Evaluated Immunization History and Immunization Forecast		
Test Case ID	Query the Registry for Juana Mariana Vazquez	
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 Authority		
Namespace ID	MYEHR	
ID Type	MR	
Patient Identifier		
ID Number	987633	
Assigning Authority		
Namespace ID	MYIIS	
ID Type	SR	
Name	Juana Mariana Vazquez	
Date of Birth	11/01/2014	
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		
Element Name	Data	Tester Comment
Entering Organization	Shoreline Hospital	
Vaccine Group	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration- Start	11/01/2014	
Date/Time Administration- End	11/01/2014	
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	
Administering Provider		
Name	Jane Carter	
ID Number		

Evaluated Immunization History Information		
Administered-at Location		
Facility ID	SH	
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	3	
Immunization Series Name		
Status in Immunization		
Series	ACID	
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Shoreline Pediatrics	
Vaccine Group	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, unspecified formulation	
Refusal Reason		
Date/Time Administration-	12/20/2014	
Start Date/Time Administration-		
End	12/20/2014	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	Sandra Molina	
ID Number		
Administered-at Location		
Facility ID	SP	
Street Address	400 Shoreline Drive	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	

	Evaluated Immunization Histo	ory Information
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	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration- Start	05/20/2015	
Date/Time Administration- End	05/20/2015	
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	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
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	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	Tester Comment
	diphtheria, tetanus toxoids and acellular pertussis	
Vaccine Group	vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis	
Vaccine Administered	vaccine, unspecified	
Refusal Reason		

	Evaluated Immunization Histo	ory Information
Date/Time Administration- Start	01/22/2015	
Date/Time Administration- End	01/22/2015	
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		
Facility ID	OP	
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	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		
Date/Time Administration- Start	03/23/2015	
Date/Time Administration- End	03/23/2015	
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	

Evaluated Immunization History Information		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
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 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		
Date/Time Administration- Start	05/22/2015	
Date/Time Administration- End	05/22/2015	
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		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
V-111 D	YES	
Valid Dose		

Evaluated Immunization History Information		
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		
Date/Time Administration- Start	02/21/2016	
Date/Time Administration- End	02/21/2016	
Administered Amount	0.5	
Administered Units of	mL	
Measure		
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 Location		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	

	Evaluated Immunization Hist	ory Information
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason	Ovn conjugate	
Date/Time Administration- Start	01/22/2015	
Date/Time Administration- End	01/22/2015	
Administered Amount	0.5	
Administered Units of	0.3	
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		_
Facility ID	OP	
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	ACID	
Immunization Schedule Used	/ X-11	
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		
Date/Time Administration- Start	03/23/2015	
Date/Time Administration- End	03/23/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
	<u> </u>	

