E	Evaluated Immunization History and In	ımunization Forecast
Test Case ID	Juana Mariana Gonzales Display Reconcile Up	odate Immunization Information
Juror ID		
Juror Name		
HIT System Tested		
Inspection Date/Time		
Inspection Settlement	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	ity	
Namespace ID	MYEHR	
ID Type	MR	
Patient Identifier		
ID Number	987633	
Assigning Author	rity	
Namespace ID	MYIIS	
ID Type	SR	
Name	Juana Mariana Gonzales	
Date of Birth	11/23/2009	
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
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	11/23/2009	
Date/Gimtetion Status"	refers to the status of the dose of v	accine administered on the indicated date and

Parconipletion Status" refers to the status of the dose of vaccine administered on the indicated date and havive tration field as "Dose Status". A status of "Complete" means that the vaccine dose was

Administered Units of Measure Route of Administration Administration Site Left Thigh Substance Manufacturer Name Administration Notes new immunization record Administering Provider Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country	
Administration IM Administration Site	
Substance Manufacturer Name Administration Notes Name J Martinez ID Number Administered-at Location Facility ID Street Address Other Designation City State Zip Code Country	
Manufacturer Name Administration Notes new immunization record Administering Provider Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country	
Administering Provider Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country	
Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country	
ID Number Administered-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country	
Administered-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country	
Facility ID DCS_DC Street Address Other Designation City State Zip Code Country	
Street Address Other Designation City State Zip Code Country	
Other Designation City State Zip Code Country	
Designation City State Zip Code Country	
State Zip Code Country	
Zip Code Country	
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	
Date/Time Administration-End 01/15/2010	
Administered Amount 0.5	
Administrates refers to the status of the dose of vaccine administered on the indicated	

Measure	Evaluated Immunization His	tory Information
Route of Administration	IM	·
Administration Site	Dight Thigh	
Substance	Right Thigh	
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	1 EU	
Completion Status*	Complete	
	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	
Date/Time Administration-End	10/30/2010	
Administration-End Administered Amount	0.5	
Administered Units of Measure	mL	
Roctonfpletion Status" Adwinistration reted as '	refers to the status of the dose of verbose Status". A status of "Comple	accine administered on the indicated date and te" means that the vaccine dose was

Administration Site	Evaluated Immunization Hi Left Thigh	story Information
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	
Dose Number in Series	3	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
	.	
Element Name	Data	Tester Comment
Entering Organization Vaccine Group	Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
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	
Route of Administration	IM	

Administration Site	Left Evaluated Immunization Hi	story Information
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	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	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
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	Sano D Valtrated Immunization His	tory Information
Administration Notes	new immunization record	
Administering Provider		
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	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	rester comment
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
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	ĪM	
Administration Site	Left Thigh	
Sulstanceletion Status" Manufacture Name as "	refers to the status of the dose of v Sanofi Pasteur Inc Dose Status". A status of "Comple	accine administered on the indicated date and te" means that the vaccine dose was

