Evaluated Immunization History and Immunization Forecast		
Test Case ID	Query the Registry for Juan Marcel Gonzales	
Juror ID		
Juror Name		
HIT System Tested		
<b>Inspection Date/Time</b>		
<b>Inspection Settlement</b>	Pass	Fail
(Pass/Fail)		
Reason Failed		
Juror Comments		

## **DISPLAY VERIFICATION**

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

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

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

	Patient Information		
Element Name	Data Tester Comment		
Patient Identifier			
ID Number	123456		
Assigning Author	rity		
Namespace ID	MYEHR		
ID Type	MR		
Patient Identifier			
ID Number	987633		
Assigning Author	rity		
Namespace ID	MYIIS		
ID Type	SR		
Name	Juana Mariana Vazquez		
Date of Birth	11/01/2011		
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		
Element Name	Data	Tester Comment	
<b>Entering Organization</b>	Oceanview Pediatrics		
Vaccine Group	Hep B Peds NOS		
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage		
Refusal Reason			
Date/Time Administration-Start	11/01/2011		

	<b>Evaluated Immunization H</b>	istory Information
Date/Time Administration-End	11/01/2011	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering 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	
<b>Dose Number in Series</b>	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	Hep B Peds NOS	
Vaccine Administered	hepatitis B vaccine, unspecified formulation	
Refusal Reason		
Date/Time Administration-Start	12/20/2011	

	Evaluated Immunization H	istory Information
Date/Time Administration-End	12/20/2011	
Administration-End  Administered Amount	0.5	
Administered Units of		
Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering 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	
<b>Dose Number in Series</b>	2	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration-Start	05/20/2012	

	Evaluated Immunization Hi	story Information
Date/Time Administration-End	05/20/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering 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	TES	
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	3	-
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
<b>Entering Organization</b>	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Refusal Reason		

