

Evaluated Immunization History and Immunization Forecast					
Test Case ID	Juan Marcel Gonzales Display Reconcile Update Immunization Information				
Juror ID					
Juror Name					
HIT System Tested					
Inspection Date/Time					
Inspection Settlement (Pass/Fail)	<table border="1"> <thead> <tr> <th>Pass</th> <th>Fail</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Pass	Fail	<input type="checkbox"/>	<input type="checkbox"/>
Pass	Fail				
<input type="checkbox"/>	<input type="checkbox"/>				
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 Authority		
Namespace ID	MYEHR	
ID Type	MR	
Patient Identifier		
ID Number	987633	
Assigning Authority		
Namespace ID	MYIIS	
ID Type	SR	
Name	Juan Marcel Gonzales	
Date of Birth	11/23/2011	
Sex	Male	
Address 1		
Street	4623 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country	USA	
Address Type	L	
Mother's Maiden Name	Anita Francesca Morales	
<p>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.</p>		

Evaluated Immunization History Information		
Element Name	Data	Tester Comment
Entering Organization	Shoreline Hospital	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration-Start	11/23/2011	
Date/Time Administration-End	11/23/2011	

Administered Amount	0.5	Evaluated Immunization History Information
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	325 Shorline Drive	
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	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration-Start	12/23/2011	
Date/Time Administration-End	12/23/2011	
Administered Amount	0.5	
Administered Units of Measure	mL	

Route of Administration	IM	Evaluated Immunization History Information
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
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	Evaluated Immunization History Information
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration-Start	03/22/2012	
Date/Time Administration-End	03/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
* "Completion Status"	Go to the status of the dose of vaccine administered on the indicated date and	

Substance Manufacturer Name	Sanofi Pasteur Inc	Evaluated Immunization History Information
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration-Start	05/21/2012	
Date/Time Administration-End	05/21/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
* "Completion Status"	refers to the status of the dose of vaccine administered on the indicated date and	

Administration Notes		Evaluated Immunization History Information	
Administering Provider			
Name	J. Martinez		
ID Number			
Administered-at Location			
Facility ID	DCS_DC		
Street Address	4253 Standish Way		
Other Designation			
City	Stamford		
State	CT		
Zip Code	06903		
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		
Element Name	Data	Tester Comment	
Entering Organization	Oceanview Pediatrics		
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified		
Vaccine Administered	DTaP		
Refusal Reason			
Date/Time Administration-Start	02/20/2013		
Date/Time Administration-End	02/20/2013		
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			
Administering Provider			

Name		J. Martinez
Evaluated Immunization History Information		
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Hib	
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	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		

* "Completion Status" refers to the status of the dose given on the indicated date and

Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	03/22/2012	
Date/Time Administration-End	03/22/2012	
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		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	

Other Designation	Evaluated Immunization History	Information
City	Stamford	
State	CT	
Zip Code	06903	
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	05/12/2012	
Date/Time Administration-End	05/12/2012	
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		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
* "Completion Status"	Refers to the status of the dose of vaccine administered on the indicated date and	

State	CT	Evaluated Immunization History Information
Zip Code	06903	
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	02/22/2012	
Date/Time Administration-End	02/22/2012	
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		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date and		

Country	Evaluated Immunization History	Information
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	Polio (IPV)	
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	MSanofi Pasteur Inc.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date and		

Validity Reason	Evaluated Immunization History Information	
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	Polio (IPV)	
Refusal Reason		
Date/Time Administration-Start	03/22/2012	
Date/Time Administration-End	03/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	SC	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	

Number of Doses in Series	4	Evaluated Immunization History Information
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	Polio (IPV)	
Refusal Reason		
Date/Time Administration-Start	05/21/2012	
Date/Time Administration-End	05/21/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	SC	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	4	
"Completion Status"	refers to the status of the dose of vaccine administered on the indicated date and	

Name		Evaluated Immunization History Information	
Status in Immunization Series			
Immunization Schedule Used	ACIP		
Element Name	Data	Tester Comment	
Entering Organization	Oceanview Pediatrics		
Vaccine Group	pneumococcal, unspecified formulation		
Vaccine Administered	Pneumococcal conjugate (PCV13)		
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			
Administering Provider			
Name	J. Martinez		
ID Number			
Administered-at Location			
Facility ID	DCS_DC		
Street Address	4253 Standish Way		
Other Designation			
City	Stamford		
State	CT		
Zip Code	06903		
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
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	03/22/2012	
Date/Time Administration-End	03/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	

* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date and

Immunization History Information		
Element Name	Evaluated Data	Enter Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	05/21/2012	
Date/Time Administration-End	05/21/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	

Vaccine Group	pneumococcal, unspecified formulation	Evaluated Immunization History Information
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	11/22/2012	
Date/Time Administration-End	11/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	Rotavirus	
* "Completed Status"	Completed	Completed

