E	Evaluated Immunization History and In	ımunization Forecast
Test Case ID	Juana Mariana Gonzales Display Reconcile Up	odate Immunization Information
Juror ID		
Juror Name		
HIT System Tested		
<b>Inspection Date/Time</b>		
<b>Inspection Settlement</b>	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	ity	
Namespace ID	MYEHR	
ID Type	MR	
Patient Identifier		
ID Number	987633	
Assigning Author	rity	
Namespace ID	MYIIS	
ID Type	SR	
Name	Juana Mariana Gonzales	
Date of Birth	11/23/2009	
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	Oceanview Pediatrics	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration-Start	11/23/2009	
Dac Gimtetion Status"	refers to the status of the dose of v	accine administered on the indicated date and

Parconipletion Status" refers to the status of the dose of vaccine administered on the indicated date and havive tration field as "Dose Status". A status of "Complete" means that the vaccine dose was

Administered Units of Measure  Route of Administration  Administration Site  Left Thigh  Substance Manufacturer Name  Administration Notes  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	
Administration IM  Administration Site	
Substance Manufacturer Name  Administration Notes  Name  J Martinez  ID Number  Administered-at Location Facility ID  Street Address  Other Designation  City State  Zip Code Country	
Manufacturer Name  Administration Notes  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	
Administering Provider  Name  J Martinez  ID Number  Administered-at Location  Facility ID  DCS_DC  Street Address  Other Designation  City  State  Zip Code  Country	
Name J Martinez  ID Number  Administered-at Location  Facility ID DCS_DC  Street Address  Other Designation  City State  Zip Code Country	
ID Number  Administered-at Location  Facility ID DCS_DC  Street Address  Other Designation  City  State  Zip Code  Country	
Administered-at Location  Facility ID DCS_DC  Street Address  Other Designation  City  State  Zip Code  Country	
Facility ID DCS_DC  Street Address  Other Designation  City  State  Zip Code Country	
Street Address  Other Designation  City  State  Zip Code Country	
Other Designation  City  State  Zip Code  Country	
Designation  City  State  Zip Code  Country	
State Zip Code Country	
Zip Code Country	
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 vaccine, unspecified formulation	
Refusal Reason	
Date/Time Administration-Start 01/15/2010	
Date/Time Administration-End 01/15/2010	
Administered Amount 0.5	
Administration Status refers to the status of the dose of vaccine administered on the indicated	

Measure	Evaluated Immunization His	tory Information
Route of Administration	IM	·
Administration Site	Dight Thigh	
Substance	Right Thigh	
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	1 EU	
Completion Status*	Complete	
	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	Hep B Peds NOS	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration-Start	10/30/2010	
Date/Time Administration-End	10/30/2010	
Administration-End Administered Amount	0.5	
Administered Units of Measure	mL	
Roctonfpletion Status"  Adwinistration reted as '	refers to the status of the dose of verbose Status". A status of "Comple	accine administered on the indicated date and te" means that the vaccine dose was

Administration Site	Evaluated Immunization Hi Left Thigh	story Information
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	
	<b>.</b>	
Element Name	Data	Tester Comment
Entering Organization Vaccine Group	Oceanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Refusal Reason		
Date/Time Administration-Start	01/22/2010	
Date/Time Administration-End	01/22/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	

Administration Site	Left Evaluated Immunization Hi	story Information
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	
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, 5 pertussis	
Refusal Reason		
Date/Time Administration-Start	03/23/2010	
Date/Time Administration-End	03/23/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	

Substance Manufacturer Name	Sano D Valtrated Immunization His	tory Information
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	
<b>Dose Number in Series</b>	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	rester comment
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	05/22/2010	
Date/Time Administration-End	05/22/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	ĪM	
Administration Site	Left Thigh	
Sulstanceletion Status" Manufacture Name as "	refers to the status of the dose of v Sanofi Pasteur Inc Dose Status". A status of "Comple	accine administered on the indicated date and te" means that the vaccine dose was

