

Patient Information

| Element | Data |
|--------------------------|---------------------------------------|
| Patient Name | Russell Clint Richardson |
| Mother's Maiden Name | Billington |
| ID Number | 3123 |
| Date/Time of Birth | 04/15/2015 |
| Administrative Sex | Male |
| Patient Address | 543 Blount Drive Bozeman MT 59715 USA |
| Local Number | (406)555-7690 |
| Race | American Indian or Alaska Native |
| 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 | 04/15/2015 |
| Publicity Code | Recall only - no calls |
| Publicity Code Effective Date | 06/24/2015 |
| Protection Indicator | No |
| Protection Indicator Effective Date | 06/24/2015 |

Guardian or Responsible Party[*]

Guardian or Responsible Party

| Element | Data |
|--------------|---------------------------------------|
| Name | Maria Elizabeth Richardson |
| Relationship | Mother |
| Address | 543 Blount Drive Bozeman MT 59715 USA |
| Phone Number | (406)555-7690 |

Guardian or Responsible Party

| Element | Data |
|--------------|---------------------------------------|
| Name | John William Richardson |
| Relationship | Father |
| Address | 543 Blount Drive Bozeman MT 59715 USA |
| Phone Number | (406)555-8299 |

Vaccine Administration Information[*]

Vaccine Administration Information

| Element | Data |
|-----------------------------------|------------|
| Administered Code | Pentacel |
| 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 | 526434 |
| Substance Expiration Date | 07/22/2015 |
| Substance Manufacturer Name | GlaxoSmithKline |
| Substance/Treatment Refusal Reason | |
| Completion Status | CP |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Right Thigh |
| Entering Organization | NISTEHR Facility |
| Entered By | Lily Jackson |
| Ordered By | Wilma Thomas |

| Element | Data |
|-------------------------------------|--|
| Vaccine Funding Source | Public |
| Vaccine Funding Program Eligibility | VFC Eligible - American Indian/Alaska Native |
| Document Type | Polio VIS |
| Date Vis Presented | 06/24/2015 |
| Document Type | Hepatitis B VIS |
| Date Vis Presented | 06/24/2015 |
| Document Type | Diphtheria/Tetanus/Pertussis (DTaP) VIS |
| Date Vis Presented | 06/24/2015 |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---------------------|
| Administered Code | RotaTeq |
| Date/Time Start of Administration | 06/24/2015 |
| Administered Amount | 2.0 |
| Administered Units | mL |
| Administration Notes | New Record |
| Administering Provider | Lily Jackson |
| Substance Lot Number | 297961 |
| Substance Expiration Date | 09/16/2015 |
| Substance Manufacturer Name | Merck and Co., Inc. |
| Substance/Treatment Refusal Reason | |
| Completion Status | CP |
| Action Code | Add |
| Route | Oral |
| Administration Site | |

| | |
|-----------------------|-----------------|
| Entering Organization | NISTEHRFacility |
| Entered By | Lily Jackson |
| Ordered By | Wilma Thomas |

| Element | Data |
|-------------------------------------|--|
| Vaccine Funding Source | Public |
| Vaccine Funding Program Eligibility | VFC Eligible - American Indian/Alaska Native |
| Document Type | Rotavirus VIS |
| Date Vis Presented | 06/24/2015 |

Vaccine Administration Information

| Element | Data |
|------------------------------------|-----------------|
| Administered Code | Prevnar 13 |
| 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 | 353480 |
| Substance Expiration Date | 07/29/2015 |
| Substance Manufacturer Name | Pfizer, Inc |
| 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 | Public |
| Vaccine Funding Program Eligibility | VFC Eligible - American Indian/Alaska Native |
| Document Type | Pneumococcal Conjugate (PCV13) VIS |
| Date Vis Presented | 06/24/2015 |

Vaccine Administration Information

| Element | Data |
|-----------------------------------|--------------------------------|
| Administered Code | Hep B, unspecified formulation |
| Date/Time Start of Administration | 04/16/2015 |
| Administered Amount | 999 |
| Administered Units | |

| | |
|------------------------------------|---------------------------|
| Administration Notes | Historical Administration |
| Administering Provider | |
| Substance Lot Number | |
| Substance Expiration Date | |
| Substance Manufacturer Name | |
| Substance/Treatment Refusal Reason | |
| Completion Status | CP |
| Action Code | Add |
| Route | |
| Administration Site | |
| Entering Organization | NISTEHRFacility |
| Entered By | Lily Jackson |
| Ordered By | |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Code | Hep B, unspecified formulation |
| Date/Time Start of Administration | 05/15/2015 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical Administration |
| Administering Provider | |
| Substance Lot Number | |
| Substance Expiration Date | |
| Substance Manufacturer Name | |
| Substance/Treatment Refusal Reason | |
| Completion Status | CP |
| Action Code | Add |
| Route | |
| Administration Site | |
| Entering Organization | NISTEHRFacility |
| Entered By | Lily Jackson |
| Ordered By | |