Refusal Reason		Evaluated Immunization History Information	
Date/Time Administration-Start	11/22/2012		
Date/Time Administration-End	11/22/2012		
Administered Amount	1.0		
Administered Units of Measure	mL		
Route of Administration	IM		
Administration Site	Left Thigh		
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA		
Administration Notes			
Administering Provider			
Name	J. Martinez		
ID Number			
Administered-at Location			
Facility ID	DCS_DC		
Street Address	4253 Standish Way		
Other Designation			
City	Stamford		
State	CT		
Zip Code	06903		
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		
Element Name	Data	Tester Comment	
Entering Organization	Oceanview Pediatrics		
Vaccine Group	rotavirus, unspecified formulation		
Vaccine Administered	Rotavirus		
Refusal Reason			
Date/Time Administration-Start	03/22/2012		

Date/Time Administration-End	03/23/2012	Evaluated Immunization History Information
Administered Amount	1.0	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Thigh Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza	
Refusal Reason		
Date/Time Administration-Start	09/22/2012	
Date/Time Administration-End	09/22/2012	
Administered Amount	0.25	

Administered Units of Measure	mL	Evaluated Immunization History Information
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza	
Refusal Reason		
Date/Time Administration-Start	10/22/2012	
Date/Time Administration-End	10/22/2012	
Administered Amount	0.25	
Administered Units of Measure	mL	
*Completion Status	refers to the status of the dose of vaccine administered on the indicated date and	

Administration	IM	Evaluated Immunization History Information
Administration Site	Right Thigh	
Substance		
Manufacturer Name	Sanofi Pasteur	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza	
Refusal Reason		
Date/Time Administration-Start	10/30/2013	
Date/Time Administration-End	10/30/2013	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance	Sanofi Pasteur	
Completion Status*	refers to the status of the dose of vaccine administered on the indicated date and time. If the status is "Complete" it means that the vaccine was administered as scheduled.	

<div> <div>Manufacturer Name</div> <div>Administration Notes</div> </div>		<div> <div>Evaluated Immunization History</div> <div>Information</div> </div>	
Administering Provider			
Name	J. Martinez		
ID Number			
Administered-at Location			
Facility ID	DCS_DC		
Street Address	4253 Standish Way		
Other Designation			
City	Stamford		
State	CT		
Zip Code	06903		
Country			
Valid Dose			
Validity Reason			
Completion Status*	Complete		
Dose Number in Series			
Number of Doses in Series			
Immunization Series Name			
Status in Immunization Series			
Immunization Schedule Used	ACIP		
Element Name	Data	Tester Comment	
Entering Organization	Oceanview Pediatrics		
Vaccine Group	Hep A, unspecified formulation		
Vaccine Administered	Hepatitis A		
Refusal Reason			
Date/Time Administration-Start	05/21/2013		
Date/Time Administration-End	05/21/2013		
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			
Administering Provider			

Name	J. Martinez	Evaluated Immunization History Information
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	Hepatitis A	
Refusal Reason		
Date/Time Administration-Start	12/01/2013	
Date/Time Administration-End	12/01/2013	
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		
Administering Provider		
Name	J. Martinez	
ID Number		

* "Completion Status" refers to the status of the dose. Completion is indicated by the indicated date and

Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	MMRV	
Vaccine Administered	MMR and Varicella	
Refusal Reason		
Date/Time Administration-Start	01/12/2013	
Date/Time Administration-End	01/12/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	SC	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	

Other Designation		Evaluated Immunization History Information
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	

* "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 Forecast		
Element Name	Data	Tester Comment
Vaccine Group	Hep B, unspecified formulation	
Vaccine Due Date	05/21/2012	
Earliest Date to Give	05/21/2012	
Latest Date to Give	05/21/2013	
Date When Vaccine Overdue	05/23/2013	
Status in Immunization Series		
Forecast Reason		

Element Name	Data	Tester Comment
Vaccine Group	DTaP, unspecified formulation	
Vaccine Due Date	11/22/2015	
Earliest Date to Give	11/22/2015	
Latest Date to Give	11/21/2017	
Date When Vaccine Overdue	11/22/2017	
Status in Immunization Series		
Forecast Reason		

Immunization Forecast		
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	11/22/2015	
Earliest Date to Give	11/22/2015	
Latest Date to Give	11/21/2017	
Date When Vaccine Overdue	11/22/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	10/22/2015	
Earliest Date to Give	11/22/2015	
Latest Date to Give	11/21/2017	
Date When Vaccine Overdue	11/22/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	11/22/2015	
Earliest Date to Give	11/22/2015	
Latest Date to Give	11/21/2017	
Date When Vaccine Overdue	11/22/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	11/22/2015	
Earliest Date to Give	11/22/2015	
Latest Date to Give	11/21/2017	
Date When Vaccine Overdue		
Status in Immunization Series		
Forecast Reason		

