Evaluated Immunization History and Immunization Forecast		
Test Case ID	Query the Registry for Juana Mariana Vazquez	1
Juror ID		
Juror Name		
HIT System Tested		
<b>Inspection Date/Time</b>		
<b>Inspection Settlement</b>	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	Juana Mariana Vazquez	
Date of Birth	11/01/2013	
Sex	Female	
Address 1		
Street	4345 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country	USA	
Address Type	L	
Mother's Maiden Name	Maria Merida Acosta	

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		
Data	<b>Tester Comment</b>	
Shoreline Hospital		
hepatitis B vaccine, unspecified formulation		
hepatitis B vaccine, pediatric or pediatric/adolescent dosage		
11/01/2013		
	Shoreline Hospital hepatitis B vaccine, unspecified formulation hepatitis B vaccine, pediatric or pediatric/adolescent dosage	

	Evaluated Immunization H	story Information
Date/Time	11/01/2013	
Administration-End Administered Amount	0.5	
Administered Units of		
Measure Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
<b>Administering Provider</b>		
Name	J Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	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	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, unspecified formulation	
Refusal Reason		
Date/Time Administration-Start	12/20/2013	

	Evaluated Immunization Hi	story Information
Date/Time	12/20/2013	
Administration-End Administered Amount	0.5	
Administered Units of		
Measure Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	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	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration-Start	05/20/2014	

	Evaluated Immunization Hi	story Information
Date/Time Administration-End	05/20/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
<b>Administering Provider</b>		
Name	J Martinez	
ID Number		
Administered-at Locatio		
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	3	
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	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Refusal Reason		

