

Patient Information

| Element | Data |
|--------------------------|---|
| Patient Name | Elise Wong |
| Mother's Maiden Name | |
| ID Number | 90012 |
| Date/Time of Birth | 06/15/1983 |
| Administrative Sex | Female |
| Patient Address | 9200 Wellington Trail Bozeman MT 59715 USA |
| Local Number | (406)555-7896 |
| Email | Elise.Wong@isp.com |
| Race | Asian |
| Ethnic Group | Not Hispanic or Latino |
| Multiple Birth Indicator | No |
| Birth Order | 1 |

Immunization Registry Information

| Element | Data |
|---|------------------------------|
| Immunization Registry Status | Active |
| Immunization Registry Status Effective Date | 06/15/1983 |
| Publicity Code | Reminder/recall - any method |
| Publicity Code Effective Date | 06/24/2015 |
| Protection Indicator | No |
| Protection Indicator Effective Date | 06/24/2015 |

Vaccine Administration Information[*]**Vaccine Administration Information**

| Element | Data |
|------------------------------------|-----------------|
| Administered Vaccine | TENIVAC |
| Date/Time Start of Administration | 06/24/2015 |
| Administered Amount | 0.5 |
| Administered Units | mL |
| Administration Notes | New Record |
| Administering Provider | Lily Jackson |
| Substance Lot Number | 315841 |
| Substance Expiration Date | 12/16/2015 |
| Substance Manufacturer Name | Sanofi Pasteur |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Right Deltoid |
| Entering Organization | NISTEHRFacility |
| Entered By | Lily Jackson |
| Ordered By | Wilma Thomas |

| Element | Data |
|-------------------------------------|-----------------------------|
| Vaccine Funding Source | Private |
| Vaccine Funding Program Eligibility | Not VFC Eligible |
| Document Type | Tetanus/Diphtheria (Td) VIS |
| Date Vis Presented | 06/24/2015 |

Vaccine Administration Information

| Element | Data |
|------------------------------------|------------------------------------|
| Administered Vaccine | influenza, unspecified formulation |
| Date/Time Start of Administration | 10/12/2014 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical Administration |
| Administering Provider | |
| Substance Lot Number | |
| Substance Expiration Date | |
| Substance Manufacturer Name | |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | |
| Administration Site | |
| Entering Organization | NISTEHRFacility |
| Entered By | Lily Jackson |
| Ordered By | |

Vaccine Administration Information

| Element | Data |
|------------------------------------|------------------------------------|
| Administered Vaccine | influenza, unspecified formulation |
| Date/Time Start of Administration | 11/12/2013 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical Administration |
| Administering Provider | |
| Substance Lot Number | |
| Substance Expiration Date | |
| Substance Manufacturer Name | |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | |

| | |
|-----------------------|-----------------|
| Administration Site | |
| Entering Organization | NISTEHRFacility |
| Entered By | Lily Jackson |
| Ordered By | |