Evaluated Immunization History and Immunization Forecast		
Test Case ID	Query the Registry for Juana Maria Gonzales	
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	BG2 Morales	
Date of Birth	10/01/2020	
Sex	Female	
Address 1		
Street	3321 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country	USA	
Address Type	L	
Mother's Maiden Name	Joanna Elena Morales	

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	Stamford Regional Hospital	
Vaccine Group	Hep B, unspecified formulation	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration-Start	10/01/2020	
Date/Time Administration-End	10/01/2020	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	Susan Pike	
ID Number		
Administered-at Location		
Facility ID	SRH	
Street Address	15 Atlantic Avenue	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	

* "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	Hep B, unspecified formulation	
Vaccine Due Date	10/31/2020	
Earliest Date to Give	10/31/2020	
Latest Date to Give		
Date When Vaccine Overdue	01/01/2021	
Status in Immunization Series		

	Immunization Forecast	
Forecast Reason		
Element Name	**Data**	**Tester Comment**
Vaccine Group	DTaP, unspecified formulation	
Vaccine Due Date	11/30/2020	
Earliest Date to Give	11/30/2020	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2022	
Status in Immunization Series		
Forecast Reason		
Element Name	**Data**	**Tester Comment**
Vaccine Group	Hib	
Vaccine Due Date	11/30/2020	
Earliest Date to Give	11/30/2020	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2022	
Status in Immunization Series		
Forecast Reason		
Element Name	**Data**	**Tester Comment**
Vaccine Group	IPV	
Vaccine Due Date	11/30/2020	
Earliest Date to Give	11/30/2020	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2022	
Status in Immunization Series		
Forecast Reason		
Element Name	**Data**	**Tester Comment**
Vaccine Group	Pneumococcal Conjugate, unspecified formulation	
Vaccine Due Date	11/30/2020	
Earliest Date to Give	11/30/2020	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2022	
Status in Immunization Series		
Forecast Reason		
Element Name	**Data**	**Tester Comment**
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Due Date	11/30/2020	
Earliest Date to Give	11/30/2020	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2022	
Status in Immunization Series		
Forecast Reason		
Element Name	**Data**	**Tester Comment**
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/01/2021	

Immunization Forecast		
Earliest Date to Give	09/01/2021	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2022	
Status in Immunization Series		
Forecast Reason		
Element Name	**Data**	**Tester Comment**
Vaccine Group	Hep A, unspecified formulation	
Vaccine Due Date	10/01/2021	
Earliest Date to Give	10/01/2021	
Latest Date to Give		
Date When Vaccine Overdue	10/02/2022	
Status in Immunization Series		
Forecast Reason		
Element Name	**Data**	**Tester Comment**
Vaccine Group	MMR	
Vaccine Due Date	10/01/2021	
Earliest Date to Give	10/01/2021	
Latest Date to Give		
Date When Vaccine Overdue	04/01/2022	
Status in Immunization Series		
Forecast Reason		
Element Name	**Data**	**Tester Comment**
Vaccine Group	Varicella	
Vaccine Due Date	10/01/2021	
Earliest Date to Give	10/01/2021	
Latest Date to Give		
Date When Vaccine Overdue	04/01/2022	
Status in Immunization Series		
Forecast Reason		