#### 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                |
| Multiple Birth Indicator | No                                    |
| Birth Order              | 1                                     |

## Immunization Registry Information

| Element                                     | Data                         |
|---|------------------------------|
| Immunization Registry Status                | Active                       |
| Immunization Registry Status Effective Date | 04/15/2015                   |
| Publicity Code                              | Reminder/recall - any method |
| Publicity Code Effective Date               | 06/24/2015                   |
| Protection Indicator                        | No                           |
| Protection Indicator Effective Date         | 06/24/2015                   |

## Guardian or Responsible Party[\*] -

#### Guardian or Responsible Party

|              | 2                                     |
|--------------|---------------------------------------|
| 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[\*] -

### -Vaccine Administration Information -

| Element                           | Data       |
|-----------------------------------|------------|
| Administered Vaccine              | Pentacel   |
| 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        | Sanofi Pasteur  |
| Substance/Treatment Refusal Reason |                 |
| Completion Status                  | Complete        |
| Action Code                        | Add             |
| Route                              | Intramuscular   |
| Administration Site                | Right Thigh     |
| Entering Organization              | NISTEHRFacility |
| Entered By                         | Lily Jackson    |
| Ordered By                         | Wilma Thomas    |

| Element                             | Data  |
|-------------------------------------|---|
| Vaccine Funding Source              | Public  |
| Vaccine Funding Program Eligibility | VFC Eligible - American Indian/Alaska<br>Native |
| Document Type                       | Polio VIS                                       |
| Date Vis Presented                  | 06/24/2015                                      |
| Document Type                       | Haemophilus Influenzae type b VIS               |
| Date Vis Presented                  | 06/24/2015                                      |
| Document Type                       | Diphtheria/Tetanus/Pertussis (DTaP) VIS         |
| Date Vis Presented                  | 06/24/2015                                      |

## -Vaccine Administration Information -

| Element                            | Data                |
|------------------------------------|---------------------|
| Administered Vaccine               | RotaTeq             |
| 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                  | Complete            |
| Action Code                        | Add                 |
| Route                              | Oral                |
| Administration Site                |                     |

| Entering Organization | NISTEHRFacility |
|-----------------------|-----------------|
| Entered By            | Lily Jackson    |
| Ordered By            | Wilma Thomas    |

| Element                             | Data   |
|-------------------------------------|--|
| Vaccine Funding Source              | Public                                       |
| Vaccine Funding Program Eligibility | VFC Eligible - American Indian/Alaska Native |
| Document Type                       | Rotavirus VIS                                |
| Date Vis Presented                  | 06/24/2015                                   |

## Vaccine Administration Information

| Element                            | Data            |
|------------------------------------|-----------------|
| Administered Vaccine               | Prevnar 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                  | Complete        |
| Action Code                        | Add             |
| Route                              | Intramuscular   |
| Administration Site                | Left Thigh      |
| Entering Organization              | NISTEHRFacility |
| Entered By                         | Lily Jackson    |
| Ordered By                         | Wilma Thomas    |

| 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                  | 06/24/2015                                   |

## -Vaccine Administration Information -

| Element                           | Data                           |
|-----------------------------------|--------------------------------|
| Administered Vaccine              | 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                  | Complete                  |
| Action Code                        | Add                       |
| Route                              |                           |
| Administration Site                |                           |
| Entering Organization              | NISTEHRFacility           |
| Entered By                         | Lily Jackson              |
| Ordered By                         |                           |

# Vaccine Administration Information –

| Element                            | Data                           |
|------------------------------------|--------------------------------|
| Administered Vaccine               | 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                  | Complete                       |
| Action Code                        | Add                            |
| Route                              |                                |
| Administration Site                |                                |
| Entering Organization              | NISTEHRFacility                |
| Entered By                         | Lily Jackson                   |
| Ordered By                         |                                |