Evaluated Immunization History and Immunization Forecast		
Test Case ID	Query the Registry for Juan Marcel Marina	
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	Juan Marcel Marina	
Date of Birth	03/04/2016	
Sex	Male	
Address 1		
Street	4623 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country	USA	
Address Type	L	
Mother's Maiden Name	Anita Francesca Morales	

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
Entering Organization	Shoreline Hospital	
Vaccine Group	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration-Start	03/04/2016	

	<b>Evaluated Immunization Hi</b>	story Information
Date/Time Administration-End	03/04/2016	
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		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	325 Shorline Drive	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	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	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration-Start	04/15/2016	

	Evaluated Immunization His	story Information
Date/Time	04/15/2016	
Administration-End Administered Amount	0.5	
Administered Units of		
Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
<b>Administering Provider</b>		
Name	J. Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration-Start	05/15/2016	

	Evaluated Immunization Hi	story Information
Date/Time Administration-End	05/15/2016	
Administration-End  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		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	1	
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	DTaP	
Refusal Reason		
Date/Time Administration-Start	07/13/2016	

	Evaluated Immunization Hi	story Information
Date/Time Administration-End	07/13/2016	
Administration-End  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		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	DTaP	
Refusal Reason		
Date/Time Administration-Start	09/16/2016	

	Evaluated Immunization Hi	story Information
Date/Time	09/16/2016	
Administration-End		
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		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	DTaP	
Refusal Reason		
Date/Time Administration-Start	08/20/2017	

	Evaluated Immunization Histo	ry Information
Date/Time Administration-End	08/20/2017	
Administered Amount	0.5	
Administered Units of	mL	
Measure	IIIL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes		
Administering Provider	1	
Name	J. Martinez	
ID Number		
Administered-at Location	on	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	<b>Tester Comment</b>
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	05/14/2016	
Date/Time Administration-End	05/14/2016	

	<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	Merck Sharp and Dohme Corp.	
Administration Notes		
<b>Administering Provider</b>		
Name	J. Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	Hib	
Refusal Reason		
Date/Time Administration-Start	07/21/2016	
Date/Time Administration-End	07/21/2016	
Administered Amount	0.5	

	Evaluated Immunization Hist	tory Information
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
<b>Administering Provider</b>		
Name	J. Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	Hib, unspecified formulation	
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	09/27/2016	
Date/Time Administration-End	09/27/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	

Evaluated Immunization History Information		
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	Hib	
Refusal Reason		
Date/Time Administration-Start	05/04/2017	
Date/Time Administration-End	05/04/2017	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	

	Evaluated Immunization His	story Information
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	Polio (IPV)	
Refusal Reason		
Date/Time Administration-Start	05/14/2016	
Date/Time Administration-End	05/14/2016	
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	MSanofi Pasteur Inc.	
Administration Notes		
<b>Administering Provider</b>		
Name	J. Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	Polio (IPV)	
Refusal Reason  Date/Time		
Administration-Start	07/21/2016	
Date/Time Administration-End	07/21/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	

	<b>Evaluated Immunization Hi</b>	story Information
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	rester comment
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	Polio (IPV)	
Refusal Reason		
Date/Time Administration-Start	10/15/2016	
Date/Time Administration-End	10/15/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	
Administration Notes		

Evaluated Immunization History Information			
Administering Provider	-		
Name	J. Martinez		
ID Number			
Administered-at Location	n		
Facility ID	DCS_DC		
Street Address	4253 Standish Way		
Other Designation			
City	Stamford		
State	СТ		
Zip Code	06903		
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 (PCV13)		
Refusal Reason  Date/Time			
Administration-Start	05/18/2016		
Date/Time Administration-End	05/18/2016		
Administered Amount	0.5		
Administered Units of Measure	mL		
Route of Administration	Intramuscular		
Administration Site	Left Thigh		
Substance Manufacturer Name	Pfizer, Inc		
Administration Notes			
<b>Administering Provider</b>			

	Evaluated Immunization Hi	story Information
Name	J. Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other		
Designation  City	Stamford	
State	CT	
	06903	
Zip Code	00903	
Country	VIEG	
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	
Cocu		
Element Name	Data	Tester Comment
	Data Oceanview Pediatrics	Tester Comment
Element Name		Tester Comment
Element Name Entering Organization	Oceanview Pediatrics pneumococcal, unspecified	Tester Comment
Element Name Entering Organization Vaccine Group	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  07/21/2016	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  07/21/2016  07/21/2016	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  07/21/2016  07/21/2016  0.5	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  07/21/2016  07/21/2016  0.5  mL	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  07/21/2016  0.5  mL  Intramuscular	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  07/21/2016  0.5  mL  Intramuscular  Left Thigh	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  07/21/2016  0.5  mL  Intramuscular  Left Thigh	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  07/21/2016  0.5  mL  Intramuscular  Left Thigh	Tester Comment

	Evaluated Immunization Hi	story Information
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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
		Tester comment
Entering Organization	Oceanview Pediatrics	Tester comment
Entering Organization Vaccine Group	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester comment
	pneumococcal, unspecified	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Group Vaccine Administered	pneumococcal, unspecified formulation	
Vaccine Group Vaccine Administered Refusal Reason Date/Time	pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time	pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  09/27/2016	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End	pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  09/27/2016  09/27/2016	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of	pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  09/27/2016  09/27/2016  0.5	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of	pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  09/27/2016  09/27/2016  0.5  mL	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration	pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  09/27/2016  09/27/2016  0.5  mL  Intramuscular	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration  Administration Site  Substance	pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  09/27/2016  09/27/2016  10.5  mL  Intramuscular  Right Thigh	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name	pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  09/27/2016  09/27/2016  10.5  mL  Intramuscular  Right Thigh	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration  Administration Site  Substance Manufacturer Name  Administration Notes	pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  09/27/2016  09/27/2016  10.5  mL  Intramuscular  Right Thigh	

