Evaluated Immunization History and Immunization Forecast		
Test Case ID	Query the Registry for Juana Mariana Gonzale	S
Juror ID		
Juror Name		
HIT System Tested		
Inspection Date/Time		
Inspection Settlement	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	rity	
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	11/01/2010	
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	11/01/2010	

	Evaluated Immunization Hi	story Information
Date/Time	11/01/2010	
Administration-End Administered Amount	0.5	
Administered Amount Administered Units of	0.3	
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 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	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	12/20/2010	

	Evaluated Immunization Hi	story Information
Date/Time Administration-End	12/20/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	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		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration-Start	05/20/2011	

	Evaluated Immunization Hi	story Information
Date/Time Administration-End	05/20/2011	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio		
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	
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, unspecified	
Refusal Reason		

	Evaluated Immunization His	story Information
Date/Time Administration-Start	01/22/2011	
Date/Time Administration-End	01/22/2011	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	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	

	Evaluated Immunization His	story Information
Date/Time Administration-Start	03/23/2011	
Date/Time Administration-End	03/23/2011	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
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	
Dose Number in Series	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	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		

	Evaluated Immunization His	story Information
Date/Time Administration-Start	05/22/2011	
Date/Time Administration-End	05/22/2011	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	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	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics diphtheria, tetanus toxoids and	
Vaccine Group	acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	02/21/2012	
Date/Time Administration-End	02/21/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	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	4	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	01/22/2011	
Date/Time Administration-End	01/22/2011	
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		
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	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	03/23/2011	
Date/Time Administration-End	03/23/2011	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	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	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		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	05/22/2011	
Date/Time Administration-End	05/22/2011	
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		
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	3	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		

	Evaluated Immunization H	istory Information
Date/Time	11/21/2011	
Administration-Start Date/Time		
Administration-End	11/21/2011	
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	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	
Dose Number in Series	4	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Electrical N	D. /	Total Comment
Element Name	Data Occomprisery Padiatries	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration-Start	01/22/2011	

	Evaluated Immunization His	tory Information
Date/Time Administration-End	01/22/2011	
Administered Amount	0.5	
Administered Units of	mL	
Measure Route of	IIIL	
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 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	1	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration-Start	03/23/2011	
Date/Time Administration-End	03/23/2011	

	Evaluated Immunization Hi	story Information
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	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	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
	n	
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization	pneumococcal, unspecified	
Vaccine Group	formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	01/22/2011	
Date/Time Administration-End	01/22/2011	

Evaluated Immunization History Information		
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 Location	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	
Dose Number in Series	3	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
		m
Element Name	Data Occomprisery Redistries	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	03/23/2011	
Date/Time Administration-End	03/23/2011	

	Evaluated Immunization Hi	story Information
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	
Dose Number in Series	4	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data Occompliant Padiatrias	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	05/22/2011	
Date/Time Administration-End	05/22/2011	

	Evaluated Immunization Hi	story Information
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	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	
Dose Number in Series	1	
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	01/11/2012	
Date/Time Administration-End	01/11/2012	

	Evaluated Immunization Hi	story Information
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Pfizer, Inc	
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	СТ	
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	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration-Start	01/22/2011	
Date/Time Administration-End	01/22/2011	
Administered Amount	0.5	

	Evaluated Immunization His	tory Information
Administered Units of	mL	
Measure		
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 Location	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	
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	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration-Start	03/23/2011	
Date/Time Administration-End	03/23/2011	
Administered Amount	0.5	
Administered Units of Measure	mL	

	Evaluated Immunization H	istory Information
Route of Administration	IM	
Administration Site	Right Thigh	
Substance		
Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider	1	
Name	J Martinez	
ID Number		
Administered-at Location	1	
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	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	09/25/2011	
Date/Time Administration-End	09/25/2011	
Administered Amount	0.25	
Administered Units of Measure	mL	

