Evaluated Immunization History and Immunization Forecast		
Test Case ID	Juan Marcel Gonzales Display Reconcile Upda	te Immunization Information
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	ity	
Namespace ID	MYEHR	
ID Type	MR	
Patient Identifier		
ID Number	987633	
Assigning Author	ity	
Namespace ID	MYIIS	
ID Type	SR	
Name	Juan Marcel Gonzales	
Date of Birth	11/23/2011	
Sex	Male	
Address 1		
Street	4623 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
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	11/23/2011	
Date/Time Administration-End	11/23/2011	

Administered Amount	0.5 Evaluated Immunization His	tory Information
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	on	
Facility ID	DCS_DC	
Street Address	325 Shorline Drive	
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		
Immunization Schedule Used	ACIP	
	n (
Element Name Entering Organization	Data Oceanview Pediatrics	Tester Comment
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration-Start	12/23/2011	
Date/Time Administration-End	12/23/2011	
Administered Amount	0.5	
Administered Units of Measure	mL	

Route of Administration	IM Evaluated Immunization His	tory Information
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider	1	
Name	J. Martinez	
ID Number		
Administered-at Locatio		
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	
Element Name	Data	Tester Comment
Entering Organization	Data Oceanview Pediatrics	Tester Comment
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration-Start	01/22/2012	
Date/Time Administration-End	01/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	ĪM	

Administration Site	Left Evaluated Immunization His	tory Information
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	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	
Element Name	Data	Tester Comment
Entering Organization Vaccine Group	Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration-Start	03/22/2012	
Date/Time Administration-End	03/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	

Substance Manufacturer Name	Sanof Valuated Immunization 1	History 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	2	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Toston Comment
	Data Oceanview Pediatrics	Tester Comment
Entering Organization Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration-Start	05/21/2012	
Date/Time Administration-End	05/21/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	

Administration Notes Administering Provider	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		
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		
<u> </u>		
Immunization Schedule Used	ACIP	
Used		Total Comment
Used Element Name	Data	Tester Comment
Used		Tester Comment
Element Name Entering Organization	Data Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine,	Tester Comment
Element Name Entering Organization Vaccine Group	Data Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered	Data Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time	Data Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified DTaP	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time	Data Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified DTaP	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End	Data Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified DTaP 02/20/2013	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 diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified DTaP 02/20/2013 02/20/2013	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 diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified DTaP 02/20/2013 02/20/2013 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 diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified DTaP 02/20/2013 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	Data Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified DTaP 02/20/2013 0.5 mL IM Left Deltoid	Tester Comment

Name	J. MEtingrated Immunization His	tory Information
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	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	20001 20111110110
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start		
Lamining auton-Start	01/22/2012	
Date/Time Administration-End	01/22/2012 01/22/2012	
Date/Time		
Date/Time Administration-End	01/22/2012	
Date/Time Administration-End Administered Amount Administered Units of	01/22/2012	
Date/Time Administration-End Administered Amount Administered Units of Measure Route of	01/22/2012	
Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration	01/22/2012 0.5 mL IM	
Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance	01/22/2012 0.5 mL IM Right Thigh	
Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name	01/22/2012 0.5 mL IM Right Thigh	
Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes	01/22/2012 0.5 mL IM Right Thigh	

Administered-at Locatio Facility ID	on Evaluated Immunization Hist DCS_DC	ory Information
Street Address	4253 Standish Way	
Other		
Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
	D (
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization		
Vaccine Group Vaccine Administered	Hib, unspecified formulation Hib	
Refusal Reason	HID	
Date/Time		
Administration-Start	03/22/2012	
Date/Time Administration-End		
Administration-Ellu	03/22/2012	
Administration-End Administered Amount	03/22/2012	
Administered Amount Administered Units of	0.5	
Administered Amount Administered Units of Measure Route of	0.5 mL	
Administered Amount Administered Units of Measure Route of Administration	0.5 mL IM	
Administered Amount Administered Units of Measure Route of Administration Administration Site Substance	0.5 mL IM Left Thigh	
Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name	0.5 mL IM Left Thigh Merck Sharp and Dohme Corp.	
Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes	0.5 mL IM Left Thigh Merck Sharp and Dohme Corp.	
Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider	0.5 mL IM Left Thigh Merck Sharp and Dohme Corp.	
Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name	0.5 mL IM Left Thigh Merck Sharp and Dohme Corp. J. Martinez	
Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number	D.5 mL IM Left Thigh Merck Sharp and Dohme Corp. J. Martinez	

Other Designation	Evaluated Immunization Hi	story Information
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	
	_	-
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Hib	
Refusal Reason Date/Time		
Administration-Start	05/12/2012	
Date/Time Administration-End	05/12/2012	
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		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
* "Continuetion Status"	Sections and the status of the dose of v	accine administered on the indicated date and