Administration-Start Distributed Machinistration End Administration End Administration End Administration End Administration Measure Route of Administration State In Thigh Substance Manufacturer Name Administration Notes Administration Notes In Thigh In T		<b>Evaluated Immunization His</b>	story Information
Date/Time Administration-End Administred Amount Administrated Amount Administration Measure Manue of Administration Site Substance Manufacturer Name Administration Notes Manufacturer Name Administration Notes Manufacturer Name Administration Notes Manufacturer Name Administration Notes Manufacturer Name  ID Number Administration Notes Name ID Number Administred-at Location Facility ID Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Complete Dose Number in Series ID Number of Doses in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used  Element Name Data Tester Comment Entering Organization Oceanview Pediatrics unspecified Usecine Administered  Vaccine Administrated  Vaccine Administrated  Vaccine Administrated  Vaccine Administrated  Oceanview Pediatrics Unspecified  Vaccine Administered  Vaccine Administered  Vaccine Administered  Oceanview Pediatrics Unspecified  Vaccine Administered  Vaccine Administered  Vaccine Administered  Oceanview Pediatrics Unspecified  Vaccine Administered  Vaccine Administered  Vaccine Administered  Oceanview Pediatrics Unspecified  Vaccine Administered  Vaccine Administered  Vaccine Administered  Oceanview Pediatrics Unspecified  Vaccine Administered  Vaccine Administered  Oceanview Pediatrics Unspecified  Vaccine Administered  Vaccine Administered  Oceanview Pediatrics Unspecified  Vaccine Seriessis	Date/Time	01/22/2012	
Administered Amount Administration and Machinistered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administration	Date/Time	01/22/2012	
Administration of Measure Route of Administration IM Administration Site Left Thigh Substance Manufacturer Name Administration Notes Administration Notes Administration Notes Administration Notes Administration Provider Name J Martinez  ID Number Administrated-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Name Status in Immunization Series Name Status in Immunization Series Name Eatering Organization Occanview Pediatries diphtheria, tetanus toxoids and accidular pertussis vaccine, s pertussis			
Measure Route of Administration Administration Administration Site Substance Manufacturer Name Administration Notes Administration Notes Name Administration Provider Name J Martinez ID Number Administred-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 Number of Doses in Series States Immunization Series Name Element Name Element Name Data Data Tester Comment			
Administration Site   Substance   Manufacturer Name   Administration Notes   Administration Notes   Name   ID Number   Administered-at Location   Facility ID   Street Address   Other   Designation   City   State   Zip Code   Country   Valid Dose   YES   Validity Reason   Completion Status*   Complete   Dose Number in Series   Inmunization Series   Number of Doses in Series   Number of Doses in Series   Number of Doses in Series   Immunization Series   Name   Data   Tester Comment    Element Name   Data   Tester Comment   Giphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified   Waccine Administered   Vaccine Comment   Vaccine Administered	Measure	mL	
Substance Manufacturer Name Administration Notes Name J Martinez  ID Number Administered-at Location Facility ID Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Name Statis in Immunization Series Name Statis in Immunization Series Name Statis in Immunization Series Name Ettering Organization Vaccine Administered Vaccine Administered Vaccine Administered Vaccine Administered  Vaccine Administered  Sanofi Pasteur Ine Numunization record  Administration record  Administration record  Dos Number  Dos Des Des Description Sanofi Pasteur Ine Dose Juminization Series Status in Immunization Series Status in Immunization Series Status in Immunization Series Status in Immunization Series Name Status in Immu	Route of Administration	IM	
Manufacturer Name Administration Notes Name J Martinez  ID Number Administering Provider Name J Martinez  Administering Provider  Name J Martinez  Administered-at Location Facility ID Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Name Status in Immunization Series Name Status in Immunization Series Name Element Name Data Tester Comment Entering Organization Vaccine Group  Vaccine Group  Vaccine Group  Vaccine Administered  Vaccine Administered  Vaccine Administered  Vaccine Administered  Administration Sperus I Martinez I	Administration Site	Left Thigh	
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 VES Validity Reason Completion Status* Complete Dose Number in Series Name Status In Immunization Series Name Status In Immunization Scries Name Element Name Data Tester Comment Element Name Data Tester Comment  Vaccine Group  Vaccine Group  Vaccine Administered  J Martinez  DOS_DC  DCS_DC  D	Substance Manufacturer Name	Sanofi Pasteur Inc	
Name	Administration Notes	new immunization record	
TD Number   DCS_DC   Street Address   DOther   Designation   DCS_DC   State   Designation   City   State   Zip Code   Country   Valid Dose   YES   Validity Reason   Complete   Dose Number in Series   Series   Statuminization Scries   Series   Immunization Scries   State   State   Name   Data   Tester Comment   Entering Organization   Cocanview Pediatrics   Vaccine Group   Used   Uiphtheria, tetanus toxoids and acellular pertussis vaccine, uspecified   Vaccine Administered   diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Administering Provider		