Administration-Start Date/Time Administration-End Administration-End Administration Intramuscular Administration Site Route of Administration Site Left Thigh Substance Manufacturer Name Administration Notes Administration Notes Administration Provider  Name J Martinez  ID Number Administration Post DCS DC Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Dose in Series Number of Dose in Series Number of Socies Numb		Evaluated Immunization His	story Information
Date/Time Administration-End Administrated Amount O.S  Administrated Units of Measure Route of Administration Intransscular Administration Site Sanofi Pasteur Inc Manufacturer Name Administration Notes ID Number Name J Martinez ID Number Administration D DCS DC Street Address Other Designation City State Zip Code Country Validi Nose Valid Dose Variety in Series INumber of Doses in Series Dose Number in Series INumber of Doses in Series Immunization Schedulc Used  ACIP  Element Name Data Tester Comment  Conserved Location Tester Comment  Tester Comment  Tester Comment  Tester Comment  Completion Status* Oceanview Pediatrics John Martinez J	Date/Time Administration-Start	01/22/2014	
Administered Units of mL Reater Gaministration Intramuscular Reater Gaministration Intramuscular Reater Gaministration Intramuscular Administration Site Sanofi Pasteur Inc new immunization record Administration Notes Name J Martinez ID Number Administered-at Location Facility ID DCS DC Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Name Immunization Scrieds Name Element Name Element Name Data Data Data Tester Comment Occanview Pediatrics dipthheria, tetanus toxoids and depthheria, tetanus toxoids and dipthheria, tetanus toxoids and	Date/Time	01/22/2014	
Measure Route of Administration Intramuscular Administration Site Substance Manufacturer Name Administration Notes  Name ID Number Administred-at Location Facility ID Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Immunization Series Number of Series Immunization Series Numburiation Schedule Used  Element Name Data Data Tester Comment Entering Organization Oceanview Pediatrics diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified Wavene Administrator of diphtheria, tetanus toxoids and	Administered Amount	0.5	
Administration   Intramuscular   Administration Site   Left Thigh   Substance   Sanofi Pasteur Inc   Administration Notes   new immunization record   Administration Notes   Administration Notes   Administration Notes   ID Number   Data   ID Number   ID Number   Data   ID Number   ID Number   Data   ID Number   ID Number   ID Number   Data   ID Number   ID Number   ID Number   Data   ID Number   ID N	Administered Units of Measure		
Substance Manufacturer Name Administration Notes Name J Martinez  ID Number Administred-at Location Facility ID Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Number of Doses in Series Numbur of Doses in Series Numunization Scries Numunization Schedulc Used  Element Name Data Tester Comment  Data Tester Comment  Vaccine Group  diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and diphtheria, tetanus to	Route of Administration	Intramuscular	
Manufacturer Name Administration Notes Administration Provider Name J Martinez ID Number Administred-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Number of Doses in Series Name Status Inmunization Schedule Used  ACIP  Element Name Data Tester Comment  Entering Organization  Occanview Pediatries diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and diphtheria, tetanus	Administration Site	Left Thigh	
Administering Provider  Name  J Martinez  ID Number  Administered-at Location  Facility ID  DCS_DC  Street Address  Other Designation  City  State  Zip Code  Country  Valid Dose  Validity Reason  Completion Status*  Complete  Dose Number in Series Number of Doses in Series Name  Status Inmunization Series Name  Element Name  Data  Tester Comment  Litering Organization  Vaccine Group  Vaccine Group  Vaccine Group  Vaccine Administrated  diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and	Substance Manufacturer Name	Sanofi Pasteur Inc	
Name J Martinez  ID Number  Administered-at Location  Facility ID DCS_DC  Street Address  Other Designation  City  State  Zip Code  Country  Valid Dose  YES  Validity Reason  Completion Status*  Dose Number in Series  Inmunization Series Sories  Status in Immunization Series  Immunization Scries  Status in Immunization Series  Limmunization Schedule Used  ACIP  Element Name  Data  Tester Comment  Docanview Pediatrics  diphtheria, tetanus toxoids and accillular pertussis vaccine, unspecified  Uspective Administrated  diphtheria, tetanus toxoids and  accillular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and  diphtheria, tetanus toxoids and  diphtheria, tetanus toxoids and  accillular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and	Administration Notes	new immunization record	
Administered-at Location  Facility ID DCS_DC  Street Address Other Designation  City State Zip Code Country Valid Dose Valid In Status* Complete Dose Number in Series Inmunization Series Name Status in Immunization Series Inmunization Schedule Used  Element Name Data Tester Comment  Entering Organization Vaccine Group Wassin Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Used  Used  Dose Number of Doses in Series Inmunization Schedule Used  ACIP  Used  Coanview Pediatries diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and diphtheria, tetan	Administering Provider		
Administered-at Location  Facility ID  DCS_DC  Street Address  Other Designation  City  State  Zip Code  Country  Valid Dose  Validity Reason  Completion Status*  Complete  Dose Number in Series  Inmunization Series Name  Status in Immunization  Status in Immunization  Status in Immunization  Element Name  Data  Tester Comment  Occanview Pediatrics  diphtheria, tetanus toxoids and accelular pertussis vaccine, unspecified  Vaccine Group  Vaccine Group  diphtheria, tetanus toxoids and accelular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and	Name	J Martinez	
Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Inmunization Series Name Status in Immunization Status in Immunizati	ID Number		
Other Designation  City State Zip Code Country  Valid Dose Validity Reason  Completion Status* Complete  Dose Number in Series Number of Doses in Series Name Status in Immunization Series Immunization Schedule Used  Element Name Data Tester Comment  Entering Organization  Vaccine Group  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and diphtheria, tetanus t	Administered-at Locatio	n	
Other Designation  City State  Zip Code  Country  Valid Dose  Valid Iose  Validity Reason  Completion Status*  Complete  Dose Number in Series  Inmunization Series  Inmunization Series  Inmunization Schedule Used  ACIP  Element Name  Data  Tester Comment  Occanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Waccine Group  Vaccine Group  Vaccine Administered  diphtheria, tetanus toxoids and diphtheria	Facility ID	DCS_DC	
City   State	Street Address		
State  Zip Code  Country  Valid Dose  YES  Validity Reason  Completion Status*  Complete  Dose Number in Series  Inmunization Series Name  Status in Immunization Series  Immunization Schedule Used  ACIP  Element Name  Data  Tester Comment  Cocanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and	Other Designation		
Zip Code Country  Valid Dose YES  Validity Reason  Completion Status* Complete  Dose Number in Series 1  Number of Doses in Series  Immunization Series Name Status in Immunization Series  Immunization Schedule Used  ACIP  Element Name Data Tester Comment  Cocanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	City		
Country  Valid Dose  YES  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  Coeanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Wassing Administered  diphtheria, tetanus toxoids and	State		
Validity Reason  Completion Status* Complete  Dose Number in Series  Number of Doses in Series  Immunization Series Name  Status in Immunization Series Immunization Schedule Used  Element Name  Element Name  Data  Tester Comment  Oceanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and	Zip Code		
Validity Reason  Completion Status*  Complete  Dose Number in Series  Insumber of Doses in Series  Immunization Series  Status in Immunization Series  Immunization Schedule Used  ACIP  Element Name  Data  Tester Comment  Cocanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and	Country		
Completion Status*  Complete  Dose Number in Series  Number of Doses in Series  Series  Immunization Series Name  Status in Immunization Series  Immunization Schedule Used  ACIP  Element Name  Data  Tester Comment  Coeanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and	Valid Dose	YES	
Number of Doses in Series  Series  Immunization Series Name  Status in Immunization Series Immunization Schedule Used  Element Name  Data  Tester Comment  Entering Organization  Oceanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Vaccine Group  diphtheria, tetanus toxoids and	Validity Reason		
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  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Vaccine Administered diphtheria, tetanus toxoids and	Completion Status*	Complete	
Series   Same   Same   Same   Same   Same   Same   Satus in Immunization   Series   Series   Same   Series   Satus in Immunization   Schedule   Series   Samulation   Schedule   Series   Samulation   Schedule   Series   Samulation   Schedule   Samulation   Schedule   Samulation   Schedule   Samulation   Schedule   Samulation   Schedule   Samulation   Samu	<b>Dose Number in Series</b>	1	
Status in Immunization   Series   Immunization Schedule   Used   ACIP	Number of Doses in Series	5	
Immunization Schedule Used	Immunization Series Name		
Element Name  Data  Tester Comment  Cocanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Usecine Administered  diphtheria, tetanus toxoids and	Status in Immunization Series		
Entering Organization  Oceanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Usecine Administered diphtheria, tetanus toxoids and	Immunization Schedule Used	ACIP	
Entering Organization  Oceanview Pediatrics  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  Usecine Administered diphtheria, tetanus toxoids and			
Vaccine Group  diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and diphtheria, tetanus toxoids and			Tester Comment
Vaccine Group  acellular pertussis vaccine, unspecified  diphtheria, tetanus toxoids and	Entering Organization		
	Vaccine Group	acellular pertussis vaccine,	
accitation perturbits receive, 5 perturbits	Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason	Refusal Reason		