YES Complete 3	
Complete 3	
Complete 3	
3	
3	
4	
ACIP	
	m
	Tester Comment
Hib	
02/22/2012	
02/22/2012	
0.5	
mL	
IM	
Left Deltoid	
Merck Sharp and Dohme Corp.	
J. Martinez	
DCS_DC	
4253 Standish Way	
Stamford	
CT	
06903	
	Data Decanview Pediatrics Hib, unspecified formulation Hib D2/22/2012 D2/22/2012 D.5 mL M Left Deltoid Merck Sharp and Dohme Corp. J. Martinez DCS_DC 1253 Standish Way Stamford CT

Country Valid Dose	Evaluated Immunization His	tory Information
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	01/22/2012	
Date/Time Administration-End	01/22/2012	
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		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio		
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*	Evaluated Immunization Hi	story Information
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	poliovirus vaccine, inactivated	
Vaccine Administered	Polio (IPV)	
Refusal Reason		
Date/Time Administration-Start	03/22/2012	
Date/Time Administration-End	03/22/2012	
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		
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	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
to U.S. and I. ali and		

Number of Doses in Series	4 Evaluated Immunization His	tory Information
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	Polio (IPV)	
Refusal Reason		
Date/Time Administration-Start	05/21/2012	
Date/Time Administration-End	05/21/2012	
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		
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	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	4	
Immunizations Sietus"	refers to the status of the dose of va	accine administered on the indicated date and

Name	. Evaluated Immunization Hi	tory Information
Status in Immunization	Evaluated Infinumzation III	story information
Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	01/22/2012	
Date/Time Administration-End	01/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio		
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	ACIEvaluated Immunization Hi	story Information
	JL	J
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	03/22/2012	
Date/Time Administration-End	03/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes		
Administering Provider	1	1
Name	J. Martinez	
ID Number		
Administered-at Location	1	
Facility ID	DCS_DC	
Street Address Other	4253 Standish Way	
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	
* "Completion Status"	refers to the status of the dose of x	vaccine administered on the indicated date and

Element Name	Evaluated Immunization Hi	story Informationter Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration-Start	05/21/2012	
Date/Time Administration-End	05/21/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	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	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	pneurvaluated in medified zation His formulation	tory Information
Vaccine Administered	Pneumococcal conjugate (PCV13)	
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	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Pfizer, 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	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	Tester Comment
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	Rotavirus	
\$ 110 1 1' C' '	C1 C.1 1 C	. 1

Refusal Reason	Evaluated Immunization His	tory Information
Date/Time Administration-Start	11/22/2012	
Date/Time		
Administration-End	11/22/2012	
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	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	1	
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	rotavirus, unspecified formulation	
Vaccine Administered	Rotavirus	
Refusal Reason		
Date/Time Administration-Start	03/22/2012	

Date/Time Administration-End	03/2Evaluated Immunization His	tory Information
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 Locatio	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	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	
Refusal Reason		
Date/Time Administration-Start	09/22/2012	
Date/Time Administration-End	09/22/2012	
Administered Amount	0.25	

Administered Units of Measure	mL Evaluated Immunization Hi	story Information
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
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	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	
Refusal Reason		
Date/Time Administration-Start	10/22/2012	
Date/Time Administration-End	10/22/2012	
Administered Amount	0.25	
Administered Units of Measure	mL	
Roctonfpletion Status"	refers to the status of the dose of v	accine administered on the indicated date and

Administration Administration Site	Evaluated Immunization Hi	story Information
	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
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	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	influenza, unspecified formulation	
Vaccine Administered	Influenza	
Refusal Reason		
Date/Time Administration-Start	10/30/2013	
Date/Time Administration-End	10/30/2013	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Sulctanpletion Status"	refers to the status of the dose of v	accine administered on the indicated date and
	HD 04-2-11 A -4-4 £1101.	1.11

Manufacturer Name Administration Notes	Evaluated Immunization His	ory 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		
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	
	D.4.	The state of the s
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	Hepatitis A	
Refusal Reason	Incpatitis A	
Date/Time Administration-Start	05/21/2013	
Date/Time Administration-End	05/21/2013	
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		

Name	J. MEtvafuated Immunization Hi	story Information		
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				
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			
Entering Organization Vaccine Group	Oceanview Pediatrics Hep A, unspecified formulation			
Vaccine Group	Hep A, unspecified formulation			
Vaccine Group Vaccine Administered	Hep A, unspecified formulation			
Vaccine Group Vaccine Administered Refusal Reason Date/Time	Hep A, unspecified formulation Hepatitis A			
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time	Hep A, unspecified formulation Hepatitis A 12/01/2013			
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End	Hep A, unspecified formulation Hepatitis A 12/01/2013 12/01/2013			
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of	Hep A, unspecified formulation Hepatitis A 12/01/2013 12/01/2013			
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of	Hep A, unspecified formulation Hepatitis A 12/01/2013 12/01/2013 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	Hep A, unspecified formulation Hepatitis A 12/01/2013 12/01/2013 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 Site Substance	Hep A, unspecified formulation Hepatitis A 12/01/2013 12/01/2013 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	Hep A, unspecified formulation Hepatitis A 12/01/2013 12/01/2013 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	Hep A, unspecified formulation Hepatitis A 12/01/2013 12/01/2013 0.5 mL IM Left Deltoid			