Administering Provider Name ID Number Administered-at Location Facility ID CS_DC Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Dose Number in Series Number of Doses in Series Name Status in Immunization Series Name Element Name Element Name Data Tester Comment Entering Organization Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, specified diphtheria, tetanus toxoids and acellular pertussis vaccine, specified diphtheria, tetanus toxoids and acellular pertussis vaccine, specified diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis Refusal Reason Date/Time Administration-End Administered Amount Administered Mount Administered Units of Mcasure Mile Manuel Mile Mile Manuel Mile Mile Manuel Mile Mile Mile Mile Mile Mile Mile Mile	Administration Notes	Evaluated Immunization His	tory Information
Administered-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Dose Number in Series Status in Immunization Series Name Status in Immunization Series Name Element Name Element Name Entering Organization Cocanview Pediatrics diphtheria, tetanus toxoids and accillular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accillular pertussis vaccine, 5 pertussis Refusal Reason Date/Time Administration-End Administration-End Administration-End Administration-End Administration Immunization Description Date Time Administration-End Administra	Administering Provider		
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 Immunization Series Name Etement Name Etement Name Entering Organization Coeanview Pediatrics Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered Refusal Reason Date/Time Administration-End Administration-End Administered Mount Administered Mount Administered Units of Measure Mea	Name	J Martinez	
Street Address Other Designation City State Zip Code Country Valid Dose VES Validity Reason Completion Status* Completion Status* Dose Number in Series Number of Doses in Series Name Status in Immunization Series Name Element Name Element Name Entering Organization Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, uspecified Vaccine Administered Administration-End Administration-End Administrator-End Administrator of Measure Dota Date/Time Administrator of Measure Administrator of Measure Designation Date Country City Country VES Valid Dose VES Valid Dose VES Vacine Country VES Valid Dose VES Vacine Administration-End Administration-End Administration-End Administrator of Measure Date/Time Administrator of Measure Date/Country City Country VES Vacine Administrator Date/Country City Country Vaccine Administration-End Administration-End Administration-End Administration-End Administrator Date/Country Country Country Ves Complete Date	ID Number		
Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series 3 Number of Doses in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified used Vaccine Administered Refusal Reason Date/Time Administration-End Administration-End Administration-End Administered Mount Administrator Measure Date of Measure Measur	Administered-at Location	n	
Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Dose Number in Series Same Series Immunization Series Name Element Name Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-End Administered Mount Administration-End Administered Mount Amelica Administered Administered Mount Administered Mount Active Formula Administered Measure Paute of Page 12 1 2 1 2 1 2 1 2 1 2 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1	Facility ID	DCS_DC	
Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Dose Number in Series Same Status in Immunization Series Name Status in Immunization Series Name Element Name Element Name Entering Organization Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Used Vaccine Administered Date/Time Administration-End Administration-End Administered Amount Administered Amount Administered Amount Administered Immunization Male Status Immunization Series Status Immunization Series Status Immunization Series Status Immunization Status Immunization Series Status Immunization Series Status Immunization Status Immunization Series Status Immunization Status Immunization Series Status Immunization Status Im	Street Address		
State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Series Summer of Doses in Series Status in Immunization Series Immunization Schedule Used ACIP Element Name Entering Organization Vaccine Group diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and accellular pertussis vaccine, 5 pertussis Refusal Reason Date/Time Administration-End Administered Amount Administered Amount Administered Inits of Measure Measure Poste of Measure Pagute of Pagute of Measure Pagute of Measure Pagute of Measure Pagute of Pagute			
Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Summe Status in Immunization Series Name Status in Immunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Amount Administered Interest of Measure Botte of Measure PES Vacine Administered Measure Date/Time Administered Amount Administered Ministered Interest Amount Date/Time Administered Units of Measure PES Vacine Administered Ministered Interest Amount Date/Time Administered Ministered Interest Amount Date/Time Administered Units of Measure	City		
Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Summer of Doses in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization Vaccine Group diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and accellular pertussis vaccine, 5 pertussis Refusal Reason Date/Time Administration-Start Date/Time Administred Amount Administered Amount Administered For the Machael Amount Administered Ministered Measure Dout of Measure ME Date/Time Administered Units of Measure ME Date/Time Administered Units of Measure ME Date/Time Administered Units of Measure	State		
Validity Reason Completion Status* Complete Dose Number in Series Sume Status in Immunization Series Name Status in Immunization Schedule Used ACIP Element Name Data Entering Organization Vaccine Group diphtheria, tetanus toxoids and accllular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and accllular pertussis vaccine, 5 pertussis Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Minus of Measure	Zip Code		
Validity Reason Completion Status* Complete Dose Number in Series 3 Number of Doses in Series 5 Immunization Series Name Status in Immunization Schedule 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 Date/Time O2/21/2011 Date/Time Administration-End O2/21/2011 Administered Amount O.5 O.5 Administered Units of Measure Manual Position Manual Position O.5 Manual Position O.5 O.5 Manual Position O.5 O.5 Manual Position O.5 O.5 Manual Position O.5 M	Country		
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 Date/Time O2/21/2011 Date/Time Administration-End O2/21/2011 Administration-End O.5 Administered Units of Measure Malain Malain Malain Malain Malain Malain	Valid Dose	YES	
Dose Number in Series Number of Doses in Series Series Immunization Series Name Status in Immunization Schedule Used Element Name Data Element Name Doceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount 0.5 Administered Units of Measure Mumber of Doses in Series Series Immunization Schedule ACIP Tester Comment Tester Comment Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis Date/Time Administration-Start Date/Time Administration-End Administered Amount 0.5 Administered Units of Measure Measure Measure Measure Date/Time Administered Units of Measure Measure Measure Measure Date/Time Administration-End Administered Units of Measure Measure Measure Measure Date/Time Administered Units of Measure Measure Measure Measure Date/Time Administered Units of Measure Measure Measure Date/Time Administered Units of Measure Measure Date/Time Administered Units of	Validity Reason		
Number of Doses in Series Immunization Series Name Status in Immunization Schedule Used ACIP Element Name Entering Organization Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Units of Measure Measure Date/Tome Administered Mamaure Mamaure Date/Time Administered Units of Measure	Completion Status*	Complete	
Series Immunization Series Name Status in Immunization Status in Immunization Scries	Dose Number in Series	3	
Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Cocanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Repute of Maccine Status Data Date/Time Administered Units of Measure Maccine Status Data Date/Time Administered Units of Measure Date/Time Administered Units of Measure Date/Time Administered Units of Measure		5	
Immunization Schedule Used			
Element Name Data Tester Comment Entering Organization Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount 0.5 Administered Units of Measure Reute of			
Entering Organization Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Reputation Date/Time Administered Units of Measure Date/Time Administered Units of Measure		ACIP	
Entering Organization Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Reputation Date/Time Administered Units of Measure Date/Time Administered Units of Measure		D /	m
Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis Refusal Reason 02/21/2011 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 mL			Tester Comment
Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of		diphtheria, tetanus toxoids and acellular pertussis vaccine,	
Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of	Vaccine Administered	diphtheria, tetanus toxoids and	
Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Date/Time Measure 02/21/2011 0.5 mL	Refusal Reason		
Administration-End Administered Amount 0.5 Administered Units of Measure mL Route of		02/21/2011	
Administered Units of Measure mL		02/21/2011	
Measure mL Route of	Administered Amount	0.5	
Route of TM		mL	
Administration IM		IM	
Administration Site Left Deltoid	Administration Site	Left Deltoid	
Substance Manufacturer Name Sanofi Pasteur Inc * "Completion Status" refers to the status of the dose of vaccine administered on the indicated date a	Manufacturer Name		

