

**Patient Information**

Element	Data
Patient Name	BG2 Morales
Mother's Maiden Name	Joanna Morales
ID Number	123456 987633
Date/Time of Birth	03/30/2015 11:00
Administrative Sex	Female
Patient Address	3321 Standish Way Stamford CT 06903 USA
Local Number	(203)555-1212
Race	White
Ethnic Group	Hispanic or Latino
Multiple Birth Indicator	No
Birth Order	

**Vaccine Administration Information[\*]****Vaccine Administration Information**

Element	Data
Administered Vaccine	Hepatitis B
Date/Time Start of Administration	10/01/2015
Administered Amount	0.5
Administered Units	
Administration Notes	
Administering Provider	Susan Pike
Substance Lot Number	6332FL432
Substance Expiration Date	12/14/2015
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	IM
Administration Site	Left Thigh
Entering Organization	Stamford Regional Hospital
Entered By	Susan Pike
Ordered By	Justin Parker

Element	Data
vaccine type	Hep B Peds NOS
dose number in series	
number of doses in series	
Immunization Schedule used	ACIP
Dose validity	

**Vaccine Administration Information**

Element	Data
Administered Vaccine	no vaccine admin
Date/Time Start of Administration	06/01/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	
Route	
Administration Site	
Entering Organization	StateIIS
Entered By	Myron Clerk
Ordered By	

Element	Data
vaccine type	Hep B, unspecified formulation
Earliest date to give	10/31/2015
Date vaccination due	10/31/2015
Latest date next dose may be given	11/30/2015
Date dose is overdue	12/01/2015
Immunization Schedule used	ACIP
dose number in series	

### Vaccine Administration Information

Element	Data
Administered Vaccine	no vaccine admin
Date/Time Start of Administration	06/01/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	
Route	

Administration Site	
Entering Organization	StateIIS
Entered By	Myron Clerk
Ordered By	

Element	Data
vaccine type	DTaP, unspecified formulation
Immunization Schedule used	ACIP
Earliest date to give	11/30/2015
Date vaccination due	11/30/2015
dose number in series	

### Vaccine Administration Information

Element	Data
Administered Vaccine	no vaccine admin
Date/Time Start of Administration	06/01/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	
Route	
Administration Site	
Entering Organization	StateIIS
Entered By	Myron Clerk
Ordered By	

Element	Data
vaccine type	Hib
Immunization Schedule used	ACIP
Earliest date to give	11/30/2015
Date vaccination due	11/30/2015
dose number in series	

### Vaccine Administration Information

Element	Data
Administered Vaccine	no vaccine admin
Date/Time Start of Administration	06/01/2015

Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	
Route	
Administration Site	
Entering Organization	StateIIS
Entered By	Myron Clerk
Ordered By	

Element	Data
vaccine type	IPV
Immunization Schedule used	ACIP
Earliest date to give	11/30/2015
Date vaccination due	11/30/2015
dose number in series	

### Vaccine Administration Information

Element	Data
Administered Vaccine	no vaccine admin
Date/Time Start of Administration	06/01/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	
Route	
Administration Site	
Entering Organization	StateIIS
Entered By	Myron Clerk
Ordered By	

Element	Data
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vaccine type	Pneumococcal Conjugate, unspecified formulation
Immunization Schedule used	ACIP
Earliest date to give	11/30/2015
Date vaccination due	11/30/2015
dose number in series	

### Vaccine Administration Information

Element	Data
Administered Vaccine	no vaccine admin
Date/Time Start of Administration	06/01/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	
Route	
Administration Site	
Entering Organization	StateIIS
Entered By	Myron Clerk
Ordered By	

Element	Data
vaccine type	rotavirus, unspecified formulation
Immunization Schedule used	ACIP
Earliest date to give	11/30/2015
Date vaccination due	11/30/2015
dose number in series	

### Vaccine Administration Information

Element	Data
Administered Vaccine	no vaccine admin
Date/Time Start of Administration	06/01/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	

Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	
Route	
Administration Site	
Entering Organization	StateIIS
Entered By	Myron Clerk
Ordered By	

Element	Data
vaccine type	influenza, unspecified formulation
Immunization Schedule used	ACIP
Earliest date to give	08/31/2016
Date vaccination due	08/31/2016
dose number in series	

### Vaccine Administration Information

Element	Data
Administered Vaccine	no vaccine admin
Date/Time Start of Administration	06/01/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	
Route	
Administration Site	
Entering Organization	StateIIS
Entered By	Myron Clerk
Ordered By	

Element	Data
vaccine type	Hep A, unspecified formulation
Immunization Schedule used	ACIP
Earliest date to give	09/30/2016
Date vaccination due	09/30/2016
Latest date next dose may be given	09/30/2017

Date dose is overdue	10/01/2017
dose number in series	

### Vaccine Administration Information

Element	Data
Administered Vaccine	no vaccine admin
Date/Time Start of Administration	06/01/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	
Route	
Administration Site	
Entering Organization	StateIIS
Entered By	Myron Clerk
Ordered By	

Element	Data
vaccine type	MMR
Immunization Schedule used	ACIP
Earliest date to give	09/30/2016
Date vaccination due	09/30/2016
Latest date next dose may be given	12/29/2016
Date dose is overdue	12/30/2016
dose number in series	

### Vaccine Administration Information

Element	Data
Administered Vaccine	no vaccine admin
Date/Time Start of Administration	06/01/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	

Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	
Route	
Administration Site	
Entering Organization	StateIIS
Entered By	Myron Clerk
Ordered By	

Element	Data
vaccine type	Varicella
Immunization Schedule used	ACIP
Earliest date to give	09/30/2016
Date vaccination due	09/30/2016
Latest date next dose may be given	12/29/2016
Date dose is overdue	12/30/2016
dose number in series	