	<b>Evaluated Immunization His</b>	story Information
Date/Time Administration-Start	03/23/2014	
Date/Time Administration-End	03/23/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
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	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		

	Evaluated Immunization His	story Information
Date/Time Administration-Start	05/22/2014	
Date/Time Administration-End	05/22/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		

	<b>Evaluated Immunization His</b>	story Information
Date/Time Administration-Start	02/21/2015	
Date/Time	02/21/2015	
Administration-End	02/21/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	4	
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	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	01/22/2014	
Date/Time Administration-End	01/22/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
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	
<b>Element Name</b>	Data	Tester Comment
<b>Entering Organization</b>	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	03/23/2014	
Date/Time Administration-End	03/23/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
<b>Administering Provider</b>		
Name	J Martinez	
ID Number		
Administered-at Location	on	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
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	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		

	Evaluated Immunization Hi	story Information
Date/Time Administration-Start	05/22/2014	
Date/Time Administration-End	05/22/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on .	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	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	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		

	Evaluated Immunization His	story Information
Date/Time	11/21/2014	
Administration-Start		
Date/Time Administration-End	11/21/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
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	
DI (A)		T
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration-Start	01/22/2014	

	<b>Evaluated Immunization His</b>	tory Information
Date/Time Administration-End	01/22/2014	
Administered Amount	0.5	
Administered Units of	mL	
Measure Route of		
Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
<b>Administering Provider</b>		
Name	J Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	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	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration-Start	03/23/2014	
Date/Time Administration-End	03/23/2014	

	<b>Evaluated Immunization Hi</b>	story Information
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
<b>Administering Provider</b>		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
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	
	<b>D</b>	
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization	pneumococcal, unspecified	
Vaccine Group	formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	01/22/2014	
Date/Time Administration-End	01/22/2014	

Evaluated Immunization History Information		
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
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	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	03/23/2014	
Date/Time Administration-End	03/23/2014	

	<b>Evaluated Immunization Hi</b>	story Information
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
<b>Administering Provider</b>		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
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	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	05/22/2014	
Date/Time Administration-End	05/22/2014	

	<b>Evaluated Immunization Hi</b>	story Information
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
<b>Administering Provider</b>		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
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 Occompliant Padiatrias	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-Start	01/11/2015	
Date/Time Administration-End	01/11/2015	

