Evaluated Immunization History and Immunization Forecast		
Test Case ID	Query the Registry for Juan Marcel Marina	
Juror ID		
Juror Name		
HIT System Tested		
<b>Inspection Date/Time</b>		
<b>Inspection Settlement</b>	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	ity	
Namespace ID	MYIIS	
ID Type	SR	
Name	Juan Marcel Marina	
Date of Birth	03/04/2015	
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	

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	Shoreline Hospital	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration-Start	03/04/2015	
Date/Time Administration-End	03/04/2015	

	<b>Evaluated Immunization Hi</b>	story Information
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	325 Shorline Drive	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration-Start	04/15/2015	
Date/Time Administration-End	04/15/2015	

	Evaluated Immunization Hi	story Information
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	n	
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	2	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration-Start	05/15/2015	

	Evaluated Immunization F	History Information
Date/Time Administration-End	05/15/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	n	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	07/13/2015	
Date/Time Administration-End	07/13/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes		
<b>Administering Provider</b>		
Name	J. Martinez	
ID Number		
Administered-at Location	on	
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	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	

	Evaluated Immunization Hi	story Information
Refusal Reason		
Date/Time Administration-Start	09/16/2015	
Date/Time Administration-End	09/16/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	n	
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	
<b>Dose Number in Series</b>	3	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	

	Evaluated Immunization Hi	story Information
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration-Start	08/20/2016	
Date/Time Administration-End	08/20/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	on .	
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	
<b>Dose Number in Series</b>	4	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	

	Evaluated Immunization His	story Information
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	05/14/2015	
Date/Time Administration-End	05/14/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio		
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	
Adverse Event		
		_
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	

	Evaluated Immunization His	story Information
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	07/21/2015	
Date/Time Administration-End	07/21/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	n	
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	
<b>Dose Number in Series</b>	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	

	<b>Evaluated Immunization Hi</b>	story Information
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	09/27/2015	
Date/Time Administration-End	09/27/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	n	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	

	Evaluated Immunization His	story Information
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	05/04/2016	
Date/Time Administration-End	05/04/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	on .	
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	
<b>Dose Number in Series</b>	4	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	

	Evaluated Immunization Hi	story Information
Vaccine Administered	Polio (IPV)	
Refusal Reason		
Date/Time Administration-Start	05/14/2015	
Date/Time Administration-End	05/14/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	
Administration Notes		
<b>Administering Provider</b>		
Name	J. Martinez	
ID Number		
Administered-at Location	n	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	

	Evaluated Immunization His	story Information
Vaccine Administered	Polio (IPV)	
Refusal Reason		
Date/Time Administration-Start	07/21/2015	
Date/Time Administration-End	07/21/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	
Administration Notes		
<b>Administering Provider</b>		
Name	J. Martinez	
ID Number		
Administered-at Locatio	on .	
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	
<b>Dose Number in Series</b>	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
		_
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	

	Evaluated Immunization Hi	story Information
Vaccine Administered	Polio (IPV)	
Refusal Reason		
Date/Time Administration-Start	10/15/2015	
Date/Time Administration-End	10/15/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	
Administration Notes		
<b>Administering Provider</b>		
Name	J. Martinez	
ID Number		
Administered-at Locatio	on .	
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	
Adverse Event		
	D 4	T
Element Name	Data Occomprisery Participation	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	

	Evaluated Immunization Hi	story Information
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	05/18/2015	
Date/Time Administration-End	05/18/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	on .	
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	
<b>Dose Number in Series</b>	1	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	rester Comment
	pneumococcal, unspecified	
Vaccine Group	formulation	

	Evaluated Immunization Hi	story Information
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	07/21/2015	
Date/Time Administration-End	07/21/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes		
<b>Administering Provider</b>		
Name	J. Martinez	
ID Number		
Administered-at Location	n	
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	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	

	Evaluated Immunization Hi	story Information
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	09/27/2015	
Date/Time Administration-End	09/27/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes		
<b>Administering Provider</b>		
Name	J. Martinez	
ID Number		
Administered-at Location	n	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	

