

**Patient Information**

| Element                  | Data                                   |
|--------------------------|----------------------------------------|
| Patient Name             | Ashley Jennifer Broadway               |
| Mother's Maiden Name     | Layton                                 |
| ID Number                | 77100                                  |
| Date/Time of Birth       | 05/16/2015                             |
| Administrative Sex       | Female                                 |
| Patient Address          | 901 North 12th St Bozeman MT 59715 USA |
| Local Number             | (406)555-2262                          |
| Race                     | African American                       |
| Ethnic Group             | Not Hispanic or Latino                 |
| Multiple Birth Indicator | N                                      |
| Birth Order              | 1                                      |

**Immunization Registry Information**

| Element                                     | Data                       |
|---------------------------------------------|----------------------------|
| Immunization Registry Status                | A                          |
| Immunization Registry Status Effective Date | 05/16/2015                 |
| Publicity Code                              | Reminder/recall - no calls |
| Publicity Code Effective Date               | 06/25/2015                 |
| Protection Indicator                        | No                         |
| Protection Indicator Effective Date         | 06/25/2015                 |

**Guardian or Responsible Party**

| Element      | Data                                   |
|--------------|----------------------------------------|
| Name         | Ellen Broadway                         |
| Relationship | Mother                                 |
| Address      | 901 North 12th St Bozeman MT 59715 USA |
| Phone Number | (406)555-2262                          |

**Vaccine Administration Information**

| Element                            | Data            |
|------------------------------------|-----------------|
| Administered Code                  | ENGERIX-B       |
| Date/Time Start of Administration  | 06/25/2015      |
| Administered Amount                | 0.5             |
| Administered Units                 | mL              |
| Administration Notes               | New Record      |
| Administering Provider             | Lily Jackson    |
| Substance Lot Number               | 797397          |
| Substance Expiration Date          | 12/03/2015      |
| Substance Manufacturer Name        | GlaxoSmithKline |
| Substance/Treatment Refusal Reason |                 |
| Completion Status                  | CP              |
| Action Code                        | Add             |

|                       |                 |
|-----------------------|-----------------|
| Route                 | Intramuscular   |
| Administration Site   | Left Thigh      |
| Entering Organization | NISTEHRFacility |
| Entered By            | Lily Jackson    |
| Ordered By            | Wilma Thomas    |

| Element                             | Data             |
|-------------------------------------|------------------|
| Vaccine Funding Source              | Private          |
| Vaccine Funding Program Eligibility | Not VFC Eligible |
| Document Type                       | Hepatitis B VIS  |
| Date Vis Presented                  | 06/25/2015       |