	Evaluated Immunization H	istory Information
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
<b>Administering Provider</b>		
Name	J Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	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	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration-Start	01/22/2014	
Date/Time Administration-End	01/22/2014	
Administered Amount	0.5	

	<b>Evaluated Immunization His</b>	tory Information
Administered Units of	mL	
Measure		
Route of Administration	Oral	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on .	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
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	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration-Start	03/23/2014	
Date/Time Administration-End	03/23/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	

	Evaluated Immunization H	istory Information
Route of Administration	Oral	
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	on .	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	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, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	09/25/2014	
Date/Time Administration-End	09/25/2014	
Administered Amount	0.25	
Administered Units of Measure	mL	

	Evaluated Immunization His	story Information
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
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	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, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	10/29/2014	
Date/Time Administration-End	10/29/2014	
Administered Amount	0.25	
Administered Units of Measure	mL	

Route of Administration   Intramuscular   Intr		Evaluated Immunization His	story Information
Administration Site Substance Manufacturer Name Administration Notes Administration Notes ID Number ID Number Administration Facility ID State Other Designation City Stame CT Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Dose Number of Doses in Series Immunization Scries Name Status in Immunization Series Immunization Schedule Used  ACIP  Element Name Entering Organization Vaccine Administration-Start Refusal Reason Date/Time Administration-Start Date/Time Administration-Start Administration-Start Administration-Start Administration-Start Date/Time Administration-Start Administration-Start Date/Time Administration-Start Administration-Start Date/Time Ad		Intramuscular	
Substance Manufacturer Name Administration Notes Administration Notes Name J Martinez ID Number Administred-at Location Facility ID Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Series Status In Immunization Series Name Immunization Schedule Used Lement Name Data Data Tester Comment Influenza, inspecified formulation Vaccine Group Influenza, inspecified formulation Influenza, inspecified formulation Pate/Time Administration-Start Date/Time Administration-Sta		Right Thigh	
Manufacturer Name   Administration Notes   new immunization record			
Administering Provider  Name  Name  J Martinez  D Number  Administered-at Location  Facility ID  DCS_DC  Street Address  333 Occanview Lane  Other Designation  City  Stante  CT  Zip Code  06901  Country  Valid Dose  YES  Validity Reason  Completion Status*  Complete  Dose Number in Series  Number of Doses in Series  Name  Name  Acrip  Element Name  Entering Organization  Cocanview Pediatries  Naccine Group  influenza, injectable, quadrivalent, preservative free, pediatrie  Refusal Reason  Date/Time Administration-Start  Administration-Start  Administration-Start  Administration-Start  Administration-End		Sanofi Pasteur	
Name J Martinez  ID Number  Administered-at Location Facility ID DCS_DC Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Name Status in Immunization Series Name Element Name Data Tester Comment Entering Organization Vaccine Group influenza, injectable, quadrivalent, preservative free, pediatric Refusal Reason Date/Time Administration-Start Administration-Start Date/Time Administration-Start Administration-End	Administration Notes	new immunization record	
ID Number  Administered-at Location  Facility ID DCS_DC  Street Address 333 Oceanview Lane  Other Designation  City Stamford  State CT  Zip Code 06901  Country  Valid Dose YES  Validity Reason  Completion Status* Complete  Dose Number in Series 2  Number of Doses in Series Name  Status in Immunization Series Name  Status in Immunization Scries  Immunization Schedule Used  Element Name Data Tester Comment  Entering Organization  Vaccine Group influenza, unspecified formulation  Vaccine Administered Influenza, injectable, quadrivalent, preservative free, pediatric  Refusal Reason  Date/Time Administration-End  Administration-End	Administering Provider		
Administered-at Location  Facility ID DCS_DC  Street Address 333 Oceanview Lane  Other Designation  City Stamford  State CT  Zip Code 06901  Country  Valid Dose YES  Validity Reason  Completion Status* Complete  Dose Number in Series 2  Number of Doses in Series Name  Status in Immunization Series Name  Status in Immunization Series  Immunization Schedule Used  Element Name Data Tester Comment  Entering Organization Oceanview Pediatrics  Vaccine Group influenza, unspecified formulation  Vaccine Administered preservative free, pediatric  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Administration-End	Name	J Martinez	
Street Address 333 Oceanview Lane  Other Designation  City Stamford State CT Zip Code 06901 Country  Valid Dose YES  Validity Reason  Completion Status* Complete Dose Number in Series 2  Number of Doses in Series Name Status in Immunization Series Name Status in Immunization Series Immunization Schedule Used  Element Name Data Tester Comment  Entering Organization Oceanview Pediatrics  Vaccine Administered Refusal Reason  Date/Time Administration-End  10/02/2015			
