

## All Segments

### Patient Information

| Element              | Data                                  |
|----------------------|---------------------------------------|
| Patient Name         | Russell Clint Richardson              |
| Mother's Maiden Name | Billington                            |
| ID Number            | 3123                                  |
| Date/Time of Birth   | 04/15/2015                            |
| Administrative Sex   | Male                                  |
| Patient Address      | 543 Blount Drive Bozeman MT 59715 USA |
| Local Number         | (406)555-7690                         |
| Race                 | American Indian or Alaska Native      |
| Ethnic Group         | Not Hispanic or Latino                |
| Birth Order          | 1                                     |

### Immunization Registry Information

| Element                                     | Data                   |
|---|------------------------|
| Immunization Registry Status                | A                      |
| Immunization Registry Status Effective Date | 04/15/2015             |
| Publicity Code                              | Recall only - no calls |
| Publicity Code Effective Date               | 06/24/2015             |
| Protection Indicator                        | No                     |
| Protection Indicator Effective Date         | 06/24/2015             |

### Guardian or Responsible Party[\*]

#### Guardian or Responsible Party

| Element      | Data                                  |
|--------------|---------------------------------------|
| Name         | Maria Elizabeth Richardson            |
| Relationship | Mother                                |
| Address      | 543 Blount Drive Bozeman MT 59715 USA |
| Phone Number | (406)555-7690                         |

#### Guardian or Responsible Party

| Element      | Data                                  |
|--------------|---------------------------------------|
| Name         | John William Richardson               |
| Relationship | Father                                |
| Address      | 543 Blount Drive Bozeman MT 59715 USA |
| Phone Number | (406)555-8299                         |

### Vaccine Administration Information[\*]

#### Vaccine Administration Information

| Element | Data |
|---------|------|
|---------|------|

|                                    |                 |
|------------------------------------|-----------------|
| Administered Code                  | Pentacel        |
| Date/Time Start of Administration  | 06/24/2015      |
| Administered Amount                | 0.5             |
| Administered Units                 | mL              |
| Administration Notes               | New Record      |
| Administering Provider             | Lily Jackson    |
| Substance Lot Number               | 526434          |
| Substance Expiration Date          | 07/22/2015      |
| Substance Manufacturer Name        | GlaxoSmithKline |
| Substance/Treatment Refusal Reason |                 |
| Completion Status                  | CP              |
| Action Code                        | Add             |
| Route                              | Intramuscular   |
| Administration Site                | Right Thigh     |
| Entering Organization              | West Clinic     |
| Entered By                         | Lily Jackson    |
| Ordered By                         | Wilma Thomas    |

### Observations

| Element                             | Data   |
|-------------------------------------|--|
| Vaccine Funding Source              | Public                                       |
| Vaccine Funding Program Eligibility | VFC Eligible - American Indian/Alaska Native |
| Document Type                       | Polio VIS                                    |
| Date Vis Presented                  |  |
| Document Type                       | Hepatitis B VIS                              |
| Date Vis Presented                  |  |
| Document Type                       | Diphtheria/Tetanus/Pertussis (DTaP) VIS      |
| Date Vis Presented                  |  |

### Vaccine Administration Information

| Element                            | Data                |
|------------------------------------|---------------------|
| Administered Code                  | RotaTeq             |
| Date/Time Start of Administration  | 06/24/2015          |
| Administered Amount                | 2.0                 |
| Administered Units                 | mL                  |
| Administration Notes               | New Record          |
| Administering Provider             | Lily Jackson        |
| Substance Lot Number               | 297961              |
| Substance Expiration Date          | 09/16/2015          |
| Substance Manufacturer Name        | Merck and Co., Inc. |
| Substance/Treatment Refusal Reason |                     |
| Completion Status                  | CP                  |

|                       |              |
|-----------------------|--------------|
| Action Code           | Add          |
| Route                 | Oral         |
| Administration Site   |              |
| Entering Organization | West Clinic  |
| Entered By            | Lily Jackson |
| Ordered By            | Wilma Thomas |

### Observations

| Element                             | Data   |
|-------------------------------------|--|
| Vaccine Funding Source              | Public                                       |
| Vaccine Funding Program Eligibility | VFC Eligible - American Indian/Alaska Native |
| Document Type                       | Rotavirus VIS                                |
| Date Vis Presented                  |  |

### Vaccine Administration Information

| Element                            | Data          |
|------------------------------------|---------------|
| Administered Code                  | Prevnar 13    |
| Date/Time Start of Administration  | 06/24/2015    |
| Administered Amount                | 0.5           |
| Administered Units                 | mL            |
| Administration Notes               | New Record    |
| Administering Provider             | Lily Jackson  |
| Substance Lot Number               | 353480        |
| Substance Expiration Date          | 07/29/2015    |
| Substance Manufacturer Name        | Pfizer, Inc   |
| Substance/Treatment Refusal Reason |               |
| Completion Status                  | CP            |
| Action Code                        | Add           |
| Route                              | Intramuscular |
| Administration Site                | Left Thigh    |
| Entering Organization              | West Clinic   |
| Entered By                         | Lily Jackson  |
| Ordered By                         | Wilma Thomas  |

