Evaluated Immunization History and Immunization Forecast		
Test Case ID	Patient Juana Mariana Gonzales	
Juror ID		
Juror Name		
HIT System Tested		
<b>Inspection Date/Time</b>		
<b>Inspection Settlement</b>	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	ity	
Namespace ID	MYIIS	
ID Type	SR	
Name	Juana Mariana Gonzales	
Date of Birth	12/23/2009	
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	

	Evaluated Immunization H	story Information
Date/Time Administration-End	11/23/2009	
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	
<b>Administering Provider</b>		
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	01/15/2010	

	Evaluated Immunization H	istory Information
Date/Time Administration-End	01/15/2010	
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	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	10/30/2010	

	Evaluated Immunization Hi	story Information
Date/Time Administration-End	10/30/2010	
Administered Amount	0.5	
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 Locatio		
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	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 01/22/2010 0		<b>Evaluated Immunization His</b>	story Information
Administration-End Administration Machinistration Machinistration Machinistration Manufacturer Name Administration Notes Name Administration Notes Name Administration Notes Name I Martinez ID Number Pacifity 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	Date/Time Administration-Start	01/22/2010	
Administration mL.  Route of Administration Site	Date/Time Administration-End	01/22/2010	
Measure Route of Administration IM Administration Site Left Thigh Substance Manufacturer Name Administration Notes new immunization record	Administered Amount	0.5	
Administration Site   Left Thigh   Substance   Manufacturer Name   Administration Notes   Name   J Martinez   Manufacturer Name   Manufacturer Name   Martinez   Manufacturer Name   Martinez   Manufacturer Name   Martinez   Ma	Administered Units of Measure	mL	
Substance Manufacturer Name   Sanofi Pasteur Inc   Manufacturer Name   Manufacturer Name   Manufacturer Name   Manufacturer Name   Martinez   Martinez   Manufacturer Manufact	Route of Administration	IM	
Manufacturer Name         Sanot Pasteur the new immunization record           Administration Notes         new immunization record           Name         J Martinez           ID Number         Administered-at Location           Facility ID         DCS_DC           Street Address         Other           Designation         City           State         Other Designation           Zip Code         Country           Valid Dose         YES           Validity Rason         Complete           Dose Number in Series         I           Number of Doses in Series         S           Immunization Series         S           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	Administration Site	Left Thigh	
Administering Provider  Name J Martinez  ID Number  Administered-at Location  Facility ID 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	Substance Manufacturer Name	Sanofi Pasteur Inc	
Name   J Martinez	Administration Notes	new immunization record	
ID Number	Administering Provider		
Administered-at Location Facility ID DCS DC Street Address Other Designation City State Zip Code Country Valid Dose Valid IV Reason Completion Status* Dose Number in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used  CITY  ACIP  LEIEment Name Data Tester Comment  Entering Organization Vaccine Group Vaccine Administered  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Uspect  Vaccine Administered  diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis Vaccine 5 pertussis  Description  Description  Description Descriptio	Name	J Martinez	
Street Address Other Designation City State Zip Code Country Valid Dose Valid Used Completion Status* Complete Dose Number in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used  Ceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine 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 Series Name  Lettering Organization  Vaccine Group  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis    City   City	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 Name  Status in Immunization 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	Facility ID	DCS_DC	
Designation     City       State     Commendation       Zip Code     Country       Valid Dose     YES       Validity Reason     Complete       Completion Status*     Complete       Dose Number in Series     1       Number of Doses in Series     5       Immunization Series Name     ACIP       Status in Immunization Series Immunization Series     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	Street Address		
State	Other Designation		
Zip Code   Country   Valid Dose   YES	City		
Country     YES       Valid Dose     YES       Validity Reason     Complete       Completion Status*     Complete       Dose Number in Series     1       Number of Doses in Series Series     5       Immunization Series Name     ACIP       Status in 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	State		
Valid Dose       YES         Validity Reason       Complete         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	Zip Code		
Validity Reason  Completion Status* Complete  Dose Number in Series I  Number of Doses in Series Saries  Immunization Series Satus in Immunization Series I  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	Country		
Completion Status*  Complete  Dose Number in Series  Number of Doses in Series  Series  Immunization Series Name  Status in Immunization Series Name  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 Series  Immunization Series Name  Status in 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   Serie	Dose Number in Series	1	
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	Number of Doses in Series	5	
Immunization Schedule Used	Immunization Series Name		
Companization   Companizatio	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			Tester Comment
Vaccine Group       acellular pertussis vaccine, unspecified         Vaccine Administered       diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	<b>Entering Organization</b>		
acellular pertussis vaccine, 5 pertussis	Vaccine Group	acellular pertussis vaccine,	
Refusal Reason	Vaccine Administered		
	Refusal Reason		