Street Address Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose VES Validity Reason Completion Status* Complete Dose Number in Series Status in Immunization Series Name Status in Immunization Scries Immunization Schedule Used  Element Name Entering Organization Vaccine Group influenza, unspecified formulation Vaccine Administration-Start Refusal Reason Date/Time Administration-End  10/02/2015  Influenza and including and	Administered-at Locatio		
Other Designation  City Stamford  State CT  Zip Code 06901  Country  Valid Dose YES  Validity Reason  Completion Status* Complete  Dose Number in Series 2  Number of Doses in Series Name  Status in Immunization Series Name  Status in Immunization Series Immunization Series  Immunization Schedule Used  Element Name Data Tester Comment  Entering Organization Oceanview Pediatrics  Vaccine Group influenza, unspecified formulation  Vaccine Administration-Start  Date/Time Administration-End  10/02/2015	Facility ID	DCS_DC	
Designation   City   Stamford	Street Address	333 Oceanview Lane	
State CT  Zip Code 06901  Country  Valid Dose YES  Validity Reason  Completion Status* Complete  Dose Number in Series 2  Number of Doses in Series Name  Status in Immunization Series Name  Status in Immunization Series  Immunization Schedule Used  Element Name Data Tester Comment  Entering Organization Occanview Pediatrics  Vaccine Group influenza, unspecified formulation  Vaccine Administered  Refusal Reason  Date/Time Administration-End  Date/Time Administration-End			
Zip Code 06901  Country  Valid Dose YES  Validity Reason  Completion Status* Complete  Dose Number in Series 2  Number of Doses in Series Name  Status in Immunization Series Name  Status in Immunization Series ACIP  Element Name Data Tester Comment  Entering Organization Occanview Pediatrics  Vaccine Group influenza, unspecified formulation  Vaccine Administered Influenza, injectable, quadrivalent, preservative free, pediatric  Refusal Reason  Date/Time Administration-End  10/02/2015	City	Stamford	
Country  Valid Dose  YES  Validity Reason  Completion Status* Complete  Dose Number in Series 2  Number of Doses in Series  Status in Immunization Series Name  Status in Immunization Series Name  Element Name  Data  Tester Comment  Entering Organization  Vaccine Group  influenza, unspecified formulation  Vaccine Administered  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  Io/02/2015	State	СТ	
Validity Reason  Completion Status* Complete  Dose Number in Series 2 Number of Doses in Series Name  Status in Immunization Series Name  Element Name  Data  Tester Comment  Entering Organization  Vaccine Group  influenza, unspecified formulation  Vaccine Administered  Refusal Reason  Date/Time Administration-End  Complete  Complete  Data  Tester Comment  Tester C	Zip Code	06901	
Validity Reason  Completion Status* Complete  Dose Number in Series 2  Number of Doses in Series 2  Immunization Series Name  Status in Immunization Schedule Used  Element Name Data Tester Comment  Entering Organization Oceanview Pediatrics  Vaccine Group influenza, unspecified formulation  Vaccine Administered Influenza, injectable, quadrivalent, preservative free, pediatric  Refusal Reason  Date/Time Administration-End 10/02/2015	Country		
Completion Status*  Dose Number in Series  Number of Doses in Series  Name  Status in Immunization Series Name  Status in Immunization Schedule Used  ACIP  Element Name  Data  Tester Comment  Entering Organization  Vaccine Group  Influenza, unspecified formulation  Vaccine Administered  Influenza, injectable, quadrivalent, preservative free, pediatric  Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  10/02/2015	Valid Dose	YES	
Dose Number in Series   2	Validity Reason		
Number of Doses in Series   2	Completion Status*	Complete	
Series   2	<b>Dose Number in Series</b>	2	
Status in Immunization   Series		2	
Immunization Schedule   ACIP			
Element Name Data Tester Comment  Entering Organization Oceanview Pediatrics  Vaccine Group influenza, unspecified formulation  Vaccine Administered Influenza, injectable, quadrivalent, preservative free, pediatric  Refusal Reason  Date/Time Administration-Start 10/02/2015  Date/Time Administration-End 10/02/2015			
Entering Organization       Oceanview Pediatrics         Vaccine Group       influenza, unspecified formulation         Vaccine Administered       Influenza, injectable, quadrivalent, preservative free, pediatric         Refusal Reason       Date/Time Administration-Start       10/02/2015         Date/Time Administration-End       10/02/2015		ACIP	
Entering Organization       Oceanview Pediatrics         Vaccine Group       influenza, unspecified formulation         Vaccine Administered       Influenza, injectable, quadrivalent, preservative free, pediatric         Refusal Reason       Date/Time Administration-Start       10/02/2015         Date/Time Administration-End       10/02/2015			
Vaccine Group       influenza, unspecified formulation         Vaccine Administered       Influenza, injectable, quadrivalent, preservative free, pediatric         Refusal Reason       10/02/2015         Date/Time Administration-Start       10/02/2015         Date/Time Administration-End       10/02/2015			Tester Comment
Vaccine Administered       Influenza, injectable, quadrivalent, preservative free, pediatric         Refusal Reason       Date/Time Administration-Start       10/02/2015         Date/Time Administration-End       10/02/2015			
Refusal Reason  Date/Time Administration-Start  Date/Time Administration-End  10/02/2015	Vaccine Group		
Date/Time Administration-Start  Date/Time Administration-End  10/02/2015	Vaccine Administered		
Administration-Start 10/02/2015  Date/Time Administration-End 10/02/2015			
Administration-End 10/02/2015		10/02/2015	
Administered Amount .25		10/02/2015	
	Administered Amount	.25	
Administered Units of Measure mL		mL	

