

**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<br>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            |                 |