

**Patient Information**

Element	Data
Patient Name	Juana Mariela Gonzales
Mother's Maiden Name	Joanna Morales
ID Number	123456 987633
Date/Time of Birth	10/01/2020 11:00
Administrative Sex	Female
Patient Address	3321 Standish Way Stamford CT 06903 USA
Local Number	(203)555-1214
Race	White
Ethnic Group	Hispanic or Latino
Multiple Birth Indicator	Yes
Birth Order	1

**Immunization Registry Information**

Element	Data
Immunization Registry Status	Active
Immunization Registry Status Effective Date	10/01/2020
Publicity Code	Reminder/recall - no calls
Publicity Code Effective Date	10/01/2020
Protection Indicator	No
Protection Indicator Effective Date	

**Guardian or Responsible Party**

Element	Data
Name	Joanna Elena Gonzales
Relationship	Mother
Address	3321 Standish Way Stamford CT 06903
Phone Number	(203)555-1214

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

Element	Data
Administered Vaccine	Hepatitis B
Date/Time Start of Administration	10/01/2020
Administered Amount	0.5
Administered Units	
Administration Notes	
Administering Provider	Susan Pike
Substance Lot Number	6332FK34
Substance Expiration Date	12/31/2020
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	Intramuscular
Administration Site	Left Thigh
Entering Organization	Stamford Regional Hospital
Entered By	Susan Pike
Ordered By	Justin Parker

**Vaccine Administration Information**

Element	Data
Administered Vaccine	hepatitis B vaccine, unspecified formulation
Date/Time Start of Administration	10/31/2020
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	12/01/2020
Vaccination temporary contraindication/precaution expiration date	01/01/2021

#### Vaccine Administration Information

Element	Data
Administered Vaccine	DTaP, unspecified formulation
Date/Time Start of Administration	10/31/2020
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	12/01/2020
Vaccination temporary contraindication/precaution expiration date	01/01/2021

#### Vaccine Administration Information

Element	Data
Administered Vaccine	Hib
Date/Time Start of Administration	10/31/2020
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	12/01/2020
Vaccination temporary contraindication/precaution expiration date	01/01/2021

#### Vaccine Administration Information

Element	Data
Administered Vaccine	Pneumococcal Conjugate, unspecified formulation
Date/Time Start of Administration	10/31/2020
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	12/01/2020
Vaccination temporary contraindication/precaution expiration date	01/01/2021

#### Vaccine Administration Information

Element	Data
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Administered Vaccine	rotavirus, unspecified formulation
Date/Time Start of Administration	10/31/2020
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	12/01/2020
Vaccination temporary contraindication/precaution expiration date	01/01/2021