Evaluated Immunization History and Immunization Forecast		
Test Case ID	Query the Registry for Juana Mariana Vazquez	1
Juror ID		
Juror Name		
HIT System Tested		
Inspection Date/Time		
Inspection Settlement	Pass	Fail
(Pass/Fail)		
Reason Failed		
Juror Comments		

DISPLAY VERIFICATION

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

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

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

Patient Information		
Element Name	Data Tester Comment	
Patient Identifier		
ID Number	123456	
Assigning Author	rity	
Namespace ID	MYEHR	
ID Type	MR	
Patient Identifier		
ID Number	987633	
Assigning Author	ity	
Namespace ID	MYIIS	
ID Type	SR	
Name	Juana Mariana Vazquez	
Date of Birth	11/01/2012	
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	

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		
Data	Tester Comment	
Shoreline Hospital		
hepatitis B vaccine, unspecified formulation		
hepatitis B vaccine, pediatric or pediatric/adolescent dosage		
11/01/2012		
	Shoreline Hospital hepatitis B vaccine, unspecified formulation hepatitis B vaccine, pediatric or pediatric/adolescent dosage	

	Evaluated Immunization Hi	story Information
Date/Time Administration-End	11/01/2012	
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	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	n	
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	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	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	12/20/2012	
Date/Time Administration-End	12/20/2012	
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	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on .	
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	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	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	

	Evaluated Immunization His	story Information
Refusal Reason		
Date/Time Administration-Start	05/20/2013	
Date/Time Administration-End	05/20/2013	
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	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
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	
Adverse Event		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	2 SSION COMMON
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	

	Evaluated Immunization Hi	story Information
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Refusal Reason		
Date/Time Administration-Start	01/22/2013	
Date/Time Administration-End	01/22/2013	
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	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	on .	
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	1	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Diamet N	D.4.	The state of the s
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	

	Evaluated Immunization His	story Information
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	03/23/2013	
Date/Time Administration-End	03/23/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	n	
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	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

	Evaluated Immunization His	story Information
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	05/22/2013	
Date/Time Administration-End	05/22/2013	
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	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on	
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	
Adverse Event		

Evaluated Immunization History Information		
THE AND	D.	m
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	02/21/2014	
Date/Time Administration-End	02/21/2014	
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	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
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	

Evaluated Immunization History Information		
Adverse Event		
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	01/22/2013	
Date/Time Administration-End	01/22/2013	
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	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
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	1	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	

Evaluated Immunization History Information		
Adverse Event		
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	03/23/2013	
Date/Time Administration-End	03/23/2013	
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	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
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	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	

Evaluated Immunization History Information		
Adverse Event		
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	05/22/2013	
Date/Time Administration-End	05/22/2013	
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	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
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	3	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	

Evaluated Immunization History Information		
Adverse Event		
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	11/21/2013	
Date/Time Administration-End	11/21/2013	
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	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
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	4	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	

Evaluated Immunization History Information		
Adverse Event		
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	01/22/2013	
Date/Time Administration-End	01/22/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	1	
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	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	

Evaluated Immunization History Information		
Adverse Event		
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	03/23/2013	
Date/Time Administration-End	03/23/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	1	
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	

Evaluated Immunization History Information		
Adverse Event	convulsions (fits, seizures) within 72 hours of dose	
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	01/22/2013	
Date/Time Administration-End	01/22/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
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	4	
Immunization Series Name		
Status in Immunization Series		

	Evaluated Immunization Hi	story Information
Immunization Schedule Used	ACIP	
Adverse Event		
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	03/23/2013	
Date/Time Administration-End	03/23/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
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	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 Vaccine Group pneumococcal, unspecified formulation Vaccine Administered pneumococcal conjugate vaccine, 13 valent Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount O5/22/2013 Administered Amount O.5 Administered Units of Measure Reight Thigh Right Thigh	
Manual Action Schedule Used	
Adverse Event Element Name Data Tester Comment Entering Organization Vaccine Group pneumococcal, unspecified formulation Vaccine Administered pneumococcal conjugate vaccine, 13 valent Refusal Reason Date/Time Administration-Start Date/Time Administered Amount Administered Units of Measure Route of Administration Administration Administration Site Right Thigh	
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 Date/Time Administration-End O5/22/2013 Administered Amount 0.5 Administered Units of Measure Route of Administration Site Right Thigh	
Entering Organization Oceanview Pediatrics Vaccine Group pneumococcal, unspecified formulation Vaccine Administered pneumococcal conjugate vaccine, 13 valent Refusal Reason	
Entering Organization Oceanview Pediatrics Vaccine Group pneumococcal, unspecified formulation Vaccine Administered pneumococcal conjugate vaccine, 13 valent Refusal Reason	
Vaccine Group pneumococcal, unspecified formulation Vaccine Administered pneumococcal conjugate vaccine, 13 valent Refusal Reason Date/Time Administration-Start 05/22/2013 Date/Time Administration-End 05/22/2013 Administered Amount 0.5 Administered Units of Measure mL Route of Administration Intramuscular Administration Site Right Thigh	
Vaccine Administered pneumococcal conjugate vaccine, 13 valent Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Right Thigh	
Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Right Thigh	
Date/Time Administration-Start 05/22/2013 Date/Time Administration-End 05/22/2013 Administered Amount 0.5 Administered Units of Measure mL Route of Administration Intramuscular Administration Site Right Thigh	
Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Right Thigh	
Administration-End Administered Amount O.5 Administered Units of Measure Route of Administration Administration Intramuscular Administration Site Right Thigh	
Administered Units of Measure mL Route of Administration Intramuscular Administration Site Right Thigh	
Measure	
Administration Intramuscular Administration Site Right Thigh	
Substance Manufacturer Name Pfizer, Inc	
Administration Notes new immunization record	
Administering Provider	
Name J Martinez	
ID Number	
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 3	
Number of Doses in Series 4	