	Evaluated Immunization Hi	story Information
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	05/04/2016	
Date/Time Administration-End	05/04/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	on .	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	

	Evaluated Immunization His	story Information
Vaccine Administered	Rotavirus	
Refusal Reason		
Date/Time Administration-Start	05/18/2015	
Date/Time Administration-End	05/18/2015	
Administered Amount	1.0	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	on .	
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		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	

	<b>Evaluated Immunization His</b>	story Information
Vaccine Administered	Rotavirus	
Refusal Reason		
Date/Time Administration-Start	09/21/2015	
Date/Time Administration-End	09/21/2015	
Administered Amount	1.0	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Thigh Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	on	
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	
<b>Dose Number in Series</b>	2	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	

	Evaluated Immunization Hi	story Information
Vaccine Administered	Influenza	
Refusal Reason		
Date/Time Administration-Start	09/27/2015	
Date/Time Administration-End	09/27/2015	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	on .	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	

	Evaluated Immunization His	story Information
Vaccine Administered	Influenza	
Refusal Reason		
Date/Time Administration-Start	10/20/2015	
Date/Time Administration-End	10/20/2015	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes		
<b>Administering Provider</b>		
Name	J. Martinez	
ID Number		
Administered-at Location	on .	
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	
<b>Dose Number in Series</b>	2	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	

	Evaluated Immunization His	story Information
Vaccine Administered	Hepatitis A	
Refusal Reason		
Date/Time Administration-Start	05/15/2016	
Date/Time Administration-End	05/15/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	on .	
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	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	

