E	Evaluated Immunization History and Immunization Forecast		
Test Case ID	Query the Registry for Juana Mariana Vazquez		
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	rity	
Namespace ID	MYEHR	
ID Type	MR	
Patient Identifier		
ID Number	987633	
Assigning Author	rity	
Namespace ID	MYIIS	
ID Type	SR	
Name	Juana Mariana Vazquez	
Date of Birth	11/01/2011	
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	11/01/2011		

	Evaluated Immunization H	istory Information
Date/Time Administration-End	11/01/2011	
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	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	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	12/20/2011	

	Evaluated Immunization H	istory Information
Date/Time Administration-End	12/20/2011	
Administration-End 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	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	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	05/20/2012	

	Evaluated Immunization Hi	story Information
Date/Time Administration-End	05/20/2012	
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 Location	n	
Facility ID	DCS_DC	
Street Address		
Other		
Designation City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason	TES	
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	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Refusal Reason		

Administration-Start Distributed Machinistration End Administration End Administration End Administration End Administration Measure Route of Administration State In Thigh Substance Manufacturer Name Administration Notes Administration Notes In Thigh In T		Evaluated Immunization His	story Information
Date/Time Administration-End Administred Amount Administrated Amount Administration Measure Manue of Administration Site Substance Manufacturer Name Administration Notes Manufacturer Name Administration Notes Manufacturer Name Administration Notes Manufacturer Name Administration Notes Manufacturer Name ID Number Administration Notes Name ID Number Administred-at Location Facility ID Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Complete Dose Number in Series ID Number of Doses in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used Element Name Data Tester Comment Entering Organization Oceanview Pediatrics unspecified Usecine Administered Vaccine Administrated Vaccine Administrated Vaccine Administrated Vaccine Administrated Oceanview Pediatrics Unspecified Vaccine Administered Vaccine Administered Vaccine Administered Oceanview Pediatrics Unspecified Vaccine Administered Vaccine Administered Vaccine Administered Oceanview Pediatrics Unspecified Vaccine Administered Vaccine Administered Vaccine Administered Oceanview Pediatrics Unspecified Vaccine Administered Vaccine Administered Vaccine Administered Oceanview Pediatrics Unspecified Vaccine Administered Vaccine Administered Oceanview Pediatrics Unspecified Vaccine Administered Vaccine Administered Oceanview Pediatrics Unspecified Vaccine Seriessis	Date/Time	01/22/2012	
Administered Amount Administration and Machinistered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administration	Date/Time	01/22/2012	
Administration of Measure Route of Administration IM Administration Site Left Thigh Substance Manufacturer Name Administration Notes Administration Notes Administration Notes Administration Notes Administration Provider Name J Martinez ID Number Administrated-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Name Status in Immunization Series Name Status in Immunization Series Name Eatering Organization Occanview Pediatries diphtheria, tetanus toxoids and accidular pertussis vaccine, s pertussis			
Measure Route of Administration Administration Administration Site Substance Manufacturer Name Administration Notes Administration Notes Name Administration Provider Name J Martinez ID Number Administred-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 States Immunization Series Name Element Name Element Name Data Data Tester Comment			
Administration Site Substance Manufacturer Name Administration Notes Administration Notes Name ID Number Administered-at Location Facility ID Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Inmunization Series Number of Doses in Series Number of Doses in Series Number of Doses in Series Immunization Series Name Data Tester Comment Element Name Data Tester Comment Giphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Waccine Administered Vaccine Comment Vaccine Administered	Measure	mL	
Substance Manufacturer Name Administration Notes Name J Martinez ID Number Administered-at Location Facility ID Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Name Statis in Immunization Series Name Statis in Immunization Series Name Statis in Immunization Series Name Ettering Organization Vaccine Administered Vaccine Administered Vaccine Administered Vaccine Administered Vaccine Administered Sanofi Pasteur Ine Numunization record Administration record Administration record Dos Number Dos Des Des Description Sanofi Pasteur Ine Dose Juminization Series Status in Immunization Series Status in Immunization Series Status in Immunization Series Status in Immunization Series Name Status in Immu	Route of Administration	IM	
