-Patient Information-

| Element | Data |
|----------------------|---------------------------------------|
| Patient Name | Russell Clint Richardson |
| Mother's Maiden Name | Billington |
| ID Number | 3123 |
| Date/Time of Birth | 04/15/2015 |
| Administrative Sex | Male |
| Patient Address | 543 Blount Drive Bozeman MT 59715 USA |
| Local Number | (406)555-7690 |
| Race | American Indian or Alaska Native |
| Ethnic Group | Not Hispanic or Latino |
| Birth Order | 1 |

-Immunization Registry Information-

| Data |
|------------------------|
| A |
| 04/15/2015 |
| Recall only - no calls |
| 06/24/2015 |
| No |
| 06/24/2015 |
| |

-Guardian or Responsible Party-

| Element | Data |
|--------------|---------------------------------------|
| Name | Maria Elizabeth Richardson |
| Relationship | Mother |
| Address | 543 Blount Drive Bozeman MT 59715 USA |
| Phone Number | (406)555-7690 |

-Guardian or Responsible Party -

| Element | Data |
|--------------|---------------------------------------|
| Name | John William Richardson |
| Relationship | Father |
| Address | 543 Blount Drive Bozeman MT 59715 USA |
| Phone Number | (406)555-8299 |

| Element | Data |
|-----------------------------------|--------------|
| Administered Code | Pentacel |
| Date/Time Start of Administration | 06/24/2015 |
| Administered Amount | 0.5 |
| Administered Units | mL |
| Administration Notes | New Record |
| Administering Provider | Lily Jackson |
| | |

| Substance Lot Number | 526434 |
|------------------------------------|-----------------|
| Substance Expiration Date | 07/22/2015 |
| Substance Manufacturer Name | GlaxoSmithKline |
| Substance/Treatment Refusal Reason | |
| Completion Status | CP |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Right Thigh |
| Entering Organization | West Clinic |
| Entered By | Lily Jackson |
| Ordered By | Wilma Thomas |

——Observations—

| Element | Data |
|-------------------------------------|---|
| Vaccine Funding Source | Public |
| Vaccine Funding Program Eligibility | VFC Eligible - American Indian/Alaska Native |
| Document Type | Polio VIS |
| Date Vis Presented | |
| Document Type | Hepatitis B VIS |
| Date Vis Presented | |
| Document Type | Diphtheria/Tetanus/Pertussis (DTaP) VIS |
| Date Vis Presented | |

| Element | Data | | | |
|------------------------------------|---------------------|--|--|--|
| Administered Code | RotaTeq | | | |
| Date/Time Start of Administration | 06/24/2015 | | | |
| Administered Amount | 2.0 | | | |
| Administered Units | mL | | | |
| Administration Notes | New Record | | | |
| Administering Provider | Lily Jackson | | | |
| Substance Lot Number | 297961 | | | |
| Substance Expiration Date | 09/16/2015 | | | |
| Substance Manufacturer Name | Merck and Co., Inc. | | | |
| Substance/Treatment Refusal Reason | | | | |
| Completion Status | СР | | | |
| Action Code | Add | | | |
| Route | Oral | | | |
| Administration Site | | | | |
| Entering Organization | West Clinic | | | |
| Entered By | Lily Jackson | | | |
| Ordered By | Wilma Thomas | | | |

| Observations | | |
|-------------------------------------|---|--|
| Element | Data | |
| Vaccine Funding Source | Public | |
| Vaccine Funding Program Eligibility | VFC Eligible - American Indian/Alaska Native | |
| Document Type | Rotavirus VIS | |
| Date Vis Presented | | |

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|------------|-------|-------------|-------|---------|---------|--------|
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| | | | | | | |

| Data | | |
|---------------|--|--|
| Prevnar 13 | | |
| 06/24/2015 | | |
| 0.5 | | |
| mL | | |
| New Record | | |
| Lily Jackson | | |
| 353480 | | |
| 07/29/2015 | | |
| Pfizer, Inc | | |
| | | |
| СР | | |
| Add | | |
| Intramuscular | | |
| Left Thigh | | |
| West Clinic | | |
| Lily Jackson | | |
| Wilma Thomas | | |
| | | |

-Observations-

| Element | Data |
|-------------------------------------|---|
| Vaccine Funding Source | Public |
| Vaccine Funding Program Eligibility | VFC Eligible - American Indian/Alaska Native |
| Document Type | Pneumococcal Conjugate (PCV13) VIS |
| Date Vis Presented | |

| Element | Data |
|-----------------------------------|--------------------------------|
| Administered Code | Hep B, unspecified formulation |
| Date/Time Start of Administration | 04/16/2015 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical Administration |
| | |

| Administering Provider | |
|------------------------------------|--------------|
| Substance Lot Number | |
| Substance Expiration Date | |
| Substance Manufacturer Name | |
| Substance/Treatment Refusal Reason | |
| Completion Status | CP |
| Action Code | Add |
| Route | |
| Administration Site | |
| Entering Organization | West Clinic |
| Entered By | Lily Jackson |
| Ordered By | |

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Code | Hep B, unspecified formulation |
| Date/Time Start of Administration | 05/15/2015 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | Historical Administration |
| Administering Provider | |
| Substance Lot Number | |
| Substance Expiration Date | |
| Substance Manufacturer Name | |
| Substance/Treatment Refusal Reason | |
| Completion Status | CP |
| Action Code | Add |
| Route | |
| Administration Site | |
| Entering Organization | West Clinic |
| Entered By | Lily Jackson |
| Ordered By | |