Refusal Reason	Evaluated Immunization History Information				
Date/Time Administration-Start Dote/Time Administration-End Administration-End Administration Administered Amount Administration Administration Administration Administration Administration Administration Administration Site Substance Manufacturer Name Administration Notes Administration Notes Administration Notes Administration Declare  Name J. Martinez ID Number Administred-at Location Facility ID CS_DC Street Address QS Standish Way Other Designation City Stamford State CT Zip Code 06903 Country Valid Dose Validity Reason Complete Dose Number in Series Inmunization Series Name Status in Immunization Series Inmunization Series Name Status in Immunization Series Inmunization Schedule Used Adverse Event  Element Name Data Tester Comment Entering Organization Oceanview Pediatrics	Vaccine Administered	Hepatitis A			
Administration-Start Date/Time Administration-End Oscillation of Complete Oscial State Oscial St	Refusal Reason				
Administration-End Administered Amount Administration of Measure Route of Administration Site Rubt Deltoid Substance Manufacturer Name Administration Notes		09/21/2016			
Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administration Notes Administration Notes Administration Notes Administering Provider Name ID Number Administered-at Location Facility ID Substance Facility ID Faci		09/21/2016			
Measure   Mil.	Administered Amount	0.5			
Administration Site Right Deltoid Substance Manufacturer Name Administration Notes Administration Notes Administration Notes Administration Provider  Name J. Martinez  ID Number Administered-at Location  Facility ID DCS DC Street Address 4253 Standish Way  Other Designation  City Stamford  State CT  Zip Code 06903  Country  Valid Dose  Validity Reason  Completion Status* Complete  Dose Number in Series I  Number of Doses in Series Name  Status in Immunization Series Name  Immunization Series Name  Element Name Data Tester Comment  Element Name Data Tester Comment  Entering Organization  GlaxoSmithKline Biologicals SA  Slaxos MithKline Biologicals SA  Slaxos MithKline Biologicals SA  Slaxos Mithkline Biologicals Sa  Slaxos Mithkline Biologicals Sa  Slaxos Mithkline Biologicals Sa  Slaxos Mithkline Biologicals Sa  Slaxos Mithkline Biologicals Sa  Slaxos Mithkline Biologicals Sa  Slaxos Mithkli		mL			
Substance Manufacturer Name Administration Notes Administration Provider  Name J. Martinez  ID Number Administered-at Location  Facility ID DCS_DC Street Address 4253 Standish Way  Other Designation  City Stamford State CT Zip Code 06903  Country  Valid Dose Validity Reason  Completion Status* Complete Dose Number in Series Name Status in Immunization Series Name  Immunization Schedule Used Adverse Event  Element Name Data Tester Comment  Entering Organization  Odeanview Pediatrics		Intramuscular			
Manufacturer Name Administration Notes Administering Provider  Name ID Number Administered-at Location Facility ID Street Address Active State CT City Stamford State CT Zip Code 06903 Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Numer of Doses in Series Status in Immunization Series Name Status in Immunization Schedule Used Adverse Event Element Name Entering Organization  Di Martinez  J. Martinez J. Martinez  J. Martinez  J. Martinez  J. Martinez  J. Martinez  J. Martinez  J. Martinez  J. Martinez  J. Martinez  J. Martinez  J. Martinez  J. Martinez  J. Martinez  Attack  Address  State Address  Active  Jessey  J. Martinez  J. Martinez  J. Martinez  Active  Jessey  Active  Jessey  J. Martinez  Active  Jessey  J. Martinez  J	Administration Site	Right Deltoid			
Administering Provider  Name J. Martinez  ID Number  Administered-at Location  Facility ID DCS_DC Street Address 4253 Standish Way  Other Designation City Stamford State CT Zip Code 06903 Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Name Status in Immunization Series Name Status in Immunization Schedule Used Adverse Event  Data Tester Comment  Tester Comment  Element Name Data Tester Comment		GlaxoSmithKline Biologicals SA			
Name J. Martinez  ID Number  Administered-at Location  Facility ID DCS_DC  Street Address 4253 Standish Way  Other Designation  City Stamford  State CT  Zip Code 06903  Country  Valid Dose  Validity Reason  Completion Status* Complete  Dose Number in Series  Number of Doses in Series  Number of Doses in Series  Number of Dose States  Status in Immunization Series Name  Status in Immunization Series Name  Status in Immunization Scries Name  Element Name Data Tester Comment  Element Name Data Tester Comment  Element Name Data Tester Comment	Administration Notes				
ID Number  Administered-at Location  Facility ID DCS_DC  Street Address 4253 Standish Way  Other Designation  City Stamford  State CT  Zip Code 06903  Country  Valid Dose  Validity Reason  Completion Status*  Complete  Dose Number in Series  INumber of Doses in Series Name  Status in Immunization Series Name  Status in Immunization Series Immunization Schedule Used  Adverse Event  Data  Tester Comment  Tester Comment  Tester Comment  Tester Comment	Administering Provider				
Administered-at Location  Facility ID DCS_DC  Street Address 4253 Standish Way  Other Designation  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 Name  Status in Immunization Series  Immunization Series Name  Status in Immunization Series  Immunization Schedule Used  ACIP  Adverse Event  Data Tester Comment  Tester Comment  Tester Comment	Name	J. Martinez			
Facility ID DCS_DC  Street Address 4253 Standish Way  Other Designation  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 Name Status in Immunization Series Name Status in Immunization Series Immunization Schedule Used  ACIP  Adverse Event  Element Name Data Tester Comment  Entering Organization Oceanview Pediatrics	ID Number				
Street Address 4253 Standish Way  Other Designation  City Stamford  State CT  Zip Code 06903  Country  Valid Dose  Validity Reason  Completion Status* Complete  Dose Number in Series  Inmunization Series Name  Status in Immunization Series Immunization Schedule Used  ACIP  Adverse Event  Element Name Data Tester Comment  Entering Organization  City Standish Way  Attantory  Status in Immunization  Completion Status*  ACIP  Tester Comment  Tester Comment	Administered-at Locatio	n			
Other Designation  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 Name  Status in Immunization Series Name  Entering Organization Oceanview Pediatrics	Facility ID	DCS_DC			
Designation   State   CT   Stamford   City   State   CT   State   CT   State   CT   Country   Country   Country   Country   Country   Country   Completion Status*   Complete	Street Address	4253 Standish Way			
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  Adverse Event  Element Name Data Tester Comment  Entering Organization Oceanview Pediatrics					
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  Adverse Event  Element Name Data Tester Comment  Entering Organization Oceanview Pediatrics	City	Stamford			
Country  Valid Dose  Validity Reason  Completion Status*  Dose Number in Series 1  Number of Doses in Series 2  Immunization Series Name  Status in Immunization Series Immunization Series  Immunization Schedule Used  ACIP  Adverse Event  Element Name  Data  Tester Comment  Entering Organization  Oceanview Pediatrics	State	CT			
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 Series Immunization Schedule Used  Adverse Event  Element Name Data Tester Comment  Entering Organization Oceanview Pediatrics	Zip Code	06903			
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  Adverse Event  Element Name  Data  Tester Comment  Entering Organization  Oceanview Pediatrics	Country				
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  Adverse Event  Element Name  Data Tester Comment  Entering Organization Oceanview Pediatrics	Valid Dose				
Dose Number in Series 1  Number of Doses in Series 2  Immunization Series Name Status in Immunization Series  Immunization Schedule Used ACIP  Adverse Event Data Tester Comment  Entering Organization Oceanview Pediatrics	Validity Reason				
Number of Doses in Series  Immunization Series Name  Status in Immunization Series  Immunization Schedule Used  ACIP  Adverse Event  Element Name  Data  Tester Comment  Entering Organization  Oceanview Pediatrics	Completion Status*	Complete			
Series   2	Dose Number in Series	1			
Status in Immunization Series  Immunization Schedule Used  Adverse Event  Element Name Data Tester Comment  Entering Organization Oceanview Pediatrics		2			
Series					
Adverse Event  Element Name Data Tester Comment  Entering Organization Oceanview Pediatrics					
Element Name Data Tester Comment Entering Organization Oceanview Pediatrics		ACIP			
Entering Organization Oceanview Pediatrics	Adverse Event				
Entering Organization Oceanview Pediatrics					
			Tester Comment		
Vaccine Group MMRV	Entering Organization	Oceanview Pediatrics			
	Vaccine Group	MMRV			