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  Inmunization Series Name  Status in Immunization Series Name  Status in Immunization Schedule Used  ACIP  Element Name  Data  Tester Comment  Entering Organization  Vaccine Group  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Name	J Martinez	
Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Name Status in Immunization Series Name Status in Immunization Series Immunization Schedule Used  ACIP  Element Name Data Data Tester Comment  Coenview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Uvaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	ID Number		
Other Designation  City State  Zip Code Country  Valid Dose YES  Validity Reason  Completion Status* Complete Dose Number in Series Inmunization Series Name  Status in Immunization Status in Immunization Series Immunization Schedule Used  ACIP  Element Name Data Entering Organization Vaccine Group  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified unspecified Used  Vaccine Administered  diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Administered-at Location	n	
Other Designation  City  State  Zip Code  Country  Valid Dose  YES  Validity Reason  Completion Status*  Complete  Dose Number in Series  Inmunization Series  Status in Immunization Series  Immunization Schedule Used  ACIP  Element Name  Data  Tester Comment  Entering Organization  Vaccine Group  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Waccine Administered  diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Facility ID	DCS_DC	
City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Inmunization Series Name Status in Immunization Series Immunization Schedule Used  ACIP  Element Name Data Tester Comment  Coment in Series  Activation Schedule Used  Activation Schedule Used  Tester Comment  Tester Comment  Activation Schedule Used  Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Street Address		
State  Zip Code Country  Valid Dose YES  Validity Reason  Completion Status* Complete  Dose Number in Series Inmunization Series Name Status in Immunization Series Immunization Schedule Used  ACIP  Element Name Data Tester Comment  Vaccine Group  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Other Designation		
Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Inmunization Series Status in Immunization Series Immunization Schedule Used  ACIP  Element Name Data Tester Comment  Entering Organization Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	City		
Country  Valid Dose  YES  Validity Reason  Completion Status* Complete  Dose Number in Series Inmunization Series Name  Status in Immunization Series Immunization Schedule Used  ACIP  Element Name Data Tester Comment  Entering Organization Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Waccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	State		
Validity Reason  Completion Status* Complete  Dose Number in Series I Number of Doses in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used  Element Name Entering Organization Vaccine Group  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Zip Code		
Validity Reason  Completion Status* Complete  Dose Number in Series I Number of Doses in Series Same Status in Immunization Series Name Status in Immunization Series Immunization Schedule Used  ACIP  Element Name Data Tester Comment  Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Country		
Completion Status*  Complete  Dose Number in Series  Number of Doses in Series  Immunization Series Name  Status in Immunization Series  Immunization Schedule Used  ACIP  Element Name  Data  Tester Comment  Entering Organization  Oceanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Vaccine Administered  diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Valid Dose	YES	
Dose Number in Series   1	Validity Reason		
Number of Doses in Series  Immunization Series Name  Status in Immunization Series Immunization Schedule Used  ACIP  Element Name  Data  Tester Comment  Entering Organization  Oceanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Vaccine Administered  diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Completion Status*	Complete	
Series   Series   Series   Series   Series   Series   Series   Status in Immunization   Series   Ser	<b>Dose Number in Series</b>	1	
Status in Immunization   Series	Number of Doses in Series	5	
Immunization Schedule Used	Immunization Series Name		
Element Name  Data  Tester Comment  Entering Organization  Oceanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Vaccine Administered  diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Status in Immunization Series		
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	Immunization Schedule Used	ACIP	
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			
Vaccine Group  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Vaccine Administered  diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Element Name		Tester Comment
Vaccine Group       acellular pertussis vaccine, unspecified         Vaccine Administered       diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Entering Organization	Oceanview Pediatrics	
acellular pertussis vaccine, 5 pertussis	Vaccine Group	acellular pertussis vaccine,	
Refusal Reason	Vaccine Administered		
	Refusal Reason		

