D	T C	, •
– Patient	Into	rmation-

Element	Data	
Patient Name	Tyler Owen Banks	
Mother's Maiden Name		
ID Number	8891	
Date/Time of Birth	06/02/2004	
Administrative Sex	M	
Patient Address 1	924 Sycamore Lane Bozeman MT 59715 USA	
Local Number	(406)555-5835	
Race	White	
Ethnic Group	Not Hispanic or Latino	
Birth Order	1	

## -Immunization Registry Information-

Element	Data
Immunization Registry Status	A
Immunization Registry Status Effective Date	06/02/2004
Publicity Code	Reminder/recall - any method
Publicity Code Effective Date	06/24/2015
Protection Indicator	Y
Protection Indicator Effective Date	06/24/2015

## -Guardian or Responsible Party-

Element	Data
Name	Karl Leonard Banks
Relationship	Father
Address	924 Sycamore Lane Bozeman MT 59715 USA
Phone Number or Email address	(406)555-5835

## -Vaccine Administration Information-

Element	Data
Administered Code	Hep A, ped/adol, 2 dose
Date/Time Start of Administration	06/24/2015
Administered Amount	0.5
Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	208490
Substance Expiration Date	01/20/2016
Substance Manufacturer Name	Merck and Co., Inc.
Substance/Treatment Refusal Reason	
Action Code	U
Route	Intramuscular

Administration Site	Right Thigh
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

## -New Record-

Element	Data
Vaccine Funding Source	Private
Vaccine Funding Program Eligibility	Not VFC Eligible
Document Type	Hepatitis A VIS
Date Vis Presented	