

**Patient Information**

| Element                  | Data                                    |
|--------------------------|---|
| Patient Name             | BG2 Morales                             |
| Mother's Maiden Name     | Joanna Morales                          |
| ID Number                | 123456 987633                           |
| Date/Time of Birth       | 03/30/2015 11:00                        |
| Administrative Sex       | Female                                  |
| Patient Address          | 3321 Standish Way Stamford CT 06903 USA |
| Local Number             | (203)555-1212                           |
| Race                     | White                                   |
| Ethnic Group             | Hispanic or Latino                      |
| Multiple Birth Indicator | No                                      |
| Birth Order              |   |

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

| Element                            | Data                           |
|------------------------------------|--------------------------------|
| Administered Vaccine               | Hepatitis B                    |
| Date/Time Start of Administration  | 10/01/2015                     |
| Administered Amount                | 0.5                            |
| Administered Units                 |                                |
| Administration Notes               |                                |
| Administering Provider             | Susan Pike                     |
| Substance Lot Number               | 6332FL432                      |
| Substance Expiration Date          | 12/14/2015                     |
| Substance Manufacturer Name        | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason |                                |
| Completion Status                  | Complete                       |
| Action Code                        | Add                            |
| Route                              | IM                             |
| Administration Site                | Left Thigh                     |
| Entering Organization              | Stamford Regional Hospital     |
| Entered By                         | Susan Pike                     |
| Ordered By                         | Justin Parker                  |

| Element                    | Data           |
|----------------------------|----------------|
| vaccine type               | Hep B Peds NOS |
| dose number in series      |                |
| number of doses in series  |                |
| Immunization Schedule used | ACIP           |
| Dose validity              |                |

**Vaccine Administration Information**

| Element                            | Data             |
|------------------------------------|------------------|
| Administered Vaccine               | no vaccine admin |
| Date/Time Start of Administration  | 06/01/2015       |
| Administered Amount                | 999              |
| Administered Units                 |                  |
| Administration Notes               |                  |
| Administering Provider             |                  |
| Substance Lot Number               |                  |
| Substance Expiration Date          |                  |
| Substance Manufacturer Name        |                  |
| Substance/Treatment Refusal Reason |                  |
| Completion Status                  | Not Administered |
| Action Code                        |                  |
| Route                              |                  |
| Administration Site                |                  |
| Entering Organization              | StateIIS         |
| Entered By                         | Myron Clerk      |
| Ordered By                         |                  |

| Element                            | Data                           |
|------------------------------------|--------------------------------|
| vaccine type                       | Hep B, unspecified formulation |
| Earliest date to give              | 10/31/2015                     |
| Date vaccination due               | 10/31/2015                     |
| Latest date next dose may be given | 11/30/2015                     |
| Date dose is overdue               | 12/01/2015                     |
| Immunization Schedule used         | ACIP                           |
| dose number in series              |                                |

### Vaccine Administration Information

| Element                            | Data             |
|------------------------------------|------------------|
| Administered Vaccine               | no vaccine admin |
| Date/Time Start of Administration  | 06/01/2015       |
| Administered Amount                | 999              |
| Administered Units                 |                  |
| Administration Notes               |                  |
| Administering Provider             |                  |
| Substance Lot Number               |                  |
| Substance Expiration Date          |                  |
| Substance Manufacturer Name        |                  |
| Substance/Treatment Refusal Reason |                  |
| Completion Status                  | Not Administered |
| Action Code                        |                  |
| Route                              |                  |
|                                    |                  |

|                       |             |
|-----------------------|-------------|
| Administration Site   |             |
| Entering Organization | StateIIS    |
| Entered By            | Myron Clerk |
| Ordered By            |             |

| Element                    | Data                          |
|----------------------------|-------------------------------|
| vaccine type               | DTaP, unspecified formulation |
| Immunization Schedule used | ACIP                          |
| Earliest date to give      | 11/30/2015                    |
| Date vaccination due       | 11/30/2015                    |
| dose number in series      |                               |