	<b>Evaluated Immunization His</b>	story Information
Date/Time	03/23/2012	·
Administration-Start	03/23/2012	
Date/Time Administration-End	03/23/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering 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	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Electrical N	D. /	Today
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization	diphtheria, tetanus toxoids and	
Vaccine Group	acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		

Administration-Start  Date/Time Administration-End Administration End Administration End Administration Measure Route of Administration Route of Administration Status Substance Manufacturer Name Administration Notes Administration Notes Administration Notes Administration Notes Administration Provider  Name  J Martinez  ID Number Administration Totalion Facility ID Street Address Other Designation  City State Zip Code Country Valid Dose YES Validity Reason Complete Dose Number in Series Number of Doses in Series Streets in Immunization Series Name Element Name  Element Name Data Tester Comment Data Tester Comment  Centry Relevant Relvant Relevant Relevant Relevant Relevant Relevant Relevant Relev		Evaluated Immunization His	story Information
Administered Amount Administered Units of Measure Route of Administration Administration Administration IM Administration Site Substance Manufacturer Name Administration Notes new immunization record Administration Provider Name J Martinez ID Number Administered-at Location Facility ID DCS DC Street Address Other Designation City State Jip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number of Doses in Series Name Status in Immunization Schedule Used  Element Name Data Data Tester Comment  Data Tester Comment  Data Tester Comment  Vaccine Group unspecified  diphtheria, tetanus toxoids and decellular pertussis vaccine, unspecified Used	Date/Time Administration-Start	05/22/2012	
Administration Measure Route of Administration  Administration Site Substance Manufacturer Name Administration Notes Name J Martinez ID Number  Administered-at Location Facility ID Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Satus in Immunization Series Name Element Name Data Tester Comment  Element Name Data Tester Comment  Data Tester Comment  ACIP  Left Thigh  Martinez  Immunization Schedule Used  Left Thigh  Sanofi Pasteur Inc  Martinez  DOS_DC  DOS_DC  Street Address Other DOS_DC  Street Address Other Country Valid Dose VES Validity Reason  Completion Status* Complete Dose Number in Series Status in Immunization Series  Left Thigh  ACIP  Element Name Data Tester Comment  Left Etanus toxoids and accellular pertussis vaccine, unspecificed diphtheria, tetanus toxoids and dipthheria, tetanus toxoids and	Date/Time Administration-End	05/22/2012	
Measure Route of Administration Site Administration Site Substance Manufacturer Name Administration Notes Name J Martinez ID Number Administered-at Location Facility ID Street Address Other Designation City State Zip Code 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  Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and dipthheria, tetanus toxoids and	Administered Amount	0.5	
Administration   M   Administration Site   Left Thigh   Substance   Sanofi Pasteur Inc   Administration Notes   new immunization record   Administration Notes   Name   J Martinez   ID Number   DCS DC   Street Address   DCS DCS   Street Addres	Administered Units of Measure	mL	
Substance Manufacturer Name Administration Notes Name J Martinez  ID Number Administred-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Name Status in Immunization Series Name Status in Immunization Series Immunization Schedulc Used  Element Name Data Tester Comment  Entering Organization Coeanview Pediatries diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and diph	Route of Administration	IM	
Manufacturer Name Administration Notes Administration Provider Name J Martinez ID Number Administered-at Location Facility ID Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Number of Doses in Series Immunization Scries Name  Lity Lity Lity Lity Lity Lity Lity Lit	Administration Site	Left Thigh	
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 Validity Reason Completion Status* Complete Dose Number in Series Name Series Immunization Series Name Element Name Data Tester Comment  Data Tester Comment  Candidation and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified Used  Vaccine Group  Vaccine Group  Vaccine Group  Vaccine Group  Vaccine Administrated  diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	Substance Manufacturer Name	Sanofi Pasteur Inc	
Name J Martinez  ID Number  Administered-at Location  Facility ID DCS_DC  Street Address  Other Designation  City  State  Zip Code  Country  Valid Dose  Validity Reason  Completion Status*  Complete Dose Number in Series Name Series  Immunization Series Name  Element Name  Element Name  Data  Tester Comment  Catering Organization  Oceanview Pediatrics  diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and  accellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and  accellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and  accellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and  accellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and  accellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and  accellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and  accellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and  accellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and	Administration Notes	new immunization record	
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  Number of Doses in Series Series  Immunization Series Name  Status in Immunization Series  Immunization Schedule Used  ACIP  Element Name  Data Tester Comment  Entering Organization  Vaccine Group  Waccine Administered  diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and	Administering Provider		
