

Patient Information

Element	Data
Patient Name	Russell Clint Richardson
Mother's Maiden Name	Billington
ID Number	3123
Date/Time of Birth	04/15/2015
Administrative Sex	Male
Patient Address	543 Blount Drive Bozeman MT 59715 USA
Local Number	(406)555-7690
Race	American Indian or Alaska Native
Ethnic Group	Not Hispanic or Latino
Birth Order	1

Immunization Registry Information

Element	Data
Immunization Registry Status	A
Immunization Registry Status Effective Date	04/15/2015
Publicity Code	Recall only - no calls
Publicity Code Effective Date	06/24/2015
Protection Indicator	No
Protection Indicator Effective Date	06/24/2015

Guardian or Responsible Party

Element	Data
Name	Maria Elizabeth Richardson
Relationship	Mother
Address	543 Blount Drive Bozeman MT 59715 USA
Phone Number	(406)555-7690

Guardian or Responsible Party

Element	Data
Name	John William Richardson
Relationship	Father
Address	543 Blount Drive Bozeman MT 59715 USA
Phone Number	(406)555-8299

Vaccine Administration Information

Element	Data
Administered Code	DTaP-Hep B-IPV
Date/Time Start of Administration	06/24/2015
Administered Amount	0.5

Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	526434
Substance Expiration Date	07/22/2015
Substance Manufacturer Name	GlaxoSmithKline
Substance/Treatment Refusal Reason	
Completion Status	CP
Action Code	Add
Route	Intramuscular
Administration Site	Right Thigh
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

Observations

Element	Data
Vaccine Funding Source	Public
Vaccine Funding Program Eligibility	VFC Eligible - American Indian/Alaska Native
Document Type	Polio VIS
Date Vis Presented	
Document Type	Hepatitis B VIS
Date Vis Presented	
Document Type	Diphtheria/Tetanus/Pertussis (DTaP) VIS
Date Vis Presented	

Vaccine Administration Information

Element	Data
Administered Code	rotavirus, pentavalent
Date/Time Start of Administration	06/24/2015
Administered Amount	2.0
Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	297961
Substance Expiration Date	09/16/2015
Substance Manufacturer Name	Merck and Co., Inc.
Substance/Treatment Refusal Reason	
Completion Status	CP
Action Code	Add
Route	Oral
Administration Site	

Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

Observations

Element	Data
Vaccine Funding Source	Public
Vaccine Funding Program Eligibility	VFC Eligible - American Indian/Alaska Native
Document Type	Rotavirus VIS
Date Vis Presented	

Vaccine Administration Information

Element	Data
Administered Code	Pneumococcal conjugate PCV 13
Date/Time Start of Administration	06/24/2015
Administered Amount	0.5
Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	353480
Substance Expiration Date	07/29/2015
Substance Manufacturer Name	Pfizer, Inc
Substance/Treatment Refusal Reason	
Completion Status	CP
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

Observations

Element	Data
Vaccine Funding Source	Public
Vaccine Funding Program Eligibility	VFC Eligible - American Indian/Alaska Native
Document Type	Pneumococcal Conjugate (PCV13) VIS
Date Vis Presented	

Vaccine Administration Information

Element	Data
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Administered Code	Hep B, unspecified formulation
Date/Time Start of Administration	04/16/2015
Administered Amount	999
Administered Units	
Administration Notes	Historical Administration
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	CP
Action Code	Add
Route	
Administration Site	
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	

Vaccine Administration Information

Element	Data
Administered Code	Hep B, unspecified formulation
Date/Time Start of Administration	05/15/2015
Administered Amount	999
Administered Units	
Administration Notes	Historical Administration
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	CP
Action Code	Add
Route	
Administration Site	
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	