Evaluated Immunization History and Immunization Forecast (RSP Z42)		
Test Case ID		
Inspection Date/Time		
Inspection Settlement	Pass	Fail
Juror ID		
Juror Name		

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 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 Auth			
Namespace ID	MYEHR		
ID Type	MR		
Patient Identifier			
ID Number	987633		
Assigning Auth			
Namespace ID	MYIIS		
ID Type	SR		
Name	Juana Mariana Gonzales		
Date of Birth	11/23/2009		
Sex	Female		
Address 1			
Street	4345 Standish Way		
Other Designation			
City	Stamford		
State	СТ		
Zip Code	06903		
Country	USA		
Address Type	L		
Mother's Maiden Name	Maria Merida Acosta		
71 1. 1 1.	the FUD with the Evaluated Immunize	*	

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	Oceanview Pediatrics	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration-Start	11/23/2009	
Date/Time Administration-End	11/23/2009	
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	new immunization record	
Administering Provid	er	
Name	J Martinez	
ID Number		
Administered-at Loca	tion	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	

Data iew Pediatrics Peds NOS s B vaccine, unspecified formulation	Tester Comment
iew Pediatrics Peds NOS	Tester Comment
iew Pediatrics Peds NOS	Tester Comment
iew Pediatrics Peds NOS	Tester Comment
iew Pediatrics Peds NOS	Tester Comment
iew Pediatrics Peds NOS	Tester Comment
iew Pediatrics Peds NOS	Tester Comment
iew Pediatrics Peds NOS	
s B vaccine, unspecified formulation	
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high	
mithKline Biologicals SA	
munization record	
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	Thigh mithKline Biologicals SA munization record nez

Address	Evaluated Immunization History Information	
Other Designation		
City		
State		
Zip Code		
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	Hep B Peds NOS	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration-Start	10/30/2010	
Date/Time Administration-End	10/30/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
	tus" refers to the status of the dose of vaccine administer tempreted as "Dose Status". A status of "Complete" mea	

	Evaluated Immunization History Information	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provid	er	
Name	J Martinez	
ID Number		
Administered-at Loca	tion	1
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
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	
	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	

Administered	unspecified luated Immunization History Information	
Refusal Reason		
Date/Time Administration-Start	01/22/2010	
Date/Time Administration-End	01/22/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provid	er	
Name	J Martinez	
ID Number		
Administered-at Loca	tion	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in	1	

Number of Doses in Series	5 Evaluated Immunization History Information	
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	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration-Start	03/23/2010	
Date/Time Administration-End	03/23/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provid	ler	1
Name	J Martinez	
ID Number		
Administered-at Loca	ntion	1
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		

State	Evaluated Immunization History Information	
Zip Code		
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
Entoring	Oceanview Pediatrics	Tester Comment
	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration-Start	05/22/2010	
Administration-Start	05/22/2010 05/22/2010	
Administration-Start Date/Time Administration-End		
Administration-Start Date/Time Administration-End Administered Amount	05/22/2010	
Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure	05/22/2010	
Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration	05/22/2010 0.5 mL	
Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Substance	05/22/2010 0.5 mL IM	
Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name	05/22/2010 0.5 mL IM Left Thigh	

Name	J MartiEszaluated Immunization History Information	
ID Number		
Administered-at Loca	ntion	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
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	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration-Start	02/21/2011	
Date/Time Administration-End	02/21/2011	

Administered Amount	0.5 Evaluated Immunization History Information	
Administered Units	T	
of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provid	ler	
Name	J Martinez	
ID Number		
Administered-at Loca	ation	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
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	Evaluated Immunization History Information Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration-Start	01/22/2010	
Date/Time Administration-End	01/22/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provid	er	
Name	J Martinez	
ID Number		
Administered-at Loca	tion	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	

Validity Reason	Evaluated Immunization History Information	
Completion Status*	Complete	
	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	Tostov Commont
Element Name Entering	Data Oi Padiataina	Tester Comment
Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration-Start	03/23/2010	
Date/Time Administration-End	03/23/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provid	er	
Name	J Martinez	
ID Number		
Administered-at Loca	tion	
Facility ID	DCS_DC	

Street Address	333 O Earalinatednemmunization History Information	
		[
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
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	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration-Start	05/22/2010	
Date/Time Administration-End	05/22/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	

Administration Site	Right Evaluated Immunization History Information	
ubstance Aanufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provid	er	
Name	J Martinez	
ID Number		
Administered-at Loca	tion	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
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 Commen
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	

Administered	Evaluated Immunization History Information	
Refusal Reason		
Date/Time Administration-Start	02/21/2010	
Date/Time Administration-End	02/21/2010	
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	
Administration Notes	new immunization record	
Administering Provid	ler	
Name	J Martinez	
ID Number		
Administered-at Loca	ition	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in	4	