Administration Notes	new Evaluated Infinunization Hi	story Information
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	
Dose Number in Series	4	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule		
Used Senedule	ACIP	
Used	ACIP	Tostar Commant
Used Element Name	Data	Tester Comment
Element Name Entering Organization	Data Oceanview Pediatrics	Tester Comment
Used Element Name	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered	Data Oceanview Pediatrics Hib, unspecified formulation	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b vaccine, PRP-OMP conjugate	Tester Comment
Element Name Entering Organization Vaccine Group	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b vaccine, PRP-OMP conjugate 01/22/2010	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	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b vaccine, PRP-OMP conjugate 01/22/2010 01/22/2010	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	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b vaccine, PRP-OMP conjugate 01/22/2010 01/22/2010 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 Administration	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b vaccine, PRP-OMP conjugate 01/22/2010 01/22/2010 0.5 mL	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b vaccine, PRP-OMP conjugate 01/22/2010 01/22/2010 0.5 mL IM	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	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b vaccine, PRP-OMP conjugate 01/22/2010 01/22/2010 10.5 mL IM Right 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	Data Oceanview Pediatrics Hib, unspecified formulation Haemophilus influenzae type b vaccine, PRP-OMP conjugate 01/22/2010 01/22/2010 0.5 mL IM Right Thigh Merck Sharp and Dohme Corp new immunization record	Tester Comment

