

### Patient Information

| Element              | Data                                      |
|----------------------|---|
| Patient Name         | Tyler Owen Banks                          |
| Mother's Maiden Name |   |
| ID Number            | 8891                                      |
| Date/Time of Birth   | 06/02/2004                                |
| Administrative Sex   | M   |
| Patient Address 1    | 924 Sycamore Lane Bozeman MT 59715<br>USA |
| Local Number         | (406)555-5835                             |
| Race                 | White                                     |
| Ethnic Group         | Not Hispanic or Latino                    |
| Birth Order          | 1   |

### Immunization Registry Information

| Element                                     | Data                         |
|---|------------------------------|
| Immunization Registry Status                | A                            |
| Publicity Code (Text)                       | Reminder/recall - any method |
| Protection Indicator                        | Y                            |
| Protection Indicator Effective Date         |                              |
| Publicity Code Effective Date               | 06/24/2015                   |
| Immunization Registry Status Effective Date | 06/02/2004                   |

### Guardian or Responsible Party

| Element                       | Data                               |
|-------------------------------|------------------------------------|
| Name                          | Karl Banks                         |
| Relationship                  | Father                             |
| Address                       | 924 Sycamore Lane Bozeman MT 59715 |
| Address (Country)             | USA                                |
| Phone Number or Email address | (406)555-5835                      |

### Vaccine Administration Information

| Element                            | Data            |
|------------------------------------|-----------------|
| Administered Code - Text           | Hib (PRP-T)     |
| 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               | 328734          |
| Substance Expiration Date          | 09/23/2015      |
| Substance Manufacturer Name        | GlaxoSmithKline |
| Substance/Treatment Refusal Reason |                 |

|                     |               |
|---------------------|---------------|
| Route               | Intramuscular |
| Administration Site | Right Thigh   |

New Record

| Element                             | Data                  |
|-------------------------------------|-----------------------|
| Vaccine Funding Source              | Private               |
| Vaccine Funding Program Eligibility | Not VFC Eligible      |
| Document Type                       | Multiple Vaccines VIS |
| Date Vis Presented                  |                       |

Vaccine Administration Information

| Element                            | Data                    |
|------------------------------------|-------------------------|
| Administered Code - Text           | Hep A, ped/adol, 2 dose |
| 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               | 208940                  |
| Substance Expiration Date          | 01/20/2016              |
| Substance Manufacturer Name        | Merck and Co., Inc.     |
| Substance/Treatment Refusal Reason |                         |
| Route                              | Intramuscular           |
| Administration Site                | Right Thigh             |

New Record

| Element                             | Data             |
|-------------------------------------|------------------|
| Vaccine Funding Source              | Private          |
| Vaccine Funding Program Eligibility | Not VFC Eligible |
| Document Type                       | Hepatitis A VIS  |
| Date Vis Presented                  |                  |

Vaccine Administration Information

| Element                            | Data                |
|------------------------------------|---------------------|
| Administered Code - Text           | MMR                 |
| 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               | 134301              |
| Substance Expiration Date          | 10/28/2015          |
| Substance Manufacturer Name        | Merck and Co., Inc. |
| Substance/Treatment Refusal Reason |                     |

|                     |               |
|---------------------|---------------|
| Route               | Intramuscular |
| Administration Site | Left Thigh    |

New Record

| Element                             | Data                      |
|-------------------------------------|---------------------------|
| Vaccine Funding Source              | Private                   |
| Vaccine Funding Program Eligibility | Not VFC Eligible          |
| Document Type                       | Measles/Mumps/Rubella VIS |
| Date Vis Presented                  |                           |

Vaccine Administration Information

| Element                            | Data              |
|------------------------------------|-------------------|
| Administered Code - Text           | varicella         |
| Date/Time Start of Administration  | 06/24/2015        |
| Administered Amount                | 999               |
| Administered Units                 |                   |
| Administration Notes               |                   |
| Administering Provider             |                   |
| Substance Lot Number               |                   |
| Substance Expiration Date          |                   |
| Substance Manufacturer Name        |                   |
| Substance/Treatment Refusal Reason | Parental decision |
| Route                              |                   |
| Administration Site                |                   |

| Element | Data |
|---------|------|
|---------|------|

Order Information

| Element    | Data         |
|------------|--------------|
| Entered By | Lily Jackson |
| Ordered By | Wilma Thomas |

Order Information

| Element    | Data         |
|------------|--------------|
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| Ordered By | Wilma Thomas |

Order Information

| Element    | Data         |
|------------|--------------|
| Entered By | Lily Jackson |
| Ordered By | Wilma Thomas |

Order Information

| Element    | Data         |
|------------|--------------|
| Entered By | Lily Jackson |

|            |  |
|------------|--|
| Ordered By |  |
|------------|--|