Administered-at Location Facility ID	n Evaluated Immunization Hi	story Information
Street Address	4253 Standish Way	
Other		
Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose		
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	MMRV	
Vaccine Group Vaccine Administered		
Vaccine Group Vaccine Administered Refusal Reason	MMRV	
Vaccine Group Vaccine Administered	MMRV	
Vaccine Group Vaccine Administered Refusal Reason Date/Time	MMRV MMR and Varicella	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time	MMRV MMR and Varicella 01/12/2013	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End	MMRV MMR and Varicella 01/12/2013 01/12/2013	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of	MMRV MMR and Varicella 01/12/2013 01/12/2013	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of	MMRV MMR and Varicella 01/12/2013 01/12/2013 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	MMRV MMR and Varicella 01/12/2013 01/12/2013 0.5 mL SC	
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	MMRV MMR and Varicella 01/12/2013 01/12/2013 0.5 mL SC Left Thigh	
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	MMRV MMR and Varicella 01/12/2013 01/12/2013 0.5 mL SC Left Thigh	
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	MMRV MMR and Varicella 01/12/2013 01/12/2013 0.5 mL SC Left Thigh	
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	MMRV MMR and Varicella 01/12/2013 01/12/2013 0.5 mL SC Left Thigh Merck Sharp and Dohme Corp.	
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	MMRV MMR and Varicella 01/12/2013 0.5 mL SC Left Thigh Merck Sharp and Dohme Corp.	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number	MMRV MMR and Varicella 01/12/2013 0.5 mL SC Left Thigh Merck Sharp and Dohme Corp.	

Other Designation	Evaluated Immunization His	tory Information
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	
	-	

^{* &}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	05/21/2012			
Earliest Date to Give	05/21/2012			
Latest Date to Give	05/21/2013			
Date When Vaccine Overdue	05/23/2013			
Status in Immunization Series				
Forecast Reason				
Element Name	Data	Tester Comment		
Vaccine Group	DTaP, unspecified formulation			
Vaccine Due Date	11/22/2015			
Earliest Date to Give	11/22/2015			
Latest Date to Give	11/21/2017			
Date When Vaccine Overdue	11/22/2017			
Status in Immunization Series				
Forecast Reason				

Immunization Forecast Element Name Data Tester Comment			
Vaccine Group	IPV		
Vaccine Due Date	11/22/2015		
Earliest Date to Give	11/22/2015		
Latest Date to Give	11/21/2017		
Date When Vaccine Overdue	11/22/2017		
Status in Immunization Series			
Forecast Reason			
Element Name	Data	Tester Comment	
Vaccine Group	influenza, unspecified formulation		
Vaccine Due Date	10/22/2015		
Earliest Date to Give	11/22/2015		
Latest Date to Give	11/21/2017		
Date When Vaccine Overdue	11/22/2017		
Status in Immunization Series			
Forecast Reason			
Element Name	Data	Tester Comment	
Vaccine Group	MMR	Tester Comment	
Vaccine Group Vaccine Due Date	MMR 11/22/2015	Tester Comment	
Vaccine Group Vaccine Due Date Earliest Date to Give	MMR 11/22/2015 11/22/2015	Tester Comment	
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give	MMR 11/22/2015	Tester Comment	
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue	MMR 11/22/2015 11/22/2015	Tester Comment	
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine	MMR 11/22/2015 11/22/2015 11/21/2017	Tester Comment	
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization	MMR 11/22/2015 11/22/2015 11/21/2017	Tester Comment	
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization Series Forecast Reason	MMR 11/22/2015 11/22/2015 11/21/2017 11/22/2017		
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization Series Forecast Reason Element Name	MMR 11/22/2015 11/22/2015 11/21/2017 11/22/2017 Data	Tester Comment Tester Comment	
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization Series Forecast Reason Element Name Vaccine Group	MMR 11/22/2015 11/22/2015 11/21/2017 11/22/2017 Data Varicella		
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization Series Forecast Reason Element Name Vaccine Group Vaccine Due Date	MMR 11/22/2015 11/22/2015 11/21/2017 11/22/2017 Data Varicella 11/22/2015		
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization Series Forecast Reason Element Name Vaccine Group Vaccine Due Date Earliest Date to Give	MMR 11/22/2015 11/22/2015 11/21/2017 11/22/2017 Data Varicella 11/22/2015 11/22/2015		
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization Series Forecast Reason Element Name Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give	MMR 11/22/2015 11/22/2015 11/21/2017 11/22/2017 Data Varicella 11/22/2015		
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization Series Forecast Reason Element Name Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue	MMR 11/22/2015 11/22/2015 11/21/2017 11/22/2017 Data Varicella 11/22/2015 11/22/2015		
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization Series Forecast Reason Element Name Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine	MMR 11/22/2015 11/22/2015 11/21/2017 11/22/2017 Data Varicella 11/22/2015 11/22/2015 11/22/2017		
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization Series Forecast Reason Element Name Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization	MMR 11/22/2015 11/22/2015 11/21/2017 11/22/2017 Data Varicella 11/22/2015 11/22/2015 11/22/2017		