Series mmunization Series	Evaluated Immunization History Information	II
Name		
Status in mmunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration-Start	01/22/2010	
Date/Time Administration-End	01/22/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	SC	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provid	ler	
Name	J Martinez	
ID Number		
Administered-at Loca	ntion	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	

Zip Code	Evaluated Immunization History Information	
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	
		T . C
Element Name Entering Organization	Oceanview Pediatrics	Tester Comment
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration-Start	03/23/2010	
Date/Time Administration-End	03/23/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	SC	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provid * "Completion Stadate and the incompletion in the incompletion i	tus" refers to the status of the dose of vaccine administer temperature as "Dose Status". A status of "Complete" mea	ed on the indicated

	Evaluated Immunization History Information	
ID Number		
Administered-at Loca	ition	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
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	
	D /	T . C
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	01/21/2010	
Date/Time Administration-End	01/21/2010	
Adi Giompleti on Sta	tus" refers to the status of the dose of vaccine administer	ed on the indicated

Amount Administered Units	Evaluated Immunization History Information	
of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provid	ler	
Name	J Martinez	
ID Number		
Administered-at Loca	ation	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
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	Evaluated Immunization History Information	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	03/23/2010	
Date/Time Administration-End	03/23/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provid	ler	
Name	J Martinez	
ID Number		
Administered-at Loca	ntion	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	

Completion Status*	Evaluated Immunization History Information Complete	
Dose Number in	4	
Series		
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering	Oceanview Pediatrics	Tester Comment
Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	05/22/2010	
Date/Time Administration-End	05/22/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provid	ler	
Name	J Martinez	
ID Number		
Administered-at Loca	ition	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	

Other Designation	Evaluated Immunization History Information	
City	Stamford	
State	СТ	
Zip Code	06901	
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	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	02/21/2011	
Date/Time Administration-End	02/21/2011	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substampletion Sta	tus" refers to the status of the dose of vaccine administer	ed on the indicated

Administration Notes new immunization record new immunization necord ne	Manufacturer Name	Evaluated Immunization History Information	
Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address 333 Occanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Name Status in Series Number of Doses in Series Name Status in Immunization Series Name Name ACIP	Administration Notes		
Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Name Status in Immunization Series Immunization Series Immunization ACIP	Administering Provid	er	
Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Name Status in Immunization Series	Name	J Martinez	
Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Series 1 Immunization Series Status in Immunization Status in Immunization ACIP	ID Number		
Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Series 1 Immunization Series Name Status in Immunization Series Immunization ACIP	Administered-at Loca	tion	<u>!</u>
Address Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Series Name Status in Immunization ACIP	Facility ID	DCS_DC	
Designation City Stamford State CT Complete Country Valid Dose YES Validity Reason Complete Completion Status* Complete Dose Number in Series 2 Number of Doses in Series 4 Immunization Series Name Complete Status in Immunization Series ACIP	Street Address	333 Oceanview Lane	
State CT Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Name Status in Immunization Series Immunization ACIP	Other Designation		
Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Name Status in Immunization Series Immunization ACIP	City	Stamford	
Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Name Status in Immunization Series Immunization ACIP	State	СТ	
Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Name Status in Immunization Series Immunization ACIP	Zip Code	06901	
Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Immunization Series Immunization Series ACIP	Country		
Completion Status* Complete Dose Number in Series Number of Doses in Series Immunization Series Name Status in Immunization Series Immunization ACIP	Valid Dose	YES	
Dose Number in Series Number of Doses in Series Immunization Series Name Status in Immunization Series Immunization ACIP	Validity Reason		
Series Number of Doses in Series Immunization Series Name Status in Immunization Series Immunization ACIP	Completion Status*	Complete	
Series 4 Immunization Series Name Status in Immunization Series Immunization ACIP	Dose Number in Series	2	
Name Status in Immunization Series Immunization ACIP	Number of Doses in Series	4	
Immunization Series Immunization ACIP	Immunization Series Name		
	Status in Immunization Series		
	Immunization Schedule Used	ACIP	
Element Name Data Tester Commen	Element Name	Data	Tester Comment
	Entering Organization	Oceanview Pediatrics	
Vaccine Group rotavirus, unspecified formulation	Vaccine Group	rotavirus, unspecified formulation	
	Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason	Refusal Reason		

Date/Time	01/22/Æyaluated Immunization History Information	
Data/Tima	01/22/2010	
Administared	0.5	
Administered Units	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provid	er	
Name	J Martinez	
ID Number		
Administered-at Loca	ition	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
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	Evaluated Immunization History Information	
mmunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration-Start	03/23/2010	
Date/Time Administration-End	01/22/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provid	ler	11
Name	J Martinez	
ID Number		
Administered-at Loca	ition	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	

Country	Evaluated Immunization History Information	
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	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	09/25/2010	
Date/Time Administration-End	09/25/2010	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi PasteurGlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provid	ler	
Name	J Martinez	
ID Number		

