

Evaluated Immunization History and Immunization Forecast					
Test Case ID	Q R TC-2				
Juror ID					
Juror Name					
HIT System Tested					
Inspection Date/Time					
Inspection Settlement	<table border="1"> <thead> <tr> <th>Pass</th> <th>Fail</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Pass	Fail	<input type="checkbox"/>	<input type="checkbox"/>
	Pass	Fail			
<input type="checkbox"/>	<input type="checkbox"/>				
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	Clement S Stanley	02/14/1950	Male	

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 Group	Vaccine Administered	Date Administered	Valid Dose	Validity Reason	Completion Status*	Tester Comment
Hep B NOS	Hep B Peds NOS	04/15/2009	YES		Complete	
Hep B NOS	Hep B Peds NOS	05/15/2009	YES		Complete	
Hep B NOS	Hep B Peds NOS	12/15/2009	YES		Complete	
DTAP NOS	DTP	04/15/1960	YES		Complete	
polio NOS	polio NOS	04/15/1960	YES		Complete	
polio NOS	polio NOS	06/15/1960	YES		Complete	
polio NOS	polio NOS	09/10/1960	YES		Complete	
polio NOS	polio NOS	04/15/1961	YES		Complete	
pneumococcal ppv23	pneumococcal ppv23	04/15/2013	YES		Complete	
Td NOS	Td NOS	04/15/2009	YES		Complete	
influenza NOS	influenza NOS	10/15/2009	YES		Complete	
influenza NOS	influenza seasonal	10/15/2010	YES		Complete	
influenza NOS	seasonal flu	09/01/2011	YES		Complete	
* "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
pcv NOS	02/14/2015	09/14/2015	11/11/2015			
influenza NOS	09/14/2015	09/14/2015	11/11/2015			