason Date/Time Administration-Start Date/Time Administered Amount Administered Amount Z5 Administered Units of Measure Route of Administration IM Administration IM Administration IM Administration Site Substance Manufacturer Name Administration Notes Name J Martinez ID Number Administering Provider Name J Martinez ID Number Administered-at Location Facility ID Street Address Other Designation City Stamford State CT Zip Code Go901 Country Valid Dose Validity Reason Completion Status* Complete Completion Status* Complete Completion Status* Complete Completion Status* Complete (Complete) Influenza, unspecified formulation Influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric Influenza, injectable, quadrivalent, preservation preservation preservation preservation preservation preservation preservation preservation preservation	Adverse Event		
Entering Organization Vaccine Group influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric I		D.	
Vaccine Group influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric Influenza Influenza, Influen			Tester Comment
Vaccine Administered Influenza, injectable, quadrivalent, preservative free, pediatric Refusal Reason			
Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administration-End Administered Amount .25 mL Route of Administration Route of Administration Route of Administration Site Substance Biologicals SA Administration Notes Name J Martinez ID Number Administering Provider Facility ID DCS_DC Street Address Street Address Other Designation City Stante CT Zip Code O6901 Country Valid Dose Validity Reason Completion Status* Complete I0/02/2013 I0/02/2013	vaccine Group		
Date/Time Administration-Start Date/Time Administration-End Administration-End Administred Amount 25 Administred Units of Measure Measure Route of Administration Administration Route of Administration Administration Site Left Deltoid Substance Manufacturer Name Biologicals SA new immunization record Administration Notes Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code O6901 Country Validity Reason Completion Status* Complete Complet			
Administration-Start 10/02/2013 Date/Time Administration-End 10/02/2013 Administred Amount Administred Units of Measure mL Route of Administration IM Administration Site Substance Manufacturer Name Sanofi PasteurGlaxoSmithKline Biologicals SA Administration Notes Image: Complet of the complete of the compl			
Administration-End 10/02/2013 Administered Amount 2.5 Administered Units of Measure mL Route of Administration IM Administration Site Left Deltoid Substance Manufacturer Name Sanofi PasteurGlaxoSmithKline Biologicals SA Administration Notes new immunization record Administering Provider To Number ID Number DCS_DC Street Address 333 Oceanview Lane Other Designation Stamford City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason Complete	Administration-Start	10/02/2013	
Administered Units of Measure Route of Administration Administration Site Substance Sanofi PasteurGlaxoSmithKline Biologicals SA Administration Notes Administration Notes Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason Completion Status* Complete		10/02/2013	
Measure mL Route of Administration IM Administration Site Left Deltoid Substance Manufacturer Name Sanofi PasteurGlaxoSmithKline Biologicals SA Administration Notes new immunization record Administering Provider Image: Ima	Administered Amount	.25	
Administration IM		mL	
Substance Manufacturer Name Biologicals SA Administration Notes Name J Martinez ID Number Administered-at Location Facility ID Street Address Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason Completion Status* Complete		IM	
Manufacturer Name Biologicals SA Administration Notes new immunization record Name J Martinez ID Number J Martinez Administered-at Location Tacility ID Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason Completion Status* Complete Complete	Administration Site	Left Deltoid	
Administering Provider Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason Completion Status* Complete			
Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason Completion Status* Complete	Administration Notes	new immunization record	
Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason Completion Status* Complete	Administering Provider		
Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason Completion Status* Complete	Name	J Martinez	
Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason Completion Status* Complete	ID Number		
Street Address 333 Oceanview Lane Other Designation Stamford City Stamford State CT Zip Code 06901 Country Country Valid Dose Validity Reason Completion Status* Complete	Administered-at Locatio	n	
Other DesignationCityStamfordStateCTCountryValid DoseCompletion Status*Complete	Facility ID	DCS_DC	
DesignationStamfordCityStateCTZip Code06901O6901CountryValid DoseO6901Valid Valid V	Street Address	333 Oceanview Lane	
State CT Zip Code 06901 Country Valid Dose Validity Reason Completion Status* Complete			
Zip Code 06901 Country Valid Dose Validity Reason Completion Status* Complete	City	Stamford	
Country Valid Dose Validity Reason Completion Status* Complete	State	CT	
Valid Dose Validity Reason Completion Status* Complete	Zip Code	06901	
Validity Reason Completion Status* Complete	Country		
Completion Status* Complete	Valid Dose		
	Validity Reason		
Dose Number in Series	Completion Status*	Complete	
DOSC I MILLOUI III DOLLOS	Dose Number in Series		
Number of Doses in Series			