Evaluated Immunization History Information		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	
TOTAL A DAT	<b>D</b> (	T
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	Tester Comment
		Tester Comment
Entering Organization	Oceanview Pediatrics pneumococcal, unspecified	Tester Comment
Entering Organization Vaccine Group	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Entering Organization Vaccine Group Vaccine Administered	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  05/04/2017	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  05/04/2017	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  05/04/2017  05/04/2017	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  05/04/2017  05/04/2017  0.5  mL	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  05/04/2017  0.5  mL  Intramuscular	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration  Administration Site  Substance	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  05/04/2017  0.5  mL  Intramuscular  Left Deltoid	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration  Site  Substance Manufacturer Name	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  05/04/2017  0.5  mL  Intramuscular  Left Deltoid	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  05/04/2017  0.5  mL  Intramuscular  Left Deltoid	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider	Oceanview Pediatrics  pneumococcal, unspecified formulation  Pneumococcal conjugate (PCV13)  05/04/2017  0.5  mL  Intramuscular  Left Deltoid  Pfizer, Inc	Tester Comment

	<b>Evaluated Immunization H</b>	istory Information
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other		
Designation	Stamford	
City		
State	CT	
Zip Code	06903	
Country	LANCE OF THE PARTY	
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
<b>Entering Organization</b>	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	Rotavirus	
Refusal Reason		
Date/Time Administration-Start	05/18/2016	
Date/Time Administration-End	05/18/2016	
Administered Amount	4 l	
willington ou / tilloullt	1.0	
Administered Units of Measure	mL	
Administered Units of		
Administered Units of Measure Route of	mL	
Administered Units of Measure Route of Administration	mL Oral	
Administered Units of Measure  Route of Administration  Administration Site  Substance	mL Oral Left Thigh	
Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name	mL Oral Left Thigh GlaxoSmithKline Biologicals SA	
Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes	mL Oral Left Thigh GlaxoSmithKline Biologicals SA	
Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number	mL Oral Left Thigh GlaxoSmithKline Biologicals SA  J. Martinez	
Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name	mL Oral Left Thigh GlaxoSmithKline Biologicals SA  J. Martinez	

	Evaluated Immunization H	istory Information
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	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	Tester Comment
Vaccine Group	rotavirus, unspecified formulation	
, moonie or oup	Total rate, unop control reministration	
Vaccine Administered	Rotavirus	
Vaccine Administered Refusal Reason	Rotavirus	
Vaccine Administered Refusal Reason Date/Time Administration-Start	09/21/2016	
Refusal Reason  Date/Time		
Refusal Reason  Date/Time Administration-Start  Date/Time	09/21/2016	
Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End	09/21/2016 09/21/2016	
Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of	09/21/2016 09/21/2016 1.0	
Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of	09/21/2016 09/21/2016 1.0 mL	
Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name	09/21/2016 09/21/2016 1.0 mL Oral	
Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes	09/21/2016  09/21/2016  1.0  mL  Oral  Thigh Thigh	
Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider	09/21/2016  09/21/2016  1.0  mL  Oral  Thigh Thigh  GlaxoSmithKline Biologicals SA	
Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider  Name	09/21/2016  09/21/2016  1.0  mL  Oral  Thigh Thigh	
Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administration Provider  Name  ID Number	09/21/2016  09/21/2016  1.0  mL  Oral  Thigh Thigh  GlaxoSmithKline Biologicals SA  J. Martinez	
Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administration Provider  Name  ID Number  Administered-at Location	09/21/2016  09/21/2016  1.0  mL  Oral  Thigh Thigh  GlaxoSmithKline Biologicals SA  J. Martinez	
Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administration Provider  Name  ID Number	09/21/2016  09/21/2016  1.0  mL  Oral  Thigh Thigh  GlaxoSmithKline Biologicals SA  J. Martinez	

	<b>Evaluated Immunization Hi</b>	story Information
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	
	<b>D</b>	m
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization		
Vaccine Group  Vaccine Administered	Influenza unspecified formulation	
Refusal Reason	Innuenza	
Date/Time		
Administration-Start	09/27/2016	
Date/Time Administration-End	09/27/2016	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
<b>Administration Notes</b>		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		

	Evaluated Immunization Hi	story Information
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	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	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza	
Refusal Reason	IIIIIuuizu	
Date/Time Administration-Start	10/20/2016	
Date/Time Administration-End	10/20/2016	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	

	Evaluated Immunization His	story Information
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	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	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	06/20/2017	
Date/Time Administration-End	06/20/2017	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	

Evaluated Immunization History Information		
Zip Code	06903	
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	

<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	Hep B, unspecified formulation	
Vaccine Due Date	08/31/2016	
Earliest Date to Give	08/31/2016	
Latest Date to Give		
Date When Vaccine Overdue	09/01/2017	
Status in Immunization Series		
Forecast Reason		
<b>Element Name</b>	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/01/2017	
Earliest Date to Give	03/04/2017	
Latest Date to Give		
Date When Vaccine Overdue		
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	03/04/2017	
Earliest Date to Give	03/04/2017	
<b>Latest Date to Give</b>		
Date When Vaccine Overdue		
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Hep A, pediatric, unspecified formulation	
Vaccine Due Date	03/04/2017	
Earliest Date to Give	03/04/2017	
<b>Latest Date to Give</b>		
Latest Date to Give  Date When Vaccine Overdue		
Date When Vaccine		