Name	^{"JMaEina} Tuated Immunization Hi	story Information
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	1	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Do4o	Treaten Communit
Entering Organization	Data Occopyiony Padiatrics	Tester Comment
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason	vaccine, i Ki -Owi conjugate	
Date/Time Administration-Start	03/23/2010	
Date/Time Administration-End	03/23/2010	
Administered Amount		
	0.5	
Administered Units of Measure	0.5 mL	
Administered Units of		
Administered Units of Measure Route of	mL	
Administered Units of Measure Route of Administration	mL IM	
Administered Units of Measure Route of Administration Administration Site Substance	mL IM Left Thigh	
Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name	mL IM Left Thigh Merck Sharp and Dohme Corp	
Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes	mL IM Left Thigh Merck Sharp and Dohme Corp	

Administered-at Locatio	Evaluated Immunization Histor	ry Information
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	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
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	
Administering Provider		
Name	J Martinez	
ID Number		
1D Number		
Administered-at Location	n	
	DCS_DC	

Street Address Other	333 Evaluated Immunization His	story Information
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	
Elamant Nama	Dete	Torton Communit
Element Name Entering Organization	Data Oceanview Pediatrics	Tester Comment
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason	vaccine, FKF-OMF conjugate	
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	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		

City	Stamfwaluated Immunization Hi	story Information
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	
	_	m
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	01/22/2010	
Date/Time Administration-End	01/22/2010	
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	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
* "Corzipletinh Status"	(consist to the status of the dose of v	accine administered on the indicated date and

Country	Evaluated Immunization His	
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	
Plane / N	D. (Tarter Comment
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization		
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	
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	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio		
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	

Validity Reason	Evaluated Immunization Hi	story Information
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	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	01/21/2010	
Date/Time Administration-End	01/21/2010	
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		
	refers to the status of the dage of	accine administered on the indicated date and

Completion Status*	ComEleteluated Immunization His	tory Information
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 vaccine, 13 valent	
Refusal Reason		
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	Pfizer, Inc	
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	
		accine administered on the indicated date and

Dose Number in Series Number of Doses in	⁴ Evaluated Immunization His	tory Information
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	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	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
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	
Numberple Dose Status"	refers to the status of the dose of v	accine administered on the indicated date and