Route of Administration Im		Evaluated Immunization His	story Information
Administration Site Substance Manufacturer Name Administration Notes Administration Notes Name J Murtinez ID Number Administred-at Location Facility ID Street Address Other Designation City Standford State CT Zip Code 06901 Country Valid Dose YES Validity Reason Complete Dose Number in Series Name Facility ID Sos Number in Series Number of Doses in Series Status in Immunization Series Name Status in Immunization Scries Sta		IM	
Substance Manufacturer Name Manufacturer Name Manufacturer Name Administration Notes Administrering Provider Name J Martinez ID Number Administrerd-at Location Facility ID PCS_DC Street Address Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Inmunization Scries Name Status in Immunization Series Completion Status* Occanview Pediatries Vaccine Group influenza, unspecified formulation Vaccine Group influenza, unspecified formulation Vaccine Group Date/Time Administration-Start Date/Time Administration-Start Administration-Start Date/Time Administration-Start Administration-End Administration-End Administration-End Administration-End Administration-End Administration-End Administration-End Administration-Inits of Administrated Units of Administration-End Administrated Units of Administrated Units of Administration-End Adm		I. O. Til. 1	
Manufacturer Name Biologicals SA Administration Notes new immunization record			
Administering Provider Name ID Number Administered-at Location Facility ID Street Address Other Designation City Stamford State CT Zip Code Go901 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Inmunization Series Name Status in Immunization Series Immunization Schedule Used Leement Name Entering Organization Vaccine Group influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric Refusal Reason Date/Time Administration-Start Date/Time Administration-Start Administration-Start Date/Time Administration-Start Administration-Start Date/Time Administration-Start Date/Inite Administration-Start D	Manufacturer Name	Biologicals SA	
Name J Martinez	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 1 Number of Doses in Series Name Status in Immunization Series Name Status in Immunization Series Immunization Series Oceanview Pediatrics Immunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization Oceanview Pediatrics influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric Pactine Administration-Enal 10/29/2011 Administration-Enal 10/29/2011 Administrated Linit of Administered Influenza (0.25)	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 Number of Doses in Series Status in Immunization Scries Name Status in Immunization Schedule Used Element Name Data Tester Comment Entering Organization Vaccine Group influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric Refusal Reason Date/Time Administration-End Administered Livite of	Name	J Martinez	
Facility ID Street Address 333 Occanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose VIES Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Status in Immunization Steries Immunization Schedule Used ACIP Element Name Entering Organization Vaccine Group influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric Refusal Reason Date/Time Administration-End Administered Unite of Administered Hore Administered Hore Administered Hore Administered Hore Administered Livite of	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 Number of Doses in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Entering Organization Vaccine Group influenza, unspecified formulation Vaccine Administration-Start Refusal Reason Date/Time Administration-End Administration-End Administered Amount Administered Units of	Administered-at Location	on	
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 Name Status in Immunization Series Name Status in Immunization Schedule Used Element Name Data Tester Comment Entering Organization Vaccine Group influenza, unspecified formulation Vaccine Administered Refusal Reason Date/Time Administration-End Administered Amount Administered Amount Administered Amount Administered Amount Administered Hoits of	Facility ID	DCS_DC	
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 Name Status in Immunization Series Name Status in Immunization Schedule Used Designation Element Name Data Tester Comment Entering Organization Vaccine Group influenza, unspecified formulation Vaccine Administered Refusal Reason Date/Time Administration-End Administered Amount Administered Hoits of Education Date/Time Administe	Street Address	333 Oceanview Lane	
State CT Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series 1 Number of Doses in Series 2 Immunization Series Name Status in Immunization Series Name Element Name Data Tester Comment Entering Organization Vaccine Group influenza, unspecified formulation Vaccine Administered Preservative free, pediatric Refusal Reason Date/Time Administration-End Administered Amount 0.25 Administered Ministered Influence 10.25 Administered Ministered Influence 10.25 Administered Amount 0.25			
Zip Code D6901 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series 1 Number of Doses in Series Number of Dose	City	Stamford	
Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series I Number of Doses in Series Same Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization Vaccine Group influenza, unspecified formulation Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Links of Administered Links of	State	СТ	
Validity Reason Completion Status* Complete Dose Number in Series 1 Number of Doses in Series Name Status in Immunization Series Immunization Schedule Used 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 Administration-Start Date/Time Administration-End Administration-End Administrator Units of Administration-End Adm	Zip Code	06901	
Validity Reason Completion Status* Complete Dose Number in Series 1 Number of Doses in Series Name Status in Immunization Series Immunization Schedule Used 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 Administration-Start Date/Time Administration-End Administration-End Administrator Units of Administration-End Adm	Country		
Completion Status* Complete Dose Number in Series 1 Number of Doses in Series 2 Immunization Series Name Status in 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 Administration-Start 10/29/2011 Administration-End Administered In/29/2011 Administration-End Administered In/29/2011 Administration-End Administered In/29/2011		YES	
Completion Status* Complete Dose Number in Series 1 Number of Doses in Series 2 Immunization Series Name Status in 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 Administration-Start 10/29/2011 Administration-End Administered In/29/2011 Administration-End Administered In/29/2011 Administration-End Administered In/29/2011	Validity Reason		
Dose Number in Series 1 Number of Doses in Series 2 Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization Oceanview Pediatrics Vaccine Group influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric Refusal Reason Date/Time Administration-Start 10/29/2011 Date/Time Administration-End Administration-End Administration-End Administration 0.25		Complete	
Series 2			
Immunization Series Name Status in Immunization Series		2	
Status in Immunization Series Immunization Schedule Used Element Name Data Tester Comment Entering Organization Vaccine Group Influenza, unspecified formulation Vaccine Administered Influenza, injectable, quadrivalent, preservative free, pediatric Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Amount O.25	Immunization Series		
Series Immunization Schedule Used ACIP			
Element Name Data Tester Comment Entering Organization Vaccine Group Influenza, unspecified formulation Vaccine Administered Influenza, injectable, quadrivalent, preservative free, pediatric Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administration-End Administered Amount O.25 Administered Units of			
Entering Organization Vaccine Group Influenza, unspecified formulation Vaccine Administered Influenza, injectable,quadrivalent, preservative free, pediatric Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount 0.25 Administered Units of		ACIP	
Entering Organization Vaccine Group Influenza, unspecified formulation Vaccine Administered Influenza, injectable,quadrivalent, preservative free, pediatric Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount 0.25 Administered Units of			
Vaccine Group influenza, unspecified formulation Vaccine Administered Influenza, injectable, quadrivalent, preservative free, pediatric Refusal Reason Date/Time Administration-Start 10/29/2011 Date/Time Administration-End 10/29/2011 Administered Amount 0.25			Tester Comment
Vaccine Administered Influenza, injectable, quadrivalent, preservative free, pediatric Refusal Reason Date/Time Administration-Start 10/29/2011 Date/Time Administration-End 10/29/2011 Administered Amount 0.25			
Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Linits of	Vaccine Group		
Date/Time Administration-Start Date/Time Administration-End Administered Amount 0.25 Administered Units of	Vaccine Administered		
Administration-Start Date/Time Administration-End Administered Amount 0.25 Administered Units of	Refusal Reason		
Administration-End 10/29/2011		10/29/2011	
Administered Units of		10/29/2011	
Administered Units of	Administered Amount	0.25	
Measure mL	Administered Units of Measure	mL	