Evaluated Immunization History Information			
Vaccine Administered	MMR and Varicella		
Refusal Reason			
Date/Time Administration-Start	10/20/2016		
Date/Time Administration-End	10/20/2016		
Administered Amount	0.5		
Administered Units of Measure	mL		
Route of Administration	Subcutaneous		
Administration Site	Left Thigh		
Substance Manufacturer Name	Merck Sharp and Dohme Corp.		
Administration Notes			
Administering Provider			
Name	J. Martinez		
ID Number			
Administered-at Locatio			
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		
<b>Dose Number in Series</b>			
Number of Doses in Series			
Immunization Series Name			
Status in Immunization Series			
Immunization Schedule Used	ACIP		
Adverse Event			

<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 Forecast			
<b>Element Name</b>	Data	Tester Comment	
Vaccine Group	Hep B, unspecified formulation		
Vaccine Due Date	08/31/2015		
Earliest Date to Give	08/31/2015		
<b>Latest Date to Give</b>			
Date When Vaccine Overdue	09/01/2016		
Status in Immunization Series			
Forecast Reason			
Element Name	Data	Tester Comment	
Vaccine Group	influenza, unspecified formulation		
Vaccine Due Date	09/01/2016		
Earliest Date to Give	08/30/2015		
<b>Latest Date to Give</b>			
Date When Vaccine Overdue			
Status in Immunization Series			
Forecast Reason			
Element Name	Data	Tester Comment	
Vaccine Group	НерА		
Vaccine Due Date	08/30/2015		
Earliest Date to Give	08/30/2015		
<b>Latest Date to Give</b>			
Date When Vaccine Overdue			
Status in Immunization Series			
Forecast Reason			