

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 |