Evaluated Immunization History and Immunization Forecast						
Test Case ID	Juana Maria Gonzales Morales Display Reconcile Update Immunization Information					
Juror ID						
Juror Name						
HIT System Tested						
Inspection Date/Time						
Inspection Settlement	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 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	BG2 Gonzales	20/15/0530	Female		

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.

Immunization Schedule Used	Tester Comment
ACIP	

Evaluated Immunization History							
Vaccine Vaccine Group Administered		Date Administered	Valid Dose	Validity Reason	Completion Status*	Tester Comment	
Hep B Peds NOS	Hepatitis B	05/30/2015	YES		Complete		

^{* &}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 Forecast						
Vaccine Group	Due Date	Earliest Date To Give	Latest Date to Give	Series Status	Forecast Reason	Tester Comment
Hep B, unspecified formulation	06/29/2015	06/29/2015	07/29/2015			
DTaP, unspecified formulation	07/29/2015	07/29/2015	05/29/2017			
Hib	07/29/2015	07/29/2015	05/29/2017			
IPV	07/29/2015	07/29/2015	05/29/2017			
Pneumococcal Conjugate, unspecified formulation	07/29/2015	07/29/2015	05/29/2017			
rotavirus, unspecified formulation	07/29/2015	07/29/2015	05/29/2017			
influenza, unspecified formulation	01/12/2015	01/12/2015	05/29/2017			
Hep A, unspecified formulation	05/29/2016	05/29/2016	05/29/2017			
MMR	05/29/2016	05/29/2016	08/27/2016			
Varicella	05/29/2016	05/29/2016	08/27/2016			