	Evaluated Immunization His	story Information
Route of	IM	
Administration		
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	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	2	
Number of Doses in		
Series Doses III	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	10/02/2012	
Date/Time Administration-End	10/02/2012	
Administered Amount	.25	
Administered Units of Measure	mL	

	Evaluated Immunization His	story Information
Route of	IM	
Administration		
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	CT	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
_	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 Administration-Start	11/04/2013	
Date/Time Administration-End	11/04/2013	
Administered Amount	0.25	
Administered Units of Measure	mL	

		story Information
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance	Sanofi PasteurGlaxoSmithKline	
Manufacturer Name	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		
	Complete	
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		
Date/Time Administration-Start	11/23/2011	
Date/Time Administration-End	11/23/2011	
Administered Amount	0.5	
Administered Units of Measure	mL	

	Evaluated Immunization Hi	story Information
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	СТ	
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	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		
Date/Time Administration-Start	05/23/2012	
Date/Time Administration-End	05/23/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	

	Evaluated Immunization His	tory Information
Route of Administration	ĪM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	GlaxoSmithKline 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	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		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Shoreline Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	08/22/2011	
Date/Time Administration-End	08/22/2011	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	

	Evaluated Immunization His	story Information
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	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason Date/Time	11/22/2014	
Administration-Start	11, 22, 2017	
Date/Time Administration-End	11/22/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	

	Evaluated Immunization Hi	story Information
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
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	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Varicella virus vaccine	
Vaccine Administered	varicella virus vaccine	
Refusal Reason Date/Time		
Administration-Start	12/15/2012	
Date/Time Administration-End	12/15/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Right Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	

Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
	J Martinez	
ID Number		
Administered-at Location	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	
Dose Number in Series	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	

* "Completion Status" refers to the status of the dose of vaccine administered on the indicated 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	04/30/2011	
Earliest Date to Give	04/30/2011	
Latest Date to Give	04/29/2012	
Date When Vaccine Overdue	04/30/2012	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	IPV	

	Immunization F	orecast
Vaccine Due Date	10/31/2014	
Earliest Date to Give	10/31/2014	
Latest Date to Give	10/30/2016	
Date When Vaccine Overdue	10/31/2016	
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	
Latest Date to Give	01/31/2016	
Date When Vaccine Overdue	10/31/2016	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	10/31/2014	
Earliest Date to Give	10/31/2014	
Latest Date to Give	10/30/2016	
Date When Vaccine Overdue	10/31/2016	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	10/31/2014	
Earliest Date to Give	10/31/2014	
Latest Date to Give	10/30/2016	
Date When Vaccine Overdue	10/31/2016	
Status in Immunization Series		
Forecast Reason		