Evaluated Immunization History Information		
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	·	
Facility ID	OP	
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	Hib, unspecified formulation	
Vaccine Administered	Hib, unspecified formulation Haemophilus influenzae type b vaccine, PRP- OMP conjugate	
Vaccine Administered Refusal Reason	Haemophilus influenzae type b vaccine, PRP-	
Vaccine Administered Refusal Reason Date/Time Administration- Start	Haemophilus influenzae type b vaccine, PRP-	
Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End	Haemophilus influenzae type b vaccine, PRP-OMP conjugate 05/22/2015 05/22/2015	
Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount	Haemophilus influenzae type b vaccine, PRP-OMP conjugate 05/22/2015	
Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure	Haemophilus influenzae type b vaccine, PRP-OMP conjugate 05/22/2015 05/22/2015	
Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of	Haemophilus influenzae type b vaccine, PRP-OMP conjugate 05/22/2015 05/22/2015 0.5 mL Intramuscular	
Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure	Haemophilus influenzae type b vaccine, PRP-OMP conjugate 05/22/2015 05/22/2015 0.5 mL	
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	Haemophilus influenzae type b vaccine, PRP-OMP conjugate 05/22/2015 05/22/2015 0.5 mL Intramuscular	
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	Haemophilus influenzae type b vaccine, PRP-OMP conjugate 05/22/2015 05/22/2015 0.5 mL Intramuscular Right Thigh	
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	Haemophilus influenzae type b vaccine, PRP-OMP conjugate 05/22/2015 05/22/2015 0.5 mL Intramuscular Right Thigh Merck Sharp and Dohme Corp new immunization record	
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	Haemophilus influenzae type b vaccine, PRP-OMP conjugate 05/22/2015 05/22/2015 0.5 mL Intramuscular Right Thigh Merck Sharp and Dohme Corp	
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	Haemophilus influenzae type b vaccine, PRP-OMP conjugate 05/22/2015 05/22/2015 0.5 mL Intramuscular Right Thigh Merck Sharp and Dohme Corp new immunization record	
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	Haemophilus influenzae type b vaccine, PRP-OMP conjugate 05/22/2015 05/22/2015 0.5 mL Intramuscular Right Thigh Merck Sharp and Dohme Corp new immunization record 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 Facility ID	Haemophilus influenzae type b vaccine, PRP-OMP conjugate 05/22/2015 05/22/2015 0.5 mL Intramuscular Right Thigh Merck Sharp and Dohme Corp new immunization record 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 Facility ID Street Address	Haemophilus influenzae type b vaccine, PRP-OMP conjugate 05/22/2015 05/22/2015 0.5 mL Intramuscular Right Thigh Merck Sharp and Dohme Corp new immunization record 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 Facility ID Street Address Other Designation	Haemophilus influenzae type b vaccine, PRP-OMP conjugate 05/22/2015 05/22/2015 0.5 mL Intramuscular Right Thigh Merck Sharp and Dohme Corp new immunization record J Martinez OP 333 Oceanview Lane	
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 Facility ID Street Address	Haemophilus influenzae type b vaccine, PRP-OMP conjugate 05/22/2015 05/22/2015 0.5 mL Intramuscular Right Thigh Merck Sharp and Dohme Corp new immunization record J Martinez OP 333 Oceanview Lane Stamford	
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 Facility ID Street Address Other Designation	Haemophilus influenzae type b vaccine, PRP-OMP conjugate 05/22/2015 05/22/2015 0.5 mL Intramuscular Right Thigh Merck Sharp and Dohme Corp new immunization record J Martinez OP 333 Oceanview Lane	

Evaluated Immunization History Information		
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	
TO ANY	D.	m
Entering Organization	Data Oceanview Pediatrics	Tester Comment
Vaccine Group	Hib, unspecified formulation Haemophilus influenzae type b vaccine, PRP-	
Vaccine Administered	OMP conjugate	
Refusal Reason		
Date/Time Administration- Start	11/21/2015	
Date/Time Administration- End	11/21/2015	
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		
Facility ID	OP	
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	4	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	

Evaluated Immunization History Information		
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	01/22/2015	
Date/Time Administration- End	01/22/2015	
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	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
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	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	03/23/2015	
Date/Time Administration- End	03/23/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	

Evaluated Immunization History Information		
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider	11	
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
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	
	~ .	m
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	Tester Comment
Entering Organization Vaccine Group	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Entering Organization Vaccine Group Vaccine Administered	Oceanview Pediatrics	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 01/22/2015	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 01/22/2015 01/22/2015 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	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 01/22/2015 01/22/2015	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 01/22/2015 01/22/2015 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 vaccine, 13 valent 01/22/2015 01/22/2015 0.5 mL Intramuscular	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	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 01/22/2015 01/22/2015 0.5 mL Intramuscular 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 vaccine, 13 valent 01/22/2015 01/22/2015 0.5 mL Intramuscular 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	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 01/22/2015 01/22/2015 0.5 mL Intramuscular 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 ID Number	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 01/22/2015 01/22/2015 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record	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 ID Number Administered-at Location	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 01/22/2015 01/22/2015 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record	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 ID Number Administered-at Location Facility ID	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 01/22/2015 01/22/2015 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record J Martinez	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 ID Number Administered-at Location Facility ID Street Address	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 01/22/2015 01/22/2015 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record	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 ID Number Administered-at Location Facility ID	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 01/22/2015 01/22/2015 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record J Martinez	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 ID Number Administered-at Location Facility ID Street Address	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 01/22/2015 01/22/2015 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record J Martinez	Tester Comment

