

Evaluated Immunization History and Immunization Forecast					
Test Case ID	Patient Juana Mariana Gonzales				
Juror ID					
Juror Name					
HIT System Tested					
Inspection Date/Time					
Inspection Settlement (Pass/Fail)	<table border="1"> <thead> <tr> <th>Pass</th> <th>Fail</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Pass	Fail	<input type="checkbox"/>	<input type="checkbox"/>
Pass	Fail				
<input type="checkbox"/>	<input type="checkbox"/>				
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 Authority		
Namespace ID	MYEHR	
ID Type	MR	
Patient Identifier		
ID Number	987633	
Assigning Authority		
Namespace ID	MYIIS	
ID Type	SR	
Name	Juana Mariana Gonzales	
Date of Birth	12/23/2009	
Sex	Female	
Address 1		
Street	4345 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country	USA	
Address Type	L	
Mother's Maiden Name	Maria Merida Acosta	
<p>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.</p>		

Evaluated Immunization History Information		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration-Start	11/23/2009	
Date/Time Administration-End	11/23/2009	
Dose 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	

Administered Amount	0.5	Evaluated Immunization History Information
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	hepatitis B vaccine, unspecified formulation	
Refusal Reason		
Date/Time Administration-Start	01/15/2010	
Date/Time Administration-End	01/15/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
*Completion Status refers to the status of the dose of vaccine administered on the indicated date and time. It is interpreted as "Dose Status". A status of "Complete" means that the vaccine dose was		

Measure		Evaluated Immunization History Information
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
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	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration-Start	10/30/2010	
Date/Time Administration-End	10/30/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Refusal 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	

Evaluated Immunization History Information		
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
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	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Refusal Reason		
Date/Time Administration-Start	01/22/2010	
Date/Time Administration-End	01/22/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	

Administration Site	Left Thigh	
Evaluated Immunization History Information		
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
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	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration-Start	03/23/2010	
Date/Time Administration-End	03/23/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	

Substance	Sanofi Pasteur Inc	Evaluated Immunization History Information
Manufacturer Name		
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration-Start	05/22/2010	
Date/Time Administration-End	05/22/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance 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	
Manufacturer Name	Sanofi Pasteur Inc	

Evaluated Immunization History Information		
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration-Start	02/21/2011	
Date/Time Administration-End	02/21/2011	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
* "Completion Status"	refers to the status of the dose of vaccine administered on the indicated date and	

Administration Notes		new immunization record		Evaluated Immunization History Information	
Administering Provider					
Name		J Martinez			
ID Number					
Administered-at Location					
Facility ID		DCS_DC			
Street Address					
Other Designation					
City					
State					
Zip Code					
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		Haemophilus influenzae type b vaccine, PRP-OMP conjugate			
Refusal Reason					
Date/Time Administration-Start		01/22/2010			
Date/Time Administration-End		01/22/2010			
Administered Amount		0.5			
Administered Units of Measure		mL			
Route of Administration		IM			
Administration Site		Right Thigh			
Substance Manufacturer Name		Merck Sharp and Dohme Corp			
Administration Notes		new immunization record			
Administering Provider					
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date and					

Name		J Martinez	Evaluated Immunization History Information	
ID Number				
Administered-at Location				
Facility ID	DCS_DC			
Street Address				
Other Designation				
City				
State				
Zip Code				
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	Data	Tester Comment		
Entering Organization	Oceanview Pediatrics			
Vaccine Group	Hib, unspecified formulation			
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate			
Refusal Reason				
Date/Time Administration-Start	03/23/2010			
Date/Time Administration-End	03/23/2010			
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	new immunization record			
Administering Provider				
Name	J Martinez			
ID Number				

Administered-at Location Evaluated Immunization History Information		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
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 Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration-Start	05/22/2010	
Date/Time Administration-End	05/22/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date and		

Street Address	333 Oceanview Lane	History Information
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
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	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration-Start	02/21/2010	
Date/Time Administration-End	02/21/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		

City	Stamford	Evaluated Immunization History Information
State	CT	
Zip Code	06901	
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	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration-Start	01/22/2010	
Date/Time Administration-End	01/22/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	SC	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
* "Completion Status"	refer to the status of the dose of vaccine administered on the indicated date and	

Country		Evaluated Immunization History Information
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	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration-Start	03/23/2010	
Date/Time Administration-End	03/23/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	SC	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	

* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date and

Validity Reason		Evaluated Immunization History Information
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 Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	01/21/2010	
Date/Time Administration-End	01/21/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date and		

Completion Status*	Complete	Evaluated Immunization History Information
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 vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	03/23/2010	
Date/Time Administration-End	03/23/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date and		

