Evaluated Immunization History and Immunization Forecast		
Test Case ID	Query the Registry for Juan Marcel Gonzales	
Juror ID		
Juror Name		
HIT System Tested		
<b>Inspection Date/Time</b>		
<b>Inspection Settlement</b>	Pass	Fail
(Pass/Fail)		
Reason Failed		
Juror Comments		

## **DISPLAY VERIFICATION**

This Test Case-specific Juror Document provides a checklist for the Tester to use during certification testing for assessing the EHR technology's ability to display required core data elements from the information received in the Evaluated Immunization History and Immunization Forecast Z42 response message. Additional data from the message or from the EHR are permitted to be displayed by the EHR. Grayed-out fields in the Juror Document indicate where no data for the data element indicated were included in the Z42 message for the given Test Case.

The format of this Juror Document is for ease-of-use by the Tester and does not indicate how the EHR display must be designed.

The Evaluated Immunization History and Immunization Forecast data shown in this Juror Document are derived from the Z42 message provided with the given Test Case; equivalent data are permitted to be displayed by the EHR. The column headings are meant to convey the kind of data to be displayed; equivalent labels/column headings are permitted to be displayed by the EHR.

Patient Information		
Element Name	Data Tester Comment	
Patient Identifier		
ID Number	123456	
Assigning Author	rity	
Namespace ID	MYEHR	
ID Type	MR	
Patient Identifier		
ID Number	987633	
Assigning Author	rity	
Namespace ID	MYIIS	
ID Type	SR	
Name	Juan Marcel Gonzales	
Date of Birth	03/04/2014	
Sex	Male	
Address 1		
Street	4623 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country	USA	
Address Type	L	
Mother's Maiden Name	Anita Francesca Morales	

When displayed in the EHR with the Evaluated Immunization History and Immunization Forecast, these patient demographics data may be derived from either the received immunization message or the EHR patient record. When displaying demographics from the patient record, the EHR must be able to demonstrate a linkage between the demographics in the message (primarily the patient ID in PID-3.1) and the patient record used for display to ensure that the message was associated with the appropriate patient.

Evaluated Immunization History Information		
Element Name	Data	Tester Comment
Entering Organization	Shoreline Hospital	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration-Start	03/03/2014	
Date/Time Administration-End	03/03/2014	

	Evaluated Immunization His	story Information
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
<b>Administering Provider</b>		
Name	J. Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	325 Shorline Drive	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
		m · · · · ·
Element Name	Data  Occompliant Padiatrias	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration-Start	04/15/2014	
Date/Time Administration-End	04/15/2014	
Administered Amount	0.5	

	Evaluated Immunization Hi	story Information
Administered Units of Measure	mL	
Route of Administration	ĪM	
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	2	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
<b>Entering Organization</b>	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration-Start	05/15/2014	
Date/Time Administration-End	05/15/2014	
Administered Amount	0.5	