Evaluated Immunization History Information		
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	Lore	
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-	03/23/2015	
Start Start	05,25,2015	
Date/Time Administration- End	03/23/2015	
Administered Amount	0.5	
Administered Units of	mL	
Measure Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer		
Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider	Ir.	
Name	J Martinez	
ID Number		
Administered-at Location	lop.	
Facility ID	OP	
Street Address Other Perionation	333 Oceanview Lane	
Other Designation	Stamford	
City State	CT	
Zip Code	06901	
Country	00701	
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	ACVD	
Immunization Schedule Used	ACIP	

Evaluated Immunization History Information		
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	05/22/2015	
Date/Time Administration- End	05/22/2015	
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	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
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	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	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration- Start	01/11/2016	
Date/Time Administration- End	01/11/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	

Evaluated Immunization History Information		
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
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	
Element Name	Data	Tester Comment
Element Name Entering Organization	Oceanview Pediatrics	Tester Comment
Element Name Entering Organization Vaccine Group	Oceanview Pediatrics rotavirus, unspecified formulation	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered	Oceanview Pediatrics	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason	Oceanview Pediatrics rotavirus, unspecified formulation	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start	Oceanview Pediatrics rotavirus, unspecified formulation	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End	Oceanview Pediatrics rotavirus, unspecified formulation rotavirus, live, monovalent vaccine 01/22/2015 01/22/2015	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount	Oceanview Pediatrics rotavirus, unspecified formulation rotavirus, live, monovalent vaccine 01/22/2015	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	Oceanview Pediatrics rotavirus, unspecified formulation rotavirus, live, monovalent vaccine 01/22/2015 01/22/2015 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	Oceanview Pediatrics rotavirus, unspecified formulation rotavirus, live, monovalent vaccine 01/22/2015 01/22/2015	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	Oceanview Pediatrics rotavirus, unspecified formulation rotavirus, live, monovalent vaccine 01/22/2015 01/22/2015 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 Administration Site Substance Manufacturer Name	Oceanview Pediatrics rotavirus, unspecified formulation rotavirus, live, monovalent vaccine 01/22/2015 01/22/2015 0.5 mL Oral GlaxoSmithKline Biologicals SA	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	Oceanview Pediatrics rotavirus, unspecified formulation rotavirus, live, monovalent vaccine 01/22/2015 01/22/2015 0.5 mL Oral	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 Administering Provider	Oceanview Pediatrics rotavirus, unspecified formulation rotavirus, live, monovalent vaccine 01/22/2015 01/22/2015 0.5 mL Oral GlaxoSmithKline Biologicals SA new immunization record	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 Administering Provider Name	Oceanview Pediatrics rotavirus, unspecified formulation rotavirus, live, monovalent vaccine 01/22/2015 01/22/2015 0.5 mL Oral GlaxoSmithKline Biologicals SA	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 Administering Provider Name ID Number	Oceanview Pediatrics rotavirus, unspecified formulation rotavirus, live, monovalent vaccine 01/22/2015 01/22/2015 0.5 mL Oral GlaxoSmithKline Biologicals SA new immunization record	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 Administering Provider Name ID Number Administered-at Location	Oceanview Pediatrics rotavirus, unspecified formulation rotavirus, live, monovalent vaccine 01/22/2015 01/22/2015 0.5 mL Oral GlaxoSmithKline Biologicals SA new immunization record	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 Administering Provider Name ID Number Administered-at Location Facility ID	Oceanview Pediatrics rotavirus, unspecified formulation rotavirus, live, monovalent vaccine 01/22/2015 01/22/2015 0.5 mL Oral GlaxoSmithKline Biologicals SA new immunization record J Martinez	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 Administering Provider Name ID Number Administered-at Location	Oceanview Pediatrics rotavirus, unspecified formulation rotavirus, live, monovalent vaccine 01/22/2015 01/22/2015 0.5 mL Oral GlaxoSmithKline Biologicals SA new immunization record	Tester Comment