Dose Number in Series Number of Doses in Series		4	Evaluated Immunization History Information
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 vaccine, 13 valent		
Refusal Reason			
Date/Time Administration-Start	05/22/2010		
Date/Time Administration-End	05/22/2010		
Administered Amount	0.5		
Administered Units of Measure	mL		
Route of Administration	IM		
Administration Site	Right Thigh		
Substance Manufacturer Name	Pfizer, Inc		
Administration Notes	new immunization record		
Administering Provider			
Name	J Martinez		
ID Number			
Administered-at Location			
Facility ID	DCS_DC		
Street Address	333 Oceanview Lane		
Other Designation			
City	Stamford		
State	CT		
Zip Code	06901		
Country			
Valid Dose	YES		
Validity Reason			
Completion Status*	Complete		
Dose Number in Series	1		
Number of Doses in Series	refers to the status of the dose of vaccine administered on the indicated date and		

Series		Evaluated Immunization History Information
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 vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	02/21/2011	
Date/Time Administration-End	02/21/2011	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	4	
*Completion Status	refers to the status of the dose of vaccine administered on the indicated date and	

Name		Evaluated Immunization History Information
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration-Start	01/22/2010	
Date/Time Administration-End	01/22/2010	
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	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
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 Evaluated Immunization History	Immunization Information
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration-Start	01/22/2010	
Date/Time Administration-End	01/22/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
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	

Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	09/25/2010	
Date/Time Administration-End	09/25/2010	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi PasteurGlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
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	Tester Comment
Entering Organization	Oceanview Pediatrics	

Vaccine Group	influenza, unspecified formulation	Evaluated Immunization History Information
Vaccine Administered	Influenza, injectable, quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	10/27/2010	
Date/Time Administration-End	10/27/2010	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi PasteurGlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
* "Completion Status"	Refers to the status of the dose of vaccine administered on the indicated date and	
Vaccine Administered	"Dose Status" A status of "Complete" means that the vaccine dose was	

preservative free, pediatric		History Information
Refusal Reason		
Date/Time Administration-Start	10/02/2011	
Date/Time Administration-End	10/02/2011	
Administered Amount	.25	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi PasteurGlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
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 Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
* "Completion Status" is based on the status of the dose of vaccine administered on the indicated date and		

Date/Time Administration-Start	04/04/2012	Evaluated Immunization History Information
Date/Time Administration-End	04/04/2012	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi PasteurGlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
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 Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time 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	

<div> <div>Date/Time</div> <div>11/23/2011</div> <div>Evaluated Immunization History Information</div> </div>		
Administration-End		
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	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time Administration-Start	05/23/2012	
<div> <div>Date/Time Completion Status*</div> <div>05/23/2012</div> <div>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</div> </div>		

Administration-End Administered Amount	0.5	Evaluated Immunization History Information
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
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	
Element Name	Data	Tester Comment
Entering Organization	Shoreline Pediatrics	
Vaccine Group	MMRV	
Vaccine Administered	measles, mumps, rubella, and varicella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	10/23/2010	
Date/Time Administration-End	10/23/2010	
Administered Amount	0.5	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date and		

Administered Units of Measure	mL	Evaluated Immunization History Information
Route of Administration	Subcutaneous	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	Sandra Molina	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	400 Shoreline Drive	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	NO	
Validity Reason	Early	
Completion Status*	Complete	
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 Organization	Oceanview Pediatrics	
Vaccine Group	MMRV	
Vaccine Administered	measles, mumps, rubella, and varicella virus vaccine	
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	
*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	

Evaluated Immunization History Information		
Administration Site	Left Ear	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
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	
<p>* "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".</p>		

Immunization Forecast		
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	05/22/2010	
Earliest Date to Give	05/22/2010	
Latest Date to Give	05/22/2011	
Date When Vaccine Overdue	05/23/2011	
Status in Immunization Series		
Forecast Reason		

Immunization Forecast		
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	11/22/2013	
Earliest Date to Give	11/22/2013	
Latest Date to Give	11/22/2015	
Date When Vaccine Overdue	11/23/2015	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/01/2015	
Earliest Date to Give	09/01/2015	
Latest Date to Give	01/31/2016	
Date When Vaccine Overdue	11/23/2015	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	11/22/2013	
Earliest Date to Give	11/22/2013	
Latest Date to Give	11/22/2015	
Date When Vaccine Overdue	11/23/2015	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	11/22/2013	
Earliest Date to Give	11/22/2013	
Latest Date to Give	11/22/2015	
Date When Vaccine Overdue	11/23/2015	
Status in Immunization Series		
Forecast Reason		

