Evalua	Evaluated Immunization History and Immunization Forecast (RSP Z42)		
Test Case ID			
Inspection Date/Time			
Inspection Settlement	Pass	Fail	
Juror ID			
Juror Name			

## **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 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 Auth			
Namespace ID	MYEHR		
ID Type	MR		
Patient Identifier			
ID Number	987633		
Assigning Auth			
Namespace ID	MYIIS		
ID Type	SR		
Name	Juan Marcel Gonzales		
Date of Birth	11/23/2011		
Sex	Male		
Address 1			
Street	4623 Standish Way		
Other Designation			
City	Stamford		
State	СТ		
Zip Code	06903		
Country	USA		
Address Type	L		
Mother's Maiden Name	Anita Francesca Morales		
XX71	the FUD with the Evaluated Immunize	/* TY* / 1.T * /*	

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	<b>Tester Comment</b>
Entering Organization	Shoreline Hospital	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	Hepatitis B	
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	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provid	er	
Name	J. Martinez	
ID Number		
Administered-at Loca	tion	
Facility ID	DCS_DC	
Street Address	325 Shorline Drive	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	

Dose Number in Series	Complete	
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	Oceanview Pediatrics	10300 Comment
Organization		
	Hep B Peds NOS	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration-Start	12/23/2011	
Date/Time Administration-End	12/23/2011	
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		
Administering Provide	er	
Name	J. Martinez	
ID Number		
Administered-at Loca	tion	
Facility ID	DCS_DC	

Address	4253 Steven Information History Information	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	<b>Tester Comment</b>
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration-Start	01/22/2012	
Date/Time Administration-End	01/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
	tus" refers to the status of the dose of vaccine administer tempreted as "Dose Status". A status of "Complete" mea	

	Evaluated Immunization History Information	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes		
Administering Provid	ler	
Name	J. Martinez	
ID Number		
Administered-at Loc	ation	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	

dministered	Evaluated Immunization History Information	ſ
Refusal Reason		
Date/Time Administration-Start	03/22/2012	
Date/Time Administration-End	03/22/2012	
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		
Administering Provid	ler	
Name	J. Martinez	
ID Number		
Administered-at Loca	ation	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	

Number of Doses in Series	<b>Evaluated Immunization History Information</b>	II
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	<b>Tester Comment</b>
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration-Start	05/21/2012	
Date/Time Administration-End	05/21/2012	
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		
Administering Provid	er	
Name	J. Martinez	
ID Number		
Administered-at Loca	tion	1
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	

State	CT Evaluated Immunization History Information	
Zip Code	06903	
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	
Elamand Nama	Doto	Tastas Cassas ant
Element Name Entering	Data	Tester Comment
Organization	Oceanview Pediatrics	
	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
D ( 1D		
Refusal Reason		
Date/Time	02/20/2013	
Date/Time Administration-Start Date/Time	02/20/2013 02/20/2013	
Date/Time Administration-Start Date/Time Administration-End Administered		
Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units	02/20/2013	
Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of	02/20/2013  0.5	
Date/Time Administration-End Administered Amount Administered Units of Measure  Route of Administration	02/20/2013  0.5  mL	
Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration	02/20/2013  0.5  mL  IM	
Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration  Substance	02/20/2013  0.5  mL  IM  Left Deltoid	

Name	J. MartErealuated Immunization History Information	
ID Number		
Administered-at Loca	ation	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	Hib	
Refusal Reason		
Date/Time Administration-Start	01/22/2012	
Date/Time Administration-End	01/22/2012	

Administered Amount	0.5 Evaluated Immunization History Information	
Administered Units	mL	
of Measure		
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provid	ler	
Name	J. Martinez	
ID Number		
Administered-at Loca	ation	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	Evaluated Immunization History Information Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	03/22/2012	
Date/Time Administration-End	03/22/2012	
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		
Administering Provid	er	
Name	J. Martinez	
ID Number		
Administered-at Loca	tion	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	

CIP	
CIP	
Data	<b>Tester Comment</b>
	rester Comment
ceanview Pediatrics	
lib, unspecified formulation	
lib	
5/12/2012	
5/12/2012	
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nL	
М	
ight Thigh	
Merck Sharp and Dohme Corp.	
Martinez	
on	
CS_DC	
[ii	ib, unspecified formulation  ib  iiiiiiiiiiiiiiiiiiiiiiiiiiiiiii