Administering Provider  Name  ID Number  Administered-at Location  Facility ID  CS_DC  Street Address  Other Designation  City  State  Zip Code  Country  Valid Dose  YES  Validity Reason  Completion Status*  Dose Number in Series  Number of Doses in Series Name  Status in Immunization Series Name  Element Name  Element Name  Data  Tester Comment  Entering Organization  Vaccine Group  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and acellular pertussis vaccine, specified  diphtheria, tetanus toxoids and acellular pertussis vaccine, specified  diphtheria, tetanus toxoids and acellular pertussis vaccine, specified  diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis  Refusal Reason  Date/Time  Administration-End  Administered Amount  Administered Mount  Administered Units of Mcasure  Mile Manuel  Mile Mile Manuel  Mile Mile Manuel  Mile Mile Mile Mile Mile Mile Mile Mile	Administration Notes	Evaluated Immunization His	tory Information
Administered-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Dose Number in Series Status in Immunization Series Name Status in Immunization Series Name Element Name Element Name Entering Organization Cocanview Pediatrics diphtheria, tetanus toxoids and accillular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accillular pertussis vaccine, 5 pertussis Refusal Reason Date/Time Administration-End Administration-End Administration-End Administration-End Administration Interior Cocanview Pediatrics diphtheria, tetanus toxoids and accillular pertussis vaccine, 5 pertussis Refusal Reason Date/Time Administration-End Administration-End Administration-End Administration-End Administration-End Administration-End Administration-End Administration-End Administered Units of Measure  Difference  Macute of  Ma	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 Number of Doses in Series Immunization Series Name Etement Name Etement Name Entering Organization Coeanview Pediatrics Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered Refusal Reason Date/Time Administration-End Administration-End Administered Mount Administered Mount Administered Units of Measure Mea	Name	J Martinez	
Street Address  Other Designation  City State Zip Code Country Valid Dose VES Validity Reason Completion Status*  Completion Status*  Dose Number in Series Number of Doses in Series Name Status in Immunization Series Name  Element Name Element Name Entering Organization  Vaccine Group  diphtheria, tetanus toxoids and acellular pertussis vaccine, uspecified Vaccine Administered Administration-End Administration-End Administrator-End Administrator of Measure  Dota  Date/Time Administrator of Measure Administrator of Measure  Designation  Date Country  City  Country  VES  Valid Dose VES Valid Dose VES  Vacine Country  VES  Valid Dose VES  Vacine Administration-End Administration-End Administration-End Administrator of Measure  Date/Time Administrator of Measure  Date/Country  City  City  Country  VES  Vacine Administration-End Administration-End  Administrator of Measure  Date/Country  Country  Vacine Administration-End  Administrator of Measure  Date/Country  Country  Ves  Country  Ves  Complete  Complete  Date/Country  Country  Country  Ves  Complete  Date/Country  Country  Co	ID Number		
Other Designation  City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series 3 Number of Doses in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used  ACIP  Element Name Data Tester Comment  Entering Organization Vaccine Group  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified used  Vaccine Administered Refusal Reason Date/Time Administration-End Administration-End Administration-End Administered Mount Administrator Measure  Date of Measure Measur	Administered-at Location	n	
Other Designation  City State Zip Code Country  Valid Dose YES  Validity Reason Completion Status* Dose Number in Series Same Series  Immunization Series Name  Element Name Element Name Entering Organization Vaccine Group  Vaccine Administered  Refusal Reason Date/Time Administration-End Administered Mount Administration-End Administered Mount Amelica Administered Administered Mount Administered Mount Active  Formula Administered Measure Paute of  Page 12 1 2 1 2 1 2 1 2 1 2 1 2 1	Facility ID	DCS_DC	
Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Dose Number in Series Same Status in Immunization Series Name Status in Immunization Series Name Element Name Element Name Entering Organization Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Used  Vaccine Administered Date/Time Administration-End Administration-End Administered Amount Administered Amount Administered Amount Administered Immunistered Measure Male Status Immunization Series Status in Immunization Series  ACIP  Data Tester Comment Tester Comment  Occanview Pediatries  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Used  Ozenview Pediatries  diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis  Refusal Reason Date/Time Administration-End Administration-End Administered Units of Measure  mL  Devote of	Street Address		
State  Zip Code Country  Valid Dose YES  Validity Reason  Completion Status* Complete  Dose Number in Series Series  Summer of Doses in Series  Status in Immunization Series  Immunization Schedule Used  ACIP  Element Name Entering Organization  Vaccine Group  diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified  Vaccine Administered  diphtheria, tetanus toxoids and accellular pertussis vaccine, 5 pertussis  Refusal Reason  Date/Time Administration-End Administered Amount Administered Amount Administered Inits of Measure  Measure  Poste of  Measure  Pagute of  Pagute of  Measure  Pagute of  Measure  Pagute of  Measure  Pagute of  Pagute			
Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Summe Status in Immunization Series Name Status in Immunization Schedule Used  ACIP  Element Name Data Tester Comment Entering Organization 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 Date/Time Administered Amount Administered Amount Administered Amount Administered Units of Measure  Refusal Feason Date of Measure Date of Measure	City		
Country Valid Dose YES  Validity Reason Completion Status* Complete Dose Number in Series Summer of Doses in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used  ACIP  Element Name Data Tester Comment  Entering Organization Vaccine Group diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and accellular pertussis vaccine, 5 pertussis  Refusal Reason Date/Time Administration-Start Date/Time Administred Amount Administered Amount Administered For Tester Comment  Date/Time Administered Amount O.5  Measure  ML  Date/Time Administered Units of Measure  ML  Date/Time Administered Units of Measure	State		
Validity Reason  Completion Status* Complete  Dose Number in Series Sume Status in Immunization Series Name  Status in Immunization Schedule Used  ACIP  Element Name Data Entering Organization Vaccine Group diphtheria, tetanus toxoids and accllular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and accllular pertussis vaccine, 5 pertussis  Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Minus of Measure	Zip Code		
Validity Reason  Completion Status* Complete  Dose Number in Series   3     Number of Doses in Series   5   Immunization Series   Name     Status in Immunization Schedule   ACIP    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, 5 pertussis    Refusal Reason   Date/Time   O2/21/2011   Date/Time Administration-End   O2/21/2011   Administered Amount   O.5   O.5   Administered Units of Measure   Manual Part	Country		
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   diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis    Refusal Reason   Date/Time   O2/21/2011    Date/Time Administration-End   O2/21/2011    Administration-End   O.5    Administered Units of Measure   Malain    Malain   Malain   Malain    Malain   Malain	Valid Dose	YES	
Dose Number in Series  Number of Doses in Series Series  Immunization Series Name  Status in Immunization Schedule Used  Element Name  Data  Element Name  Doceanview Pediatrics  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  Date/Time Administration-End  Administered Amount  0.5  Administered Units of Measure  Mumber of Doses in Series  Series Immunization Schedule  ACIP  Tester Comment  Tester Comment  Oceanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  0.5  Administered Units of Measure  Measure  Measure  Measure  Date/Time Administered Units of Measure  Measure  Measure  Measure  Date/Time Administration-End  Administered Units of Measure  Measure  Measure  Measure  Date/Time Administered Units of Measure  Measure  Measure  Measure  Date/Time Administered Units of Measure  Measure  Measure  Date/Time Administered Units of Measure  Measure  Date/Time Administered Units of	Validity Reason		
Number of Doses in Series  Immunization Series Name  Status in Immunization Schedule Used  ACIP  Element Name  Entering Organization  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  Date/Time Administration-End  Administered Units of Measure  Measure  Date/Tome Administered  Mamaure  Mamaure  Date/Time Administered Units of Measure	Completion Status*	Complete	
Series   Immunization Series   Name   Status in Immunization   Status in Immunization   Scries	Dose Number in Series	3	
Name Status in Immunization Series  Immunization Schedule Used  ACIP  Element Name Data Tester Comment  Cocanview Pediatrics  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 Date/Time Administration-End Administered Amount Administered Units of Measure  Repute of  Maccine Status Data  Date/Time Administered Units of Measure  Maccine Status Data  Date/Time Administered Units of Measure  Date/Time Administered Units of Measure  Date/Time Administered Units of Measure		5	
Immunization Schedule Used			
Element Name  Data  Tester Comment  Entering Organization  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  Date/Time Administration-End  Administered Amount  0.5  Administered Units of Measure  Reute of			
Entering Organization  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  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Reputation  Date/Time Administered Units of Measure  Date/Time Administered Units of Measure		ACIP	
Entering Organization  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  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Reputation  Date/Time Administered Units of Measure  Date/Time Administered Units of Measure		D /	m
Vaccine Group       diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified         Vaccine Administered       diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis         Refusal Reason       02/21/2011         Date/Time Administration-Start       02/21/2011         Date/Time Administration-End       02/21/2011         Administered Amount       0.5         Administered Units of Measure       mL         Route of       mL			Tester Comment
Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of		diphtheria, tetanus toxoids and acellular pertussis vaccine,	
Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of	Vaccine Administered	diphtheria, tetanus toxoids and	
Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Date/Time Measure  02/21/2011  0.5  mL	Refusal Reason		
Administration-End  Administered Amount 0.5  Administered Units of Measure mL  Route of		02/21/2011	
Administered Units of Measure mL		02/21/2011	
Measure mL Route of	Administered Amount	0.5	
Route of TM		mL	
Administration IM		IM	
Administration Site Left Deltoid	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 a	Manufacturer Name		

