#### -Patient Information -

| Element                  | Data                                    |
|--------------------------|---|
| Patient Name             | Juan Marcel Marina                      |
| Mother's Maiden Name     | Anita Morales                           |
| ID Number                | 123456 987633                           |
| Date/Time of Birth       | 03/04/2017 11:00                        |
| Administrative Sex       | Male                                    |
| Patient Address          | 4623 Standish Way Stamford CT 06903 USA |
| Local Number             | (203)555-1213                           |
| Race                     | White                                   |
| Ethnic Group             | Hispanic or Latino                      |
| Multiple Birth Indicator | No                                      |
| Birth Order              |   |

## Immunization Registry Information

| Element                                     | Data                       |
|---|----------------------------|
| Immunization Registry Status                | Active                     |
| Immunization Registry Status Effective Date | 03/04/2017                 |
| Publicity Code                              | Reminder/recall - no calls |
| Publicity Code Effective Date               | 03/04/2017                 |
| Protection Indicator                        | No                         |
| Protection Indicator Effective Date         |                            |

## -Guardian or Responsible Party-

| Element      | Data                                |
|--------------|-------------------------------------|
| Name         | Manuel Marcel Gonzales              |
| Relationship | Father                              |
| Address      | 4623 Standish Way Stamford CT 06903 |
| Phone Number | (203)555-1213                       |

## -Vaccine Administration Information[\*] -

| Element                            | Data                           |
|------------------------------------|--------------------------------|
| Administered Vaccine               | Hepatitis B                    |
| Date/Time Start of Administration  | 03/04/2017                     |
| Administered Amount                | 999                            |
| Administered Units                 |                                |
| Administration Notes               |                                |
| Administering Provider             | J. Martinez                    |
| Substance Lot Number               | 6332FK34                       |
| Substance Expiration Date          | 12/14/2017                     |
| Substance Manufacturer Name        | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason |                                |
| Completion Status                  | Complete                       |

| Action Code           | Add                |
|-----------------------|--------------------|
| Route                 | Intramuscular      |
| Administration Site   | Left Thigh         |
| Entering Organization | Shoreline Hospital |
| Entered By            | Lisa Sirtis        |
| Ordered By            | Jane Carter        |

| Element                            | Data                           |
|------------------------------------|--------------------------------|
| Administered Vaccine               | Hepatitis B                    |
| Date/Time Start of Administration  | 04/15/2017                     |
| Administered Amount                | 999                            |
| Administered Units                 |                                |
| Administration Notes               |                                |
| Administering Provider             | J. Martinez                    |
| Substance Lot Number               | 6352FK2                        |
| Substance Expiration Date          | 10/01/2017                     |
| Substance Manufacturer Name        | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason |                                |
| Completion Status                  | Complete                       |
| Action Code                        | Add                            |
| Route                              | Intramuscular                  |
| Administration Site                | Right Thigh                    |
| Entering Organization              | Oceanview Pediatrics           |
| Entered By                         | J. Martinez                    |
| Ordered By                         | J. Rodriguez                   |

| Element                            | Data                           |
|------------------------------------|--------------------------------|
| Administered Vaccine               | Hepatitis B                    |
| Date/Time Start of Administration  | 10/31/2018                     |
| Administered Amount                | 0.5                            |
| Administered Units                 |                                |
| Administration Notes               |                                |
| Administering Provider             | Sandra Molina                  |
| Substance Lot Number               | 6332FK26                       |
| Substance Expiration Date          | 12/31/2019                     |
| 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         |
|--|--------------|
| Date vaccine information statement published | 07/15/2015   |
| Date vaccine information statement presented | 10/31/2018   |
| vaccine type                                 | Hepatitis B  |
| vaccine fund pgm elig cat                    | Not VFC elig |
| Vaccine funding source                       | Private      |

| Element                            | Data                 |
|------------------------------------|----------------------|
| Administered Vaccine               | DTaP                 |
| Date/Time Start of Administration  | 05/15/2017           |
| Administered Amount                | 999                  |
| Administered Units                 |                      |
| Administration Notes               |                      |
| Administering Provider             | J. Martinez          |
| Substance Lot Number               | D409QS2342           |
| Substance Expiration Date          | 11/30/2018           |
| Substance Manufacturer Name        | Sanofi Pasteur Inc   |
| Substance/Treatment Refusal Reason |                      |
| Completion Status                  | Complete             |
| Action Code                        | Add                  |
| Route                              | Intramuscular        |
| Administration Site                | Left Thigh           |
| Entering Organization              | Oceanview Pediatrics |
| Entered By                         | J. Martinez          |
| Ordered By                         | J. Rodriguez         |