Street Address	4253 SEndhared Immunization History Information	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	Hib	
Refusal Reason		
Date/Time Administration-Start	02/22/2012	
Date/Time Administration-End	02/22/2012	
Administered	0.5	
Amount		
Administered Units	mL	

	Left Deltoiduated Immunization History Information	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provid	er	
Name	J. Martinez	
ID Number		
Administered-at Loca	ition	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	

Administered	Evaluated Immunization History Information	
Refusal Reason		
Date/Time Administration-Start	01/22/2012	
Date/Time Administration-End	01/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	SC	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	
Administration Notes		
Administering Provid	er	
Name	J. Martinez	
ID Number		
Administered-at Loca	ation	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	

Series mmunization Series	Evaluated Immunization History Information	II
Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
<b>Element Name</b>	Data	<b>Tester Comment</b>
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	Polio (IPV)	
Refusal Reason		
Date/Time Administration-Start	03/22/2012	
Date/Time Administration-End	03/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	SC	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	
Administration Notes		
Administering Provid	ler	
Name	J. Martinez	
ID Number		
Administered-at Loca	ntion	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	

Zip Code	06903 Evaluated Immunization History Information	
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 Commen
Entering Organization	Oceanview Pediatrics	rester Commen
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	Polio (IPV)	
Refusal Reason		
Date/Time		
Administration-Start	05/21/2012	
Administration-Start Date/Time Administration-End	05/21/2012 05/21/2012	
Date/Time		
Date/Time Administration-End Administered	05/21/2012	
Date/Time Administration-End Administered Amount Administered Units	05/21/2012	
Date/Time Administration-End Administered Amount Administered Units of Measure Route of	05/21/2012 0.5 mL	
Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration	05/21/2012  0.5  mL  SC	
Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site	05/21/2012  0.5  mL  SC  Left Deltoid	

	Evaluated Immunization History Information	
ID Number		
Administered-at Loca	ation	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	pneumococcal, unspecified formulation	
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	01/22/2012	
Date/Time Administration-End	01/22/2012	
Adicioistpletion Sta	tus" refers to the status of the dose of vaccine administer	ed on the indicated

Amount	Evaluated Immunization History Information	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes		
Administering Provid	ler	
Name	J. Martinez	
ID Number		
Administered-at Loca	tion	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	Evaluated Immunization History Information	<b>Tester Comment</b>
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	03/22/2012	
Date/Time Administration-End	03/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	ĪM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes		
Administering Provid	ler	
Name	J. Martinez	
ID Number		
Administered-at Loca	ition	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	

	Evaluated Immunization History Information Complete	T
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
Entoring	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	05/21/2012	
Date/Time Administration-End	05/21/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes		
Administering Provide		
Name .	J. Martinez	
ID Number		
Administered-at Locat	tion	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	

Other Designation	Evaluated Immunization History Information	
City	Stamford	
State	СТ	
Zip Code	06903	
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	<b>Tester Comment</b>
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	11/22/2012	
Date/Time Administration-End	11/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substampletion Sta	tus" refers to the status of the dose of vaccine administer	ed on the indicated

Manufacturer Name Administration Notes  Administering Provider  Name J. Martinez  ID Number  Administered-at Location  Facility ID  DCS_DC	
Name  J. Martinez  ID Number  Administered-at Location	
ID Number  Administered-at Location	
Administered-at Location	
Facility ID DCS_DC	
Street Address 4253 Standish Way	
Other Designation	
City Stamford	
State CT	
Zip Code 06903	
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	<b>Tester Comment</b>
Entering Organization Oceanview Pediatrics	
Vaccine Group rotavirus, unspecified formulation	
Vaccine Administered Rotavirus	
Refusal Reason	

Date/Time	11/22/ <b>Eyaluated Immunization History Information</b>	<u> </u>
	11/22/2015	
Date/Time Administration-End	11/22/2012	
Administered Amount	1.0	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provid	er	
Name	J. Martinez	
ID Number		
Administered-at Loca	tion	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	Evaluated Immunization History Informatio	n
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	Rotavirus	
Refusal Reason		
Date/Time Administration-Start	03/22/2012	
Date/Time Administration-End	03/22/2012	
Administered Amount	1.0	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Thigh Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provid	ler	10
Name	J. Martinez	
ID Number		
Administered-at Loca	ntion	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	

Country	Evaluated Immunization History Information	
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	influenza, unspecified formulation	
Vaccine Administered	Influenza	
Refusal Reason		
Date/Time Administration-Start	09/22/2012	
Date/Time Administration-End	09/22/2012	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes		
Administering Provid	ler	
Name	J. Martinez	
ID Number		