Administration Notes	new Evaluated Infinunization Hi	story Information
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on	
<b>Facility ID</b>	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 Senedule	ACIP	
Used	ACIP	Tostar Commant
Used  Element Name	Data	Tester Comment
Element Name Entering Organization	Data Oceanview Pediatrics	Tester Comment
Used  Element Name	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered	Data Oceanview Pediatrics Hib, unspecified formulation	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b vaccine, PRP-OMP conjugate	Tester Comment
Element Name Entering Organization Vaccine Group	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b vaccine, PRP-OMP conjugate  01/22/2010	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b vaccine, PRP-OMP conjugate  01/22/2010  01/22/2010	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b vaccine, PRP-OMP conjugate  01/22/2010  01/22/2010  0.5	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b vaccine, PRP-OMP conjugate  01/22/2010  01/22/2010  0.5  mL	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b vaccine, PRP-OMP conjugate  01/22/2010  01/22/2010  0.5 mL IM	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b vaccine, PRP-OMP conjugate  01/22/2010  01/22/2010  10.5  mL  IM  Right Thigh	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b vaccine, PRP-OMP conjugate  01/22/2010  01/22/2010  0.5  mL  IM  Right Thigh  Merck Sharp and Dohme Corp  new immunization record	Tester Comment

Name	<sup>"JMaEina</sup> Tuated Immunization Hi	story Information
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	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Do4o	Treaten Communit
Entering Organization	Data Occopyiony Padiatrics	Tester Comment
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason	vaccine, i Ki -Owi conjugate	
Date/Time Administration-Start	03/23/2010	
Date/Time Administration-End	03/23/2010	
Administered Amount		
	0.5	
Administered Units of Measure	0.5 mL	
Administered Units of		
Administered Units of Measure Route of	mL	
Administered Units of Measure Route of Administration	mL IM	
Administered Units of Measure  Route of Administration  Administration Site  Substance	mL IM Left Thigh	
Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name	mL  IM  Left Thigh  Merck Sharp and Dohme Corp	
Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes	mL  IM  Left Thigh  Merck Sharp and Dohme Corp	

Administered-at Locatio	Evaluated Immunization Histor	ry Information
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	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	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration-Start	05/22/2010	
Date/Time Administration-End	05/22/2010	
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		
1D Number		
Administered-at Location	n	
	DCS_DC	

Street Address Other	333 Evaluated Immunization His	ory Information
<b>Designation</b>		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	3	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Elamant Nama	Dete	Totalon Comment
Element Name Entering Organization	Data Oceanview Pediatrics	Tester Comment
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason	vacenie, i Ki -Owii conjugate	
Date/Time Administration-Start	02/21/2010	
Date/Time Administration-End	02/21/2010	
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		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		

City	Stamfwaluated Immunization Hi	story Information
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	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
	_	m
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	01/22/2010	
Date/Time Administration-End	01/22/2010	
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 Locatio		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
* "Corzipletinh Status"	(constant) to the status of the dose of v	accine administered on the indicated date and

Country	Evaluated Immunization His	
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	
Plane / N	D. (	Tarter Comment
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization		
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason  Date/Time		
Administration-Start	03/23/2010	
Date/Time Administration-End	03/23/2010	
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 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	Evaluated Immunization Hi	story Information
Completion Status*	Complete	
<b>Dose Number in Series</b>	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
<b>Entering Organization</b>	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	01/21/2010	
Date/Time Administration-End	01/21/2010	
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	
<b>Administering Provider</b>		
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		
	refers to the status of the days of	accine administered on the indicated date and

