

	Disclosure Levels	Abbreviation	Information Disclosure	On/Offline	Revoke	Mode of Information Presentation							
	Private Venue	PV	Minimal	fully offline	only at DSC level	Conclusion only (yes/no)							
	Border Control	BC	Medium	offline	online at certificate level	Conclusion only (yes/no for vaccine approved in country of arrival - "allow list" of vaccines in MS)							
	Medical	MD	Full (Medical Info)	online	always possible	Original Data, may be subject to online authentication and/or auditing.							
						https://www.hl7.org/fhir/immunization-definitions.html							
General	Legal name	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		HL7 / FHIR 4.1 path (root: Immunization) ref: patient nam	Short Name	Short Name Mnemoic	NOTES				
	Person ID	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		ref: patient pid			PV = Initials (as one string); BC,MD = Full Name (one string)				
	Administrative Gender [1]	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		ref: patient sex							
	Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		ref: patient dob			Mandatory if no PersonID				
Vaccination specific	Disease or Agent Targeted	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		protocolApplied.targetDisease v:tg	Target						
	Vaccine / Prophylaxis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		vaccineCode v:cd	Code		e.g. https://www.hl7.org/fhir/valueset-vaccine-code.html				
	Vaccine Medicinal Product	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		(unclear: vaccineCode in FHIR 4.1 seems closest) v:mpp	Medical Product						
	Marketing Authorization Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		ref:manufacturer v:ah			Unclear if MAH == Manufacturer, I will assume yes				
	Number in series of Dose	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		protocolApplied.doseNumber / protocolApplied.seriesDoses v:sq	Sequence						
	Batch/Lot Number	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		lotNumber v:lt	Lot						
	Date Of Vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		occurence v:oc	Occurance						
	Start Date of Validity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		(date of administering vaccine?) v:fr	Valid from						
	Administering Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		ref: performer.actor where (performer.function == AP) v:ap	Actor AP						
	Health Professional ID	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		ref: performer.actor->practitioner.identifier v:pi	Actor Practitioner		BIG registration in NL				
	Country of Vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		ref: location->position (long, lat, alt -> WGS84) OR ref:location->address v:lo	Location						
	Next vaccination date	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		not available directly: there is expirationDate of current vaccine v:nx	Date Next						
Start: Not part of FHIR Immunization resource / Vaccination Only - is Test / Recovery specific - (Green Pass)													
Test Specific	Disease or Agent tested	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		todo: coded value t:tg	Target		<< NOTYET				
	Date of Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		todo: occurence t:tp	Infectious Period		<< NOTYET				
	Status	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		todo: enumeration - positive / negative / other ? t:st	Status						
	Test Medicinal Product	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		todo: coded value or text? t:mp	Medical Product		<< NOTYET				
	Marketing Authorization Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		ref:manufacturer t:ah			<< NOTYET				
	Administering Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		ref: performer.actor where (performer.function == AP) t:ap			<< NOTYET				
	Health Professional ID	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		ref: performer.actor->practitioner.identifier t:pi			<< NOTYET				
Recovery Specific	Disease recovered from	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		todo: coded value -> agent recovered from? "adverse reaction" belongs somewhere else, not here r:tg	Target		<< NOTYET				
	Start Date of Recovery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		r:rf	Valid from		<< NOTYET				
	Test Medicinal Product (if any)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		todo: needed? r:mpp	Medical Product		<< NOTYET				
	Marketing Authorization Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		ref:manufacturer r:ah			<< NOTYET				
	Administering Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		ref: performer.actor where (performer.function == AP) r:ap			<< NOTYET				
	Health Professional ID	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		ref: performer.actor->practitioner.identifier r:pl			<< NOTYET				
End: Not part of FHIR Immunization resource / Vaccination Only - is Test / Recovery specific													
Document Specific	Certificate Issuer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		could be dropped in lieu of DSC signing key (in combination with master list) c:is	Issuer						
	Certificate Identifier	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		c:id	Certificate identifier		UVCI				
	Certificate Valid From	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		c:st	Start						
	Certificate Valid Until	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		c:en	End						
	Certificate Schema Version	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		c:vr	schema Version		https://semvers.org is used.				
	Issuing Authority Country	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		c:ia	issuing Authority		PV =only 2 digit country code from UVCI; BC, MD - Full UVCI				
Document Specific	DSC signing key	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		8 bytes of SHA256 of DSC certificate, reveals issuing entity (and country) dsc			part of the COSE signature				
						c, t, v and r are sub-sections							
						c: once-only							
						t, v and r: repeating groups							
	This appears to differ on a national basis e.g. Annex. National IIS... (p. 69) in https://www.ecdc.europa.eu/sites/default/files/documents/designing-implementing-immunisation-information-system_0.pdf												
	IIS HL7 https://www.cdc.gov/vaccines/programs/iis/technical-guidance/hl7.html												

[1] I can see a medical reason for including biological gender (sex), no real reason for Admin Gender -> shouldn't be needed for ID purposes anyway - Member State decision?

[2] I think we need this at PV (level 0 too - even if in abbreviated form?)