

Evaluated Immunization History and Immunization Forecast (RSP Z42)		
Test Case ID		
Inspection Date/Time		
Inspection Settlement	Pass	Fail
	<input type="checkbox"/>	<input type="checkbox"/>
Juror ID		
Juror Name		

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 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		
ID Namespace	MYEHR	
ID Type	MR	
Patient Identifier		
ID Number	987633	
Assigning Authority		
ID Namespace	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	
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 Shoreline Drive	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated		

Validity Reason	Evaluated Immunization History Information	
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	
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date		

Address		4253 Standish Way
Evaluated Immunization History Information		
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	
* "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		

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	
* "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		

Administered		Evaluated Immunization History Information	
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	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	2		
* "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			

Number of Doses in Series	5	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	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		
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		
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated			

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	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	Evaluated Immunization History Information	
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			
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	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		
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		

Validity Reason	Evaluated Immunization History Information	
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	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated		

Street Address	4253 Seabreeze	Evaluated Immunization History Information
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	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	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated		

Administration Site	Left Deltoid	Evaluated Immunization History Information
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	
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	poliovirus vaccine, inactivated	
Val 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		

Val 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

Administered		Evaluated Immunization History 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	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	1	
<p>*"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</p>		

Series		
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	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	
* "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		

Evaluated Immunization History Information		
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	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		
* "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		

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	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	
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	01/22/2012	
Date/Time Administration-End	01/22/2012	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date.		

Amount		Evaluated Immunization History Information	
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		

Element Name	Evaluated Immunization History Information	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	
* "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		

Evaluated Immunization History Information		
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	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	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated		

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	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	
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	
<p>*Completion Status* refers to the status of the dose of vaccine administered on the indicated date and may be entered as "Dose Status". A status of "Complete" means that the vaccine</p>		

Completion Status refers to the status of the dose of vaccine administered on the indicated date and may be entered as "Dose Status". A status of "Complete" means that the vaccine

Manufacturer Name		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	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		
Refusal Reason			

Date/Time Administration-Start	11/22/2012	Evaluated Immunization History Information
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		

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

Status in Immunization Series Immunization Schedule Used		Evaluated Immunization History Information 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	03/22/2012		
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		
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated			

Country		Evaluated Immunization History Information
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	
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 Evaluated Immunization History Information		
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	Evaluated Immunization History Information	
Route of Administration	IM		
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		
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated			

Evaluated Immunization History Information		
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 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		
* "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		

Evaluated Immunization History Information		
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	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
* "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		

4253 Standish Way

Address		Evaluated Immunization History Information	
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	Evaluation 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				
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		
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated				

Refusal Reason		Evaluated Immunization History Information
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		
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	Evaluated Immunization History Information	
Immunization Schedule Used	ACIP	
<p>* "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".</p>		

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		
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	11/22/2015	

Earliest Date to Give	11/22/2015	Immunization Forecast	
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	Immunization Forecast	
Latest Date to Give	11/21/2017		
Date When Vaccine Overdue	11/22/2017		
Status in Immunization Series			
Forecast Reason			