Completion Status*	ComEleteluated Immunization His	tory Information
<b>Dose Number in Series</b>	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 vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	03/23/2010	
Date/Time Administration-End	03/23/2010	
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 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	
		accine administered on the indicated date and

Dose Number in Series Number of Doses in	<sup>4</sup> Evaluated Immunization His	tory Information
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 vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	05/22/2010	
Date/Time Administration-End	05/22/2010	
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 Location		
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	
Numberple Dose Status"	refers to the status of the dose of v	accine administered on the indicated date and

Status in Immunization Series Stries Immunization Schedult Used  Element Name  Entering Organization Oceanview Pediatrics pneumococcal, unspecified formulation Vaccine Administered Prizer Administration-Start Oze21/2011 Oze1Time Administered Amount Administered Units of Measure Route of Administration Start Substance Manufacturer Name Administration Start Administration Start Discrime Administration Start Oze1 Prizer, Inc Manufacturer Name Administration Nets Administration Nets Administration Nets Substance Manufacturer Name Administration Nets Administration	Series	Evaluated Immunization His	story Information
Status in Immunization Series  Immunization Schedule Used  ACIP  Element Name Data Tester Comment  Entering Organization Oceanyiew Pediatrics  Poseuro-Coccal, unspecified formulation  Poseuro-Coccal conjugate vaccine, 13 vaccine Administered Palent Palen	Immunization Series Name		
Series Immunization Schedule Used  ACIP  Element Name Data Tester Comment  Entering Organization Ocean/ew Pediatrics  Vaceine Group procumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent  Vaccine Administered pneumococcal conjugate vaccine, 13 valent  Refusal Reason Date/Time Administration-Start Qu221/2011  Date/Time Administration-End Ocean/ew Pediatrics  Manifestred Units of Machanistration Procumococcal conjugate vaccine, 13 valent  Administration-End Ocean/ew Pediatrics  Machinistration Image: Procumococcal conjugate vaccine, 13 valent  Machinistration-End Ocean/ew Pediatrics  Machinistration End Ocean/ew Pediatrics  Machinistration Image: Procumococcal conjugate vaccine, 13 valent  Machinistration End Ocean/ew Pediatrics  Machinistration End Ocean/ew Pediatrics  Machinistration Image: Procumococcal conjugate vaccine, 13 valent  Machinistration Image: Procumococca	Ivaine		
Element Name Data Tester Comment  Entering Organization Oceanview Pediatrics promulation pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent v	Status in Immunization Series		
Entering Organization Vaccine Group Pneumococcal, unspecified formulation Pneumococcal conjugate vaccine, 13 Pate/Time Administration-Start Administration-Bund Administration-Bund Administration Prizer, Inc Administration Provider Name J Martinez  Administration Posspontion Prizer, Inc Administration Prizer, Inc Administration Provider Name J Martinez  Administration Provider Street Address  333 Oceanview Lane  Designation City Stamford State CT Zip Code 06901 Country Valid Dose VES Validity Reason Completion Status* Complete Dose Number in Series Posseries  4 4	Immunization Schedule Used	ACIP	
Entering Organization Vaccine Group Pneumococcal, unspecified formulation Pneumococcal conjugate vaccine, 13 Pate/Time Administration-Start Administration-Bund Administration-Bund Administration Prizer, Inc Administration Provider Name J Martinez  Administration Posspontion Prizer, Inc Administration Prizer, Inc Administration Provider Name J Martinez  Administration Provider Street Address  333 Oceanview Lane  Designation City Stamford State CT Zip Code 06901 Country Valid Dose VES Validity Reason Completion Status* Complete Dose Number in Series Posseries  4 4			
Vaccine Group         pneumococcal, unspecified formulation           Vaccine Administered Refusal Reason         pneumococcal conjugate vaccine, 13 alent           Date/Time Administration-Start         02/21/2011           Date/Time Administration-End Administration-End Administration-End Administration on End End End End End End End End End En			Tester Comment
Vaccine Administered Refusal Reason Date/Time Administration-Ead Administration-Ead Administration-Ead Administration Date/Time Administration-Ead Administration Date/Time Route of Administration Date/Time Administration Date/Time/Date/	Entering Organization		
Name	Vaccine Group	formulation	
Date/Time   Administration-Start   02/21/2011   02/21/2			
Administration-Start   Date/Time   Administration-End   D2/21/2011	Refusal Reason		
Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Administration Site Substance Manufacturer Name Administration Notes Name ID Number Administred-at Locator Facility ID Suscendands Street Address Street Address Street Address City Stanford State CT Zip Code Objoin Country Valid Dose Valid Tyesson Completion Status* Complete Complete Completion Status* Complete Complete Complete Completion Status* Complete C	Date/Time Administration-Start	02/21/2011	
Administered Units of Measure  Route of Administration  Administration Site Administration Notes Manufacturer Name Administering Provider  Name J Martinez  ID Number  Administered-at Location  Facility ID DCS_DC Street Address 333 Oceanview Lane  Other Designation  City State CT  Zip Code 06901  Country  Valid Dose VES  Validity Reason  Completion Status* Complete Dose Number in Series  Number of Doses in Series  IM  Administration Notes Pfizer, Inc Pfizer,	Date/Time Administration-End	02/21/2011	
Measure	Administered Amount	0.5	
Administration IM Left Deltoid	Administered Units of Measure	mL	
Substance Manufacturer Name Administration Notes new immunization record new immunization record	Route of Administration	IM	
Manufacturer Name     Prizer, Inc       Administration Notes     new immunization record       Name     J Martinez       ID Number     DCS_DC       Street Address     333 Oceanview Lane       Other Designation     Stamford       State     CT       Zip Code     06901       Country     YES       Valid Dose     YES       Validity Reason     Complete       Dose Number in Series     2       Number of Doses in Series     4	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 YES  Validity Reason  Completion Status* Complete  Dose Number in Series 2  Number of Doses in Series  Administering Provider  J Martinez  Martin	Substance Manufacturer Name	Pfizer, Inc	
Name J Martinez	Administration Notes	new immunization record	
ID Number   Administered-at Location	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 YES Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series  A 333 Oceanview Lane  DCS_DC  State CT  Stamford  CT  Stamford  CT  Stamford  CT  Stamford  Stamford  CT  Stamford  Stamford  CT  Stamford  Stamford  Stamford  Stamford  CT  Stamford  Stamford  Stamford  Stamford  Stamford  CT  Stamford  Stamford	Name	J Martinez	
Facility ID     DCS_DC       Street Address     333 Oceanview Lane       Other Designation     City       State     CT       Zip Code     06901       Country     YES       Valid Dose     YES       Validity Reason     Complete       Dose Number in Series     2       Number of Doses in Series     4	ID Number		
Street Address333 Oceanview LaneOther DesignationStamfordCityStamfordStateCTZip Code06901CountryYESValid DoseYESValidity ReasonCompleteDose Number in Series2Number of Doses in Series4	Administered-at Locatio	n	
Other DesignationCityStamfordStateCTCompletion Status*Completion Status*CompleteDose Number of Doses in Series4	Facility ID	DCS_DC	
DesignationCityStamfordStateCTCompletion Status*CompleteCombero of Doses in Series4Completion Status*Completion Status*	Street Address	333 Oceanview Lane	
StateCTZip Code06901CountryYESValid DoseYESValidity ReasonCompletion Status*Completion Status*CompleteDose Number in Series2Number of Doses in Series4	Other Designation		
Zip Code06901CountryValid DoseYESValidity ReasonCompletion Status*CompleteDose Number in Series2Image: Complete of Doses in Series of Doses in Series4	City	Stamford	
CountryYESValid DoseYESValidity ReasonCompleteCompletion Status*CompleteDose Number in Series2Number of Doses in Series4	State	CT	
Valid Dose YES   Validity Reason	Zip Code	06901	
Validity Reason  Completion Status* Complete  Dose Number in Series  Number of Doses in Series  4	Country		
Completion Status*  Complete  Dose Number in Series  Number of Doses in Series  4	Valid Dose	YES	
Completion Status*  Complete  Dose Number in Series  Number of Doses in Series  4	Validity Reason		
Dose Number in Series 2  Number of Doses in Series 4	-	Complete	
Number of Doses in Series 4	Dose Number in Series	_	
	Number of Doses in Series		
		refers to the status of the dose of v	accine administered on the indicated date and

