

Evaluated Immunization History and Immunization Forecast (RSP Z42)		
Test Case ID		
Inspection Date/Time		
Inspection Settlement	Pass	Fail
	<input type="checkbox"/>	<input type="checkbox"/>
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 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	
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		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated		

Validity Reason	Evaluated Immunization History Information	
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	
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	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date.		

Address		Evaluated Immunization History Information
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	
Route of Administration	IM	

* "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

Evaluated Immunization History Information		
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	
<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</p>		

Administered	unspecified	
Evaluated Immunization History Information		
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	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	
* "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		

Number of Doses in Series	5	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	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 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			
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated			

State		Evaluated Immunization History Information	
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 Manufacturer Name	Sanofi Pasteur Inc		
Administration Notes	new immunization record		
Administering Provider			

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	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	Evaluated Immunization History Information	
Administered Units of Measure	mL		
Route of Administration	IM		
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			
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		

Evaluated Immunization History Information		
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		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated		

Validity Reason	Evaluated Immunization History Information	
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		
Facility ID	DCS_DC	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated		

Street Address	333 Oceanview Dr	Evaluated Immunization History Information
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	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated		

Administration Site	Right Thigh	Evaluated Immunization History Information
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	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	
Valid 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		

Administered		Evaluated Immunization History Information	
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		
State	CT		
Zip Code	06901		
Country			
Valid Dose	YES		
Validity Reason			
Completion Status*	Complete		
Dose Number in Series	4		
<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</p>			

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	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	
* "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		

Evaluated Immunization History Information		
Zip Code	06901	
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	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		
* "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		

Name J Martinez

Evaluated Immunization History Information		
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	
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	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date.		

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	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	3		
Number of Doses in Series	4		
Immunization Series Name			
Status in Immunization Series			
Immunization Schedule Used	ACIP		

Element Name	Evaluated Immunization History Information	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	
* "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		

Evaluated Immunization History Information		
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	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	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated		

Other Designation	Evaluated Immunization History Information	
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	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	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	
<p>*Completion Status* refers to the status of the dose of vaccine administered on the indicated date and may be entered as "Dose Status". A status of "Complete" means that the vaccine</p>		

Completion Status refers to the status of the dose of vaccine administered on the indicated date and may be entered as "Dose Status". A status of "Complete" means that the vaccine

Manufacturer Name		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	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	rotavirus, unspecified formulation		
Vaccine Administered	rotavirus, live, monovalent vaccine		
Refusal Reason			

Date/Time Administration-Start	01/22/2010	Evaluated Immunization History Information
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		

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

Status in Immunization Series Immunization Schedule Used		Evaluated Immunization History Information 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	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		
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated			

Country		Evaluated Immunization History Information
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 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	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	
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	Evaluated Immunization History Information	
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		
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated			

Evaluated Immunization History Information		
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
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		
* "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		

Evaluated Immunization History Information		
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		
Date/Time Administration-Start	04/04/2012	
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	
* "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		

Address		Evaluated Immunization History Information	
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 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	Right Deltoid		

Substance Manufacturer Name		GlaxoSmithKline	Evaluation History Information	
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		
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated				

Refusal Reason		Evaluated Immunization History Information
Date/Time Administration-Start	05/23/2012	
Date/Time Administration-End	05/23/2012	
Administered Amount	0.5	
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		Evaluated Immunization History Information	
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		
Administered Units of Measure	mL		
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	Evaluated Immunization History Information	
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	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	

Administering Provider		
Name	J Martinez	

* "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

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	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	

* "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		
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	Immunization Forecast	
Status in Immunization Series			
Forecast Reason			
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	Immunization Forecast	
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			