Evaluated Immunization History and Immunization Forecast (RSP Z42)					
Test Case ID					
Inspection Date/Time					
Inspection Settlement	Pass Fail				
Juror ID					
Juror Name					

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 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					
Patient Identifier	Patient Name	DOB	Gender	Tester Comment	
123456	Juan Marcel Gonzales	11/23/2011	Male		

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 and Immunization Forecast					
Immunization Schedule Used	Tester Comment				
ACIP					

Evaluated Immunization History						
Vaccine Group	Vaccine Administered	Date Administered	Valid Dose	Validity Reason	Completion Status*	Tester Comment
Hep B Peds NOS	Hepatitis B	11/23/201 1	YES		Complete	
Hep B Peds NOS	Hepatitis B	12/23/201 1	YES		Complete	
diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	DTaP	01/22/201 2	YES		Complete	
diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	DTaP	03/22/201	YES		Complete	
diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	DTaP	05/21/201 2	YES		Complete	
diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	DTaP	02/20/201 3	YES		Complete	
Hib, unspecified formulation	Hib	01/22/201 2	YES		Complete	
Hib, unspecified formulation	Hib	03/22/201	YES		Complete	
Hib, unspecified formulation	Hib	05/12/201	YES		Complete	

Hib, unspecified formulation		02/22/204		
, , ,	Hib	02/22/201 2	YES	Complete
poliovirus vaccine, inactivated	Polio (IPV)	01/22/201 2	YES	Complete
poliovirus vaccine, inactivated	Polio (IPV)	03/22/201	YES	Complete
oneumococcal, unspecified ormulation	Polio (IPV)	05/21/201 2	YES	Complete
oneumococcal, unspecified ormulation	Pneumococcal conjugate (PCV13)	01/22/201	YES	Complete
oneumococcal, unspecified ormulation	Pneumococcal conjugate (PCV13)	03/22/201	YES	Complete
oneumococcal, unspecified ormulation	Pneumococcal conjugate (PCV13)	05/21/201 2	YES	Complete
oneumococcal, unspecified ormulation	Pneumococcal conjugate (PCV13)	11/22/201 2	YES	Complete
otavirus, unspecified ormulation	Rotavirus	11/22/201 2	YES	Complete
otavirus, unspecified ormulation	Rotavirus	03/22/201 2	YES	Complete
nfluenza, unspecified ormulation	Influenza	09/22/201 2	YES	Complete
nfluenza, unspecified ormulation	Influenza	10/22/201 2	YES	Complete
nfluenza, unspecified ormulation	Influenza	10/30/201 3		Complete
Hep A, unspecified formulation	Hepatitis A	05/21/201 3		Complete
Hep A, unspecified formulation	Hepatitis A	12/01/201 3		Complete
MMRV	MMR and Varicella	01/12/201 3	YES	Complete

Immunization Forecast Earliest Date To Give Latest Date to Series Forecast Tester Vaccine Group **Due Date** Status Reason Comment 05/21/201 Hep B, unspecified formulation 05/21/2012 05/21/2013 11/22/201 11/22/2015 11/21/2017 DTaP, unspecified formulation 11/22/201 11/22/2015 IPV 11/21/2017 10/22/201 influenza, unspecified 11/22/2015 11/21/2017 5 formulation 11/22/201 MMR 11/22/2015 11/21/2017

Varicella	11/22/201 5	11/22/2015	11/21/2017		