

Patient Information

| Element | Data |
|----------------------|---|
| Patient Name | Daryl Andre Johnson |
| Mother's Maiden Name | |
| ID Number | 76511 |
| Date/Time of Birth | 12/03/2013 |
| Administrative Sex | Male |
| Patient Address | 125 Aspen Crescent Bozeman MT 59715 USA |
| Local Number | (406)555-1807 |
| Race | African American |
| Ethnic Group | Not Hispanic or Latino |
| Birth Order | 2 |

Immunization Registry Information

| Element | Data |
|---|----------------------------|
| Immunization Registry Status | A |
| Immunization Registry Status Effective Date | 12/03/2013 |
| Publicity Code | Reminder only - any method |
| Publicity Code Effective Date | 06/24/2015 |
| Protection Indicator | Yes |
| Protection Indicator Effective Date | 06/24/2015 |

Guardian or Responsible Party

| Element | Data |
|--------------|---|
| Name | James Terrance Johnson |
| Relationship | Father |
| Address | 125 Aspen Crescent Bozeman MT 59715 USA |
| Phone Number | (406)555-1807 |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---------------------|
| Administered Code | VAQTA |
| 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 | 68736 |
| Substance Expiration Date | 07/29/2015 |
| Substance Manufacturer Name | Merck and Co., Inc. |
| Substance/Treatment Refusal Reason | |
| Completion Status | PA |
| Action Code | Add |
| Route | Intramuscular |
| | |

| | |
|-----------------------|--------------|
| Administration Site | Left Thigh |
| Entering Organization | West Clinic |
| Entered By | Lily Jackson |
| Ordered By | Wilma Thomas |

Observations

| Element | Data |
|-------------------------------------|------------------|
| Vaccine Funding Source | Private |
| Vaccine Funding Program Eligibility | Not VFC Eligible |
| Document Type | Hepatitis A VIS |
| Date Vis Presented | |