| Element                            | Data               |
|------------------------------------|--------------------|
| Administered Vaccine               | DTaP               |
| Date/Time Start of Administration  | 07/13/2017         |
| Administered Amount                | 999                |
| Administered Units                 |                    |
| Administration Notes               |                    |
| Administering Provider             | J. Martinez        |
| Substance Lot Number               | D409QS2434         |
| Substance Expiration Date          | 09/04/2017         |
| Substance Manufacturer Name        | Sanofi Pasteur Inc |
| Substance/Treatment Refusal Reason |                    |

| Completion Status     | Complete             |
|-----------------------|----------------------|
| Action Code           | Add                  |
| Route                 | Intramuscular        |
| Administration Site   | Left Thigh           |
| Entering Organization | Oceanview Pediatrics |
| Entered By            | J. Martinez          |
| Ordered By            | J. Rodriguez         |

| Element                            | Data                 |
|------------------------------------|----------------------|
| Administered Vaccine               | DTaP                 |
| Date/Time Start of Administration  | 09/16/2017           |
| Administered Amount                | 999                  |
| Administered Units                 |                      |
| Administration Notes               |                      |
| Administering Provider             | J. Martinez          |
| Substance Lot Number               | D409QS250            |
| Substance Expiration Date          | 12/01/2017           |
| Substance Manufacturer Name        | Sanofi Pasteur Inc   |
| Substance/Treatment Refusal Reason |                      |
| Completion Status                  | Complete             |
| Action Code                        | Add                  |
| Route                              | Intramuscular        |
| Administration Site                | Left Deltoid         |
| Entering Organization              | Oceanview Pediatrics |
| Entered By                         | J. Martinez          |
| Ordered By                         | J. Rodriguez         |

| Element                            | Data               |  |
|------------------------------------|--------------------|--|
| Administered Vaccine               | DTaP               |  |
| Date/Time Start of Administration  | 08/20/2018         |  |
| Administered Amount                | 999                |  |
| Administered Units                 |                    |  |
| Administration Notes               |                    |  |
| Administering Provider             | J. Martinez        |  |
| Substance Lot Number               | D409QS250          |  |
| Substance Expiration Date          | 03/01/2019         |  |
| Substance Manufacturer Name        | Sanofi Pasteur Inc |  |
| Substance/Treatment Refusal Reason |                    |  |
| Completion Status                  | Complete           |  |
| Action Code                        | Add                |  |
| Route                              | Intramuscular      |  |

| Administration Site   | Left Deltoid         |  |
|-----------------------|----------------------|--|
| Entering Organization | Oceanview Pediatrics |  |
| Entered By            | J. Martinez          |  |
| Ordered By            | J. Rodriguez         |  |

| Element                            | Data                        |
|------------------------------------|-----------------------------|
| Administered Vaccine               | Hib                         |
| Date/Time Start of Administration  | 05/14/2017                  |
| Administered Amount                | 999                         |
| Administered Units                 |                             |
| Administration Notes               |                             |
| Administering Provider             | J. Martinez                 |
| Substance Lot Number               | 7M54K9255                   |
| Substance Expiration Date          | 03/24/2018                  |
| Substance Manufacturer Name        | Merck Sharp and Dohme Corp. |
| Substance/Treatment Refusal Reason |                             |
| Completion Status                  | Complete                    |
| Action Code                        | Add                         |
| Route                              | Intramuscular               |
| Administration Site                | Right Thigh                 |
| Entering Organization              | Oceanview Pediatrics        |
| Entered By                         | J. Martinez                 |
| Ordered By                         | J. Rodriguez                |

| Element                            | Data                        |
|------------------------------------|-----------------------------|
| Administered Vaccine               | Hib                         |
| Date/Time Start of Administration  | 07/21/2017                  |
| Administered Amount                | 999                         |
| Administered Units                 |                             |
| Administration Notes               |                             |
| Administering Provider             | J. Martinez                 |
| Substance Lot Number               | 7M55K3343                   |
| Substance Expiration Date          | 10/30/2017                  |
| Substance Manufacturer Name        | Merck Sharp and Dohme Corp. |
| Substance/Treatment Refusal Reason |                             |
| Completion Status                  | Complete                    |
| Action Code                        | Add                         |
| Route                              | Intramuscular               |
| Administration Site                | Left Thigh                  |
| Entering Organization              | Oceanview Pediatrics        |
| Entered By                         | J. Martinez                 |

Ordered By J. Rodriguez

#### -Vaccine Administration Information

| Element                            | Data                        |
|------------------------------------|-----------------------------|
| Administered Vaccine               | Hib                         |
| Date/Time Start of Administration  | 09/27/2017                  |
| Administered Amount                | 999                         |
| Administered Units                 |                             |
| Administration Notes               |                             |
| Administering Provider             | J. Martinez                 |
| Substance Lot Number               | 7M75K4577                   |
| Substance Expiration Date          | 05/23/2018                  |
| Substance Manufacturer Name        | Merck Sharp and Dohme Corp. |
| Substance/Treatment Refusal Reason |                             |
| Completion Status                  | Complete                    |
| Action Code                        | Add                         |
| Route                              | Intramuscular               |
| Administration Site                | Right Thigh                 |
| Entering Organization              | Oceanview Pediatrics        |
| Entered By                         | J. Martinez                 |
| Ordered By                         | J. Rodriguez                |