Administration mL  Route of Administration street Manufacturer Name Manufacturer Nam		<b>Evaluated Immunization Hi</b>	story Information
Measure   Mile	Administered Units of		
Administration Site Substance Sanofi Pasteur Inc Sa	Measure	mL	
Substance Manufacturer Name Manufacturer Name     Sanofi Pasteur Inc       Administering Provider     Administering Provider       Name     J. Martinez       ID Number     Administered-at Location       Facility ID     DCS_DC       Street Address     4253 Standish Way       Other Designation     City       State     CT       Jip Code     06903       Country     Country       Valid Dose     YES       Validity Reason     Complete       Dose Number in Series     I       Number of Doses in Series     5       Immunization Series Name     ACIP       Status in Immunization Series Name     ACIP       Element Name     Data     Tester Comment       Entering Organization     Oceanview Pediatrics       Vaccine Group     dipitheria, tetanus toxoids and acellular pertussis vaccine, unspecified       Vaccine Administration-Start     07/13/2014       Date/Time Administration-Start     07/13/2014		IM	
Manufacturer Name         Sanoth Pasteur Inc           Administration Notes         Immunization Series           Administration Notes         J. Martinez           Name         J. Martinez           ID Number         Complete           Administred-at Location         Composition of the Designation           Street Address         4253 Standish Way           Other Designation         Composition of the City           State         CT           Zip Code         06903           Country         VES           Validity Reason         VES           Complete         Complete           Dose Number in Series         5           Immunization Series         5           Immunization Series         ACIP           Element Name         Data         Tester Comment           Entering Organization         Oceanview Pediatrics           Vaccine Group         Data         Tester Comment           Vaccine Administered         DTaP         Administration-Start           Administration-Eart         07/13/2014         Aministration-Eart           Administration-Eart         07/13/2014         Aministration-Eart	Administration Site	Left Thigh	
Administering Provider  Name J. Martinez  ID Number  Administered-at Location  Facility ID Street Address Other Designation  City Stanford State CT Zip Code O6903 Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Streets Status in Immunization Schedule Used  ACIP  Element Name Entering Organization Cocanview Pediatrics diphtheria, tetanus toxoids and acellular pertursis vaccine, unspecified Vaccine Administration-Start Administration-Start Administration-Start Administration-Start Administration-Start Administration-Start Administration-Start Administration-Start Administration-End  Administration-Start Administration-Start Administration-Start Administration-Start Administration-Start Administration-Start Administration-Start Administration-Start Administration-Start Administration-End  Administration-Start Administration-End  Admin	Substance Manufacturer Name	Sanofi Pasteur Inc	
Name   J. Martinez   DNumber   Administred-at Location	Administration Notes		
D Number   DCS_DC   DCS_DCS_DC   DCS_DC   DCS_	Administering Provider		
Administered-at Location Facility 1D DCS_DC  Street Address 4253 Standish Way  Other Designation City Stamford State CT  Zip Code 06903 Country Valid Dose YES Validity Reason Completion States* Dose Number in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used  ACIP  Element Name Data Tester Comment Entering Organization Vaccine Group  diphtheria, tetanust toxoids and accellular pertusis vaccine, unspecified  Vaccine Administration-Start Administration-Start Date/Time Administration-Start Administration-Start Date/Time Administration-End  Other Date Standish Way  Standish Wat  Standish May  Standish Wat  Standish Wat  Standish Wat  Standish Wat  Standish May  Standish Wat  Standish Wat  Standish May  Standish Ma	Name	J. Martinez	
Street Address   4253 Standish Way	ID Number		
Street Address   4253 Standish Way	Administered-at Locatio	n	
Other Designation  City Stamford State CT Zip Code 06903 Country Stald Dose YES Valid Dose YES Validity Reason Complete Dose Number in Series I Series Immunization Series Name  Element Name Data Tester Comment Entering Organization Cocanview Pediatrics Vaccine Group dipheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administration-Start Administration-Start Administration-Start Administration-Start Administration-Start Administration-Start Administration-Start Date/Time Administration-Start  Or/13/2014	Facility ID	DCS_DC	
Designation     Immunization Schedulu Used       Lement Name     Data       Element Name     Docarries of Group       Element Name     Data     Tester Comment       Entering Organization     Occanview Pediatrics       Vaccine Administration-Start     O7/13/2014       Date/Time Administration-End     O7/13/2014	Street Address	4253 Standish Way	
State CT  Zip Code 06903  Country	Other Designation		
Zip Code   06903	City	Stamford	
Country     YES       Valid Dose     YES       Validity Reason     Complete       Completion Status*     Complete       Dose Number in Series     1       Number of Doses in Series Name     5       Status in Immunization Series Name     ACIP       Element Name     Data     Tester Comment       Entering Organization     Occanview Pediatrics       Vaccine Group     diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified       Vaccine Administered     DTaP       Refusal Reason     Date/Time Administration-Start     O7/13/2014       Date/Time Administration-End     O7/13/2014	State	СТ	
Country     YES       Valid Dose     YES       Validity Reason     Complete       Completion Status*     Complete       Dose Number in Series     1       Number of Doses in Series Name     5       Status in Immunization Series Name     ACIP       Element Name     Data     Tester Comment       Entering Organization     Occanview Pediatrics       Vaccine Group     diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified       Vaccine Administered     DTaP       Refusal Reason     Date/Time Administration-Start     O7/13/2014       Date/Time Administration-End     O7/13/2014	Zip Code	06903	
Validity Reason  Completion Status* Complete  Dose Number in Series I Number of Doses in Series Status in Immunization Series Name  Status in Immunization Schedule Used  ACIP  Element Name Data Entering Organization Vaccine Group  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Vaccine Administered DTaP  Refusal Reason  Date/Time Administration-End Acid Complete  Comp			
Completion Status*     Complete       Dose Number in Series     1       Number of Doses in Series     5       Immunization Series Name	Valid Dose	YES	
Dose Number in Series   1	Validity Reason		
Number of Doses in Series Series Name  Status in Immunization Scries Immunization Schedule Used  ACIP  Element Name  Entering Organization  Vaccine Group  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Vaccine Administered  DTaP  Refusal Reason  Date/Time Administration-End  ACIP  Series  ACIP  Tester Comment  Tester Comm	Completion Status*	Complete	
Series   S	<b>Dose Number in Series</b>	1	
Name       Status in Immunization Series       ACIP         Immunization Schedule Used       ACIP         Element Name       Data       Tester Comment         Entering Organization       Oceanview Pediatrics         Vaccine Group       diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified         Vaccine Administered       DTaP         Refusal Reason       O7/13/2014         Date/Time Administration-Start       07/13/2014         Date/Time Administration-End       07/13/2014	Number of Doses in Series	5	
Series   ACIP   ACIP   Series   ACIP   ACI	Immunization Series Name		
Element Name Data Tester Comment  Entering Organization Oceanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Vaccine Administered DTaP  Refusal Reason Date/Time Administration-Start O7/13/2014  Date/Time Administration-End O7/13/2014	Status in Immunization Series		
Entering Organization       Oceanview Pediatrics         Vaccine Group       diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified         Vaccine Administered       DTaP         Refusal Reason       07/13/2014         Date/Time Administration-Start       07/13/2014         Date/Time Administration-End       07/13/2014	Immunization Schedule Used	ACIP	
Entering Organization       Oceanview Pediatrics         Vaccine Group       diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified         Vaccine Administered       DTaP         Refusal Reason       07/13/2014         Date/Time Administration-Start       07/13/2014         Date/Time Administration-End       07/13/2014			
Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified   Vaccine Administered DTaP   Refusal Reason 07/13/2014   Date/Time Administration-Start 07/13/2014   Date/Time Administration-End 07/13/2014			Tester Comment
Vaccine Group       acellular pertussis vaccine, unspecified         Vaccine Administered       DTaP         Refusal Reason       07/13/2014         Date/Time Administration-Start       07/13/2014         Date/Time Administration-End       07/13/2014	Entering Organization		
Vaccine Administered     DTaP       Refusal Reason     07/13/2014       Date/Time Administration-Start     07/13/2014       Date/Time Administration-End     07/13/2014	Vaccine Group	acellular pertussis vaccine,	
Date/Time Administration-Start     07/13/2014       Date/Time Administration-End     07/13/2014	Vaccine Administered	DTaP	
Administration-Start 07/13/2014  Date/Time Administration-End 07/13/2014	Refusal Reason		
Administration-End 07/13/2014	Date/Time Administration-Start	07/13/2014	
Administered Amount 0.5	Date/Time Administration-End	07/13/2014	
	Administered Amount	0.5	

