Evaluated Immunization History and Immunization Forecast		
Test Case ID	Juan Marcel Gonzales Display Reconcile Upda	te Immunization Information
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	Juan Marcel Gonzales	
Date of Birth	11/23/2011	
Sex	Male	
Address 1		
Street	4623 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country	USA	
Address Type	L	
Mother's Maiden Name	Anita Francesca Morales	

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	Shoreline Hospital	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration-Start	11/23/2011	
Date/Time Administration-End	11/23/2011	

	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	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	325 Shorline Drive	
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	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	
Refusal Reason		
Date/Time Administration-Start	12/23/2011	
Date/Time Administration-End	12/23/2011	
Administered Amount	0.5	

	Evaluated Immunization Hi	story Information
Administered Units of	mL	
Measure		
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration-Start	01/22/2012	
Date/Time Administration-End	01/22/2012	
Administered Amount	0.5	

	Evaluated Immunization His	story Information
Administered Units of	mL	
Measure	IIIL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	on	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
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	DTaP	
Refusal Reason		
Date/Time Administration-Start	03/22/2012	
Date/Time Administration-End	03/22/2012	
Administered Amount	0.5	

	Evaluated Immunization Hi	story Information
Administered Units of	mL	
Measure		
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	on	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	DTaP	
Refusal Reason		
Date/Time Administration-Start	05/21/2012	
Date/Time Administration-End	05/21/2012	
Administered Amount	0.5	

	Evaluated Immunization Hi	story Information
Administered Units of	mL	
Measure	IIIL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
	1	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration-Start	02/20/2013	
Date/Time Administration-End	02/20/2013	
Administered Amount	0.5	

Evaluated Immunization History Information		
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	
	D	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	01/22/2012	
Date/Time Administration-End	01/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	

	Evaluated Immunization His	tory Information
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	Hib, unspecified formulation	
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-Start	03/22/2012	
Date/Time Administration-End	03/22/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	

	Evaluated Immunization His	story Information
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	on .	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	Hib	
Refusal Reason		
Date/Time Administration-Start	05/12/2012	
Date/Time Administration-End	05/12/2012	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	

	Evaluated Immunization Hi	story Information
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	on .	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	Hib	
Refusal Reason		
Date/Time Administration-Start	02/22/2012	
Date/Time Administration-End	02/22/2012	
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.	

	Evaluated Immunization Hi	story Information
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	Tester comment
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	Polio (IPV)	
Refusal Reason	, ,	
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	SC	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	
Administration Notes		

Evaluated Immunization History Information			
Administering Provider	Administering Provider		
Name	J. Martinez		
ID Number			
Administered-at Locatio	n		
Facility ID	DCS_DC		
Street Address	4253 Standish Way		
Other Designation			
City	Stamford		
State	СТ		
Zip Code	06903		
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	poliovirus vaccine, inactivated		
Vaccine Administered	Polio (IPV)		
Refusal Reason			
Date/Time Administration-Start	03/22/2012		
Date/Time Administration-End	03/22/2012		
Administered Amount	0.5		
Administered Units of Measure	mL		
Route of Administration	SC		
Administration Site	Left Deltoid		
Substance Manufacturer Name	MSanofi Pasteur Inc.		
Administration Notes			
Administering Provider			

	Evaluated Immunization	History Information
Name	J. Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	
Used		
Used Element Name	Data	Tester Comment
Used	Data Oceanview Pediatrics	Tester Comment
Used Element Name	Data	Tester Comment
Element Name Entering Organization	Data Oceanview Pediatrics pneumococcal, unspecified	Tester Comment
Element Name Entering Organization Vaccine Group	Data Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered	Data Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time	Data Oceanview Pediatrics pneumococcal, unspecified formulation Polio (IPV)	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time	Data Oceanview Pediatrics pneumococcal, unspecified formulation Polio (IPV) 05/21/2012	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End	Data Oceanview Pediatrics pneumococcal, unspecified formulation Polio (IPV) 05/21/2012	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of	Data Oceanview Pediatrics pneumococcal, unspecified formulation Polio (IPV) 05/21/2012 05/21/2012 0.5	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of	Data Oceanview Pediatrics pneumococcal, unspecified formulation Polio (IPV) 05/21/2012 05/21/2012 0.5 mL	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration	Data Oceanview Pediatrics pneumococcal, unspecified formulation Polio (IPV) 05/21/2012 05/21/2012 0.5 mL SC	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance	Data Oceanview Pediatrics pneumococcal, unspecified formulation Polio (IPV) 05/21/2012 05/21/2012 0.5 mL SC Left Deltoid	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name	Data Oceanview Pediatrics pneumococcal, unspecified formulation Polio (IPV) 05/21/2012 05/21/2012 0.5 mL SC Left Deltoid	Tester Comment