Administered-at Location  Facility ID  DCS_DC  Street Address  Other Designation  City  State  Zip Code  Country  Valid Dose  Valid Yeason  Completion Status*  Complete  Dose Number in Series  Number of Doses in Series  Immunization Series Name  Status in Immunization  Status in Immunization  Status in Immunization  Status in Immunization  Steries  Immunization Schedule Used  ACIP  Element Name  Data  Tester Comment  Occanview Pediatrics  diphtheria, tetanus toxoids and accelular pertussis vaccine, unspecified  Waccine Group  Waccine Administrated  diphtheria, tetanus toxoids and accelular pertussis vaccine, unspecified	Name	J Martinez	
Street Address Other Designation  City State Zip Code Country Valid Dose Validity Reason  Completion Status* Complete Dose Number in Series Number of Doses in Series Name Status in Immunization Series Name  Element Name Data Tester Comment  Desarration of Coeanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Uvacine Administered diphtheria, tetanus toxoids and	ID Number		
Other Designation  City  State  Zip Code  Country  Valid Dose  Validity Reason  Completion Status*  Complete  Dose Number in Series  Number of Doses in Series  Immunization Series  Immunization Series  Immunization Schedule Used  Element Name  Data  Tester Comment  Data  Tester Comment  Vaccine Group  diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and diph	Administered-at Locatio	n	
Other Designation  City State  Zip Code  Country  Valid Dose  Valid Dose  Validity Reason  Completion Status*  Complete  Dose Number in Series  Some  Series  Immunization Series  Immunization Series  Status in Immunization Series  Immunization Schedule Used  ACIP  Element Name  Data  Tester Comment  Occanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Waccine Group  Vaccine Administered  diphtheria, tetanus toxoids and diphtheria,	Facility ID	DCS_DC	
Designation  City  State  Zip Code  Country  Valid Dose  VES  Validity Reason  Completion Status*  Complete  Dose Number in Series  Series  Immunization Series Name  Status in Immunization Series  Immunization Schedule Used  ACIP  Element Name  Data  Tester Comment  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Wassin Administered  diphtheria, tetanus toxoids and	Street Address		
State  Zip Code Country  Valid Dose YES  Validity Reason  Completion Status* Complete  Dose Number in Series 3 Number of Doses in Series Name  Status in Immunization Series Name  Status in Immunization Steries  Immunization Schedule Used  ACIP  Element Name Data Tester Comment  Cocanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and	Other Designation		
Zip Code Country  Valid Dose YES  Validity Reason  Completion Status* Complete  Dose Number in Series 3 Number of Doses in Series Series  Immunization Series Name  Status in Immunization Series  Immunization Schedule Used  ACIP  Element Name Data Tester Comment  Cocanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	City		
Country  Valid Dose  YES  Validity Reason  Completion Status* Complete  Dose Number in Series 3  Number of Doses in Series Status in Immunization Series Name  Status in Immunization Series Immunization Schedule Used  ACIP  Element Name Data Tester Comment  Coeanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Wassing Administered diphtheria, tetanus toxoids and	State		
Validity Reason  Completion Status* Complete  Dose Number in Series 3 Number of Doses in Series Name  Status in Immunization Series Immunization Schedule Used  Element Name  Element Name  Data  Tester Comment  Oceanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Waccine Group  Vaccine Administered  diphtheria, tetanus toxoids and	Zip Code		
Validity Reason  Completion Status*  Complete  Dose Number in Series 3  Number of Doses in Series  Series  Immunization Series Name  Status in Immunization Series  Immunization Schedule Used  ACIP  Element Name  Data  Tester Comment  Tester Comment  Oceanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and	Country		
Completion Status*  Complete  Dose Number in Series 3  Number of Doses in Series Series  Immunization Series Name  Status in Immunization Series Immunization Schedule Used  ACIP  Element Name  Data  Tester Comment  Coeanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and	Valid Dose	YES	
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 diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	Validity Reason		
Number of Doses in Series  Immunization Series Name  Status in Immunization Series Immunization Schedule Used  ACIP  Element Name  Data  Tester Comment  Entering Organization  Oceanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Vaccine Administered diphtheria, tetanus toxoids and	Completion Status*	Complete	
Series   Same	Dose Number in Series	3	
Status in Immunization Series  Immunization Schedule Used  Element Name  Data  Tester Comment  Cocanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Vaccine Group  diphtheria, tetanus toxoids and	Number of Doses in Series	5	
Immunization Schedule Used	Immunization Series Name		
Element Name  Data  Tester Comment  Cocanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Usecine Administered  diphtheria, tetanus toxoids and	Status in Immunization Series		
Entering Organization       Oceanview Pediatrics         Vaccine Group       diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified         Vaccine Administered       diphtheria, tetanus toxoids and	Immunization Schedule Used	ACIP	
Entering Organization       Oceanview Pediatrics         Vaccine Group       diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified         Vaccine Administered       diphtheria, tetanus toxoids and			
Vaccine Group  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and diphtheria, tetanus toxoids and			Tester Comment
Vaccine Group  acellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and	Entering Organization		
	Vaccine Group	acellular pertussis vaccine,	
* / <b>1</b>	Vaccine Administered		
Refusal Reason	Refusal Reason		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	02/21/2013	
Date/Time Administration-End	02/21/2013	
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	new immunization record	
<b>Administering Provider</b>		
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	
<b>Dose Number in Series</b>	4	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		