	Evaluated Immunization History Information		
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	Data Oceanview Pediatrics	Tester Comment	
Vaccine Group			
Vaccine Group Vaccine Administered	rotavirus, unspecified formulation		
Refusal Reason	rotavirus, live, monovalent vaccine		
Date/Time Administration-			
Start	03/23/2015		
Date/Time Administration- End	03/23/2015		
Administered Amount	0.5		
Administered Units of Measure	mL		
Route of Administration	Oral		
Administration Site			
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA		
Administration Notes	new immunization record		
Administering Provider			
Name	J Martinez		
ID Number			
Administered-at Location			
Facility ID	OP		
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	3		
Immunization Series Name			
Status in Immunization Series			

Evaluated Immunization History Information		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, seasonal, injectable	
Refusal Reason		
Date/Time Administration- Start	09/25/2015	
Date/Time Administration- End	09/25/2015	
Administered Amount	0.25	
Administered Units of Measure	mL	
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 Location		
Facility ID	OP	
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	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration- Start	10/29/2015	
Date/Time Administration- End	10/29/2015	
Administered Amount	0.25	

	Evaluated Immunization Hist	ory Information
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer	Sanofi Pasteur	
Name Administration Notes	new immunization record	
Administering Provider	new immunization record	
Name	J Martinez	
ID Number	J WHITTING	
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation	Survey Survey	
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason	TES	
Completion Status*	Commists	
Dose Number in Series	Complete	
	2	
Number of Doses in Series Immunization Series Name		
Status in Immunization		
Series		
Immunization Schedule Used	ACIP	
	ACIP Data	Tester Comment
Immunization Schedule Used		Tester Comment
Immunization Schedule Used Element Name	Data	Tester Comment
Immunization Schedule Used Element Name Entering Organization	Data Oceanview Pediatrics influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative	Tester Comment
Immunization Schedule Used Element Name Entering Organization Vaccine Group	Data Oceanview Pediatrics influenza, unspecified formulation	Tester Comment
Immunization Schedule Used Element Name Entering Organization Vaccine Group Vaccine Administered	Data Oceanview Pediatrics influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-	Data Oceanview Pediatrics influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration-	Data Oceanview Pediatrics influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric 10/02/2016	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End	Data Oceanview Pediatrics influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric 10/02/2016 10/02/2016	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 influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric 10/02/2016 10/02/2016	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	Data Oceanview Pediatrics influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric 10/02/2016 10/02/2016 .25 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 influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric 10/02/2016 10/02/2016 .25 mL Intramuscular	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	Data Oceanview Pediatrics influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric 10/02/2016 10/02/2016 .25 mL Intramuscular 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 influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric 10/02/2016 10/02/2016 .25 mL Intramuscular Left Deltoid Sanofi Pasteur	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 influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric 10/02/2016 10/02/2016 .25 mL Intramuscular Left Deltoid Sanofi Pasteur	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 Administering Provider	Data Oceanview Pediatrics influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric 10/02/2016 10/02/2016 .25 mL Intramuscular Left Deltoid Sanofi Pasteur new immunization record	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 Administering Provider Name	Data Oceanview Pediatrics influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric 10/02/2016 10/02/2016 .25 mL Intramuscular Left Deltoid Sanofi Pasteur new immunization record	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 Administering Provider Name ID Number	Data Oceanview Pediatrics influenza, unspecified formulation Influenza, injectable, quadrivalent, preservative free, pediatric 10/02/2016 10/02/2016 .25 mL Intramuscular Left Deltoid Sanofi Pasteur new immunization record	Tester Comment

Evaluated Immunization History Information		
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	11/04/2017	
Date/Time Administration- End	11/04/2017	
Administered Amount	0.25	
Administered Units of Measure	mL	
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 Location	1	
Facility ID	OP	
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		

	Evaluated Immunization Histo	ory Information
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	11/23/2015	
Date/Time Administration- End	11/23/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
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	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	05/23/2016	

	Evaluated Immunization History	ory Information
Date/Time Administration- End	05/23/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider	T.	
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
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	ACID	
Tillinumzation Schedule Csed	ACII	
Element Name	Data	Tester Comment
Entering Organization	Shoreline Pediatrics	rester comment
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration- Start	08/22/2015	
Date/Time Administration- End	08/22/2015	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	Sandra Molina	
ID Number		

