

**Patient Information**

Element	Data
Patient Name	Mariela Gonzales Morales
Mother's Maiden Name	Joanna Gonzales
ID Number	123456 987633
Date/Time of Birth	10/01/2015 11:15
Administrative Sex	Female
Patient Address 1	3321 Standish Way Stamford CT 06903 USA
Patient Address 2	325 Shorline Drive Stamford CT 06901
Local Number	(203)555-1214
Race	White
Ethnic Group	Hispanic or Latino
Multiple Birth Indicator	No
Birth Order	

**Immunization Registry Information**

Element	Data
Immunization Registry Status	Active
Immunization Registry Status Effective Date	07/01/2012
Publicity Code	Reminder/Recall - any method
Publicity Code Effective Date	07/01/2012
Protection Indicator	
Protection Indicator Effective Date	

**Guardian or Responsible Party**

Element	Data
Name	Joanna Gonzales Morales
Relationship	Mother
Address	4623 Standish Way Stamford CT 06903
Phone Number	(203)555-1213

**Vaccine Administration Information[\*]****Vaccine Administration Information**

Element	Data
Administered Vaccine	hepatitis B vaccine, pediatric or pediatric/adolescent dosage
Date/Time Start of Administration	10/01/2015
Administered Amount	999
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	Lisa Sirtis
Substance Lot Number	6332FK33
Substance Expiration Date	12/14/2010
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA

Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	IM
Administration Site	Left Thigh
Entering Organization	Shoreline Hospital
Entered By	Lisa Sirtis
Ordered By	Jane Carter

### Vaccine Administration Information

Element	Data
Administered Vaccine	hepatitis B vaccine, unspecified formulation
Date/Time Start of Administration	10/31/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	07/15/2015
Vaccination temporary contraindication/precaution expiration date	12/01/2015

### Vaccine Administration Information

Element	Data
Administered Vaccine	DTaP, unspecified formulation
Date/Time Start of Administration	10/31/2015
Administered Amount	999
Administered Units	
Administration Notes	

Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	07/15/2015
Vaccination temporary contraindication/precaution expiration date	12/01/2015

### Vaccine Administration Information

Element	Data
Administered Vaccine	Hib
Date/Time Start of Administration	10/31/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	07/15/2015
Vaccination temporary	

contraindication/precaution expiration date

12/01/2015

**Vaccine Administration Information**

Element	Data
Administered Vaccine	Pneumococcal Conjugate, unspecified formulation
Date/Time Start of Administration	10/31/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	07/15/2015
Vaccination temporary contraindication/precaution expiration date	12/01/2015

**Vaccine Administration Information**

Element	Data
Administered Vaccine	rotavirus, unspecified formulation
Date/Time Start of Administration	10/31/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add

Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	07/15/2015
Vaccination temporary contraindication/precaution expiration date	12/01/2015