

Patient Information

| Element | Data |
|--------------------------|---|
| Patient Name | Juan Marcel Marina |
| Mother's Maiden Name | Anita Morales |
| ID Number | 123456 987633 |
| Date/Time of Birth | 03/04/2019 11:00 |
| Administrative Sex | Male |
| Patient Address | 4623 Standish Way Stamford CT 06903 USA |
| Local Number | (203)555-1213 |
| Race | White |
| Ethnic Group | Hispanic or Latino |
| Multiple Birth Indicator | No |
| Birth Order | |

Immunization Registry Information

| Element | Data |
|---|----------------------------|
| Immunization Registry Status | Active |
| Immunization Registry Status Effective Date | 03/04/2019 |
| Publicity Code | Reminder/recall - no calls |
| Publicity Code Effective Date | 03/04/2019 |
| Protection Indicator | No |
| Protection Indicator Effective Date | |

Guardian or Responsible Party

| Element | Data |
|--------------|-------------------------------------|
| Name | Manuel Marcel Gonzales |
| Relationship | Father |
| Address | 4623 Standish Way Stamford CT 06903 |
| Phone Number | (203)555-1213 |

Vaccine Administration Information[*]**Vaccine Administration Information**

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Hepatitis B |
| Date/Time Start of Administration | 03/04/2019 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | 6332FK34 |
| Substance Expiration Date | 12/14/2019 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Thigh |
| Entering Organization | Shoreline Hospital |
| Entered By | Lisa Sirtis |
| Ordered By | Jane Carter |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Hepatitis B |
| Date/Time Start of Administration | 04/15/2019 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | 6352FK2 |
| Substance Expiration Date | 10/01/2019 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Hepatitis B |
| Date/Time Start of Administration | 10/31/2020 |
| Administered Amount | 0.5 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | Sandra Molina |
| Substance Lot Number | 6332FK26 |
| Substance Expiration Date | 12/31/2021 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Deltoid |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

| Element | Data |
|--|-------------------------|
| Date vaccine information statement presented | 10/31/2020 |
| Document Type | Hepatitis B Vaccine VIS |
| vaccine fund pgm elig cat | Not VFC elig |
| Vaccine funding source | Private |

Vaccine Administration Information

| Element | Data |
|-----------------------------------|------------|
| Administered Vaccine | DTaP |
| Date/Time Start of Administration | 05/15/2019 |

| | |
|------------------------------------|----------------------|
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | D409QS2342 |
| Substance Expiration Date | 11/30/2020 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------|
| Administered Vaccine | DTaP |
| Date/Time Start of Administration | 07/13/2019 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | D409QS2434 |
| Substance Expiration Date | 09/04/2019 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------|
| Administered Vaccine | DTaP |
| Date/Time Start of Administration | 09/16/2019 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | D409QS3256 |
| Substance Expiration Date | 12/01/2019 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |

| | |
|-----------------------|----------------------|
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------|
| Administered Vaccine | DTaP |
| Date/Time Start of Administration | 08/20/2020 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | D409QS250 |
| Substance Expiration Date | 03/01/2021 |
| Substance Manufacturer Name | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|-----------------------------|
| Administered Vaccine | Hib |
| Date/Time Start of Administration | 05/14/2019 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | 7M54K9255 |
| Substance Expiration Date | 03/24/2020 |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp. |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|-----------------------------------|------------|
| Administered Vaccine | Hib |
| Date/Time Start of Administration | 07/21/2019 |
| Administered Amount | 999 |

| | |
|------------------------------------|-----------------------------|
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | 7M55K3343 |
| Substance Expiration Date | 10/30/2019 |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp. |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|-----------------------------|
| Administered Vaccine | Hib |
| Date/Time Start of Administration | 09/27/2019 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | 7M75K4577 |
| Substance Expiration Date | 05/23/2020 |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp. |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|-----------------------------|
| Administered Vaccine | Hib |
| Date/Time Start of Administration | 05/04/2020 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | 7M53K5535 |
| Substance Expiration Date | 10/14/2020 |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp. |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Deltoid |

| | |
|-----------------------|----------------------|
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------|
| Administered Vaccine | Polio (IPV) |
| Date/Time Start of Administration | 05/14/2019 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | D333PV2444 |
| Substance Expiration Date | 10/04/2020 |
| Substance Manufacturer Name | MSanofi Pasteur Inc. |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Subcutaneous |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------|
| Administered Vaccine | Polio (IPV) |
| Date/Time Start of Administration | 07/21/2019 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | D333PV4343 |
| Substance Expiration Date | 03/23/2020 |
| Substance Manufacturer Name | MSanofi Pasteur Inc. |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Subcutaneous |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|-----------------------------------|-------------|
| Administered Vaccine | Polio (IPV) |
| Date/Time Start of Administration | 10/15/2019 |
| Administered Amount | 999 |
| Administered Units | |