Evaluated Immunization History Information		
Administered-at Location		
Facility ID	SP	
Street Address	400 Shoreline Drive	
Other Designation		
City	Stamford	
State	СТ	
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	ACID	
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration-	09/22/2018	
Start Date/Time Administration-		
End	09/22/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
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		
Facility ID	OP	
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	

minunization Series Name latus in Immunization series Name latus in Immunization Schedule Used ACIP Dement Name Data Tester Comment		Evaluated Immunization Histo	ry miormauon
Activity Organization Vaccine Group Varicella virus vaccine Vaccine Administered Varicella virus vaccine Vaccine Administration Vaccine Administration- Vaccine Administration Vaccine Vaccine Vacc	Number of Doses in Series	2	
Data Tester Comment	mmunization Series Name		
Hement Name Data Tester Comment Octaming Organization Occanview Pediatries Varicella virus vaccine Refusal Reason Atte/Time Administration- itart Date/Time Admi			
Archien Group Varicella virus vaccine Varicella virus vaccine Varicella virus vaccine Varicella virus vaccine Refusal Reason Left/Ilme Administration- start Administreed Amount Dete/Ilme Administration- and Administreed Linis of Vascine of Administration Route of Administration What instration Site What ance Manufacturer What instration Notes Administration Notes	mmunization Schedule Used	ACIP	
Arcting Organization Ascetine Group Varicella virus vaccine Actual Reason Actual Ministration- start Administration- and Administration- and Administration- and Administration- and Administration- and Administration Administration Administration Administration Administration Administration Administration Administration But Lessure Right Deloid Merck Sharp and Dohne Corp Administration Notes Ad			
Varicella virus vaccine Varicella virus vaccine Varicella virus vaccine Varicella virus vaccine Varicella virus vaccine	Element Name	Data	Tester Comment
Actinal Administered Refusal Reason	Intering Organization	Oceanview Pediatrics	
Refusal Reason Date/Time Administration- clard Date/Time Administration Date/Time Administration Date/Time Administration Date/Date/Date/Date/Date/Date/Date/Date/	Vaccine Group	Varicella virus vaccine	
Date/Time Administration- chard Date/Time Administration- chard Date/Time Administration- chard Date/Time Administration- chard Date/Time Administration Date/Date/Time Administration Date/Date/Date/Date/Date/Date/Date/Date/	Vaccine Administered	varicella virus vaccine	
Start (2752016 (27520	Refusal Reason		
ind definitistered Amount 0.5 mL definitistered Units of weasure woute of Administration Site Right Deltoid with status and woute of Administration Site Right Deltoid with status and woute of Administration Site Right Deltoid with status and woute of Administration Notes new immunization record with ministration Notes new immunization record with ministering Provider Name J Martinez ID Number With Martinez ID Number With Martinez OP Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Addid Dose VES Addid Dose VES Addid Dose VES Addid Dose Number in Series 1 Sumber of Doses in Series 2 Sumber of Doses in Series 2 Sumber of Doses in Series 2 Sumber in Immunization series Name Status in Immunization series Name St		12/15/2016	
Administered Units of Measure Noute of Administration Ministration Site Subcutaneous Merck Sharp and Dohme Corp Merck Stare Merck Sharp and Dohme Corp Merck		12/15/2016	
Neasure Soute of Administration Subcutaneous Subcutaneous Subcutaneous Subcutaneous Substance Manufacturer Same Subcutaneous Incompletion Status* Complete Substance Manufacturer Same Subcutaneous Incompletion Status* Complete Substance Manufacturer Subcutaneous Incompletion Status in Immunization Received Subcutaneous Incompletion Steries Subcutaneous Incompletion Steries Subcutaneous Incompletion Status Incompletion Statu	Administered Amount	0.5	
Administration Site Substance Manufacturer Name Administration Notes Name I Martinez ID Number Administreed-at Location Facility ID Street Address Other Designation City State CT Zip Code O6901 Country Valid Dose YES Validity Reason Completion Status* Complete Cose Number in Series State Status in Immunization Series Name Status in Immunization		mL	
Merck Sharp and Dohme Corp Name Merck Sharp and Dohme Corp Name Name J Martinez ID Number Namistered-at Location Facility ID Street Address Other Designation City State CT Zip Code O6901 Country Valid Dose YES Validity Reason Completion Status* Complete Cose Number in Series Name Status in Immunization Series Name Status in Immunization Series Status in Immunization	Route of Administration	Subcutaneous	