Immunization Series Name Status in Immunization Series Status in Immunization Schedule Used		Evaluated Immunization H	istory Information
Status in Immunization Scries Immunization Schedule Used Adverse Event Element Name Entering Organization Vaccine Group Influenza, unspecified formulation Vaccine Administered Refusal Reason Date/Time Administration-Etant Administration-Etant Administration-Etant Administration-Etant Administration-Itant Administration II/04/2014 Administration-Etant Administration II/04/2014 III/04/2014 Administration-Etant Administration III Administration III Administration III Administration Site Left Deltoid Substance Manufacturer Name Biologicals SA Administration Notes Administration Notes Administration Notes Administration Provider Name J Martinez ID Number Administred-at Location Facility ID DCS DC Street Address Other Designation City Stamford City Stamford Cauntry Valid Dose Validity Reason	Immunization Series		
Series Immunization Schedule ACIP Adverse Event			
Common			
Element Name Data Tester Comment Entering Organization Oceanview Pediatrics Vaccine Group influenza, unspecified formulation Vaccine Administered Influenza, injectable, quadrivalent, preservative free, pediatric Refusal Reason II/04/2014 Date/Time Administration-Start II/04/2014 Administration-End II/04/2014 Administered Amount O.25 Administered Units of Measure III/04/2014 Administration Site Left Deltoid III/04/2014 Administration Site Left Deltoid III/04/2014 Administration Notes III/04/2014 Administration Site Left Deltoid III/04/2014 Administration Site Left Deltoid III/04/2014 Administration Site Left Deltoid III/04/2014 Administration Site III/04/2014 Administration Notes III/04/2014 Administered-at Location II/04/2014 Ad		ACIP	
Entering Organization Vaccine Group influenza, unspecified formulation Imfluenza, injectable, quadrivalent, preservative free, pediatric Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administration-End Administration-End Administration-End Influenza, injectable, quadrivalent, preservative free, pediatric Influenza, injectable, quadrivalen	Adverse Event		
Entering Organization Vaccine Group influenza, unspecified formulation Imfluenza, injectable, quadrivalent, preservative free, pediatric Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administration-End Administration-End Administration-End Influenza, injectable, quadrivalent, preservative free, pediatric Influenza, injectable, quadrivalen	El A N	D. A.	Turker Communication
Vaccine Group influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric Refusal Reason Date/Time Administration-Start Date/Time Administered Units of Measure Route of Administration Route of Administration Route of Administration Administration Site Substance Biologicals SA Administration Notes Biologicals SA Administration Notes Biologicals SA Administration Provider Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address Other Designation City Stante CT Zip Code Country Valid Dose Validity Reason Influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric Influenza, injectable, quadrivalent, preservative free, pediatric II/04/2014 Administered Amount II/04/2014 II/04/			1 ester Comment
Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administered Info4/2014 Date/Time Administered Amount Administered Units of mL Route of Administration Route of Substance Manufacturer Name Biologicals SA new immunization record Administering Provider Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code O6901 Country Valid Dose Validity Reason			
preservative free, pediatric	vaccine Group	· •	
Date/Time Administration-Start Date/Time Administration-End Administration-End O.25	Vaccine Administered		
Administration-Start 11/04/2014 11/04/20			
Administration-End II/04/2014 Administered Amount 0.25 Administered Units of Measure mL Route of Administration IM Administration Site Left Deltoid Substance Manufacturer Name Biologicals SA Sanoff PasteurGlaxoSmithKline Biologicals SA Administration Notes new immunization record Administering Provider ID Number Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City State CT Zip Code 06901 Country Valid Dose Validity Reason Image: Company of the Company of		11/04/2014	
Administered Units of Measure Route of Administration Administration Site Left Deltoid Substance Manufacturer Name Biologicals SA Administration Notes Name J Martinez ID Number J Martinez Facility ID DCS_DC Street Address Other Designation City Stamford State CT Zip Code O6901 Country Valid Dose Validity Reason		11/04/2014	
Measure mL Route of Administration IM Administration Site Left Deltoid Substance Manufacturer Name Sanofi PasteurGlaxoSmithKline Biologicals SA Administration Notes new immunization record Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason Image: Common of Pasteur GlaxoSmithKline Biologicals SA Administration Notes Image: Common of Pasteur GlaxoSmithKline Biologicals SA Administration Notes Image: Common of Pasteur GlaxoSmithKline Biologicals SA Administration Notes Image: Common of Pasteur GlaxoSmithKline Biologicals SA Administration Notes Image: Common of Pasteur GlaxoSmithKline Biologicals SA Administration Notes Image: Common of Pasteur GlaxoSmithKline Biologicals SA Administration Notes Image: Common of Pasteur GlaxoSmithKline Biologicals SA Administration Notes Image: Common of Pasteur Glaxos Situation of Pasteur G	Administered Amount	0.25	
Administration IM Administration Site Left Deltoid Substance Manufacturer Name Biologicals SA Administration Notes new immunization record Administering Provider Name J Martinez ID Number ID Number Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason ID Number Country Valid Dose Validity Reason ID Number Country Valid Passes Sanota Number Country Valid Dose Validity Reason ID Number Canonic Num		mL	
Substance Manufacturer Name Biologicals SA Administration Notes Name J Martinez ID Number Administered-at Location Facility ID Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason		IM	
Manufacturer Name Biologicals SA Administration Notes new immunization record Administering Provider Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason	Administration Site	Left Deltoid	
Administering Provider Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason			
Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason	Administration Notes	new immunization record	
ID Number Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason City Country Valid Pose City Country Valid Dose Cou	Administering Provider		
Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason	Name	J Martinez	
Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason	ID Number		
Street Address333 Oceanview LaneOther DesignationCityStamfordCTZip Code06901CountryCountryValid DoseValidity Reason	Administered-at Locatio	n	
Other DesignationCityStamfordStateCTCountryValid DoseCountryCountry	Facility ID	DCS_DC	
DesignationCityStamfordStateCTCountryValid DoseCountryCountry	Street Address	333 Oceanview Lane	
State CT Zip Code 06901 Country Valid Dose Validity Reason			
Zip Code 06901 Country Valid Dose Validity Reason	City	Stamford	
Country Valid Dose Validity Reason	State	CT	
Valid Dose Validity Reason	Zip Code	06901	
Validity Reason	Country		
	Valid Dose		
	Validity Reason		
Completion Status* Complete	Completion Status*	Complete	
Dose Number in Series	Dose Number in Series		
Number of Doses in Series			