### Observations

| Element                             | Data   |
|-------------------------------------|--|
| Vaccine Funding Source              | Public                                       |
| Vaccine Funding Program Eligibility | VFC Eligible - American Indian/Alaska Native |
| Document Type                       | Pneumococcal Conjugate (PCV13) VIS           |
| Date Vis Presented                  |  |

### Vaccine Administration Information

| Element                            | Data                           |
|------------------------------------|--------------------------------|
| Administered Code                  | Hep B, unspecified formulation |
| Date/Time Start of Administration  | 04/16/2015                     |
| Administered Amount                | 999                            |
| Administered Units                 |                                |
| Administration Notes               | Historical Administration      |
| Administering Provider             |                                |
| Substance Lot Number               |                                |
| Substance Expiration Date          |                                |
| Substance Manufacturer Name        |                                |
| Substance/Treatment Refusal Reason |                                |
| Completion Status                  | CP                             |
| Action Code                        | Add                            |
| Route                              |                                |
| Administration Site                |                                |
| Entering Organization              | West Clinic                    |
| Entered By                         | Lily Jackson                   |
| Ordered By                         |                                |

### Vaccine Administration Information

| Element                            | Data                           |
|------------------------------------|--------------------------------|
| Administered Code                  | Hep B, unspecified formulation |
| Date/Time Start of Administration  | 05/15/2015                     |
| Administered Amount                | 999                            |
| Administered Units                 |                                |
| Administration Notes               | Historical Administration      |
| Administering Provider             |                                |
| Substance Lot Number               |                                |
| Substance Expiration Date          |                                |
| Substance Manufacturer Name        |                                |
| Substance/Treatment Refusal Reason |                                |
| Completion Status                  | CP                             |
| Action Code                        | Add                            |
| Route                              |                                |
| Administration Site                |                                |
| Entering Organization              | West Clinic                    |
| Entered By                         | Lily Jackson                   |
| Ordered By                         |                                |

### Patient Information

| Element | Data |
|---------|------|
|---------|------|

|                      |                                       |
|----------------------|---------------------------------------|
| Patient Name         | Russell Clint Richardson              |
| Mother's Maiden Name | Billington                            |
| ID Number            | 3123                                  |
| Date/Time of Birth   | 04/15/2015                            |
| Administrative Sex   | Male                                  |
| Patient Address      | 543 Blount Drive Bozeman MT 59715 USA |
| Local Number         | (406)555-7690                         |
| Race                 | American Indian or Alaska Native      |
| Ethnic Group         | Not Hispanic or Latino                |
| Birth Order          | 1                                     |

### Immunization Registry Information

| Element                                     | Data                   |
|---|------------------------|
| Immunization Registry Status                | A                      |
| Immunization Registry Status Effective Date | 04/15/2015             |
| Publicity Code                              | Recall only - no calls |
| Publicity Code Effective Date               | 06/24/2015             |
| Protection Indicator                        | No                     |
| Protection Indicator Effective Date         | 06/24/2015             |

### Guardian or Responsible Party[\*]

#### Guardian or Responsible Party

| Element      | Data                                  |
|--------------|---------------------------------------|
| Name         | Maria Elizabeth Richardson            |
| Relationship | Mother                                |
| Address      | 543 Blount Drive Bozeman MT 59715 USA |
| Phone Number | (406)555-7690                         |

#### Guardian or Responsible Party

| Element      | Data                                  |
|--------------|---------------------------------------|
| Name         | John William Richardson               |
| Relationship | Father                                |
| Address      | 543 Blount Drive Bozeman MT 59715 USA |
| Phone Number | (406)555-8299                         |

### Vaccine Administration Information[\*]

#### Vaccine Administration Information

| Element                           | Data       |
|-----------------------------------|------------|
| Administered Code                 | Pentacel   |
| Date/Time Start of Administration | 06/24/2015 |
| Administered Amount               | 0.5        |
| Administered Units                | mL         |
| Administration Notes              | New Record |

|                                    |                 |
|------------------------------------|-----------------|
| Administering Provider             | Lily Jackson    |
| Substance Lot Number               | 526434          |
| Substance Expiration Date          | 07/22/2015      |
| Substance Manufacturer Name        | GlaxoSmithKline |
| Substance/Treatment Refusal Reason |                 |
| Completion Status                  | CP              |
| Action Code                        | Add             |
| Route                              | Intramuscular   |
| Administration Site                | Right Thigh     |
| Entering Organization              | West Clinic     |
| Entered By                         | Lily Jackson    |
| Ordered By                         | Wilma Thomas    |