Status in Immunization Series Stries Immunization Schedult Used Element Name Entering Organization Oceanview Pediatrics pneumococcal, unspecified formulation Vaccine Administered Prizer Administration-Start Oze21/2011 Oze1Time Administered Amount Administered Units of Measure Route of Administration Start Substance Manufacturer Name Administration Start Administration Start Discrime Administration Start Oze1 Prizer, Inc Manufacturer Name Administration Nets Administration Nets Administration Nets Substance Manufacturer Name Administration Nets Administration	Series	Evaluated Immunization His	story Information
Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization Oceanyiew Pediatrics Poseuro-Coccal, unspecified formulation Poseuro-Coccal conjugate vaccine, 13 vaccine Administered Palent Palen	Immunization Series Name		
Series Immunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization Ocean/ew Pediatrics Vaceine Group procumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent Vaccine Administered pneumococcal conjugate vaccine, 13 valent Refusal Reason Date/Time Administration-Start Qu221/2011 Date/Time Administration-End Ocean/ew Pediatrics Manifestred Units of Machanistration Procumococcal conjugate vaccine, 13 valent Administration-End Ocean/ew Pediatrics Machinistration Image: Procumococcal conjugate vaccine, 13 valent Administration-End Ocean/ew Ocea	Ivaine		
Element Name Data Tester Comment Entering Organization Oceanview Pediatrics promulation pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent v	Status in Immunization Series		
Entering Organization Vaccine Group Pneumococcal, unspecified formulation Pneumococcal conjugate vaccine, 13 Pate/Time Administration-Start Administration-Bund Administration-Bund Administration Prizer, Inc Administration Provider Name J Martinez Administration Posspontion Prizer, Inc Administration Prizer, Inc Administration Provider Name J Martinez Administration Provider Street Address 333 Oceanview Lane Designation City Stamford State CT Zip Code 06901 Country Valid Dose VES Validity Reason Completion Status* Complete Dose Number in Series Posseries 4 4	Immunization Schedule Used	ACIP	
Entering Organization Vaccine Group Pneumococcal, unspecified formulation Pneumococcal conjugate vaccine, 13 Pate/Time Administration-Start Administration-Bund Administration-Bund Administration Prizer, Inc Administration Provider Name J Martinez Administration Posspontion Prizer, Inc Administration Prizer, Inc Administration Provider Name J Martinez Administration Provider Street Address 333 Oceanview Lane Designation City Stamford State CT Zip Code 06901 Country Valid Dose VES Validity Reason Completion Status* Complete Dose Number in Series Posseries 4 4			
Vaccine Group pneumococcal, unspecified formulation Vaccine Administered Refusal Reason pneumococcal conjugate vaccine, 13 alent Date/Time Administration-Start 02/21/2011 Date/Time Administration-End Administration-End Administration-End Administration on End End End End End End End End End En			Tester Comment
Vaccine Administered Refusal Reason Date/Time Administration-Ead Administration-Ead Administration-Ead Administration Date/Time Administration-Ead Administration Date/Time Route of Administration Date/Time Administration Date/Time/Date/	Entering Organization		
Name	Vaccine Group	formulation	
Date/Time Administration-Start 02/21/2011 02/21/2			
Administration-Start Date/Time Administration-End D2/21/2011	Refusal Reason		
Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Administration Site Substance Manufacturer Name Administration Notes Name ID Number Administred-at Locator Facility ID Suscendands Street Address Street Address Street Address City Stanford State CT Zip Code Objoin Country Valid Dose Valid Tyesson Completion Status* Complete	Date/Time Administration-Start	02/21/2011	
Administered Units of Measure Route of Administration Administration Site Administration Notes Manufacturer Name Administering Provider Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City State CT Zip Code 06901 Country Valid Dose VES Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series IM Administration Notes Pfizer, Inc Pfizer,	Date/Time Administration-End	02/21/2011	
Measure	Administered Amount	0.5	
Administration IM Left Deltoid	Administered Units of Measure	mL	
Substance Manufacturer Name Administration Notes new immunization record new immunization record	Route of Administration	IM	
Manufacturer Name Prizer, Inc Administration Notes new immunization record Name J Martinez ID Number DCS_DC Street Address 333 Oceanview Lane Other Designation Stamford State CT Zip Code 06901 Country YES Valid Dose YES Validity Reason Complete Dose Number in Series 2 Number of Doses in Series 4	Administration Site	Left Deltoid	
Administering Provider Name J Martinez ID Number Administered-at Location 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 Administering Provider J Martinez Martin	Substance Manufacturer Name	Pfizer, Inc	
Name J Martinez	Administration Notes	new immunization record	
ID Number Administered-at Location	Administering Provider		
Administered-at Location 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 Number of Doses in Series A 333 Oceanview Lane DCS_DC State CT Stamford CT Stamford CT Stamford CT Stamford Stamford CT Stamford Stamford CT Stamford Stamford Stamford Stamford CT Stamford Stamford Stamford Stamford Stamford CT Stamford Stamford	Name	J Martinez	
Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City State CT Zip Code 06901 Country YES Valid Dose YES Validity Reason Complete Dose Number in Series 2 Number of Doses in Series 4	ID Number		
Street Address333 Oceanview LaneOther DesignationStamfordCityStamfordStateCTZip Code06901CountryYESValid DoseYESValidity ReasonCompleteDose Number in Series2Number of Doses in Series4	Administered-at Locatio	n	
Other DesignationCityStamfordStateCTCompletion Status*Completion Status*CompleteDose Number of Doses in Series4	Facility ID	DCS_DC	
DesignationCityStamfordStateCTCompletion Status*Completion Status*CompleteNumber of Doses in Series4	Street Address	333 Oceanview Lane	
StateCTZip Code06901CountryYESValid DoseYESValidity ReasonCompletion Status*Completion Status*CompleteDose Number in Series2Number of Doses in Series4	Other Designation		
Zip Code06901CountryValid DoseYESValidity ReasonCompletion Status*CompleteDose Number in Series2Image: Complete of Doses in Series of Doses in Series4	City	Stamford	
CountryYESValid DoseYESValidity ReasonCompleteCompletion Status*CompleteDose Number in Series2Number of Doses in Series4	State	CT	
Valid Dose YES Validity Reason	Zip Code	06901	
Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series 4	Country		
Completion Status* Complete Dose Number in Series Number of Doses in Series 4	Valid Dose	YES	
Completion Status* Complete Dose Number in Series Number of Doses in Series 4	Validity Reason		
Dose Number in Series 2 Number of Doses in Series 4	-	Complete	
Number of Doses in Series 4	Dose Number in Series	_	
	Number of Doses in Series		
		refers to the status of the dose of v	accine administered on the indicated date and