Administered-at Loca	ntion Evaluated Immunization History Information	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	10/27/2010	
Date/Time Administration-End	10/27/2010	
Administered Amount	0.25	

Administered Units of Measure	mL Evaluated Immunization History Information	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi PasteurGlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provid	ler	
Name	J Martinez	
ID Number		
Administered-at Loca	ntion	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
* '' CompleNo meSta	tus" refers to the status of Ene adose of vaccine administere	d Tusthe Godiverted

Vaccine Group in	Evaluated Immunization History Information ceanview Pediatries affluenza, unspecified formulation affluenza, injectable, quadrivalent, preservative free, pediatric	
Vaccine Administered In		
Administered In	nfluenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Refusal Reason		
Date/Time Administration-Start	0/02/2011	
Date/Time Administration-End	0/02/2011	
Administered .2	25	
Administered Units of Measure	nL	
Route of Administration	M	
Administration Site Le	eft Deltoid	
Substance Manufacturer Name	anofi PasteurGlaxoSmithKline Biologicals SA	
Administration Notes	ew immunization record	
Administering Provider	•	
Name J 1	Martinez	
ID Number		
Administered-at Location	on	
Facility ID D	OCS_DC	
Street Address 33	33 Oceanview Lane	
Other Designation		
City St	tamford	
State C	T	
Zip Code 06	6901	
Country		
Valid Dose		
* "Completion Status Validity Reason date and may be inte	s" refers to the status of the dose of vaccine administered on erpreted as "Dose Status". A status of "Complete" means that	the indicated at the vaccine

Completion Status*	Complete Evaluated Immunization History Information	
Dose Number in Series		
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	04/04/2012	
Date/Time Administration-End	04/04/2012	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi PasteurGlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provid	ler	
Name	J Martinez	
ID Number		
Administered-at Loca	ation	
Facility ID	DCS_DC	
* "Continuation Sta	tus" refers to the status of the dose of vaccine administer 333 Oceanview Lane formered as "Dose Status" A status of "Complete" man	ed on the indicated

Address Other	Evaluated Immunization History Information	
Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	Tester Comment
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Refusal Reason Date/Time Administration-Start	11/23/2011	
Date/Time	11/23/2011 11/23/2011	
Date/Time Administration-Start Date/Time		
Date/Time Administration-Start Date/Time Administration-End Administered	11/23/2011	
Date/Time Administration-Start Date/Time Administration-End Administered Amount	0.5	

Substance Manufacturer Name	Glaxo Sovial Kate & Iohngian ization History Information	
Administration Notes	new immunization record	
Administering Provid	er	
Name	J Martinez	
ID Number		
Administered-at Loca	tion	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
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	
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	

Refusal Reason	Evaluated Immunization History Information	
Date/Time Administration-Start	05/23/2012	
Date/Time Administration-End	05/23/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provid	ler	
Name	J Martinez	
ID Number		
Administered-at Loca	ation	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	2	
Immunization Series Name		

Status in	Evaluated Immunization History Information	
Immunization Series	Evaluated Infinumization History Information	
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Shoreline Pediatrics	
Vaccine Group	MMRV	
Vaccine Administered	measles, mumps, rubella, and varicella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	10/23/2010	
Date/Time Administration-End	10/23/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provid	ler	
Name	Sandra Molina	
ID Number		
Administered-at Loca	ntion	
Facility ID	DCS_DC	
Street Address	400 Shoreline Drive	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	

Country	Evaluated Immunization History Information	
Valid Dose	NO	
Validity Reason	Early	
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Commen
Entering Organization	Oceanview Pediatrics	
Vaccine Group	MMRV	
Vaccine Administered	measles, mumps, rubella, and varicella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	11/22/2012	
Date/Time Administration-End	11/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
	new immunization record	
	new immunization record	
Administration Notes Administering Provid		

Administered-at Loca	tion Evaluated Immunization History Information	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
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	

^{* &}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	IPV			
Vaccine Due Date	05/22/2010			
Earliest Date to Give	05/22/2010			
Latest Date to Give	05/22/2011			

Date When Vaccine Overdue	05/23/2011 Immunization Forecast	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	11/22/2013	
Earliest Date to Give	11/22/2013	
Latest Date to Give	11/22/2015	
Date When Vaccine Overdue	11/23/2015	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/01/2015	
Earliest Date to Give	09/01/2015	
Latest Date to Give	01/31/2016	
Date When Vaccine Overdue	11/23/2015	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	16561 Comment
Vaccine Due Date	11/22/2013	
Earliest Date to Give	11/22/2013	
Latest Date to Give	11/22/2015	

Date When Vaccine Overdue	11/23/2015 Immunization Forecast	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	11/22/2013	
Earliest Date to Give	11/22/2013	
Latest Date to Give	11/22/2015	
Date When Vaccine Overdue	11/23/2015	
Status in Immunization Series		
Forecast Reason		