### Observations

| Element                             | Data   |
|-------------------------------------|--|
| Vaccine Funding Source              | Public                                       |
| Vaccine Funding Program Eligibility | VFC Eligible - American Indian/Alaska Native |
| Document Type                       | Polio VIS                                    |
| Date Vis Presented                  |  |
| Document Type                       | Hepatitis B VIS                              |
| Date Vis Presented                  |  |
| Document Type                       | Diphtheria/Tetanus/Pertussis (DTaP) VIS      |
| Date Vis Presented                  |  |

### Vaccine Administration Information

| Element                            | Data                |
|------------------------------------|---------------------|
| Administered Code                  | RotaTeq             |
| Date/Time Start of Administration  | 06/24/2015          |
| Administered Amount                | 2.0                 |
| Administered Units                 | mL                  |
| Administration Notes               | New Record          |
| Administering Provider             | Lily Jackson        |
| Substance Lot Number               | 297961              |
| Substance Expiration Date          | 09/16/2015          |
| Substance Manufacturer Name        | Merck and Co., Inc. |
| Substance/Treatment Refusal Reason |                     |
| Completion Status                  | CP                  |
| Action Code                        | Add                 |
| Route                              | Oral                |
| Administration Site                |                     |
| Entering Organization              | West Clinic         |
| Entered By                         | Lily Jackson        |

Ordered By

Wilma Thomas

**Observations**

| Element                             | Data   |
|-------------------------------------|--|
| Vaccine Funding Source              | Public                                       |
| Vaccine Funding Program Eligibility | VFC Eligible - American Indian/Alaska Native |
| Document Type                       | Rotavirus VIS                                |
| Date Vis Presented                  |  |

**Vaccine Administration Information**

| Element                            | Data          |
|------------------------------------|---------------|
| Administered Code                  | Prevnar 13    |
| Date/Time Start of Administration  | 06/24/2015    |
| Administered Amount                | 0.5           |
| Administered Units                 | mL            |
| Administration Notes               | New Record    |
| Administering Provider             | Lily Jackson  |
| Substance Lot Number               | 353480        |
| Substance Expiration Date          | 07/29/2015    |
| Substance Manufacturer Name        | Pfizer, Inc   |
| Substance/Treatment Refusal Reason |               |
| Completion Status                  | CP            |
| Action Code                        | Add           |
| Route                              | Intramuscular |
| Administration Site                | Left Thigh    |
| Entering Organization              | West Clinic   |
| Entered By                         | Lily Jackson  |
| Ordered By                         | Wilma Thomas  |

**Observations**

| Element                             | Data   |
|-------------------------------------|--|
| Vaccine Funding Source              | Public                                       |
| Vaccine Funding Program Eligibility | VFC Eligible - American Indian/Alaska Native |
| Document Type                       | Pneumococcal Conjugate (PCV13) VIS           |
| Date Vis Presented                  |  |

**Vaccine Administration Information**

| Element                           | Data                           |
|-----------------------------------|--------------------------------|
| Administered Code                 | Hep B, unspecified formulation |
| Date/Time Start of Administration | 04/16/2015                     |
| Administered Amount               | 999                            |

|                                    |                           |
|------------------------------------|---------------------------|
| Administered Units                 |                           |
| Administration Notes               | Historical Administration |
| Administering Provider             |                           |
| Substance Lot Number               |                           |
| Substance Expiration Date          |                           |
| Substance Manufacturer Name        |                           |
| Substance/Treatment Refusal Reason |                           |
| Completion Status                  | CP                        |
| Action Code                        | Add                       |
| Route                              |                           |
| Administration Site                |                           |
| Entering Organization              | West Clinic               |
| Entered By                         | Lily Jackson              |
| Ordered By                         |                           |

### Vaccine Administration Information

| Element                            | Data                           |
|------------------------------------|--------------------------------|
| Administered Code                  | Hep B, unspecified formulation |
| Date/Time Start of Administration  | 05/15/2015                     |
| Administered Amount                | 999                            |
| Administered Units                 |                                |
| Administration Notes               | Historical Administration      |
| Administering Provider             |                                |
| Substance Lot Number               |                                |
| Substance Expiration Date          |                                |
| Substance Manufacturer Name        |                                |
| Substance/Treatment Refusal Reason |                                |
| Completion Status                  | CP                             |
| Action Code                        | Add                            |
| Route                              |                                |
| Administration Site                |                                |
| Entering Organization              | West Clinic                    |
| Entered By                         | Lily Jackson                   |
| Ordered By                         |                                |