	Evaluated Immunization Hi	story Information
Immunization Series		
Name Status in Immunization		
Series Series		
Immunization Schedule Used	ACIP	
Adverse Event		
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	01/11/2014	
Date/Time Administration-End	01/11/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
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	4	

	Evaluated Immunization His	tory Information
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	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration-Start	01/22/2013	
Date/Time Administration-End	01/22/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Oral	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
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	1	

Number of Doses in Series Name Name of Doses in Immunization Series Name Name of Doses in Immunization Series Name Status in Immunization Series Name Name Name Name Name Name Name Name		Evaluated Immunization Hi	story Information
Status in Immunization Status in Immunization Schedule Used Adverse Event Element Name Data Tester Comment	Number of Doses in Series		
Martiner Name Data Tester Comment			
Element Name Entering Organization Vaccine Administered Refusal Reason Date/Time Administration-End Administration-End Administration-End Administration Site Route of Administration Site Manufacturer Name Administration Notes Administration Notes Administration Notes Administration Notes Administration Date/ Administration Notes Administration	Series		
Element Name Data Tester Comment Entering Organization Oceanview Pediatrics Vaccine Administered rotavirus, unspecified formulation Vaccine Administered Protavirus, live, monovalent vaccine Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administration-End Administration Os Administration Oral Measure Maurification Oral Measure Route of Administration Oral Administration Site Right Thigh Substance Manufacturer Name GlaxoSmithKline Biologicals SA Madministration Notes National Provider Name J Martinez ID Number 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	Immunization Schedule Used	ACIP	
Entering Organization Vaccine Group Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administered Amount Administered Units of Measure Route of Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number Administered-at Location Facility ID Street Address Other Designation City Stante CT Zip Code Ge901 Country Valid Dose Vaccine Administrates Otal Vaccine Product Totavirus, live, monovalent vaccine Route of Ox23/2013 Ox23/2	Adverse Event		
Entering Organization Vaccine Group Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administered Amount Administered Units of Measure Route of Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number Administered-at Location Facility ID Street Address Other Designation City Stante CT Zip Code Ge901 Country Valid Dose Vaccine Administrates Otal Vaccine Product Totavirus, live, monovalent vaccine Route of Ox23/2013 Ox23/2		_	
Vaccine Group rotavirus, unspecified formulation Vaccine Administered rotavirus, live, monovalent vaccine Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Route of Administration Administration Administration Route of Administration Administration Notes Route of Administration Notes Route of Administration Administration Notes Route of Right Thigh Substance Name J Martinez J Martinez D Number 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			Tester Comment
Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administration Measure Route of Measure Route of Administration Notes Right Thigh Substance Manufacturer Name Administration Notes Name J Martinez ID Number Administration Facility ID DCS_DC Street Address Other Designation City Stamford State CT Zip Code Country Valid Dose VES Validity Reason Completion Status* Complete			
Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administred Amount Administred Units of Measure Route of Administration Administration Right Thigh Substance Manufacturer Name Administration Notes Parilly 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			
Date/Time Administration-Start Date/Time Administration-End Administration-End Administered Amount O.5 Administered Units of Mcasure Route of Administration Administration Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administration Notes Administration Notes Administration Notes Administration Provider Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code O6901 Country Valid Dose Validity Reason Completion Status* Complete Complete Completion Status* Complete Complete Completion Status* Oscious Administration Provider Administration Notes Dosignation Other Completion Status* Complete Complete Completion Status*	Vaccine Administered	rotavirus, live, monovalent vaccine	
Administration-Start Date/Time Administration-End Administered Amount 0.5 Mathinistered Units of Measure Route of Administration Administration Administration Administration Bight Thigh Substance Manufacturer Name Administration Notes Administration Notes Administration Notes ID Number Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City State CT Zip Code 06901 Country Valid Dose VES Validity Reason Completion Status* Complete	Refusal Reason		
Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administration Notes Administration Notes ID Number Administered-at Location Facility ID Street Address Other Designation City Stamford State CT Zip Code Country Valid Dose VES Validity Reason Completion Status* Complete Oral Administered Amount All Martine Biologicals SA Administration Notes Administration Notes ID Number Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code O6901 Country Valid Dose VES Validity Reason Complete	Date/Time Administration-Start	03/23/2013	
Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administration Notes Administering Provider Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City State CT Zip Code 06901 Country Valid Dose Validity Reason Completion Status* Complete	Date/Time Administration-End	03/23/2013	
Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administration Provider Name J Martinez ID Number Administred-at Location Facility ID Street Address Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose VES Validity Reason Completion Status* Complete	Administered Amount	0.5	
Administration Administration Site Right Thigh Substance Manufacturer Name Administration Notes Name J Martinez ID Number Administered-at Location Facility ID Street Address Other Designation City State CT Zip Code O6901 Country Validi Dose Validity Reason Completion Status* Complete	Administered Units of Measure	mL	
Substance Manufacturer Name Administration Notes new immunization record Administering Provider Name J Martinez ID Number 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	Route of Administration	Oral	
Manufacturer Name Administration Notes Name J Martinez ID Number Administered-at Location Facility ID Street Address Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason Completion Status* Complete	Administration Site	Right Thigh	
Name J Martinez ID Number 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	Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Name J Martinez ID Number 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	Administration Notes	new immunization record	
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	Administering Provider		
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	Name	J Martinez	
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	ID Number		
Street Address Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete	Administered-at Location	n	
Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete	Facility ID	DCS_DC	
City Stamford State CT Zip Code 06901 Country Yalid Dose Validity Reason YES Completion Status* Complete	Street Address	333 Oceanview Lane	
State CT Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete	Other Designation		
Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete	City	Stamford	
Country Valid Dose YES Validity Reason Completion Status* Complete	State	СТ	
Valid Dose YES Validity Reason Completion Status* Complete	Zip Code	06901	
Validity Reason Completion Status* Complete	Country		
Completion Status* Complete	Valid Dose	YES	
Completion Status* Complete	Validity Reason		
		Complete	
4700 1100 H OU IN 12	Dose Number in Series	2	