	Evaluated Immunization His	story Information
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	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	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	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		

	Evaluated Immunization His	story Information
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	Left Thigh	
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	
<b>Dose Number in Series</b>	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	

Evaluated Immunization History Information		
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	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
<b>Administering Provider</b>		
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	
<b>Dose Number in Series</b>	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 History Information		
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	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	
<b>Element Name</b>	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 History Information		
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	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
<b>Administering Provider</b>		
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	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	05/22/2010	
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	
<b>Administering Provider</b>		
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	
<b>Dose Number in Series</b>	3	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
<b>Element Name</b>	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 His	story Information
Date/Time	02/21/2010	
Administration-Start		
Date/Time Administration-End	02/21/2010	
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	
<b>Administering Provider</b>		
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	
DI. AN	D /	Tr. ( C
Element Name	Data  Occupying Padiatrics	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	

	<b>Evaluated Immunization His</b>	story Information
Date/Time Administration-End	01/22/2010	
Administered Amount	0.5	
Administered Units of	mL	
Measure	IIIL	
Route of Administration	SC	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
<b>Administering Provider</b>		
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	1	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
<b>Entering Organization</b>	Oceanview Pediatrics	
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	

	<b>Evaluated Immunization Hi</b>	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	
<b>Administering Provider</b>		
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	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	

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 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	3	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
		m
Element Name	Data  Occomprisery Padistries	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	

	Evaluated Immunization His	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	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	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	
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	

	<b>Evaluated Immunization Hi</b>	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	02/21/2011	
Date/Time Administration-End	02/21/2011	

	<b>Evaluated Immunization H</b>	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	
<b>Administering Provider</b>		
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	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	

	<b>Evaluated Immunization His</b>	story Information
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
<b>Administering Provider</b>		
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	
<b>Dose Number in Series</b>	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	01/22/2010	
Date/Time Administration-End	01/22/2010	
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 Location	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country	00701	
Valid Dose	YES	
	TES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	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	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	
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	10/27/2010	
Date/Time Administration-End	10/27/2010	
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	10/02/2011	
Date/Time Administration-End	10/02/2011	
Administered Amount	.25	
Administered Units of Measure	mL	

	Evaluated Immunization His	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 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	
_	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	04/04/2012	
Date/Time Administration-End	04/04/2012	
Administered Amount	0.25	
Administered Units of Measure	mL	

		story Information
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance	Sanofi PasteurGlaxoSmithKline	
Manufacturer Name	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	
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
<b>Entering Organization</b>	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	11/23/2011	
Date/Time Administration-End	11/23/2011	
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	05/23/2012	
Date/Time Administration-End	05/23/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	

	Evaluated Immunization His	story Information
Route of Administration	IM	
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	on	
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	2	
Number of Doses in Series	2	-
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
		m
Element Name	Data Shoreline Pediatrics	Tester Comment
Entering Organization		
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	
Administered Units of Measure	mL	

	Evaluated Immunization His	story Information
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	
Vaccine Administered	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 Measure	mL	

	Evaluated Immunization History Information
Route of Administration	Subcutaneous
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	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

<sup>\* &</sup>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	
<b>Latest Date to Give</b>	05/22/2011	
Date When Vaccine Overdue	05/23/2011	

	Immunization F	orecast
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	IPV	
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	
<b>Latest Date to Give</b>	01/31/2016	
Date When Vaccine Overdue	11/23/2015	
Status in Immunization Series		
Forecast Reason		
<b>Element Name</b>	Data	Tester Comment
Vaccine Group	MMR	
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	Varicella	
Vaccine Due Date	11/22/2013	
Earliest Date to Give	11/22/2013	
<b>Latest Date to Give</b>	11/22/2015	
Date When Vaccine Overdue	11/23/2015	
Status in Immunization Series		
Forecast Reason		