	Evaluated Immunization His	story Information
Administered Units of	mL	
Measure	IIIL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	on	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	2	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration-Start	09/16/2014	
Date/Time Administration-End	09/16/2014	
Administered Amount	0.5	

	Evaluated Immunization Hi	story Information
Administered Units of	mL	
Measure		
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	on	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration-Start	09/20/2015	
Date/Time Administration-End	09/20/2015	
Administered Amount	0.5	

Evaluated Immunization History Information		
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	4	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	05/14/2014	
Date/Time Administration-End	05/14/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	

	Evaluated Immunization Hist	tory Information
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	07/21/2014	
Date/Time Administration-End	07/21/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	

	Evaluated Immunization Hi	story Information
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	on .	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Hib	
Refusal Reason  Date/Time	09/27/2014	
Administration-Start		
Date/Time Administration-End	09/27/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	

	Evaluated Immunization Hi	story Information
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
<b>Administering Provider</b>		
Name	J. Martinez	
ID Number		
Administered-at Location	on .	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	05/04/2015	
Date/Time Administration-End	05/04/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	

	Evaluated Immunization H	istory Information
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	)n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	4	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	Polio (IPV)	
Refusal Reason		
Date/Time Administration-Start	05/14/2014	
Date/Time Administration-End	05/14/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	SC	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	
Administration Notes		

Evaluated Immunization History Information		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	on .	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	1	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
		m
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization		
Vaccine Group Vaccine Administered	poliovirus vaccine, inactivated	
	Polio (IPV)	
Refusal Reason  Date/Time Administration-Start	07/21/2014	
Date/Time Administration-End	07/21/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of	SC	
Administration		
	Left Deltoid	
Administration	Left Deltoid  MSanofi Pasteur Inc.	
Administration Administration Site Substance		