| | |
|------------------------------------|----------------------|
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | D333PV9654 |
| Substance Expiration Date | 02/22/2020 |
| Substance Manufacturer Name | MSanofi Pasteur Inc. |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Subcutaneous |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Pneumococcal conjugate (PCV13) |
| Date/Time Start of Administration | 05/18/2019 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | P243V3321 |
| Substance Expiration Date | 01/30/2020 |
| Substance Manufacturer Name | Pfizer, Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Pneumococcal conjugate (PCV13) |
| Date/Time Start of Administration | 07/21/2019 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | P343V8445 |
| Substance Expiration Date | 03/30/2020 |
| Substance Manufacturer Name | Pfizer, Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |

| | |
|------------|--------------|
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Pneumococcal conjugate (PCV13) |
| Date/Time Start of Administration | 09/27/2019 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | P853V2175 |
| Substance Expiration Date | 08/30/2020 |
| Substance Manufacturer Name | Pfizer, Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Pneumococcal conjugate (PCV13) |
| Date/Time Start of Administration | 05/04/2020 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | P853V58544 |
| Substance Expiration Date | 10/18/2020 |
| Substance Manufacturer Name | Pfizer, Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Deltoid |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|-----------------------------------|-------------|
| Administered Vaccine | Rotavirus |
| Date/Time Start of Administration | 05/18/2019 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |

| | |
|------------------------------------|--------------------------------|
| Substance Lot Number | 6359RV543 |
| Substance Expiration Date | 10/29/2019 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Oral |
| Administration Site | |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Rotavirus |
| Date/Time Start of Administration | 09/21/2019 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | 6359RV933 |
| Substance Expiration Date | 05/10/2020 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Oral |
| Administration Site | |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------|
| Administered Vaccine | Influenza |
| Date/Time Start of Administration | 09/27/2019 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | D8043IN8738 |
| Substance Expiration Date | 03/12/2020 |
| Substance Manufacturer Name | Sanofi Pasteur |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |

| | |
|------------|--------------|
| Ordered By | J. Rodriguez |
|------------|--------------|

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------|
| Administered Vaccine | Influenza |
| Date/Time Start of Administration | 10/20/2019 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | D8043IN8798 |
| Substance Expiration Date | 05/22/2020 |
| Substance Manufacturer Name | Sanofi Pasteur |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Right Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------|
| Administered Vaccine | Influenza |
| Date/Time Start of Administration | 10/31/2020 |
| Administered Amount | 0.25 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | Sandra Molina |
| Substance Lot Number | D8043IN8855 |
| Substance Expiration Date | 12/31/2021 |
| Substance Manufacturer Name | Sanofi Pasteur |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Deltoid |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

| Element | Data |
|---------------------------|-------------------------------------|
| Document Type | Influenza Vaccine - Inactivated VIS |
| VIS Presentation Date | 10/01/2020 |
| vaccine fund pgm elig cat | Not VFC elig |
| Vaccine funding source | Private |

Vaccine Administration Information

| Element | Data |
|----------------------|---------------------------------------|
| Administered Vaccine | measles, mumps, rubella virus vaccine |

| | |
|------------------------------------|-----------------------------|
| Date/Time Start of Administration | 06/20/2020 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | J. Martinez |
| Substance Lot Number | 7W27V7632 |
| Substance Expiration Date | 12/15/2021 |
| Substance Manufacturer Name | Merck Sharp and Dohme Corp. |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Subcutaneous |
| Administration Site | Left Thigh |
| Entering Organization | Oceanview Pediatrics |
| Entered By | J. Martinez |
| Ordered By | J. Rodriguez |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------|
| Administered Vaccine | varicella |
| Date/Time Start of Administration | 03/16/2020 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | |
| Substance Lot Number | |
| Substance Expiration Date | |
| Substance Manufacturer Name | |
| Substance/Treatment Refusal Reason | |
| Completion Status | Not Administered |
| Action Code | Add |
| Route | |
| Administration Site | |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

| Element | Data |
|--------------------------------|--------------------------------|
| Disease with presumed immunity | History of Varicella infection |

Vaccine Administration Information

| Element | Data |
|-----------------------------------|---|
| Administered Vaccine | Hep A, pediatric, unspecified formulation |
| Date/Time Start of Administration | 01/15/2020 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | |
| Substance Lot Number | |
| Substance Expiration Date | |
| Substance Manufacturer Name | |

| | |
|------------------------------------|----------------------|
| Substance/Treatment Refusal Reason | |
| Completion Status | Not Administered |
| Action Code | Add |
| Route | |
| Administration Site | |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

| Element | Data |
|--|--------------------------------|
| Diseases with serological evidence of immunity | Serology confirmed hepatitis A |