	Evaluated Immunization H	istory Information
Immunization Series		
Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time Administration-Start	11/23/2012	
Date/Time Administration-End	11/23/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	

	Evaluated Immunization Hist	tory Information
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time Administration-Start	05/23/2013	
Date/Time Administration-End	05/23/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	

	Evaluated Immunization His	tory Information
Dose Number in Series	2	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Shoreline Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	08/22/2012	
Date/Time Administration-End	08/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	Sandra Molina	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	400 Shoreline Drive	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	NO	
Validity Reason	Early	
Completion Status*	Complete	

Evaluated Immunization History Information		
Dose Number in Series		
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	11/22/2015	
Date/Time Administration-End	11/22/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
		_

	Evaluated Immunization Histo	ory Information
Dose Number in Series		
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Varicella virus vaccine	
Vaccine Administered	varicella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	12/15/2013	
Date/Time Administration-End	12/15/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Right Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	on .	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	

Evaluated Immunization History Information		
Dose Number in Series	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		

^{* &}quot;Completion Status" refers to the status of the dose of vaccine administered on the indicated date and may be interpreted as "Dose Status". A status of "Complete" means that the vaccine dose was "completely administered" as opposed to "partially administered".

	Immunization Fo	precast
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	04/29/2012	
Earliest Date to Give	04/29/2012	
Latest Date to Give		
Date When Vaccine Overdue	04/30/2013	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/01/2016	
Earliest Date to Give	09/01/2016	
Latest Date to Give		
Date When Vaccine Overdue		
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	10/31/2015	
Earliest Date to Give	10/31/2015	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	10/31/2015	
Earliest Date to Give	10/31/2015	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2017	
Status in Immunization Series		
Forecast Reason		