	Evaluated Immunization His	tory Information
Number of Doses in	3	
Series 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	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	09/25/2013	
Date/Time Administration-End	09/25/2013	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
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	1	

	Evaluated Immunization His	story Information
Number of Doses in	2	
Series 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	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	10/29/2013	
Date/Time Administration-End	10/29/2013	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
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	2	

	Evaluated Immunization His	tory Information
Number of Doses in	2	
Series 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	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	10/02/2014	
Date/Time Administration-End	10/02/2014	
Administered Amount	.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
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		

	Evaluated Immunization His	tory Information
Number of Doses in		
Series 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	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	11/04/2015	
Date/Time Administration-End	11/04/2015	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio		
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		

	Evaluated Immunization Hi	story Information
Number of Doses in Series		
Immunization Series		
Name Series		
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	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time Administration-Start	11/23/2013	
Date/Time Administration-End	11/23/2013	
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	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio		
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	

Evaluated Immunization History Information		
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	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time Administration-Start	05/23/2014	
Date/Time Administration-End	05/23/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		

Evaluated Immunization History Information		
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		
The state of the s	D (m
Element Name	Data Data	Tester Comment
Entering Organization	Shoreline Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	08/22/2013	
Date/Time Administration-End	08/22/2013	
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 Provider		
Name	Sandra Molina	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	400 Shoreline Drive	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	NO	
Validity Reason	Early	
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Evaluated Immunization History Information		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Adverse Event		
Til A Ni	D. C.	The state of the s
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization		
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	11/22/2016	
Date/Time Administration-End	11/22/2016	
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	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
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Evaluated Immunization History Information		
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	Varicella virus vaccine	
Vaccine Administered	varicella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	12/15/2014	
Date/Time Administration-End	12/15/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Right Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		

Evaluated Immunization History Information		
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		

^{* &}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 Fo	recast
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	04/29/2013	
Earliest Date to Give	04/29/2013	
Latest Date to Give		
Date When Vaccine Overdue	04/30/2014	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/01/2017	
Earliest Date to Give	09/01/2017	
Latest Date to Give		
Date When Vaccine Overdue		
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	10/31/2016	
Earliest Date to Give	10/31/2016	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2018	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	10/31/2016	
Earliest Date to Give	10/31/2016	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2018	
Status in Immunization Series		
Forecast Reason		