Manufacturer Name Administration Notes Name J Martinez ID Number Administering Provider Name J Martinez Administering Provider Name J Martinez Administered-at Location Facility ID 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 Name Status in Immunization Series Name Status in Immunization Series Name Element Name Data Tester Comment Entering Organization Vaccine Group Vaccine Group Vaccine Group Vaccine Administered Vaccine Administered Vaccine Administered Vaccine Administered Administration Sperus I Martinez I	Administration Site	Left Thigh	
Administering Provider Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose VES Validity Reason Completion Status* Complete Dose Number in Series Name Status In Immunization Series Name Status In Immunization Scries Name Element Name Data Tester Comment Element Name Data Tester Comment Vaccine Group Vaccine Group Vaccine Administered J Martinez DOS_DC DCS_DC D	Substance Manufacturer Name	Sanofi Pasteur Inc	
Name	Administration Notes	new immunization record	
TD Number DCS_DC Street Address DOther Designation DCS_DC State Designation City State Zip Code Country Valid Dose YES Validity Reason Complete Dose Number in Series Series Statuminization Scries Series Immunization Scries State State Name Data Tester Comment Entering Organization Cocanview Pediatrics Vaccine Group Used Uiphtheria, tetanus toxoids and acellular pertussis vaccine, uspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	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 Inmunization Series Name 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 diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Name	J Martinez	
Street Address Other Designation City State Zip Code 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 Immunization Schedule Used ACIP Element Name Data Data Tester Comment Coenview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Uvaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	ID Number		
Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Inmunization Series Name Status in Immunization Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Entering Organization Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified unspecified Used Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Administered-at Location	n	
Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Inmunization Series 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 Waccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Facility ID	DCS_DC	
City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Inmunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Coment in Series Activation Schedule Used Activation Schedule Used Tester Comment Tester Comment Activation Schedule Used Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Street Address		
State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Inmunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Other Designation		
Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Inmunization Series Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	City		
Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Inmunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Waccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	State		
Validity Reason Completion Status* Complete Dose Number in Series I Number of Doses in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used Element Name Entering Organization Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Zip Code		
Validity Reason Completion Status* Complete Dose Number in Series I Number of Doses in Series Same Status in Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Country		
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 diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Valid Dose	YES	
Dose Number in Series 1	Validity Reason		
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 diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Completion Status*	Complete	
Series Series Series Series Series Series Series Status in Immunization Series Ser	Dose Number in Series	1	
Status in Immunization Series	Number of Doses in Series	5	
Immunization Schedule Used	Immunization Series Name		
Element Name Data Tester Comment Entering Organization Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Status in Immunization Series		
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	Immunization Schedule Used	ACIP	
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			
Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Element Name		Tester Comment
Vaccine Group acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Entering Organization	Oceanview Pediatrics	
acellular pertussis vaccine, 5 pertussis	Vaccine Group	acellular pertussis vaccine,	
Refusal Reason	Vaccine Administered		
	Refusal Reason		

