Evaluated Immunization History and Immunization Forecast		
Test Case ID	Query the Registry for Juana Mariana Vazquez	1
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	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	<b>Tester Comment</b>	
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 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	1	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
	I (	
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		
Date/Time Administration-Start	12/20/2012	

	Evaluated Immunization H	story Information
Date/Time	12/20/2012	
Administration-End Administered Amount	0.5	
Administered Units of		
Measure 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	
<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	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration-Start	05/20/2013	

	Evaluated Immunization Hi	story Information
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		
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	
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, unspecified	
Refusal Reason		

Administration-Start Date/Time Administration End Administration End Administration End Administration Intramuscular Administration Route of Administration Administration Route of Administration Administration Intramuscular Administration Route of Administration Notes Route of Administration Provider Name J Martinez J Name J Martinez  ID Number Administration DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose VES Validity Reason Complete Dose Number in Series Dose Number in Series Series Immunization Series Name Status in Immunization Series Immunization Schedul Used Left of Doses in Series Left in Immunization Series Left in Thigh  Left Thigh  Administered Administered Administered Left Thigh  Administered Admin		Evaluated Immunization His	story Information
Date/Time Administration-End Administration-End Administration-End Administration Intramuscular Intramuscular Administration Site Intramuscular Administration Site Left Thigh Substance Manufacturer Name Administration Notes new immunization record Administration Provider Name J Marinez ID Number Administred-at Location  Facility ID DCS DC Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Complete Dose Number in Series 1 Number of Doses in Series Inmunization Series Name Status in Immunization Series Name Status in Immunization Series Inmunization Series Inmunization Series Inmunization Series Inmunization Series Inmunization Series Element Name Data Tester Comment Entering Organization Occanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, sperussis series series and in the pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, sperussis	Date/Time	01/22/2013	
Administrated Amount Administration Notes Administration Notes Administration Notes Administration Pacility ID Dartinez  ID Number  Administration Facility ID DCS_DC  Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Completion Status* Complete Dose Number in Series INumber of Doses in Series Name Status in Immunization Series Name Status in Immunization Series Name Status in Immunization Element Name Element Name Data Tester Comment Element Name Cocanview Pediatrics Unspecified Uvaccine Group accillular pertussis vaccine, s pertussis accillular pertussis vaccine, s pertussis Coptrussis vaccine, s pertussis Coptrussis vaccine, s pertussis Conception Status in administered Collular pertussis vaccine, s pertussis Completion Status in administered Cocanical pertussis vaccine, s pertussis Completion Status in administered Cocanical pertussis vaccine, s pertussis Completion Status in administered Cocanical pertussis vaccine, s pertussis Completion Status in administered Cocanical pertussis vaccine, s pertussis	Date/Time	01/22/2012	
Administratio of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administration Notes Administration Notes Administration Notes Administration Notes Name J Martinez  ID Number  Administred-at Location Facility ID Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Completion Status* Dose Number in Series Number of Doses in Series Name Status In Immunization Series Name Status In Immunization Series Name Ettering Organization Ceanury Element Name Dotat Element Name Dotat Element Name Dotat Dotat Itelanus Itelanus toxoids and accellular pertussis vaccine, 5 pertussis	Administration-End		
Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Name J Martinez ID Number Administred-at Location Facility ID Street Address Other Designation City State Jip Code Country Valid Dosc Validity Reason Completion Status* Complete Dose Number in Series Name Sobstance Name Dose Number of Doses in Series Name Limmunization Series Name Limmunization Schedule Used Vaccine Group diphtheria, tetanus toxoids and accellular pertussis vaccine, 5 pertussis Valccine Group Vaccine Group diphtheria, tetanus toxoids and accellular pertussis vaccine, 5 pertussis Vaccine Administered  Jose Numbsterin Series Jose ACTP  Lement Name Data Data Tester Comment  Tester Comment  Letanus toxoids and accellular pertussis vaccine, 5 pertussis		0.5	
Administration Site   Substance   Manufacturer Name   Administration Notes   Administration	Administered Units of 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 Inmunization Series Name Status in Immunization Scriets Immunization Schedule Used  Element Name Data Tester Comment Entering Organization Vaccine Administered  Vaccine Administered  Sanofi Pasteur Inc mew immunization record  Administered  J Martinez  J Martinez  J Martinez  DOS  DC  Street Address  Other DOS DC  Street Address  Other Designation City State  Zip Code Country  Valid Dose YES  Validity Reason Complete Dose Number in Series Inmunization Series Name Status in Immunization Series Status in Immunization Scriets Inmunization Schedule Used  ACIP  Lement Name Data Tester Comment  Tester Comment  Acillular pertussis vaccine, unspecified Usecliular pertussis vaccine, unspecified Usecliular pertussis vaccine, 5 pertussis	Route of Administration	Intramuscular	
Manufacturer Name Administration Notes Name J Martinez  ID Number 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 Complete Dose Number in Series Inmunization Series Name Status in Immunization Series Status in Immunization Series Element Name Entering Organization Desarry Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered Vaccine Administered  Vaccine Administered  J Martinez  Martinez  Martinez  J Martinez   Summunization Nose, DC  Series  Solution  Administering  J Martinez  J Martinez  J Martinez  Series  Solution  Series  Solution  Administering  Vaccine Administered  Sanot Pasteur Inc  New immunization record  Administering  J Martinez  J Martinez  Series  Solution  J Martinez  Series  Solution  J Martinez  Solution  Series  Solution  J Martinez  Solution  Solution  J Martinez  Solution  Solution  J Martinez  Solution  Solution  J Martinez  Solution  Solution  Solution  J Martinez  Solution  Solu	Administration Site	Left Thigh	
Administering Provider  Name J Martinez  1D 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 Name Status in Immunization Series Name  Etement Name Data Tester Comment  Etement Name Data Tester Comment  Vaccine Administered  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered  diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Substance Manufacturer Name	Sanofi Pasteur Inc	
Name	Administration Notes	new immunization record	
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 Number of Doses in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used  ACIP  Element Name Data Entering Organization Cocanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Used  Vaccine Administered  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified 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 Series Ilmunization Series Status in Immunization Series Inmunization Schedule Used  Element Name Data Tester Comment Entering Organization Vaccine Group Waccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified 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 Valid Uses Validity Reason Completion Status* Complete Dose Number in Series Inmunization Series Name Status in Immunization Series Inmunization Schedule Used  Element Name Data Tester Comment Entering Organization Vaccine Group Vaccine Administered  Vaccine Administered  Designation  City Activ Complete Com	ID Number		
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  Element Name  Element Name  Data  Desarry ACIP  Tester Comment  Oceanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  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  Number of Doses in Series  Immunization Series Name  Status in Immunization Status in Immun	Facility ID	DCS_DC	
Designation  City State Zip Code Country  Valid Dose YES  Validity Reason  Completion Status* Complete  Dose Number in Series Inmunization Series Status in Immunization Series Inmunization Schedule Used  ACIP  Element Name Data Tester Comment  ACIP  Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Street Address		
Zip Code   Country	Other Designation		
Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series I S Immunization 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 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 1  Number of Doses in Series 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	State		
Validity Reason  Completion Status* Complete  Dose Number in Series Inmunization Series Name Status in Immunization Series Immunization Schedule Used  ACIP  Element Name Entering Organization Vaccine Group  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Vaccine Administered  Vaccine Administered  Complete  C	Zip Code		
Validity Reason  Completion Status* Complete  Dose Number in Series I 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  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  Series  Immunization Series Name  Status in Immunization Schedule Used  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 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   Same   Same   Status in Immunization   Series   Status in Immunization   Series   Series   Same   Series   Se	<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  Cocanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and acellular pertussis vaccine, 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	Data	Tester Comment
Vaccine Group       acellular pertussis vaccine, unspecified         Vaccine Administered       diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Entering Organization		
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 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 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	2	
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	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		