	Evaluated Immunization Hi	story Information
ID Number		
Administered-at Location	on	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	ACIP	
Used		
Element Name	Data	Tester Comment
	Data Oceanview Pediatrics	Tester Comment
Element Name Entering Organization Vaccine Group	Data Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Element Name Entering Organization	Data Oceanview Pediatrics pneumococcal, unspecified	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason	Data Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start	Data Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time	Data Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13)	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time	Data Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 01/22/2012	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End	Data Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 01/22/2012 01/22/2012	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of	Data Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 01/22/2012 01/22/2012 0.5	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of	Data Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 01/22/2012 01/22/2012 0.5 mL	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration	Data Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 01/22/2012 01/22/2012 0.5 mL IM	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance	Data Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 01/22/2012 01/22/2012 0.5 mL IM Left Thigh	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name	Data Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 01/22/2012 01/22/2012 0.5 mL IM Left Thigh	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes	Data Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 01/22/2012 01/22/2012 0.5 mL IM Left Thigh	Tester Comment

Evaluated Immunization History Information		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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
Element Name Entering Organization	Data Oceanview Pediatrics	Tester Comment
		Tester Comment
Entering Organization	Oceanview Pediatrics pneumococcal, unspecified	Tester Comment
Entering Organization Vaccine Group	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Entering Organization Vaccine Group Vaccine Administered	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13)	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 03/22/2012	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 03/22/2012	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 03/22/2012 03/22/2012 0.5	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 03/22/2012 03/22/2012 0.5 mL	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 03/22/2012 0.5 mL IM	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 03/22/2012 0.5 mL IM Left Thigh	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 03/22/2012 03/22/2012 0.5 mL IM Left Thigh Pfizer, Inc	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 03/22/2012 0.5 mL IM Left Thigh	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 03/22/2012 03/22/2012 0.5 mL IM Left Thigh Pfizer, Inc	Tester Comment

	Evaluated Immunization Hi	story Information
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in	4	
Series Immunization Series		
Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
	Data	T
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	Tester Comment
		Tester Comment
Entering Organization	Oceanview Pediatrics pneumococcal, unspecified	Tester Comment
Entering Organization Vaccine Group	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Entering Organization Vaccine Group Vaccine Administered	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13)	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 05/21/2012	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 05/21/2012	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 05/21/2012 05/21/2012 0.5	
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 05/21/2012 05/21/2012 0.5 mL	
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 05/21/2012 0.5 mL IM	
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 05/21/2012 0.5 mL IM Right Thigh	
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 05/21/2012 0.5 mL IM Right Thigh	
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 05/21/2012 0.5 mL IM Right Thigh	
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 05/21/2012 05/21/2012 0.5 mL IM Right Thigh Pfizer, Inc	
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name	Oceanview Pediatrics pneumococcal, unspecified formulation Pneumococcal conjugate (PCV13) 05/21/2012 05/21/2012 0.5 mL IM Right Thigh Pfizer, Inc	

Evaluated Immunization History Information		
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	
	D. (m
Element Name Entering Organization	Data Oceanview Pediatrics	Tester Comment
Entering Organization	Oceanview rediantes	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Group Vaccine Administered		
_	formulation	
Vaccine Administered	formulation	
Vaccine Administered Refusal Reason Date/Time	formulation Pneumococcal conjugate (PCV13)	
Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time	formulation Pneumococcal conjugate (PCV13) 11/22/2012	
Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End	formulation Pneumococcal conjugate (PCV13) 11/22/2012 11/22/2012	
Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of	formulation Pneumococcal conjugate (PCV13) 11/22/2012 11/22/2012 0.5	
Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of	formulation Pneumococcal conjugate (PCV13) 11/22/2012 11/22/2012 0.5 mL	
Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration	formulation Pneumococcal conjugate (PCV13) 11/22/2012 11/22/2012 0.5 mL IM	
Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes	formulation Pneumococcal conjugate (PCV13) 11/22/2012 11/22/2012 0.5 mL IM Left Deltoid	
Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider	formulation Pneumococcal conjugate (PCV13) 11/22/2012 11/22/2012 0.5 mL IM Left Deltoid Pfizer, Inc	
Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name	formulation Pneumococcal conjugate (PCV13) 11/22/2012 11/22/2012 0.5 mL IM Left Deltoid	
Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number	formulation Pneumococcal conjugate (PCV13) 11/22/2012 11/22/2012 0.5 mL IM Left Deltoid Pfizer, Inc J. Martinez	
Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number Administered-at Location	formulation Pneumococcal conjugate (PCV13) 11/22/2012 11/22/2012 0.5 mL IM Left Deltoid Pfizer, Inc J. Martinez	
Vaccine Administered Refusal Reason Date/Time Administration-Start Date/Time Administration-End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number	formulation Pneumococcal conjugate (PCV13) 11/22/2012 11/22/2012 0.5 mL IM Left Deltoid Pfizer, Inc J. Martinez	