### Vaccine Administration Information

| Element                            | Data             |
|------------------------------------|------------------|
| Administered Vaccine               | no vaccine admin |
| Date/Time Start of Administration  | 06/01/2015       |
| Administered Amount                | 999              |
| Administered Units                 |                  |
| Administration Notes               |                  |
| Administering Provider             |                  |
| Substance Lot Number               |                  |
| Substance Expiration Date          |                  |
| Substance Manufacturer Name        |                  |
| Substance/Treatment Refusal Reason |                  |
| Completion Status                  | Not Administered |
| Action Code                        |                  |
| Route                              |                  |
| Administration Site                |                  |
| Entering Organization              | StateIIS         |
| Entered By                         | Myron Clerk      |
| Ordered By                         |                  |

| Element                    | Data       |
|----------------------------|------------|
| vaccine type               | Hib        |
| Immunization Schedule used | ACIP       |
| Earliest date to give      | 11/30/2015 |
| Date vaccination due       | 11/30/2015 |
| dose number in series      |            |

### Vaccine Administration Information

| Element                           | Data             |
|-----------------------------------|------------------|
| Administered Vaccine              | no vaccine admin |
| Date/Time Start of Administration | 06/01/2015       |

|                                    |                  |
|------------------------------------|------------------|
| Administered Amount                | 999              |
| Administered Units                 |                  |
| Administration Notes               |                  |
| Administering Provider             |                  |
| Substance Lot Number               |                  |
| Substance Expiration Date          |                  |
| Substance Manufacturer Name        |                  |
| Substance/Treatment Refusal Reason |                  |
| Completion Status                  | Not Administered |
| Action Code                        |                  |
| Route                              |                  |
| Administration Site                |                  |
| Entering Organization              | StateIIS         |
| Entered By                         | Myron Clerk      |
| Ordered By                         |                  |

| Element                    | Data       |
|----------------------------|------------|
| vaccine type               | IPV        |
| Immunization Schedule used | ACIP       |
| Earliest date to give      | 11/30/2015 |
| Date vaccination due       | 11/30/2015 |
| dose number in series      |            |

### Vaccine Administration Information

| Element                            | Data             |
|------------------------------------|------------------|
| Administered Vaccine               | no vaccine admin |
| Date/Time Start of Administration  | 06/01/2015       |
| Administered Amount                | 999              |
| Administered Units                 |                  |
| Administration Notes               |                  |
| Administering Provider             |                  |
| Substance Lot Number               |                  |
| Substance Expiration Date          |                  |
| Substance Manufacturer Name        |                  |
| Substance/Treatment Refusal Reason |                  |
| Completion Status                  | Not Administered |
| Action Code                        |                  |
| Route                              |                  |
| Administration Site                |                  |
| Entering Organization              | StateIIS         |
| Entered By                         | Myron Clerk      |
| Ordered By                         |                  |

| Element | Data |
|---------|------|
|---------|------|

|                            |   |
|----------------------------|---|
| vaccine type               | Pneumococcal Conjugate, unspecified formulation |
| Immunization Schedule used | ACIP  |
| Earliest date to give      | 11/30/2015                                      |
| Date vaccination due       | 11/30/2015                                      |
| dose number in series      |   |

### Vaccine Administration Information

| Element                            | Data             |
|------------------------------------|------------------|
| Administered Vaccine               | no vaccine admin |
| Date/Time Start of Administration  | 06/01/2015       |
| Administered Amount                | 999              |
| Administered Units                 |                  |
| Administration Notes               |                  |
| Administering Provider             |                  |
| Substance Lot Number               |                  |
| Substance Expiration Date          |                  |
| Substance Manufacturer Name        |                  |
| Substance/Treatment Refusal Reason |                  |
| Completion Status                  | Not Administered |
| Action Code                        |                  |
| Route                              |                  |
| Administration Site                |                  |
| Entering Organization              | StateIIS         |
| Entered By                         | Myron Clerk      |
| Ordered By                         |                  |

| Element                    | Data                               |
|----------------------------|------------------------------------|
| vaccine type               | rotavirus, unspecified formulation |
| Immunization Schedule used | ACIP                               |
| Earliest date to give      | 11/30/2015                         |
| Date vaccination due       | 11/30/2015                         |
| dose number in series      |                                    |

