Evaluated Immunization History and Immunization Forecast		
Test Case ID	Query the Registry for Juan Marcel Gonzales	
Juror ID		
Juror Name		
HIT System Tested		
Inspection Date/Time		
Inspection Settlement	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		
Administering Provider		
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	
Dose Number in Series	2	
Number of Doses in Series	3	
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	05/15/2014	
Date/Time Administration-End	05/15/2014	
Administered Amount	0.5	

Administration mL Route of Administration street Manufacturer Name Manufacturer Nam		Evaluated Immunization Hi	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 Administration-Start Administration-End Adm	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 Wa	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	Dose Number in Series	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	
Dose Number in Series	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 His	story 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	
Dose Number in Series	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 Hi	story 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	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	1	
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 His	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		
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	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	
Dose Number in Series	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	
Dose Number in Series	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	
Dose Number in Series	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	
Dose Number in Series	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	

	Evaluated Immunization Hi	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	
Dose Number in Series	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	

	Evaluated Immunization Hi	story Information
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	
		m
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	
Administration Notes		
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	
Dose Number in Series	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		
Administering Provider		
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	
Dose Number in Series	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		
Administering Provider		
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				
Dose Number in Series	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	Tester Comment			
Vaccine Group	MMRV				
Vaccine Group Vaccine Administered	MMR and Varicella				
Refusal Reason	MINIK and Varicena				
Date/Time	10/20/2015				
Administration-Start 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		
Dose Number in Series	1		
Number of Doses in Series	2		
Immunization Series Name			
Status in Immunization Series			
Immunization Schedule Used	ACIP		

^{* &}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			
Latest Date to Give	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			
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	IPV			
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			

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			
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	MMR			
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				
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				