

| Element | Data |
|----------------------|--|
| Patient Name | Tyler Owen Banks |
| Mother's Maiden Name | |
| ID Number | 8891 |
| Date/Time of Birth | 06/02/2014 |
| Administrative Sex | Male |
| Patient Address | 924 Sycamore Lane Bozeman MT 59715 USA |
| Local Number | (406)555-5835 |
| Race | White |
| Ethnic Group | Not Hispanic or Latino |
| Birth Order | 1 |

| Element | Data |
|---|------------------------------|
| Immunization Registry Status | A |
| Immunization Registry Status Effective Date | 06/02/2004 |
| Publicity Code | Reminder/recall - any method |
| Publicity Code Effective Date | 06/24/2015 |
| Protection Indicator | No |
| Protection Indicator Effective Date | 06/24/2015 |

| Element | Data |
|--------------|--|
| Name | Karl Leonard Banks |
| Relationship | Father |
| Address | 924 Sycamore Lane Bozeman MT 59715 USA |
| Phone Number | (406)555-5835 |

| Element | Data |
|------------------------------------|-----------------|
| Administered Code | HIBERIX |
| Date/Time Start of Administration | 06/24/2015 |
| Administered Amount | 0.5 |
| Administered Units | mL |
| Administration Notes | New Record |
| Administering Provider | Lily Jackson |
| Substance Lot Number | 328734 |
| Substance Expiration Date | 09/23/2015 |
| Substance Manufacturer Name | GlaxoSmithKline |
| Substance/Treatment Refusal Reason | |
| Completion Status | CP |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Right Thigh |
| Entering Organization | West Clinic |
| Entered By | Lily Jackson |
| Ordered By | Wilma Thomas |

Observations

| Element | Data |
|-------------------------------------|-----------------------|
| Vaccine Funding Source | Private |
| Vaccine Funding Program Eligibility | Not VFC Eligible |
| Document Type | Multiple Vaccines VIS |
| Date Vis Presented | |

| Element | Data |
|------------------------------------|---------------------|
| Administered Code | VAQTA |
| Date/Time Start of Administration | 06/24/2015 |
| Administered Amount | 0.5 |
| Administered Units | mL |
| Administration Notes | New Record |
| Administering Provider | Lily Jackson |
| Substance Lot Number | 208940 |
| Substance Expiration Date | 01/20/2016 |
| Substance Manufacturer Name | Merck and Co., Inc. |
| Substance/Treatment Refusal Reason | |
| Completion Status | CP |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Right Thigh |
| Entering Organization | West Clinic |
| Entered By | Lily Jackson |
| Ordered By | Wilma Thomas |

Observations

| Element | Data |
|-------------------------------------|------------------|
| Vaccine Funding Source | Private |
| Vaccine Funding Program Eligibility | Not VFC Eligible |
| Document Type | Hepatitis A VIS |
| Date Vis Presented | |

| Element | Data |
|-----------------------------------|--------------|
| Administered Code | M-M-R II |
| Date/Time Start of Administration | 06/24/2015 |
| Administered Amount | 0.5 |
| Administered Units | mL |
| Administration Notes | New Record |
| Administering Provider | Lily Jackson |
| Substance Lot Number | 134301 |

| | |
|------------------------------------|---------------------|
| Substance Expiration Date | 10/28/2015 |
| Substance Manufacturer Name | Merck and Co., Inc. |
| Substance/Treatment Refusal Reason | |
| Completion Status | CP |
| Action Code | Add |
| Route | Subcutaneous |
| Administration Site | Left Thigh |
| Entering Organization | West Clinic |
| Entered By | Lily Jackson |
| Ordered By | Wilma Thomas |

Observations

| Element | Data |
|-------------------------------------|---------------------------|
| Vaccine Funding Source | Private |
| Vaccine Funding Program Eligibility | Not VFC Eligible |
| Document Type | Measles/Mumps/Rubella VIS |
| Date Vis Presented | |

| Element | Data |
|------------------------------------|-------------------|
| Administered Code | varicella |
| Date/Time Start of Administration | 06/24/2015 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | |
| Substance Lot Number | |
| Substance Expiration Date | |
| Substance Manufacturer Name | |
| Substance/Treatment Refusal Reason | Parental decision |
| Completion Status | RE |
| Action Code | Add |
| Route | |
| Administration Site | |
| Entering Organization | West Clinic |
| Entered By | Lily Jackson |
| Ordered By | |