### Vaccine Administration Information

| Element                           | Data             |
|-----------------------------------|------------------|
| Administered Vaccine              | no vaccine admin |
| Date/Time Start of Administration | 06/01/2015       |
| Administered Amount               | 999              |
| Administered Units                |                  |
| Administration Notes              |                  |
| Administering Provider            |                  |
| Substance Lot Number              |                  |

|                                    |                  |
|------------------------------------|------------------|
| Substance Expiration Date          |                  |
| Substance Manufacturer Name        |                  |
| Substance/Treatment Refusal Reason |                  |
| Completion Status                  | Not Administered |
| Action Code                        |                  |
| Route                              |                  |
| Administration Site                |                  |
| Entering Organization              | StateIIS         |
| Entered By                         | Myron Clerk      |
| Ordered By                         |                  |

| Element                    | Data                               |
|----------------------------|------------------------------------|
| vaccine type               | influenza, unspecified formulation |
| Immunization Schedule used | ACIP                               |
| Earliest date to give      | 08/31/2016                         |
| Date vaccination due       | 08/31/2016                         |
| dose number in series      |                                    |

### Vaccine Administration Information

| Element                            | Data             |
|------------------------------------|------------------|
| Administered Vaccine               | no vaccine admin |
| Date/Time Start of Administration  | 06/01/2015       |
| Administered Amount                | 999              |
| Administered Units                 |                  |
| Administration Notes               |                  |
| Administering Provider             |                  |
| Substance Lot Number               |                  |
| Substance Expiration Date          |                  |
| Substance Manufacturer Name        |                  |
| Substance/Treatment Refusal Reason |                  |
| Completion Status                  | Not Administered |
| Action Code                        |                  |
| Route                              |                  |
| Administration Site                |                  |
| Entering Organization              | StateIIS         |
| Entered By                         | Myron Clerk      |
| Ordered By                         |                  |

| Element                            | Data                           |
|------------------------------------|--------------------------------|
| vaccine type                       | Hep A, unspecified formulation |
| Immunization Schedule used         | ACIP                           |
| Earliest date to give              | 09/30/2016                     |
| Date vaccination due               | 09/30/2016                     |
| Latest date next dose may be given | 09/30/2017                     |

|                       |            |
|-----------------------|------------|
| Date dose is overdue  | 10/01/2017 |
| dose number in series |            |

### Vaccine Administration Information

| Element                            | Data             |
|------------------------------------|------------------|
| Administered Vaccine               | no vaccine admin |
| Date/Time Start of Administration  | 06/01/2015       |
| Administered Amount                | 999              |
| Administered Units                 |                  |
| Administration Notes               |                  |
| Administering Provider             |                  |
| Substance Lot Number               |                  |
| Substance Expiration Date          |                  |
| Substance Manufacturer Name        |                  |
| Substance/Treatment Refusal Reason |                  |
| Completion Status                  | Not Administered |
| Action Code                        |                  |
| Route                              |                  |
| Administration Site                |                  |
| Entering Organization              | StateIIS         |
| Entered By                         | Myron Clerk      |
| Ordered By                         |                  |

| Element                            | Data       |
|------------------------------------|------------|
| vaccine type                       | MMR        |
| Immunization Schedule used         | ACIP       |
| Earliest date to give              | 09/30/2016 |
| Date vaccination due               | 09/30/2016 |
| Latest date next dose may be given | 12/29/2016 |
| Date dose is overdue               | 12/30/2016 |
| dose number in series              |            |

### Vaccine Administration Information

| Element                           | Data             |
|-----------------------------------|------------------|
| Administered Vaccine              | no vaccine admin |
| Date/Time Start of Administration | 06/01/2015       |
| Administered Amount               | 999              |
| Administered Units                |                  |
| Administration Notes              |                  |
| Administering Provider            |                  |
| Substance Lot Number              |                  |
| Substance Expiration Date         |                  |
| Substance Manufacturer Name       |                  |

|                                    |                  |
|------------------------------------|------------------|
| Substance/Treatment Refusal Reason |                  |
| Completion Status                  | Not Administered |
| Action Code                        |                  |
| Route                              |                  |
| Administration Site                |                  |
| Entering Organization              | StateIIS         |
| Entered By                         | Myron Clerk      |
| Ordered By                         |                  |

| Element                            | Data       |
|------------------------------------|------------|
| vaccine type                       | Varicella  |
| Immunization Schedule used         | ACIP       |
| Earliest date to give              | 09/30/2016 |
| Date vaccination due               | 09/30/2016 |
| Latest date next dose may be given | 12/29/2016 |
| Date dose is overdue               | 12/30/2016 |
| dose number in series              |            |