Name	Evaluated Immunization His	tory Information
Status in Immunization		
Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
<b>Entering Organization</b>	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration-Start	01/22/2010	
Date/Time Administration-End	01/22/2010	
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		
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	
Immunization Series Name		
Status in Immunization Series		

Element Name Data Tester Comment  Entering Organization Oceanview Pediatrics  Vaccine Group rotavirus, unspecified formulation  Vaccine Administered rotavirus, live, monovalent vaccine  Refusal Reason 03/23/2010  Date/Time Administration-Start 01/22/2010  Administered Amount 0.5  Administered Units of Measure Manufacturer Name Administration Stite Right Thigh  Substance Manufacturer Name Administeration Notes  Administeration Notes  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 YES  Validity Reason Complete  Dose Number In Series Dose Number in Series  Immunization Series Name  Status in Immunization series Name Status in Immunization Series  Immunization Schedule  ACID  A	Immunization Schedule Used	ACIEvaluated Immunization Hi	story Information
Entering Organization Oceanview Pediatries Practice Group Potavirus, unspecified formulation Practice Administered Protavirus, live, monovalent vaccine Practice Protavirus, live, monovalent vaccine Practice Protavirus, live, monovalent vaccine Practice Pr			31
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administration-End Administration-End Administration Image: Mainistration Notes Administration Notes Administration Notes Administration Image: Mainistration Image: Mainist	Element Name	Data	<b>Tester Comment</b>
Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administered Amount Administered Amount Administered Units of Measure Route of Administration Site Substance Manufacturer Name Administration Notes Administration Notes Administration Notes Administration Notes Administration Positic Name J Martinez  Administered-at Location Facility ID Street Address Other Designation City State CT Zip Code Country Valid Dose VFS Validity Reason Completion Status* Complete Dose Number in Series Name Immunization Scries Name Immunization Scries Name Immunization Scries Name Immunization Scries Name Immunization Schedule ACUP  Administration Administration Administration Notes Administering Provider Name J Martinez J Martinez  DCB DC Street Address 333 Occanview Lanc  Other Designation City Statue CT Zip Code Country  Valid Dose VFS Validity Reason Completion Status* Complete Dose Number in Series Name Status in Immunization Scries Name  Lace III  ACUP  ACUP  ACUP  ACUP	Entering Organization	Oceanview Pediatrics	
Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount	Vaccine Group	rotavirus, unspecified formulation	
Date/Time Administration-Start 03/23/2010	Vaccine Administered	rotavirus, live, monovalent vaccine	
Administration-Start   03/23/2010	Refusal Reason		
Administreat Amount Administered Linits of mL Route of Administration Route of Right Thigh Route of Administration Notes Route of Right Thigh Route of Route of Route of Right Thigh Route of Ro		03/23/2010	
Administered Units of Measure  Route of Administration		01/22/2010	
Measure     mL       Route of Administration     IM       Administration Site     Right Thigh       Substance Manufacturer Name     GlaxoSmithKline Biologicals SA       Administration Notes     new immunization record       Administering Provider     The Number       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     YES       Valid Dose     YES       ValidIty Reason     Complete       Completion Status*     Complete       Dose Number in Series     2       Number of Doses in Series     3       Immunization Series Name     Status in Immunization Series Name       Immunization Schedule     ACIP	Administered Amount	0.5	
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  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 Name  Status in Immunization Scries Name  Immunization Schedule ACID  Immunization Schedule ACID		mL	
Substance Manufacturer Name  Administration Notes  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  Valid Dose  Valid Presson  Completion Status*  Complete  Dose Number in Series  J Martinez  GlaxoSmithKline Biologicals SA  new immunization scries  Name  J Martinez  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  J Mumber of Doses in Series  Name  Status in Immunization Series  Immunization Schedule  ACID		IM	
Manufacturer Name Administration Notes Administering Provider  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 YES Validity Reason Completion Status* Complete Dose Number in Series Name Status in Immunization Scries Name  City State ACIP  New Jacob Martinez  ACIP  New J Martinez  J Martin		Right Thigh	
Administering Provider  Name  J Martinez  ID Number  Administered-at Location  Facility ID  DCS_DC  Street Address  333 Occanview Lane  Other Designation  City  Stamford  State  CT  Zip Code  06901  Country  Valid Dose  YES  Validity Reason  Completion Status*  Complete  Dose Number in Series  Number of Doses in Series  Name  Status in Immunization Scries  Immunization Schedule  ACID		GlaxoSmithKline Biologicals SA	
Name  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  YES  Validity Reason  Completion Status*  Complete  Dose Number in Series  Immunization Series  Name  Status in Immunization  Status in Immunization Series  Immunization Schedule  ACID	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 YES  Validity Reason  Completion Status* Complete  Dose Number in Series 2  Number of Doses in Series Same  Status in Immunization Series  Immunization Schedule  ACID	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 YES Validity Reason Completion Status* Complete Dose Number in Series 2 Number of Doses in Series Name Status in Immunization Series Immunization Schedule ACID	Name	J Martinez	
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 Name  Status in Immunization Series Immunization Series  Immunization Schedule ACIP	ID Number		
Street Address Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Name Status in Immunization Series Name Status in Immunization Schedule ACIP	Administered-at Locatio	n	
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 Name  Status in Immunization Series Name  Immunization Schedule ACIP	Facility ID	DCS_DC	
Designation     Stamford       State     CT       Zip Code     06901       Country     YES       Valid Dose     YES       Validity Reason     Complete       Dose Number in Series     2       Number of Doses in Series Name     3       Status in Immunization Series Name     ACIP		333 Oceanview Lane	
State CT  Zip Code 06901  Country  Valid Dose YES  Validity Reason  Completion Status* Complete  Dose Number in Series 2  Number of Doses in Series Name  Status in Immunization Series Name  Immunization Schedule ACIP			
Zip Code 06901  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	City	Stamford	
Country  Valid Dose  YES  Validity Reason  Completion Status*  Complete  Dose Number in Series  Number of Doses in Series  Name  Status in Immunization Series  Immunization Schedule  ACIP	State	CT	
Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Immunization Series Name Status in Immunization Schedule ACID	Zip Code	06901	
Validity Reason  Completion Status* Complete  Dose Number in Series 2  Number of Doses in Series Name  Status in Immunization Series Name  Immunization Schedule  ACIP	Country		
Completion Status*  Complete  Dose Number in Series 2  Number of Doses in Series 3  Immunization Series Name  Status in Immunization Series   Status in Immunization Series	Valid Dose	YES	
Dose Number in Series 2  Number of Doses in Series 3  Immunization Series Name  Status in Immunization Series Immunization Schedule ACIP	Validity Reason		
Number of Doses in Series  Immunization Series Name  Status in Immunization Series Immunization Schedule	Completion Status*	Complete	
Series  Immunization Series Name  Status in Immunization Series  Immunization Schedule	Dose Number in Series	2	
Name Status in Immunization Series Immunization Schedule		3	
Series  Immunization Schedule ACIP			
Used		ACIP	

Element Name	Evaluated Patamunization
Entering Organization	Oceanview Pediatrics
Vaccine Group	influenza, unspecified formulation
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric
Refusal Reason	
Date/Time Administration-Start	09/25/2010
Date/Time Administration-End	09/25/2010
	0.25
Administered Units of Measure	mL
Route of Administration	IM
Administration Site	Left Thigh
Substance Manufacturer Name	Sanofi PasteurGlaxoSmithKline Biologicals SA
	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	СТ
Zip Code	06901
Country	
Valid Dose	YES
Validity Reason	
Completion Status*	Complete
<b>Dose Number in Series</b>	1
Number of Doses in Series	2
Immunization Series Name	
Status in Immunization Series	
Immunization Schedule Used	ACIP
Element Name	Data
<b>Entering Organization</b>	Oceanview Pediatrics

Vaccine Group	influevaluated if informulation His	tory Information
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
	preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	10/27/2010	
Date/Time Administration-End	10/27/2010	
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 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	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization Vaccine Group	Oceanview Pediatrics	
	influenza, unspecified formulation	