Administration Notes Administration Notes Administration Provider Name J Martinez ID Number Administered-at Location Facility ID OP Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Zalid Dose YES Zalidity Reason Completion Status* Complete Dose Number in Series Stame Status in Immunization Street Name Status in Immunization Street Same Status in Immunization Steries	Administration Site	Right Deltoid	
Administering Provider Name J Martinez ID Number Administered-at Location Facility ID OP Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country //alid Dose YES //alidity Reason Completion Status* Complete Dose Number in Series I Sumber of Doses in Series Retaus in Immunization series Name Status in Immunization Street Address Complete Comple		Merck Sharp and Dohme Corp	
Name J Martinez ID Number Administered-at Location Facility ID OP 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 Sumber of Doses in Series 2 mmunization Series Name Status in Immunization Series Name Status in Immunization Series Name	Administration Notes	new immunization record	
ID Number Administered-at Location Facility ID OP Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country //alid Dose YES //alidity Reason Completion Status* Complete Oose Number in Series 1 Sumber of Doses in Series 2 mmunization Series Name Status in Immunization Series Name	Administering Provider		
Administered-at Location Facility ID OP Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country /alid Dose YES /alidity Reason Completion Status* Complete Dose Number in Series 1 Number of Doses in Series 2 mmunization Series Name Status in Immunization series Name Status in Immunization series Name	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 1 Sumber of Doses in Series 2 Immunization Series Name Status in Immunization Series Name	ID Number		
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 Sumber of Doses in Series 2 mmunization Series Name Status in Immunization Series Status*	Administered-at Location		
Other Designation City Stamford State CT Zip Code 06901 Country /alid Dose YES /alidity Reason Completion Status* Complete Dose Number in Series 1 Sumber of Doses in Series 2 mmunization Series Name Status in Immunization Series Status in Immunization Series	Facility ID	OP	
City Stanford State CT Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series I Sumber of Doses in Series Extra Status in Immunization Series Name Status in Immunization	Street Address	333 Oceanview Lane	
State CT Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series 1 Sumber of Doses in Series 2 mmunization Series Name Status in Immunization Geries	Other Designation		
Zip Code Country Valid Dose VES Completion Status* Complete Cose Number in Series I Communication Series Name Contact in Immunication Contact in Imm	City	Stamford	
Country Valid Dose VES Validity Reason Completion Status* Complete Dose Number in Series I Sumber of Doses in Series I Status in Immunization Series Status in Immunization Series	State	СТ	
Validity Reason Completion Status* Complete Dose Number in Series I Number of Doses in Series Zeries	Zip Code	06901	
Validity Reason Completion Status* Complete Dose Number in Series I Sumber of Doses in Series I Status in Immunization Series Status in Immunization Series	Country		
Completion Status* Complete Dose Number in Series 1 Number of Doses in Series 2 mmunization Series Name Status in Immunization Geries	Valid Dose	YES	
Dose Number in Series 1 Number of Doses in Series 2 mmunization Series Name Status in Immunization Series	Validity Reason		
Number of Doses in Series 2 mmunization Series Name Status in Immunization Series	Completion Status*	Complete	
mmunization Series Name Status in Immunization Series	Oose Number in Series	1	
Status in Immunization Series	Number of Doses in Series	2	
Series	mmunization Series Name		
mmunization Schedule Used ACIP			
	mmunization Schedule Used	ACIP	

^{* &}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	IPV	
Vaccine Due Date	04/29/2015	
Earliest Date to Give	04/29/2015	
Latest Date to Give		
Date When Vaccine Overdue	04/30/2016	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/01/2019	
Earliest Date to Give	09/01/2019	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2020	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	10/31/2018	
Earliest Date to Give	10/31/2018	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2020	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	10/31/2018	
Earliest Date to Give	10/31/2018	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2020	
Status in Immunization Series		
Forecast Reason		