	Evaluated Immunization His	story Information
Date/Time	03/23/2012	·
Administration-Start	03/23/2012	
Date/Time Administration-End	03/23/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
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	2	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Electrical N	D. /	Today
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization	diphtheria, tetanus toxoids and	
Vaccine Group	acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		

Administration-Start Date/Time Administration-End Administration End Administration End Administration Measure Route of Administration Route of Administration Status Substance Manufacturer Name Administration Notes Administration Notes Administration Notes Administration Notes Administration Provider Name J Martinez ID Number Administration Totalion Facility ID Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Complete Dose Number in Series Number of Doses in Series Streets in Immunization Series Name Element Name Element Name Data Tester Comment Data Tester Comment Centry Relevant Relvant Relevant Relevant Relevant Relevant Relevant Relevant Relev		Evaluated Immunization His	story Information
Administered Amount Administered Units of Measure Route of Administration Administration Administration IM Administration Site Substance Manufacturer Name Administration Notes new immunization record Administration Provider Name J Martinez ID Number Administered-at Location Facility ID DCS DC Street Address Other Designation City State Jip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number of Doses in Series Name Status in Immunization Schedule Used Element Name Data Data Tester Comment Data Tester Comment Data Tester Comment Vaccine Group unspecified diphtheria, tetanus toxoids and decellular pertussis vaccine, unspecified Used	Date/Time Administration-Start	05/22/2012	
Administration Measure Route of Administration 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 Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Satus in Immunization Series Name Element Name Data Tester Comment Element Name Data Tester Comment Data Tester Comment ACIP Left Thigh Martinez Immunization Schedule Used Left Thigh Sanofi Pasteur Inc Martinez DOS_DC DOS_DC Street Address Other DOS_DC Street Address Other Country Valid Dose VES Validity Reason Completion Status* Complete Dose Number in Series Status in Immunization Series Left Thigh ACIP Element Name Data Tester Comment Left Etanus toxoids and accellular pertussis vaccine, unspecificed diphtheria, tetanus toxoids and dipthheria, tetanus toxoids and	Date/Time Administration-End	05/22/2012	
Measure Route of Administration Site 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 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 Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and dipthheria, tetanus toxoids and	Administered Amount	0.5	
Administration M Administration Site Left Thigh Substance Sanofi Pasteur Inc Administration Notes new immunization record Administration Notes Name J Martinez ID Number DCS DC Street Address DCS DCS Street Addres	Administered Units of Measure	mL	
Substance Manufacturer Name Administration Notes Name J Martinez ID Number Administred-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Name Status in Immunization Series Name Status in Immunization Series Immunization Schedulc Used Element Name Data Tester Comment Entering Organization Coeanview Pediatries diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and diph	Route of Administration	IM	
Manufacturer Name Administration Notes Administration Provider Name J Martinez ID Number Administered-at Location Facility ID Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Number of Doses in Series Immunization Scries Name Lity Lity Lity Lity Lity Lity Lity Lit	Administration Site	Left Thigh	
Administering Provider Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Name Series Immunization Series Name Element Name Data Tester Comment Data Tester Comment Candidation and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified Used Vaccine Group Vaccine Group Vaccine Group Vaccine Group Vaccine Administrated diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	Substance Manufacturer Name	Sanofi Pasteur Inc	
Name J Martinez ID Number Administered-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Name Series Immunization Series Name Element Name Element Name Data Tester Comment Catering Organization Oceanview Pediatrics diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	Administration Notes	new immunization record	
ID Number 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 Series Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization Vaccine Group Waccine Administered diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	Administering Provider		
Administered-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose Valid Yeason Completion Status* Complete Dose Number in Series Number of Doses in Series Immunization Series Name Status in Immunization Status in Immunization Status in Immunization Status in Immunization Steries Immunization Schedule Used ACIP Element Name Data Tester Comment Occanview Pediatrics diphtheria, tetanus toxoids and accelular pertussis vaccine, unspecified Waccine Group Waccine Administrated diphtheria, tetanus toxoids and accelular pertussis vaccine, unspecified	Name	J Martinez	
Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Name Status in Immunization Series Name Element Name Data Tester Comment Desarration of Coeanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Uvacine Administered diphtheria, tetanus toxoids and	ID Number		
Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Immunization Series Immunization Series Immunization Schedule Used Element Name Data Tester Comment Data Tester Comment Vaccine Group diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and diph	Administered-at Locatio	n	
Other Designation City State Zip Code Country Valid Dose Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Some Series Immunization Series Immunization Series Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Occanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Waccine Group Vaccine Administered diphtheria, tetanus toxoids and diphtheria,	Facility ID	DCS_DC	
Designation City State Zip Code Country Valid Dose VES Validity Reason Completion Status* Complete Dose Number in Series Series Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Wassin Administered diphtheria, tetanus toxoids and	Street Address		
State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series 3 Number of Doses in Series Name Status in Immunization Series Name Status in Immunization Steries Immunization Schedule Used ACIP Element Name Data Tester Comment Cocanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	Other Designation		
Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series 3 Number of Doses in Series Series Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Cocanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	City		
Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series 3 Number of Doses in Series Status in Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Coeanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Wassing Administered diphtheria, tetanus toxoids and	State		
Validity Reason Completion Status* Complete Dose Number in Series 3 Number of Doses in Series Name Status in Immunization Series Immunization Schedule Used Element Name Element Name Data Tester Comment Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Waccine Group Vaccine Administered diphtheria, tetanus toxoids and	Zip Code		
Validity Reason Completion Status* Complete Dose Number in Series 3 Number of Doses in Series Series Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Tester Comment Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	Country		
Completion Status* Complete Dose Number in Series 3 Number of Doses in Series Series Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Coeanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	Valid Dose	YES	
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 diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	Validity Reason		
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 diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and	Completion Status*	Complete	
Series Same	Dose Number in Series	3	
Status in Immunization Series Immunization Schedule Used Element Name Data Tester Comment Cocanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Group diphtheria, tetanus toxoids and	Number of Doses in Series	5	
Immunization Schedule Used	Immunization Series Name		
Element Name Data Tester Comment Cocanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Usecine Administered diphtheria, tetanus toxoids and	Status in Immunization Series		
Entering Organization Oceanview Pediatrics Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and	Immunization Schedule Used	ACIP	
Entering Organization Oceanview Pediatrics Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and			
Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and diphtheria, tetanus toxoids and			Tester Comment
Vaccine Group acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	Entering Organization		
	Vaccine Group	acellular pertussis vaccine,	
* / 1	Vaccine Administered		
Refusal Reason	Refusal Reason		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	02/21/2013	
Date/Time Administration-End	02/21/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
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	4	
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	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	01/22/2012	
Date/Time Administration-End	01/22/2012	
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		
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	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	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	03/23/2012	
Date/Time Administration-End	03/23/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
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	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		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	05/22/2012	
Date/Time Administration-End	05/22/2012	
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		
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	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	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		