	Evaluated Immunization H	istory Information
Name	J. Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other		
Designation	G. C. 1	
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule		
Used	ACIP	
	ACIP	
	Data	Tester Comment
Used	Data Oceanview Pediatrics	Tester Comment
Used  Element Name	Data	Tester Comment
Element Name Entering Organization	Data Oceanview Pediatrics pneumococcal, unspecified	Tester Comment
Element Name Entering Organization Vaccine Group	Data Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered	Data Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time	Data Oceanview Pediatrics pneumococcal, unspecified formulation Polio (IPV)	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time	Data Oceanview Pediatrics pneumococcal, unspecified formulation Polio (IPV)  10/15/2014	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End	Data Oceanview Pediatrics pneumococcal, unspecified formulation Polio (IPV)  10/15/2014  10/15/2014	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of	Data Oceanview Pediatrics pneumococcal, unspecified formulation Polio (IPV)  10/15/2014  10/15/2014  0.5	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of	Data Oceanview Pediatrics pneumococcal, unspecified formulation Polio (IPV)  10/15/2014  10/15/2014  0.5 mL	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration	Data Oceanview Pediatrics pneumococcal, unspecified formulation Polio (IPV)  10/15/2014  10/15/2014  0.5  mL  SC	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance	Data Oceanview Pediatrics pneumococcal, unspecified formulation Polio (IPV)  10/15/2014  10/15/2014  0.5  mL  SC  Left Deltoid	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name	Data Oceanview Pediatrics pneumococcal, unspecified formulation Polio (IPV)  10/15/2014  10/15/2014  0.5  mL  SC  Left Deltoid	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name	Data Oceanview Pediatrics pneumococcal, unspecified formulation Polio (IPV)  10/15/2014  10/15/2014  0.5  mL  SC  Left Deltoid	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes	Data Oceanview Pediatrics pneumococcal, unspecified formulation Polio (IPV)  10/15/2014  10/15/2014  0.5  mL  SC  Left Deltoid	Tester Comment

	Evaluated Immunization Hi	story Information
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Oscu		
Element Name	Data	Tester Comment
	Oceanview Pediatrics	Tester Comment
Element Name Entering Organization Vaccine Group	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Element Name Entering Organization	Oceanview Pediatrics pneumococcal, unspecified	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  05/18/2014	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  05/18/2014	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  05/18/2014  05/18/2014  0.5	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  05/18/2014  05/18/2014  0.5  mL	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  05/18/2014  0.5  mL  IM	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  05/18/2014  0.5  mL  IM  Left Thigh	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  05/18/2014  0.5  mL  IM  Left Thigh	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  05/18/2014  0.5  mL  IM  Left Thigh	Tester Comment

Evaluated Immunization History Information		
Administered-at Location	on	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	1	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Flement Name	Data	Tester Comment
Element Name Entering Organization	Data Oceanview Pediatrics	Tester Comment
Element Name Entering Organization Vaccine Group	Oceanview Pediatrics pneumococcal, unspecified	Tester Comment
Entering Organization	Oceanview Pediatrics	Tester Comment
Entering Organization Vaccine Group	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Entering Organization Vaccine Group Vaccine Administered	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  07/21/2014	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  07/21/2014  07/21/2014	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  07/21/2014  07/21/2014  0.5	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  07/21/2014  07/21/2014  0.5  mL	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  07/21/2014  0.5  mL  IM	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration  Administration Site  Substance	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  07/21/2014  0.5  mL  IM  Left Thigh	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration  Site  Substance Manufacturer Name	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  07/21/2014  0.5  mL  IM  Left Thigh  Pfizer, Inc	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration  Administration Site  Substance Manufacturer Name  Administration Notes	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  07/21/2014  0.5  mL  IM  Left Thigh  Pfizer, Inc	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13)  07/21/2014  07/21/2014  IM  Left Thigh  Pfizer, Inc  J. Martinez	Tester Comment