Refusal Reason	preservative free Production His	tory Information
Date/Time Administration-Start	10/02/2011	
Date/Time Administration-End	10/02/2011	
Administered Amount	.25	
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		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
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	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		

Date/Time	04/0 Evaluated Immunization H	istory Information
Administration-Start Date/Time		7
Administration-End	04/04/2012	
Administered Amount	0.25	
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	•	
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		
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 vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Dac/Triptetion Status" Advivistration Status'	refers/to the status of the dose of Dose Status". A status of "Compl	vaccine administered on the indicated date and ete" means that the vaccine dose was

Date/Time Administration-End	11/25/20   uated Immunization History	Information
	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 Location	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	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	<b>Tester Comment</b>
	Oceanview Pediatrics	
	Hep A, unspecified formulation	
	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time	05/23/2012	

Administration  Ressure  Route of Administration  Administration Site  Left Deltoid  Substance Manufacturer Name Administration Notes  Administration Notes  ID Number  Administration Notes  ID Number  Administred-art Location  Facility ID  Street Address  Other  Designation  City  State  CT  Zip Code  06901  Country  Valid Dose  Validity Reason  Completion Status*  Complete  Dose Number in Series  Name  Status in Immunization Schedule Used  MMPV  MMPV  MMPV  MMPV  MMPV  MMPV  MMPV  MMPV  MMPV  Maddinistration Notes  ID Martinez  ID	
Administration Site Left Deltoid Substance Manufacturer Name GlaxoSmithKline Biologicals SA Manufacturer Name J Martinez  Name J Martinez  ID Number DES DC  Street Address 333 Oceanview Lane  City Stamford  State CT  Zip Code 06901  Country Valid Dose Validity Reason Completion Status* Complete Doses in Series Series Substance Status in Immunization Scries Status in Immunization Scries Unamunization Scheduck Used  Element Name Data Tester Comment  Substance Sulvas immunization Scries Companization Scries Competition Scries Scries Dose Subscries Scries Scri	
Substance Manufacturer Name Administration Notes new immunization record    Administration Notes    Name	
Manufacturer Name 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  City Stamford State CT Zip Code 06901 Country  Valid Dose Validity Reason  Completion Status* Complete Dose Number in Series Name Status in Immunization Series Name Status in Immunization Schedule Used  Element Name Data Tester Comment  Entering Organization  Shoreline Pediatries	
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  Dose Number in Series  Number of Doses in Series Name  Status in Immunization Series Name  Status in Immunization Series Name  Element Name  Data  Tester Comment  Element Name  Data  Tester Comment  Element Name  Shoreline Pediatrics	
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  Valid Dose  Validity Reason  Completion Status*  Complete  Dose Number in Series 2  Number of Doses in Series Name  Status in Immunization Series Name  Element Name  Data  Tester Comment  Element Name  Data  Tester Comment  Entering Organization	
ID Number  Administered-at Location  Facility ID  DCS_DC  Street Address  333 Oceanview Lane  Other Designation  City  State  CT  Zip Code  06901  Country  Valid Dose  Validity Reason  Completion Status*  Complete  Dose Number in Series  Immunization Series Name  Status in Immunization Series  Immunization Schedule Used  Element Name  Data  Data  Tester Comment  Tester Comment  Entering Organization	
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 Dose Number in Series 2 Number of Doses in Series Name Status in Immunization Series Name Status in Immunization Series Immunization Schedule Used  Element Name Data Tester Comment Shoreline Pediatrics	
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 2  Number of Doses in Series Name  Status in Immunization Series Name  Status in Immunization Series  Immunization Schedule Used  ACIP  Element Name Data Tester Comment  Entering Organization	
Street Address Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series 2 Number of Doses in Series Name Status in Immunization Series Immunization Schedule Used  Element Name Element Name Shoreline Pediatrics Shoreline Pediatrics	
Other Designation  City Stamford  State CT  Zip Code 06901  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  Status in Immunization  Series  Immunization Schedule Used  Element Name Data Tester Comment  Entering Organization Shoreline Pediatrics	
Designation     Stamford       City     Stamford       State     CT       Zip Code     06901       Country     Valid Dose       Validity Reason     Complete       Completion Status*     Complete       Dose Number in Series     2       Number of Doses in Series     2       Immunization Series Name     Status in Immunization Series Name       Status in Immunization Schedule Used     ACIP       Element Name     Data     Tester Comment       Entering Organization     Shoreline Pediatrics	
State CT  Zip Code 06901  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 Status in Immunization Series Immunization Schedule Used  Element Name Data Tester Comment  Entering Organization Shoreline Pediatrics	
Zip Code   06901	
Country  Valid Dose  Validity Reason  Completion Status*  Complete  Dose Number in Series 2  Number of Doses in Series  Series  Immunization Series Name  Status in Immunization Scries Immunization Schedule Used  ACIP  Element Name  Data  Tester Comment  Entering Organization  Shoreline Pediatrics	
Valid Dose Validity Reason  Completion Status* Complete  Dose Number in Series 2 Number of Doses in Series Name Status in Immunization Series Name Immunization Schedule Used  ACIP  Element Name Data Tester Comment  Shoreline Pediatrics	
Validity Reason  Completion Status* Complete  Dose Number in Series 2  Number of Doses in Series Name  Status in Immunization Series Name  Immunization Schedule Used  Element Name  Data  Tester Comment  Entering Organization  Shoreline Pediatrics	
Completion Status*  Complete  Dose Number in Series  Number of Doses in Series  Name  Status in Immunization Series Name  Immunization Schedule Used  Element Name  Data  Tester Comment  Entering Organization  Shoreline Pediatrics	
Dose Number in Series     2       Number of Doses in Series     2       Immunization Series Name     Status in Immunization Series       Series     ACIP       Element Name     Data     Tester Comment       Entering Organization     Shoreline Pediatrics	
Number of Doses in Series  Immunization Series Name  Status in Immunization Series Immunization Schedule Used  ACIP  Element Name  Data  Tester Comment  Entering Organization  Shoreline Pediatrics	
Series   2	
Name Status in Immunization Series Immunization Schedule Used  ACIP  Element Name Data Tester Comment  Entering Organization Shoreline Pediatrics	
Immunization Schedule Used	
Element Name Data Tester Comment  Entering Organization Shoreline Pediatrics	
Entering Organization Shoreline Pediatrics	
Entering Organization Shoreline Pediatrics	
MOODING FROM MAIN	
Vaccine Group MMRV	
Vaccine Administered measles, mumps, rubella, and varicella virus vaccine	
Refusal Reason	
Date/Time Administration-Start 10/23/2010	
Date/Time Administration-End 10/23/2010	
Administered Amount 0.5	

