

Patient Information

| Element | Data |
|--------------------------|---|
| Patient Name | Juana Maria Gonzales |
| Mother's Maiden Name | Joanna Morales |
| ID Number | 123456 987633 |
| Date/Time of Birth | 10/01/2020 11:15 |
| Administrative Sex | Female |
| Patient Address 1 | 3321 Standish Way Stamford CT 06903 USA |
| Patient Address 2 | 325 Shoreline Drive Stamford CT 06901 |
| Local Number | (203)555-1214 |
| Race | White |
| Ethnic Group | Hispanic or Latino |
| Multiple Birth Indicator | Yes |
| Birth Order | 2 |

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 | Yes |
| Protection Indicator Effective Date | 10/01/2020 |

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

Vaccine Administration Information

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | DTaP-HepB-IPV |
| Date/Time Start of Administration | 10/31/2020 |
| Administered Amount | 0.5 |
| Administered Units | |
| Administration Notes | New immunization record |
| Administering Provider | Sandra Molina |
| Substance Lot Number | 6559FK32 |
| Substance Expiration Date | 12/31/2021 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Deltoid |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

| Element | Data |
|---------------------------|-----------------------|
| Document Type | Multiple Vaccines VIS |
| VIS Presentation Date | 10/31/2020 |
| vaccine fund pgm elig cat | Not VFC eligible |
| Vaccine funding source | Private |