	Evaluated Immunization His	story Information
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	
<b>Administering Provider</b>		
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	
<b>Dose Number in Series</b>	3	
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	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		

	<b>Evaluated Immunization Hi</b>	story Information
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 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	4	
Number of Doses in Series	5	
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		

	Evaluated Immunization Hi	story Information
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	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	03/23/2013	
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	
<b>Administering Provider</b>		
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	
<b>Dose Number in Series</b>	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	05/22/2013	
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	
<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	
<b>Dose Number in Series</b>	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	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		

	<b>Evaluated Immunization H</b>	istory Information
Date/Time Administration-Start	11/21/2013	
Date/Time	11/01/0010	
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	
<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	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	ponovirus vaccino, mactivated	
Date/Time		
Administration-Start	01/22/2013	

	<b>Evaluated Immunization His</b>	tory Information
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	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	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	03/23/2013	
Date/Time Administration-End	03/23/2013	

	Evaluated Immunization Hi	story Information
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	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  Occupying Padiatria	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	

Evaluated Immunization History Information		
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	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	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
		m
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	

	<b>Evaluated Immunization Hi</b>	story Information
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	
<b>Administering Provider</b>		
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	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	05/22/2013	
Date/Time Administration-End	05/22/2013	

	<b>Evaluated Immunization Hi</b>	story Information
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
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	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	01/11/2014	
Date/Time Administration-End	01/11/2014	

	Evaluated Immunization H	istory Information
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 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	4	
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	01/22/2013	
Date/Time Administration-End	01/22/2013	
Administered Amount	0.5	

	<b>Evaluated Immunization His</b>	story Information
Administered Units of	mL	
Measure		
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 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	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	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
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	

	<b>Evaluated Immunization His</b>	story Information
Route of	Oral	
Administration 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	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, 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	

	Evaluated Immunization His	story Information
Route of	Intramuscular	
Administration Administration Site	Laft Thigh	
Substance	Left Thigh	
Manufacturer Name	Sanofi Pasteur	
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	
	TES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, 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	

	Evaluated Immunization His	story Information
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	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason	T E G	
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in		
Series Doses III	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	10/02/2014	
Date/Time Administration-End	10/02/2014	
Administered Amount	.25	
Administered Units of Measure	mL	

	Evaluated Immunization His	story Information
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	СТ	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	T T	
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	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	

	Evaluated Immunization His	story Information
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 Location	on	
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		
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	11/23/2013	
Date/Time Administration-End	11/23/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	

	Evaluated Immunization His	story Information
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 Location		
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	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	05/23/2014	
Date/Time Administration-End	05/23/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	

	<b>Evaluated Immunization His</b>	tory Information
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	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	2	
Number of Doses in		
Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
	·	
Element Name	Data	Tester Comment
<b>Entering Organization</b>	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	

	Evaluated Immunization His	story 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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
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	

	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	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	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	12/15/2014	
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	

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	04/29/2013	
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	10/31/2018	
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	
<b>Latest Date to Give</b>		
Date When Vaccine Overdue	10/31/2018	
Status in Immunization Series		
Forecast Reason		