	Evaluated Immunization Hi	story Information
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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 Oceanview Pediatrics	Tester Comment
Entering Organization		
Vaccine Group Vaccine Administered	rotavirus, unspecified formulation Rotavirus	
Refusal Reason	Rotaviius	
Date/Time		
Administration-Start	11/22/2012	
Date/Time Administration-End	11/22/2012	
Administered Amount	1.0	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Locatio		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		

	Evaluated Immunization Hi	story Information
City	Stamford	
State	СТ	
Zip Code	06903	
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	rester comment
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	Rotavirus	
Refusal Reason		
Date/Time Administration-Start	03/22/2012	
Date/Time Administration-End	03/22/2012	
Administered Amount	1.0	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Thigh Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider	10	
Name	J. Martinez	
ID Number		
Administered-at Location	1	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	

	Evaluated Immunization Hi	story Information
State	СТ	
Zip Code	06903	
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	influenza, unspecified formulation	
Vaccine Administered	Influenza	
Refusal Reason		
Date/Time Administration-Start	09/22/2012	
Date/Time Administration-End	09/22/2012	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes		
Administering Provider	1	
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	

	Evaluated Immunization His	story Information
Zip Code	06903	
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	
D1 4 NT	D (Trust of C
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization		
Vaccine Group	influenza, unspecified formulation Influenza	
Vaccine Administered	Influenza	
Refusal Reason Date/Time		
Administration-Start	10/22/2012	
Date/Time Administration-End	10/22/2012	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	

Evaluated Immunization History Information		
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	
Refusal Reason		
Date/Time Administration-Start	10/30/2013	
Date/Time Administration-End	10/30/2013	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		

Evaluated Immunization History Information		
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	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	rester comment
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	Hepatitis A	
Refusal Reason	Tiepattis A	
Date/Time Administration-Start	05/21/2013	
Date/Time Administration-End	05/21/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	1	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose		

Evaluated Immunization History Information		
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	
Flowant Name	Data	Togton Commant
Element Name Entering Organization	Data Oceanview Pediatrics	Tester Comment
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	Hepatitis A	
Refusal Reason		
Date/Time Administration-Start	12/01/2013	
Date/Time Administration-End	12/01/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose		
Validity Reason		

Evaluated Immunization History Information		
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	MMRV	
Vaccine Administered	MMR and Varicella	
Refusal Reason		
Date/Time Administration-Start	01/12/2013	
Date/Time Administration-End	01/12/2013	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	SC	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location	on .	
Facility ID	DCS_DC	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	

Evaluated Immunization History Information		
Dose Number in Series	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
		<u></u>

^{* &}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	Hep B, unspecified formulation	
Vaccine Due Date	05/21/2012	
Earliest Date to Give	05/21/2012	
Latest Date to Give	05/21/2013	
Date When Vaccine Overdue	05/23/2013	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	DTaP, unspecified formulation	
Vaccine Due Date	11/22/2015	
Earliest Date to Give	11/22/2015	
Latest Date to Give	11/21/2017	
Date When Vaccine Overdue	11/22/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	11/22/2015	
Earliest Date to Give	11/22/2015	
Latest Date to Give	11/21/2017	
Date When Vaccine Overdue	11/22/2017	
Status in Immunization Series		
Forecast Reason		

Immunization Forecast		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	10/22/2015	
Earliest Date to Give	11/22/2015	
Latest Date to Give	11/21/2017	
Date When Vaccine Overdue	11/22/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	11/22/2015	
Earliest Date to Give	11/22/2015	
Latest Date to Give	11/21/2017	
Date When Vaccine Overdue	11/22/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	11/22/2015	
Earliest Date to Give	11/22/2015	
Latest Date to Give	11/21/2017	
Date When Vaccine Overdue	11/22/2017	
Status in Immunization Series		
Forecast Reason		