	mL Evaluated Immunization History I	
Measure 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 Location	n	
Facility ID	DCS_DC	
Street Address	400 Shoreline Drive	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	NO	
Validity Reason	Early	
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	MMRV	
	measles, mumps, rubella, and varicella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	11/22/2012	
Date/Time Administration-End	11/22/2012	
Administered Amount	0.5	
Administered Units of	mL	

Administration Site	Left Evaluated Immunization History Information
Substance Manufacturer Name	Merck Sharp and Dohme Corp
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	
Number of Doses in Series	2
Immunization Series Name	
Status in Immunization Series	
Immunization Schedule Used	ACIP

<sup>\* &</sup>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 Forecast			
Element Name	Data	Tester Comment	
Vaccine Group	IPV		
Vaccine Due Date	05/22/2010		
Earliest Date to Give	05/22/2010		
Latest Date to Give	05/22/2011		
Date When Vaccine Overdue	05/23/2011		
Status in Immunization Series			
Forecast Reason			

Immunization Forecast Element Name Data Tester Comment				
Vaccine Group	IPV	rester Comment		
Vaccine Group  Vaccine Due Date	11/22/2013			
Earliest Date to Give	11/22/2013			
Latest Date to Give	11/22/2015			
Date When Vaccine Overdue	11/23/2015			
Status in Immunization Series				
Forecast Reason				
Element Name	Data	Tester Comment		
Vaccine Group	influenza, unspecified formulation			
Vaccine Due Date	09/01/2015			
Earliest Date to Give	09/01/2015			
<b>Latest Date to Give</b>	01/31/2016			
Date When Vaccine Overdue	11/23/2015			
Status in Immunization Series				
Forecast Reason				
[ <del></del>				
Element Name	Data	Tester Comment		
Element Name Vaccine Group	<b>Data</b> MMR	Tester Comment		
		Tester Comment		
Vaccine Group	MMR	Tester Comment		
Vaccine Group Vaccine Due Date	MMR 11/22/2013	Tester Comment		
Vaccine Group Vaccine Due Date Earliest Date to Give	MMR  11/22/2013  11/22/2013	Tester Comment		
Vaccine Group  Vaccine Due Date  Earliest Date to Give  Latest Date to Give  Date When Vaccine	MMR  11/22/2013  11/22/2013  11/22/2015	Tester Comment		
Vaccine Group  Vaccine Due Date  Earliest Date to Give  Latest Date to Give  Date When Vaccine Overdue  Status in Immunization	MMR  11/22/2013  11/22/2013  11/22/2015	Tester Comment		
Vaccine Group  Vaccine Due Date  Earliest Date to Give  Latest Date to Give  Date When Vaccine Overdue  Status in Immunization Series  Forecast Reason	MMR  11/22/2013  11/22/2013  11/22/2015  11/23/2015			
Vaccine Group  Vaccine Due Date  Earliest Date to Give  Latest Date to Give  Date When Vaccine Overdue  Status in Immunization Series  Forecast Reason  Element Name	MMR  11/22/2013  11/22/2015  11/23/2015  Data	Tester Comment  Tester Comment		
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization Series Forecast Reason  Element Name Vaccine Group	MMR  11/22/2013  11/22/2013  11/22/2015  11/23/2015			
Vaccine Group  Vaccine Due Date  Earliest Date to Give  Latest Date to Give  Date When Vaccine Overdue  Status in Immunization Series  Forecast Reason  Element Name	MMR  11/22/2013  11/22/2015  11/23/2015  Data			
Vaccine Group  Vaccine Due Date  Earliest Date to Give  Latest Date to Give  Date When Vaccine Overdue  Status in Immunization Series  Forecast Reason  Element Name  Vaccine Group	MMR  11/22/2013  11/22/2013  11/22/2015  11/23/2015  Data  Varicella			
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization Series Forecast Reason  Element Name Vaccine Group Vaccine Due Date	MMR  11/22/2013  11/22/2013  11/22/2015  11/23/2015  Data  Varicella  11/22/2013			
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization Series Forecast Reason  Element Name Vaccine Group Vaccine Due Date Earliest Date to Give	MMR  11/22/2013  11/22/2015  11/23/2015  Data  Varicella  11/22/2013  11/22/2013			
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization Series Forecast Reason  Element Name Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine	MMR  11/22/2013  11/22/2015  11/23/2015  Data  Varicella  11/22/2013  11/22/2013  11/22/2015			
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization Series Forecast Reason  Element Name Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization	MMR  11/22/2013  11/22/2015  11/23/2015  Data  Varicella  11/22/2013  11/22/2013  11/22/2015			