	Evaluated Immunization Hi	story Information
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	2	
Number of Doses in	4	
Series Immunization Series		
Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
	Data	T
Element Name	I Data	Tester Comment
Element Name Entering Organization		Tester Comment
Element Name Entering Organization Vaccine Group	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Entering Organization	Oceanview Pediatrics pneumococcal, unspecified	Tester Comment
Entering Organization Vaccine Group	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Entering Organization Vaccine Group Vaccine Administered	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  09/27/2014	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  09/27/2014  09/27/2014	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  09/27/2014  09/27/2014  0.5	
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  09/27/2014  09/27/2014  0.5  mL	
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  09/27/2014  0.5  mL  IM	
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration  Site  Substance	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  09/27/2014  0.5  mL  IM  Right Thigh	
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration  Administration Site  Substance Manufacturer Name	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  09/27/2014  0.5  mL  IM  Right Thigh	
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration  Administration Site  Substance Manufacturer Name  Administration Notes	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  09/27/2014  0.5  mL  IM  Right Thigh	
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13)  09/27/2014  09/27/2014  IM  Right Thigh  Pfizer, Inc	
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider  Name	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  09/27/2014  09/27/2014  IM  Right Thigh  Pfizer, Inc  J. Martinez	

	<b>Evaluated Immunization Hi</b>	story Information
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	3	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
	D (	
Element Name Entering Organization	Data Oceanview Pediatrics	Tester Comment
Entering Organization	Occaniview i culatiles	
	pneumococcal, unspecified	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Group Vaccine Administered		
Vaccine Group  Vaccine Administered  Refusal Reason	formulation	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start	formulation	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time	Formulation Pneumococcal conjugate (PCV13)	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount	formulation Pneumococcal conjugate (PCV13)  05/04/2015	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure	formulation Pneumococcal conjugate (PCV13)  05/04/2015  05/04/2015	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of	formulation Pneumococcal conjugate (PCV13)  05/04/2015  05/04/2015  0.5	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of	formulation Pneumococcal conjugate (PCV13)  05/04/2015  05/04/2015  0.5  mL	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration	formulation Pneumococcal conjugate (PCV13)  05/04/2015  05/04/2015  0.5  mL  IM	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration  Administration Site  Substance Manufacturer Name  Administration Notes	formulation Pneumococcal conjugate (PCV13)  05/04/2015  05/04/2015  0.5  mL  IM  Left Deltoid	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider	formulation Pneumococcal conjugate (PCV13)  05/04/2015  05/04/2015  0.5  mL  IM  Left Deltoid  Pfizer, Inc	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider  Name	formulation Pneumococcal conjugate (PCV13)  05/04/2015  05/04/2015  0.5  mL  IM  Left Deltoid	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider  Name  ID Number	formulation Pneumococcal conjugate (PCV13)  05/04/2015  0.5  mL  IM  Left Deltoid  Pfizer, Inc  J. Martinez	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider  Name  ID Number  Administered-at Location	formulation Pneumococcal conjugate (PCV13)  05/04/2015  05/04/2015  0.5  mL  IM  Left Deltoid  Pfizer, Inc  J. Martinez	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider  Name  ID Number	formulation Pneumococcal conjugate (PCV13)  05/04/2015  0.5  mL  IM  Left Deltoid  Pfizer, Inc  J. Martinez	

	<b>Evaluated Immunization Hi</b>	story Information
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	4	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
		<b>m</b>
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization		
Vaccine Group Vaccine Administered	rotavirus, unspecified formulation  Rotavirus	
Refusal Reason	Rotavirus	
Date/Time		
Administration-Start	05/18/2014	
Date/Time Administration-End	05/18/2014	
Administered Amount	1.0	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
<b>Administration Notes</b>		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		

	Evaluated Immunization Hi	story Information
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Elongo AT	D-4-	Total Comment
Element Name Entering Organization	Data Oceanview Pediatrics	Tester Comment
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Group  Vaccine Administered	Rotavirus	
Refusal Reason	Rotavitus	
Date/Time		
Administration-Start	07/21/2014	
Date/Time Administration-End	07/21/2014	
Administered Amount	1.0	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Thigh Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	1	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	

Evaluated Immunization History Information		
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
	IL	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza	
Refusal Reason		
Date/Time Administration-Start	09/27/2014	
Date/Time Administration-End	09/27/2014	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes		
Administering Provider	T. M. C.	
Name	J. Martinez	
ID Number		
Administered-at Locatio		
Facility ID  Street Address	DCS_DC  4253 Standish Way	
Other Designation	4253 Standish Way	
City	Stamford	
State	СТ	
State		

