

**Patient Information**

| Element                  | Data                                    |
|--------------------------|---|
| Patient Name             | Juana Maria Gonzales                    |
| Mother's Maiden Name     | Joanna Morales                          |
| ID Number                | 123456 987633                           |
| Date/Time of Birth       | 10/01/2016 11:15                        |
| Administrative Sex       | Female                                  |
| Patient Address 1        | 3321 Standish Way Stamford CT 06903 USA |
| Patient Address 2        | 325 Shorline Drive Stamford CT 06901    |
| Local Number             | (203)555-1214                           |
| Race                     | White                                   |
| Ethnic Group             | Hispanic or Latino                      |
| Multiple Birth Indicator | Yes                                     |
| Birth Order              | 2                                       |

**Immunization Registry Information**

| Element                                     | Data                         |
|---|------------------------------|
| Immunization Registry Status                | Active                       |
| Immunization Registry Status Effective Date | 10/01/2016                   |
| Publicity Code                              | Reminder/Recall - any method |
| Publicity Code Effective Date               | 10/01/2016                   |
| Protection Indicator                        | Yes                          |
| Protection Indicator Effective Date         |                              |

**Guardian or Responsible Party**

| Element      | Data                                |
|--------------|-------------------------------------|
| Name         | Joanna Elena Gonzales               |
| Relationship | Mother                              |
| Address      | 4345 Standish Way Stamford CT 06901 |
| Phone Number | (203)555-1212                       |

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

| Element                            | Data                           |
|------------------------------------|--------------------------------|
| Administered Vaccine               | Hepatitis B                    |
| Date/Time Start of Administration  | 10/01/2016                     |
| Administered Amount                | 0.5                            |
| Administered Units                 |                                |
| Administration Notes               |                                |
| Administering Provider             | Susan Pike                     |
| Substance Lot Number               | 6332FL432                      |
| Substance Expiration Date          | 12/14/2016                     |
| Substance Manufacturer Name        | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason |                                |

|                       |                    |
|-----------------------|--------------------|
| Completion Status     | Complete           |
| Action Code           | Add                |
| Route                 | Intramuscular      |
| Administration Site   | Left Thigh         |
| Entering Organization | Shoreline Hospital |
| Entered By            | Lisa Sirtis        |
| Ordered By            | Jane Carter        |

### Vaccine Administration Information

| Element                            | Data                           |
|------------------------------------|--------------------------------|
| Administered Vaccine               | Pediarix                       |
| Date/Time Start of Administration  | 10/31/2016                     |
| Administered Amount                | 0.5                            |
| Administered Units                 |                                |
| Administration Notes               | New immunization record        |
| Administering Provider             | Sandra Molina                  |
| Substance Lot Number               | 6559FK32                       |
| Substance Expiration Date          | 10/31/2017                     |
| Substance Manufacturer Name        | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason |                                |
| Completion Status                  | Complete                       |
| Action Code                        | Add                            |
| Route                              | Intramuscular                  |
| Administration Site                | Left Thigh                     |
| Entering Organization              | Shoreline Hospital             |
| Entered By                         | Lisa Sirtis                    |
| Ordered By                         | Jane Carter                    |

| Element                   | Data         |
|---------------------------|--------------|
| VIS Publication Date      | 10/31/2016   |
| VIS Presentation Date     | 10/31/2016   |
| vaccine fund pgm elig cat | VFC eligible |
| Vaccine funding source    | Private      |