Name	Evaluated Immunization His	tory Information
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	
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 Locatio		
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	ACIEvaluated Immunization H	story Information
		J.
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	
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 Locatio		
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	Evaluated Patamunization
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
	0.25
Administered Units of Measure	mL
Route of Administration	IM
Administration Site	Left Thigh
Substance Manufacturer Name	Sanofi PasteurGlaxoSmithKline Biologicals SA
	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	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
Entering Organization	Oceanview Pediatrics

Vaccine Group	influevaluated if informulation His	tory Information
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
	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	
Route of Administration	IM	
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 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	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 Vaccine Group	Oceanview Pediatrics	
	influenza, unspecified formulation	

Refusal Reason	preservative free Production His	tory Information
Date/Time Administration-Start	10/02/2011	
Date/Time Administration-End	10/02/2011	
Administered Amount	.25	
Administered Units of Measure	mL	
Route of Administration	IM	
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		
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	11/0Évaluated Immunization H	story Information
Date/Time		
Administration-End	11/04/2012	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	IM	
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	CT	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
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	Hep A, unspecified formulation	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Da'C/Triptetion Status" Adwinistration Status'	refers to the status of the dose of v Dose Status". A status of "Comple	vaccine administered on the indicated date and te" means that the vaccine dose was

Date/Time Administration-End	11/25/20 uated Immunization History	Information
	0.5	
Administered Units of Measure	mL	
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
	Oceanview Pediatrics	
	Hep A, unspecified formulation	
	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time	05/23/2012	

Administration Ressure Route of Administration Administration Site Left Deltoid Substance Manufacturer Name Administration Notes Administration Notes ID Number Administration Notes ID Number Administred-art Location Facility ID Street Address Other Designation City State CT Zip Code 06901 Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Name Status in Immunization Schedule Used MMPV MMPV MMPV MMPV MMPV MMPV MMPV MMPV MMPV Maddinistration Notes ID Martinez ID	
Administration Site Left Deltoid Substance Manufacturer Name GlaxoSmithKline Biologicals SA Manufacturer Name J Martinez Name J Martinez ID Number DES DC Street Address 333 Oceanview Lane City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason Completion Status* Complete Doses in Series Series Substance Status in Immunization Scries Status in Immunization Scries Unamunization Scheduck Used Element Name Data Tester Comment Substance Sulvas immunization Scries Contine Comment Element Name Data Tester Comment Substance Collaboration Administration Scries Substance Collaboration Recomment Description Status Action Collaboration Scries Substance Col	
Substance Manufacturer Name Administration Notes new immunization record Administration Notes Name	
Manufacturer Name Administration Notes new immunization record Administering Provider Name J Martinez ID Number Administered-at Location 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 Name Status in Immunization Series Name Status in Immunization Schedule Used Element Name Data Tester Comment Entering Organization Shoreline Pediatries	
Administering Provider Name J Martinez ID Number Administered-at Location 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 Number of Doses in Series Name Status in Immunization Series Name Status in Immunization Series Name Element Name Data Tester Comment Element Name Data Tester Comment Element Name Shoreline Pediatrics	
Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose Valid Dose Validity Reason Completion Status* Complete Dose Number in Series 2 Number of Doses in Series Name Status in Immunization Series Name Element Name Data Tester Comment Element Name Data Tester Comment Entering Organization	
ID Number Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City State CT Zip Code 06901 Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used Element Name Data Data Tester Comment Tester Comment Entering Organization	
Administered-at Location 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 2 Number of Doses in Series Name Status in Immunization Series Name Status in Immunization Series Immunization Schedule Used Element Name Data Tester Comment Shoreline Pediatrics	
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 2 Number of Doses in Series Name Status in Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization	
Street Address Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series 2 Number of Doses in Series Name Status in Immunization Series Immunization Schedule Used Element Name Data Tester Comment Shoreline Pediatrics	
Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series 2 Number of Doses in Series 2 Immunization Series Name Status in Immunization Status in Immunization Series Immunization Schedule Used Element Name Data Tester Comment Entering Organization Shoreline Pediatrics	
Designation Stamford City Stamford State CT 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 Name Status in Immunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization Shoreline Pediatrics	
State CT Zip Code 06901 Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series 2 Number of Doses in Series 2 Immunization Series Name Status in Immunization Series Status in Immunization Series Immunization Schedule Used Element Name Data Tester Comment Entering Organization Shoreline Pediatrics	
Zip Code 06901	
Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series 2 Number of Doses in Series Series Immunization Series Name Status in Immunization Scries Immunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization Shoreline Pediatrics	
Valid Dose Validity Reason Completion Status* Complete Dose Number in Series 2 Number of Doses in Series Name Status in Immunization Series Name Immunization Schedule Used ACIP Element Name Data Tester Comment Shoreline Pediatrics	
Validity Reason Completion Status* Complete Dose Number in Series 2 Number of Doses in Series Name Status in Immunization Series Name Immunization Schedule Used Element Name Data Tester Comment Entering Organization Shoreline Pediatrics	
Completion Status* Complete Dose Number in Series Number of Doses in Series Name Status in Immunization Series Name Immunization Schedule Used Element Name Data Tester Comment Entering Organization Shoreline Pediatrics	
Dose Number in Series 2 Number of Doses in Series 2 Immunization Series Name Status in Immunization Series Series ACIP Element Name Data Tester Comment Entering Organization Shoreline Pediatrics	
Number of Doses in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used Element Name Data Tester Comment Entering Organization Shoreline Pediatrics	
Series 2	
Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization Shoreline Pediatrics	
Immunization Schedule Used	
Element Name Data Tester Comment Entering Organization Shoreline Pediatrics	
Entering Organization Shoreline Pediatrics	
Entering Organization Shoreline Pediatrics	
MOODING FROM MAIN	
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	