#### -Vaccine Administration Information

| Element                            | Data                        |
|------------------------------------|-----------------------------|
| Administered Vaccine               | Hib                         |
| Date/Time Start of Administration  | 05/04/2018                  |
| Administered Amount                | 999                         |
| Administered Units                 |                             |
| Administration Notes               |                             |
| Administering Provider             | J. Martinez                 |
| Substance Lot Number               | 7M53K5535                   |
| Substance Expiration Date          | 10/14/2018                  |
| Substance Manufacturer Name        | Merck Sharp and Dohme Corp. |
| Substance/Treatment Refusal Reason |                             |
| Completion Status                  | Complete                    |
| Action Code                        | Add                         |
| Route                              | Intramuscular               |
| Administration Site                | Left Deltoid                |
| Entering Organization              | Oceanview Pediatrics        |
| Entered By                         | J. Martinez                 |
| Ordered By                         | J. Rodriguez                |

| Element                            | Data                 |
|------------------------------------|----------------------|
| Administered Vaccine               | Polio (IPV)          |
| Date/Time Start of Administration  | 05/14/2017           |
| Administered Amount                | 999                  |
| Administered Units                 |                      |
| Administration Notes               |                      |
| Administering Provider             | J. Martinez          |
| Substance Lot Number               | D333PV2444           |
| Substance Expiration Date          | 10/04/2018           |
| Substance Manufacturer Name        | MSanofi Pasteur Inc. |
| Substance/Treatment Refusal Reason |                      |
| Completion Status                  | Complete             |
| Action Code                        | Add                  |
| Route                              | Subcutaneous         |
| Administration Site                | Left Deltoid         |
| Entering Organization              | Oceanview Pediatrics |
| Entered By                         | J. Martinez          |
| Ordered By                         | J. Rodriguez         |

| Element                            | Data                 |
|------------------------------------|----------------------|
| Administered Vaccine               | Polio (IPV)          |
| Date/Time Start of Administration  | 07/21/2017           |
| Administered Amount                | 999                  |
| Administered Units                 |                      |
| Administration Notes               |                      |
| Administering Provider             | J. Martinez          |
| Substance Lot Number               | D333PV4343           |
| Substance Expiration Date          | 03/23/2018           |
| Substance Manufacturer Name        | MSanofi Pasteur Inc. |
| Substance/Treatment Refusal Reason |                      |
| Completion Status                  | Complete             |
| Action Code                        | Add                  |
| Route                              | Subcutaneous         |
| Administration Site                | Left Deltoid         |
| Entering Organization              | Oceanview Pediatrics |
| Entered By                         | J. Martinez          |
| Ordered By                         | J. Rodriguez         |

| Element                           | Data        |
|-----------------------------------|-------------|
| Administered Vaccine              | Polio (IPV) |
| Date/Time Start of Administration | 10/15/2017  |
|                                   |             |

| Administered Amount                | 999                  |
|------------------------------------|----------------------|
| Administered Units                 |                      |
| Administration Notes               |                      |
| Administering Provider             | J. Martinez          |
| Substance Lot Number               | D333PV4343           |
| Substance Expiration Date          | 02/22/2018           |
| Substance Manufacturer Name        | MSanofi Pasteur Inc. |
| Substance/Treatment Refusal Reason |                      |
| Completion Status                  | Complete             |
| Action Code                        | Add                  |
| Route                              | Subcutaneous         |
| Administration Site                | Left Deltoid         |
| Entering Organization              | Oceanview Pediatrics |
| Entered By                         | J. Martinez          |
| Ordered By                         | J. Rodriguez         |

| Element                            | Data                           |
|------------------------------------|--------------------------------|
| Administered Vaccine               | Pneumococcal conjugate (PCV13) |
| Date/Time Start of Administration  | 05/18/2017                     |
| Administered Amount                | 999                            |
| Administered Units                 |                                |
| Administration Notes               |                                |
| Administering Provider             | J. Martinez                    |
| Substance Lot Number               | P243V3321                      |
| Substance Expiration Date          | 01/30/2018                     |
| Substance Manufacturer Name        | Pfizer, Inc                    |
| Substance/Treatment Refusal Reason |                                |
| Completion Status                  | Complete                       |
| Action Code                        | Add                            |
| Route                              | Intramuscular                  |
| Administration Site                | Left Thigh                     |
| Entering Organization              | Oceanview Pediatrics           |
| Entered By                         | J. Martinez                    |
| Ordered By                         | J. Rodriguez                   |

| Element                           | