Evaluated Immunization History and Immunization Forecast		
<b>Test Case ID</b>	Patient Juana Mariana 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	ity	
Namespace ID	MYIIS	
ID Type	SR	
Name	Juana Mariana Gonzales	
Date of Birth	12/23/2009	
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	11/23/2009	

	Evaluated Immunization H	story Information
Date/Time Administration-End	11/23/2009	
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	
<b>Administering Provider</b>		
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	
	_	
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	01/15/2010	

	Evaluated Immunization Hi	story Information
Date/Time Administration-End	01/15/2010	
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	
<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	
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	Hep B Peds NOS	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration-Start	10/30/2010	

	Evaluated Immunization Hi	story Information
Date/Time Administration-End	10/30/2010	
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		
Completion Status*	Complete	
<b>Dose Number in Series</b>	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 Maninistration-End Administration-End Administration-End Administration-End Administration Administered Units of Mcassure Manufacturer Name Manufacturer Name Sanofi Pasteur Inc Maninisterion Provider  Name J Martinez  1D Number  Administerion Total		<b>Evaluated Immunization His</b>	story Information
Date/Time Administration-End Administration-End Administrated Amount  O.5  Administrated Amount  O.6  Administration Side  Macure  Administration Site  Left Thigh  Sanofi Pasteur Inc  Manufacturer Name  Manufacturer Name  Jo Martinez  ID Number  Administration Notes  Name  Jo Martinez  ID Number  Administrated-at Location  Facility ID  Street Address  Other  Designation  City  State  Zip Code  Country  Valid Dose  YES  Validity Reason  Complete Dose in Series  Immunization Series  Name  Number of Doses in Series  Immunization Schedule  Used  Element Name  Data  Data  Tester Comment  Tester Comment  ACIP  Element Name  Docanview Pediatrics  diphtheria, tetanus toxoids and acelular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and acelular pertussis vaccine, specifical  diphtheria, tetanus tox	Date/Time Administration-Start	01/22/2010	
Administered Units of ml.  Rente of Route of Administration Site Substance Ranufacturer Name Administration Notes new immunization record  Administering Providet  Name J Martinez  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 Name Status in Immunization Series Name Status in Immunization Series Name Data Tester Comment  Element Name Data Tester Comment  Element Name Data Tester Comment  Administered diphtheria, tetanus toxoids and accellular pertussis vaccine, 5 pertussis	Date/Time	01/22/2010	
Administration of Measure Route of Administration IM Administration Site			
Route of Administration Administration Site Substance Manufacturer Name Administration Notes 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 VFS Validity Reason Completion Status* Complete Dose Number in Series INumber of Doses in Series Series Illumunization Scries Name Element Name Data Tester Comment  Cateur Comment  ACIP  Element Name Data Data Tester Comment  Cyaccine Group  diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified used  Vaccine Administered  Vaccine Administered  Vaccine Administered	Administered Units of		
Administration Site Substance Manufacturer Name Manufacturer Name Manufacturer Name  Administration Notes  Administering Provider Name J Martinez  ID Number  Administered-at Location Facility ID OCS_DC Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Complete Dose Number in Series Number of Doses in Series Status in Immunization Series Name Status in Immunization Series Name Status in Immunization Series Status in Immunization Series Immunization Schedule Used  Vaccine Group  Vaccine Group  Vaccine Group  Vaccine Administered  Vaccine Administered  Administration Series Sunos Su	Route of	IM	
Manufacturer Name   Sanoti Pasteur ine   new immunization record   Administering Provider   Name   J Martinez   IID Number   DCS_DC   Street Address   Other   Designation   City   State   Zip Code   Zip Code   Country   Valid Dose   YES   Validity Reason   Complete   Dose Number in Series   Street Status in Immunization Series   Name   Status in Immunization Series   Name   Data   Tester Comment   Element Name   Data   Tester Comment   Element Name   Documination   Cocanview Pediatrics   diphtheria, tetanus toxoids and accilular pertussis vaccine, 5 pertussis   5 pertussis   Data   Cocanview Pediatrics   Complete   Dose Number of Doses in   Status in Immunization   Document   Data   Tester Comment   Document   Data   Tester Comment   Document   Data   Cocanview Pediatrics   Document   Data   Data   Data   Data   Document   Data   Data   Data   Data   Data   Data   Document   Data   Data	Administration Site	Left Thigh	
Administration Notes Administering Provider  Name J Martinez  ID Number  Administered-at Location  Facility ID Street Address Other Designation City State Zip Code Country Valid Dose VFS Validity Reason Completion Status* Complete Dose Number in Series Name Statis I Immunization Series Name Statis I Immunization Scries Name Entering Organization  Data Tester Comment  Tester Comme	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 of Dose in Series Number of Doses in Series Name Status in Immunization Series Name  Entering Organization  City  Canview Pediatries  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, 5 pertussis	Administration Notes	new immunization record	
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 of Dose in Series Number of Doses in Series Name Status in Immunization Series Name  Entering Organization  City  Canview Pediatries  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, 5 pertussis	Administering Provider		
TID Number   Document    Administrated-at Location    Facility ID   DCS_DC    Street Address    Other    Designation    City    State    Zip Code    Country    Valid Dose   YES    Validity Reason    Completion Status*    Completion Status*    Dose Number in Series    Number of Doses in    Series    Immunization Series    Name    Status in Immunization    Series    Immunization Schedule    Used    Element Name   Data   Tester Comment    Entering Organization    Vaccine Group    Used    Vaccine Administered    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	_	J Martinez	
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 Inmunization 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 acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis			
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 Series Immunization Schedule Used  ACIP  Element Name Data Data Tester Comment  Cocanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Uvaccine Administered  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis		on .	
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 Scries Name Element Name Element Name Data Data Data Tester Comment Entering Organization Uvaccine Group Uvaccine Administered Idiphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis			
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 Data Tester Comment  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis		_	
City 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  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis			
State  Zip Code Country  Valid Dose YES  Validity Reason  Completion Status* Complete  Dose Number in Series Inmunization Series Series Immunization Series Name Status in Immunization Series Immunization Schedule Used  ACIP  Element Name Data Tester Comment  Coccanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Vaccine Administered  diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	_		
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  diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	-		
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  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 Series Immunization Series Name Status in Immunization Series Name Status in Immunization Schedule Used  ACIP  Element Name Data Tester Comment  Decanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Vaccine Administered  diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis			
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   S	<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	Data	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,	
	Vaccine Administered		
	Refusal Reason	-	