	mL Evaluated Immunization History I	
Measure 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	СТ	
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	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	MMRV	
	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	mL	

Administration Site	Left Evaluated Immunization History Information
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	CT
Zip Code	06901
Country	
Valid Dose	YES
Validity Reason	
Completion Status*	Complete
Dose Number in Series	
Number of Doses in Series	2
Immunization Series Name	
Status in Immunization Series	
Immunization Schedule Used	ACIP

^{* &}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		
Latest Date to Give	05/22/2011		
Date When Vaccine Overdue	05/23/2011		
Status in Immunization Series			
Forecast Reason			

Immunization Forecast Element Name Data Tester Comment				
Vaccine Group	IPV	rester Comment		
Vaccine Group 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		
Element Name Vaccine Group	Data MMR	Tester Comment		
		Tester Comment		
Vaccine Group	MMR	Tester Comment		
Vaccine Group Vaccine Due Date	MMR 11/22/2013	Tester Comment		
Vaccine Group Vaccine Due Date Earliest Date to Give	MMR 11/22/2013 11/22/2013	Tester Comment		
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine	MMR 11/22/2013 11/22/2013 11/22/2015	Tester Comment		
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization	MMR 11/22/2013 11/22/2013 11/22/2015	Tester Comment		
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization Series Forecast Reason	MMR 11/22/2013 11/22/2013 11/22/2015 11/23/2015			
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization Series Forecast Reason Element Name	MMR 11/22/2013 11/22/2015 11/23/2015 Data	Tester Comment Tester Comment		
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization Series Forecast Reason Element Name Vaccine Group	MMR 11/22/2013 11/22/2013 11/22/2015 11/23/2015			
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization Series Forecast Reason Element Name	MMR 11/22/2013 11/22/2015 11/23/2015 Data			
Vaccine Group Vaccine Due Date Earliest Date to Give Latest Date to Give Date When Vaccine Overdue Status in Immunization Series Forecast Reason Element Name Vaccine Group	MMR 11/22/2013 11/22/2013 11/22/2015 11/23/2015 Data Varicella			
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