

Evaluated Immunization History and Immunization Forecast					
Test Case ID	Query the Registry for Juan Marcel Marina				
Juror ID					
Juror Name					
HIT System Tested					
Inspection Date/Time					
Inspection Settlement (Pass/Fail)	<table border="1"> <thead> <tr> <th>Pass</th> <th>Fail</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Pass	Fail	<input type="checkbox"/>	<input type="checkbox"/>
Pass	Fail				
<input type="checkbox"/>	<input type="checkbox"/>				
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 Authority		
Namespace ID	MYEHR	
ID Type	MR	
Patient Identifier		
ID Number	987633	
Assigning Authority		
Namespace ID	MYIIS	
ID Type	SR	
Name	Juan Marcel Marina	
Date of Birth	03/04/2015	
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	
<p>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.</p>		

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	03/04/2015	
Date/Time Administration-End	03/04/2015	

Evaluated Immunization History Information		
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration-Start	04/15/2015	
Date/Time Administration-End	04/15/2015	

Evaluated Immunization History Information		
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
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	CT	
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	
Adverse Event		
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	05/15/2015	

Evaluated Immunization History Information		
Date/Time Administration-End	05/15/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
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	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		

Evaluated Immunization History Information		
Date/Time Administration-Start	07/13/2015	
Date/Time Administration-End	07/13/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
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	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	

Evaluated Immunization History Information		
Refusal Reason		
Date/Time Administration-Start	09/16/2015	
Date/Time Administration-End	09/16/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
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	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	

Evaluated Immunization History Information		
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration-Start	08/20/2016	
Date/Time Administration-End	08/20/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
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	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	

Evaluated Immunization History Information		
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	05/14/2015	
Date/Time Administration-End	05/14/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
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	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	

Evaluated Immunization History Information		
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	07/21/2015	
Date/Time Administration-End	07/21/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
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	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	

Evaluated Immunization History Information		
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	09/27/2015	
Date/Time Administration-End	09/27/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
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	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	

Evaluated Immunization History Information		
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	05/04/2016	
Date/Time Administration-End	05/04/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
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	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	

Evaluated Immunization History Information		
Vaccine Administered	Polio (IPV)	
Refusal Reason		
Date/Time Administration-Start	05/14/2015	
Date/Time Administration-End	05/14/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	
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	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	

Evaluated Immunization History Information		
Vaccine Administered	Polio (IPV)	
Refusal Reason		
Date/Time Administration-Start	07/21/2015	
Date/Time Administration-End	07/21/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	
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	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	

Evaluated Immunization History Information		
Vaccine Administered	Polio (IPV)	
Refusal Reason		
Date/Time Administration-Start	10/15/2015	
Date/Time Administration-End	10/15/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	
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	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	

Evaluated Immunization History Information		
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	05/18/2015	
Date/Time Administration-End	05/18/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
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	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	

Evaluated Immunization History Information		
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	07/21/2015	
Date/Time Administration-End	07/21/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
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	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	

Evaluated Immunization History Information		
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	09/27/2015	
Date/Time Administration-End	09/27/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Pfizer, Inc	
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	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	

Evaluated Immunization History Information		
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	05/04/2016	
Date/Time Administration-End	05/04/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Pfizer, Inc	
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	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	

Evaluated Immunization History Information		
Vaccine Administered	Rotavirus	
Refusal Reason		
Date/Time Administration-Start	05/18/2015	
Date/Time Administration-End	05/18/2015	
Administered Amount	1.0	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
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	CT	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	

Evaluated Immunization History Information		
Vaccine Administered	Rotavirus	
Refusal Reason		
Date/Time Administration-Start	09/21/2015	
Date/Time Administration-End	09/21/2015	
Administered Amount	1.0	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Thigh Thigh	
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	CT	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	

Evaluated Immunization History Information		
Vaccine Administered	Influenza	
Refusal Reason		
Date/Time Administration-Start	09/27/2015	
Date/Time Administration-End	09/27/2015	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left 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	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	

Evaluated Immunization History Information		
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	Intramuscular	
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	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	

Evaluated Immunization History Information		
Vaccine Administered	Hepatitis A	
Refusal Reason		
Date/Time Administration-Start	05/15/2016	
Date/Time Administration-End	05/15/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
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	CT	
Zip Code	06903	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	

Evaluated Immunization History Information		
Vaccine Administered	Hepatitis A	
Refusal Reason		
Date/Time Administration-Start	09/21/2016	
Date/Time Administration-End	09/21/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
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	CT	
Zip Code	06903	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	MMRV	

Evaluated Immunization History Information		
Vaccine Administered	MMR and Varicella	
Refusal Reason		
Date/Time Administration-Start	10/20/2016	
Date/Time Administration-End	10/20/2016	
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		
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	
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	
Adverse Event		
<p>* "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".</p>		

Immunization Forecast		
Element Name	Data	Tester Comment
Vaccine Group	Hep B, unspecified formulation	
Vaccine Due Date	08/31/2015	
Earliest Date to Give	08/31/2015	
Latest Date to Give		
Date When Vaccine Overdue	09/01/2016	
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		
Date When Vaccine Overdue		
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	HepA	
Vaccine Due Date	08/30/2015	
Earliest Date to Give	08/30/2015	
Latest Date to Give		
Date When Vaccine Overdue		
Status in Immunization Series		
Forecast Reason		