	Evaluated Immunization His	story Information
Date/Time Administration-Start	03/23/2010	
Date/Time Administration-End	03/23/2010	
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	
<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>	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	

	Evaluated Immunization His	story Information
Date/Time Administration-Start	05/22/2010	
Date/Time Administration-End	05/22/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
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	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		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	02/21/2011	
Date/Time Administration-End	02/21/2011	
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	
Dose Number in Series	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	01/22/2010	
Date/Time Administration-End	01/22/2010	
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	
<b>Dose Number in Series</b>	1	
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		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	03/23/2010	
Date/Time Administration-End	03/23/2010	
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	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>	2	
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		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	05/22/2010	
Date/Time Administration-End	05/22/2010	
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	
<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	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		

	Evaluated Immunization His	story Information
Date/Time Administration-Start	02/21/2010	
Date/Time Administration-End	02/21/2010	
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	
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	38.53 0 5.55
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason	1	
Date/Time Administration-Start	01/22/2010	
2 Administration-Start		

	<b>Evaluated Immunization His</b>	story Information
Date/Time Administration-End	01/22/2010	
Administered Amount	0.5	
Administered Units of	mL	
Measure	IIIL	
Route of Administration	SC	
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	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	poliovirus vaccine, inactivated	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration-Start	03/23/2010	
Date/Time Administration-End	03/23/2010	

	<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	
<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	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	
El. (N		m : 0
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization	pneumococcal, unspecified	
Vaccine Group	formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	01/21/2010	
Date/Time Administration-End	01/21/2010	

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 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	
		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	03/23/2010	
Date/Time Administration-End	03/23/2010	

	<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	
<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	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	
	n (	
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization	pneumococcal, unspecified	
Vaccine Group	formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	05/22/2010	
Date/Time Administration-End	05/22/2010	

	<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	02/21/2011	
Date/Time Administration-End	02/21/2011	

	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	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration-Start	01/22/2010	
Date/Time Administration-End	01/22/2010	
Administered Amount	0.5	

	<b>Evaluated Immunization His</b>	story 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	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
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration-Start	01/22/2010	
Date/Time Administration-End	01/22/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	

	Evaluated Immunization H	istory 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 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	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	09/25/2010	
Date/Time Administration-End	09/25/2010	
Administered Amount	0.25	
Administered Units of Measure	mL	

	Evaluated Immunization H	istory 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 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	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	10/27/2010	
Date/Time Administration-End	10/27/2010	
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 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	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	10/02/2011	
Date/Time Administration-End	10/02/2011	
Administered Amount	.25	
Administered Units of Measure	mL	
I.I.Cubui C		

	Evaluated Immunization His	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 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		
	Complete	
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	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	04/04/2012	
Date/Time Administration-End	04/04/2012	
Administered Amount	0.25	
Administered Units of Measure	mL	

	Evaluated Immunization His	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 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	Complete	
Number of Doses in		
Series Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule	ACIP	
Used		
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	11/23/2011	
Date/Time Administration-End	11/23/2011	
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	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	05/23/2012	
Date/Time Administration-End	05/23/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	

	Evaluated Immunization His	story Information
Route of	IM	
Administration		
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		
	Complete	
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	MMRV	
Vaccine Administered	measles, mumps, rubella, and varicella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	10/23/2010	
Date/Time Administration-End	10/23/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	

	Evaluated Immunization His	story Information
Route of Administration	Subcutaneous	
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	n	
Facility ID	DCS_DC	
Street Address	400 Shoreline Drive	
Other Designation		
City	Stamford	
State	CT	
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  Occupying Padiatrics	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	MMRV	
Vaccine Administered	measles, mumps, rubella, and varicella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	11/22/2012	
Date/Time Administration-End	11/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	

Evaluated Immunization History Information		
Route of Administration	Subcutaneous	
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 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	
<b>Dose Number in Series</b>		
Number of Doses in Series	2	
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 Forecast		
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	05/22/2010	
Earliest Date to Give	05/22/2010	
<b>Latest Date to Give</b>	05/22/2011	
Date When Vaccine Overdue	05/23/2011	

	Immunization F	orecast
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	11/22/2013	
Earliest Date to Give	11/22/2013	
Latest Date to Give	11/22/2015	
Date When Vaccine Overdue	11/23/2015	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/01/2015	
Earliest Date to Give	09/01/2015	
Latest Date to Give	01/31/2016	
Date When Vaccine Overdue	11/23/2015	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	11/22/2013	
Earliest Date to Give	11/22/2013	
Latest Date to Give	11/22/2015	
Date When Vaccine Overdue	11/23/2015	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	11/22/2013	
Earliest Date to Give	11/22/2013	
<b>Latest Date to Give</b>	11/22/2015	
Date When Vaccine Overdue	11/23/2015	
Status in Immunization Series		
Forecast Reason		