	Evaluated Immunization H	listory Information
Date/Time	11/21/2012	
Administration-Start Date/Time	1	
Administration-End	11/21/2012	
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)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	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	rester comment
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason	prototius taconic, macritated	
Date/Time		
Administration-Start	01/22/2012	

	Evaluated Immunization His	tory Information
Date/Time Administration-End	01/22/2012	
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 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	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	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration-Start	03/23/2012	
Date/Time Administration-End	03/23/2012	

	Evaluated Immunization Hi	story Information
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 Location	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	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	01/22/2012	
Date/Time Administration-End	01/22/2012	

Evaluated Immunization History Information		
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	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
	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	03/23/2012	
Date/Time Administration-End	03/23/2012	

	Evaluated Immunization Hi	story Information
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		
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	
	IL	
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	05/22/2012	
Date/Time Administration-End	05/22/2012	

	Evaluated Immunization Hi	story Information
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	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	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	01/11/2013	
Date/Time Administration-End	01/11/2013	

	Evaluated Immunization H	istory Information
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Pfizer, Inc	
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	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization		
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason Date/Time		
Administration-Start	01/22/2012	
Date/Time Administration-End	01/22/2012	
Administered Amount	0.5	

	Evaluated Immunization His	tory Information
Administered Units of	mL	
Measure		
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 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	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	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration-Start	03/23/2012	
Date/Time Administration-End	03/23/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	

	Evaluated Immunization His	story Information
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	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	1 LU	
	Complete	
Completion Status*		
Dose Number in Series 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	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	09/25/2012	
Date/Time Administration-End	09/25/2012	
Administered Amount	0.25	
Administered Units of Measure	mL	

	Evaluated Immunization His	story Information
Route of	IM	
Administration		
Administration Site	Left Thigh	
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	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in		
Series Series	2	
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	10/29/2012	
Date/Time Administration-End	10/29/2012	
Administered Amount	0.25	
Administered Units of Measure	mL	
	,	

	Evaluated Immunization His	story Information
Route of	IM	
Administration		
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	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	10/02/2013	
Date/Time Administration-End	10/02/2013	
Administered Amount	.25	
Administered Units of Measure	mL	

D		story Information
Route of	IM	
Administration		
	Left Deltoid	
	Sanofi PasteurGlaxoSmithKline 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		
	Complete	
_	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
8 8	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	11/04/2014	
Date/Time Administration-End	11/04/2014	
Administered Amount	0.25	
Administered Units of Measure	mL	

	Evaluated Immunization Hi	story Information
Route of	IM	
Administration		
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 Location	on .	
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		
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		
Date/Time Administration-Start	11/23/2012	
Date/Time Administration-End	11/23/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	

	Evaluated Immunization Hi	story Information
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	СТ	
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
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time Administration-Start	05/23/2013	
Date/Time Administration-End	05/23/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	

	Evaluated Immunization His	tory Information
Route of Administration	ĪM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	GlaxoSmithKline 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	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	Shoreline Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	08/22/2012	
Date/Time Administration-End	08/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	

	Evaluated Immunization His	tory Information
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	on .	
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	
		m + 0
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason Date/Time	11/22/2015	
Administration-Start Date/Time	11/22/2015	
Administration-End Administered Amount	0.5	
Administered Amount Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Administration Site	Lett Deltoid	

	Evaluated Immunization Hi	story Information	
Substance Manufacturer Name	Merck Sharp and Dohme Corp		
Administration Notes	new immunization record		
Administering Provider			
Name	J Martinez		
ID Number			
Administered-at Location	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		
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	Varicella virus vaccine		
Vaccine Administered	varicella virus vaccine		
Refusal Reason			
Date/Time Administration-Start	12/15/2013		
Date/Time Administration-End	12/15/2013		
Administered Amount	0.5		
Administered Units of Measure	mL		
Route of Administration	Subcutaneous		
Administration Site	Right Deltoid		
Substance Manufacturer Name	Merck Sharp and Dohme Corp		

Evaluated Immunization History Information			
Administration Notes	new immunization record		
Administering Provider	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	CT		
Zip Code	06901		
Country			
Valid Dose	YES		
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		

^{* &}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 Fo	recast
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	04/29/2012	
Earliest Date to Give	04/29/2012	
Latest Date to Give		
Date When Vaccine Overdue	04/30/2013	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/01/2016	
Earliest Date to Give	09/01/2016	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	10/31/2015	
Earliest Date to Give	10/31/2015	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	10/31/2015	
Earliest Date to Give	10/31/2015	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2017	
Status in Immunization Series		
Forecast Reason		