Administered-at Loca	ntion Evaluated Immunization History Information	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	<b>Tester Comment</b>
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza	
Refusal Reason		
Date/Time Administration-Start	10/22/2012	
Date/Time Administration-End	10/22/2012	
Administered Amount	0.25	

Administered Units of Measure	mL Evaluated Immunization History Information	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes		
Administering Provide	er	
Name	J. Martinez	
ID Number		
Administered-at Loca	tion	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
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	

Entering Organization	Evaluated Immunization History Information Oceanview Pediatrics	
	influenza, unspecified formulation	
	initiatiza, unspectifica formatation	
Vaccine Administered	Influenza	
Refusal Reason		
Date/Time Administration-Start	10/30/2013	
Date/Time Administration-End	10/30/2013	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes		
Administering Provid	er	
Name	J. Martinez	
ID Number		
Administered-at Loca	tion	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose		

Completion Status*	Complete Com	
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		Tester Comment
Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	Hepatitis A	
Refusal Reason		
Date/Time Administration-Start	05/21/2013	
Date/Time Administration-End	05/21/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provid	ler	
Name	J. Martinez	
ID Number		
Administered-at Loca	ation	
Facility ID	DCS_DC	
* "Contipletion Sta	tus" refers to the status of the dose of vaccine administer	ed on the indicated

Address Other	<b>Evaluated Immunization History Information</b>	
<b>Designation</b>		
City	Stamford	
State	CT	
Zip Code	06903	
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	
	ł.	
Element Name	Data	Tester Comment
Element Name Entering Organization	Data Oceanview Pediatrics	Tester Comment
Entering	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	Tester Comment
Entering Organization Vaccine Group Vaccine	Oceanview Pediatrics  Hep A, unspecified formulation	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered	Oceanview Pediatrics  Hep A, unspecified formulation	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time	Oceanview Pediatrics  Hep A, unspecified formulation  Hepatitis A	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time	Oceanview Pediatrics  Hep A, unspecified formulation  Hepatitis A  12/01/2013	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered	Oceanview Pediatrics  Hep A, unspecified formulation  Hepatitis A  12/01/2013	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units	Oceanview Pediatrics  Hep A, unspecified formulation  Hepatitis A  12/01/2013  0.5	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of	Oceanview Pediatrics  Hep A, unspecified formulation  Hepatitis A  12/01/2013  12/01/2013  0.5  mL	Tester Comment

Substance Manufacturer Name	Glaxo Sovial Khitec Blotogian ization History Information	
Administration Notes		
Administering Provid	er	
Name	J. Martinez	
ID Number		
Administered-at Loca	tion	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	
	<u>~</u>	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	MMRV	
Vaccine Administered	MMR and Varicella	

Refusal Reason	<b>Evaluated Immunization History Information</b>	
Date/Time Administration-Start	01/12/2013	
Date/Time Administration-End	01/12/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	SC	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provid	ler	
Name	J. Martinez	
ID Number		
Administered-at Loca	ation	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	Evaluated Immunization History Information	
Immunization Series Immunization	ACIP	
Schedule Used		

<sup>\* &</sup>quot;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 Forecas	t
Element Name	Data	Tester Comment
Vaccine Group	Hep B, unspecified formulation	
Vaccine Due Date	05/21/2012	
Earliest Date to Give	05/21/2012	
Latest Date to Give	05/21/2013	
Date When Vaccine Overdue	05/23/2013	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	DTaP, unspecified formulation	
Vaccine Due Date	11/22/2015	
Earliest Date to Give	11/22/2015	
Latest Date to Give	11/21/2017	
Date When Vaccine Overdue	11/22/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	IPV	

Earliest Date to Give	11/22/2015 Immunization Forecast	
Latest Date to Give	11/21/2017	
Date When Vaccine Overdue	11/22/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	10/22/2015	
Earliest Date to Give	11/22/2015	
Latest Date to Give	11/21/2017	
Date When Vaccine Overdue	11/22/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	11/22/2015	
Earliest Date to Give	11/22/2015	
Latest Date to Give	11/21/2017	
Date When Vaccine Overdue	11/22/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	11/22/2015	

Latest Date to Give 11/21/2017  Date When Vaccine
Date When Vaccine
Overdue
Status in Immunization Series
Forecast Reason