	Evaluated Immunization His	story Information
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	on	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
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	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration-Start	11/04/2016	
Date/Time Administration-End	11/04/2016	
Administered Amount	0.25	
Administered Units of Measure	mL	

	Evaluated Immunization Hi	story Information
Route of	Intramuscular	
Administration Administration Site	Left Deltoid	
Substance		
Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
<b>Administering Provider</b>		
Name	J Martinez	
ID Number		
Administered-at Location	on .	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
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
<b>Entering Organization</b>	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time Administration-Start	11/23/2014	
Date/Time Administration-End	11/23/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	

	Evaluated Immunization Hi	story Information
Route of Administration	Intramuscular	
Administration Site	Right Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider	new ministration record	
Name	J Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
<b>Dose Number in Series</b>	1	
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	Hep A, unspecified formulation	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time Administration-Start	05/23/2015	
Date/Time Administration-End	05/23/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	

	<b>Evaluated Immunization His</b>	story Information
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance	GlaxoSmithKline Biologicals SA	
Manufacturer Name Administration Notes	new immunization record	
Administration Notes  Administering Provider	new minumzation record	
Name	J Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose		
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	
<b>Element Name</b>	Data	Tester Comment
Entering Organization	Shoreline Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	08/22/2014	
Date/Time Administration-End	08/22/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	

	Evaluated Immunization His	story Information
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	Sandra Molina	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	400 Shoreline Drive	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	NO	
Validity Reason	Early	
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
<b>Element Name</b>	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	11/22/2017	
Date/Time Administration-End	11/22/2017	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	

	Evaluated Immunization Hi	story Information
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Varicella virus vaccine	
Vaccine Administered	varicella virus vaccine	
Refusal Reason		
Date/Time Administration-Start	12/15/2015	
Date/Time Administration-End	12/15/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Right Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	

Evaluated Immunization History Information			
Administration Notes	new immunization record		
Administering Provider	Administering Provider		
Name	J Martinez		
ID Number			
Administered-at Location	on		
Facility ID	DCS_DC		
Street Address	333 Oceanview Lane		
Other Designation			
City	Stamford		
State	CT		
Zip Code	06901		
Country			
Valid Dose	YES		
Validity Reason			
Completion Status*	Complete		
<b>Dose Number in Series</b>			
Number of Doses in Series			
Immunization Series Name			
Status in Immunization Series			
Immunization Schedule Used	ACIP		

<sup>\* &</sup>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 Fo	recast
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	04/29/2014	
Earliest Date to Give	04/29/2014	
Latest Date to Give		
Date When Vaccine Overdue	04/30/2015	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/01/2018	
Earliest Date to Give	09/01/2018	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2019	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	10/31/2017	
Earliest Date to Give	10/31/2017	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2019	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	10/31/2017	
Earliest Date to Give	10/31/2017	
<b>Latest Date to Give</b>		
Date When Vaccine Overdue	10/31/2019	
Status in Immunization Series		
Forecast Reason		