Patient Information

| Element | Data |
|----------------------|---|
| Patient Name | Lacy Wells |
| Mother's Maiden Name | |
| ID Number | 22533 |
| Date/Time of Birth | 04/30/2011 |
| Administrative Sex | Female |
| Patient Address 1 | 12 North Oak St Bozeman MT 59715 USA |
| Local Number | (406)555-2914 |
| Race1 | White |
| Ethnic Group | Not Hispanic or Latino |
| Birth Order | 1 |

Immunization Registry Information

| Element | Data |
|---|--------------------|
| Immunization Registry Status | A |
| Immunization Registry Status Effective Date | 04/30/2011 |
| Publicity Code | No reminder/recall |
| Publicity Code Effective Date | 06/25/2015 |
| Protection Indicator | Yes |
| Protection Indicator Effective Date | 06/25/2015 |

Guardian or Responsible Party

| Element | Data |
|--------------|---|
| Name | Janelle Trudeau |
| Relationship | Guardian |
| Address1 | 12 North Oak St Bozeman MT 59715 USA |
| Phone Number | (406)555-2914 |

-Vaccine Administration Information[*]

Vaccine Administration Information - 1

| Element | Data |
|-----------------------------------|--------------|
| Administered Code | ProQuad |
| Date/Time Start of Administration | 06/25/2015 |
| Administered Amount | 0.5 |
| Administered Units | mL |
| Administration Notes | New Record |
| Administering Provider | Lily Jackson |

| Substance Lot Number | 407453 |
|------------------------------------|---------------------|
| Substance Expiration Date | 10/15/2015 |
| Substance Manufacturer Name | Merck and Co., Inc. |
| Substance/Treatment Refusal Reason | |
| Completion Status | CP |
| Action Code | Add |
| Route | Subcutaneous |
| Administration Site | Right Deltoid |
| Entering Organization | West Clinic |
| Entered By | Lily Jackson |
| Ordered By | Wilma Thomas |

-Observations -

| Element | Data |
|-------------------------------------|-------------------------------------|
| Vaccine Funding Source | Private |
| Vaccine Funding Program Eligibility | Not VFC Eligible |
| Document Type | Measles/Mumps/Rubella/Varicella VIS |
| Date Vis Presented | 06/25/2015 |

Vaccine Administration Information - 2

| Element | Data |
|------------------------------------|-----------------|
| Administered Code | KINRIX |
| Date/Time Start of Administration | 06/25/2015 |
| Administered Amount | 0.5 |
| Administered Units | mL |
| Administration Notes | New Record |
| Administering Provider | Lily Jackson |
| Substance Lot Number | 88402 |
| Substance Expiration Date | 07/30/2015 |
| Substance Manufacturer Name | GlaxoSmithKline |
| Substance/Treatment Refusal Reason | |
| Completion Status | CP |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Deltoid |
| Entering Organization | West Clinic |
| Entered By | Lily Jackson |
| Ordered By | Wilma Thomas |

-Observations -

| Element | Data |
|---------|------|
| | |

| Vaccine Funding Source | Private |
|--|---|
| Vaccine Funding Program Eligibility | Not VFC Eligible |
| Document Type | Polio VIS |
| Date Vis Presented | 06/25/2015 |
| Document Type | Diphtheria/Tetanus/Pertussis (DTaP) VIS |
| Date Vis Presented | 06/25/2015 |

| Element | Data |
|----------------------|--------------------------------------|
| Patient Name | Lacy Wells |
| Mother's Maiden Name | |
| ID Number | 22533 |
| Date/Time of Birth | 04/30/2011 |
| Administrative Sex | Female |
| Patient Address 1 | 12 North Oak St Bozeman MT 59715 USA |
| Local Number | (406)555-2914 |
| Race1 | White |
| Ethnic Group | Not Hispanic or Latino |
| Birth Order | 1 |

| Element | Data |
|---|--------------------|
| Immunization Registry Status | A |
| Immunization Registry Status Effective Date | 04/30/2011 |
| Publicity Code | No reminder/recall |
| Publicity Code Effective Date | 06/25/2015 |
| Protection Indicator | Yes |
| Protection Indicator Effective Date | 06/25/2015 |

| Element | Data |
|--------------|--------------------------------------|
| Name | Janelle Trudeau |
| Relationship | Guardian |
| Address1 | 12 North Oak St Bozeman MT 59715 USA |
| Phone Number | (406)555-2914 |

Vaccine Administration Information - 1

| Element | Data |
|-----------------------------------|------------|
| Administered Code | ProQuad |
| Date/Time Start of Administration | 06/25/2015 |
| Administered Amount | 0.5 |
| Administered Units | mL |

| Administration Notes | New Record |
|------------------------------------|---------------------|
| Administering Provider | Lily Jackson |
| Substance Lot Number | 407453 |
| Substance Expiration Date | 10/15/2015 |
| Substance Manufacturer Name | Merck and Co., Inc. |
| Substance/Treatment Refusal Reason | |
| Completion Status | CP |
| Action Code | Add |
| Route | Subcutaneous |
| Administration Site | Right Deltoid |
| Entering Organization | West Clinic |
| Entered By | Lily Jackson |
| Ordered By | Wilma Thomas |

—Observations—

| Element | Data |
|-------------------------------------|-------------------------------------|
| Vaccine Funding Source | Private |
| Vaccine Funding Program Eligibility | Not VFC Eligible |
| Document Type | Measles/Mumps/Rubella/Varicella VIS |
| Date Vis Presented | 06/25/2015 |

Vaccine Administration Information - 2

| Element | Data |
|------------------------------------|-----------------|
| Administered Code | KINRIX |
| Date/Time Start of Administration | 06/25/2015 |
| Administered Amount | 0.5 |
| Administered Units | mL |
| Administration Notes | New Record |
| Administering Provider | Lily Jackson |
| Substance Lot Number | 88402 |
| Substance Expiration Date | 07/30/2015 |
| Substance Manufacturer Name | GlaxoSmithKline |
| Substance/Treatment Refusal Reason | |
| Completion Status | СР |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Deltoid |
| Entering Organization | West Clinic |
| Entered By | Lily Jackson |
| Ordered By | Wilma Thomas |

Observations—

| Element | Data |
|---------|------|
| | |

| Vaccine Funding Source | Private |
|-------------------------------------|---|
| Vaccine Funding Program Eligibility | Not VFC Eligible |
| Document Type | Polio VIS |
| Date Vis Presented | 06/25/2015 |
| Document Type | Diphtheria/Tetanus/Pertussis (DTaP) VIS |
| Date Vis Presented | 06/25/2015 |