Evaluated Immunization History Information		
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Plant A	D.4.	Tester Comment
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization		
Vaccine Group	influenza, unspecified formulation  Influenza	
Vaccine Administered	Influenza	
Refusal Reason  Date/Time		
Administration-Start	10/20/2015	
Date/Time Administration-End	10/20/2015	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes		
<b>Administering Provider</b>		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	

Evaluated Immunization History Information		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	2	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
	_	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	Hepatitis A	
Refusal Reason		
Date/Time Administration-Start	05/15/2015	
Date/Time Administration-End	05/15/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
<b>Administering Provider</b>		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		

	Evaluated Immunization History Information				
Valid Dose					
Validity Reason					
Completion Status*	Complete				
<b>Dose Number in Series</b>	1				
Number of Doses in Series	2				
Immunization Series Name					
Status in Immunization Series					
Immunization Schedule Used	ACIP				
Element Name	Data	Tester Comment			
Entering Organization	Oceanview Pediatrics	rester Comment			
Vaccine Group	MMRV				
Vaccine Group  Vaccine Administered	MMR and Varicella				
Refusal Reason	IVIIVIK and varicena				
Date/Time Administration-Start	10/20/2015				
Date/Time Administration-End	10/20/2015				
Administered Amount	0.5				
Administered Units of Measure	mL				
Route of Administration	SC				
Administration Site	Left Thigh				
Substance Manufacturer Name	Merck Sharp and Dohme Corp.				
Administration Notes					
Administering Provider					
Name	J. Martinez				
ID Number					
Administered-at Location	1				
Facility ID	DCS_DC				
Street Address	4253 Standish Way				
Other Designation					
City	Stamford				
State	СТ				
Zip Code	06903				
Country					
Valid Dose	YES				

Evaluated Immunization History Information			
Validity Reason			
Completion Status*	Complete		
<b>Dose Number in Series</b>	1		
Number of Doses in Series	2		
Immunization Series Name			
Status in Immunization Series			
Immunization Schedule Used	ACIP		

<sup>\* &</sup>quot;Completion Status" refers to the status of the dose of vaccine administered on the indicated date and may be interpreted as "Dose Status". A status of "Complete" means that the vaccine dose was "completely administered" as opposed to "partially administered".

Immunization Forecast				
Element Name	Data	Tester Comment		
Vaccine Group	Hep B, unspecified formulation			
Vaccine Due Date	08/30/2014			
Earliest Date to Give	08/30/2014			
<b>Latest Date to Give</b>	08/30/2015			
Date When Vaccine Overdue	08/31/2015			
Status in Immunization Series				
Forecast Reason				
Element Name	Data	Tester Comment		
Vaccine Group	DTaP, unspecified formulation			
Vaccine Due Date	03/02/2018			
Earliest Date to Give	03/02/2018			
<b>Latest Date to Give</b>	03/01/2020			
Date When Vaccine Overdue	03/02/2020			
Status in Immunization Series				
Forecast Reason				
Element Name	Data	Tester Comment		
Vaccine Group	IPV			
Vaccine Due Date	03/02/2018			
Earliest Date to Give	03/02/2018			
<b>Latest Date to Give</b>	03/01/2020			
Date When Vaccine Overdue	03/02/2020			

Immunization Forecast				
Status in Immunization Series				
Forecast Reason				
Element Name	Data	Tester Comment		
Vaccine Group	influenza, unspecified formulation			
Vaccine Due Date	09/01/2016			
Earliest Date to Give	08/30/2015			
Latest Date to Give	03/01/2020			
Date When Vaccine Overdue	03/02/2020			
Status in Immunization Series				
Forecast Reason				
Element Name	Data	Tester Comment		
Vaccine Group	НерА			
Vaccine Due Date	08/30/2015			
Earliest Date to Give	08/30/2015			
<b>Latest Date to Give</b>	03/01/2020			
Date When Vaccine Overdue	03/02/2020			
Status in Immunization Series				
Forecast Reason				
Element Name	Data	Tester Comment		
Vaccine Group	MMR			
Vaccine Due Date	03/02/2018			
Earliest Date to Give	03/02/2018			
<b>Latest Date to Give</b>	03/01/2020			
Date When Vaccine Overdue	03/02/2020			
Status in Immunization Series				
Forecast Reason				
Element Name	Data	Tester Comment		
Vaccine Group	Varicella			
Vaccine Due Date	03/02/2018			
Earliest Date to Give	03/02/2018			
Latest Date to Give	03/01/2020			
Date When Vaccine Overdue	03/02/2020			
Status in Immunization Series				
Forecast Reason				