	Evaluated Immunization Hi	story Information
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	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	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	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	03/23/2012	
Date/Time Administration-End	03/23/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
<b>Administering Provider</b>		
Name	J Martinez	
ID Number		
Administered-at Location	on	
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	
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		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	05/22/2012	
Date/Time Administration-End	05/22/2012	
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	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on .	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
<b>Element Name</b>	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		

	<b>Evaluated Immunization H</b>	listory Information
Date/Time	11/21/2012	
Administration-Start  Date/Time	1	
Administration-End	11/21/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	)n	
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	
<b>Dose Number in Series</b>	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	rester comment
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason	prototius taconic, macrivated	
Date/Time		
Administration-Start	01/22/2012	

	<b>Evaluated Immunization His</b>	tory Information
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	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	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series	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	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration-Start	03/23/2012	
Date/Time Administration-End	03/23/2012	

	<b>Evaluated Immunization Hi</b>	story Information
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	SC	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	n	
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	
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	01/22/2012	
Date/Time Administration-End	01/22/2012	

Evaluated Immunization History Information		
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
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	
	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	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	03/23/2012	
Date/Time Administration-End	03/23/2012	

	<b>Evaluated Immunization Hi</b>	story Information
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on	
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	4	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
	IL	
<b>Element Name</b>	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	05/22/2012	
Date/Time Administration-End	05/22/2012	

	<b>Evaluated Immunization Hi</b>	story Information
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
<b>Administering Provider</b>		
Name	J Martinez	
ID Number		
Administered-at Location	n	
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	
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	01/11/2013	
Date/Time Administration-End	01/11/2013	

	Evaluated Immunization H	istory Information
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	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	
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization		
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason  Date/Time		
Administration-Start	01/22/2012	
Date/Time Administration-End	01/22/2012	
Administered Amount	0.5	

	<b>Evaluated Immunization His</b>	tory Information
Administered Units of	mL	
Measure		
Route of Administration	IM	
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	on	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration-Start	03/23/2012	
Date/Time Administration-End	03/23/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	

	Evaluated Immunization His	story Information
Route of Administration	IM	
Administration Site	Right 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	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason	1 LU	
	Complete	
Completion Status*		
Dose Number in Series  Number of Doses in		
Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	09/25/2012	
Date/Time Administration-End	09/25/2012	
Administered Amount	0.25	
Administered Units of Measure	mL	

	Evaluated Immunization His	story Information
Route of	IM	
Administration		
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi PasteurGlaxoSmithKline 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	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in		
Series Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	10/29/2012	
Date/Time Administration-End	10/29/2012	
Administered Amount	0.25	
Administered Units of Measure	mL	
	,	

	Evaluated Immunization His	story Information
Route of	IM	
Administration		
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi PasteurGlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on	
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	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
	_	-
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	10/02/2013	
Date/Time Administration-End	10/02/2013	
Administered Amount	.25	
Administered Units of Measure	mL	

D		story Information
Route of	IM	
Administration		
	Left Deltoid	
	Sanofi PasteurGlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
	Complete	
_	Complete	
Dose Number in Series		
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
8 8	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	11/04/2014	
Date/Time Administration-End	11/04/2014	
Administered Amount	0.25	
Administered Units of Measure	mL	

	Evaluated Immunization Hi	story Information
Route of	IM	
Administration		
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi PasteurGlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on .	
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	1	
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time Administration-Start	11/23/2012	
Date/Time Administration-End	11/23/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	

	Evaluated Immunization Hi	story Information
Route of Administration	IM	
Administration Site	Right Deltoid	
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	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time Administration-Start	05/23/2013	
Date/Time Administration-End	05/23/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	

	Evaluated Immunization His	tory Information
Route of Administration	ĪM	
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	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	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	Shoreline Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	08/22/2012	
Date/Time Administration-End	08/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	

	<b>Evaluated Immunization His</b>	tory Information
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	on .	
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	
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
		m + 0
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason  Date/Time	11/22/2015	
Administration-Start  Date/Time	11/22/2015	
Administration-End Administered Amount	0.5	
Administered Amount  Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Administration Site	Lett Deltoid	

	Evaluated Immunization Hi	story Information	
Substance Manufacturer Name	Merck Sharp and Dohme Corp		
Administration Notes	new immunization record		
Administering Provider			
Name	J Martinez		
ID Number			
Administered-at Location	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	2		
Immunization Series Name			
Status in Immunization Series			
Immunization Schedule Used	ACIP		
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	12/15/2013		
Date/Time Administration-End	12/15/2013		
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		

Evaluated Immunization History Information			
Administration Notes	new immunization record		
Administering Provider	Administering Provider		
Name	J Martinez		
ID Number			
Administered-at Location	on		
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		
<b>Dose Number in Series</b>			
Number of Doses in Series			
Immunization Series Name			
Status in Immunization Series			
Immunization Schedule Used	ACIP		

<sup>\* &</sup>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	04/29/2012	
Earliest Date to Give	04/29/2012	
Latest Date to Give		
Date When Vaccine Overdue	04/30/2013	
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	09/01/2016	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	10/31/2015	
Earliest Date to Give	10/31/2015	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	10/31/2015	
Earliest Date to Give	10/31/2015	
<b>Latest Date to Give</b>		
Date When Vaccine Overdue	10/31/2017	
Status in Immunization Series		
Forecast Reason		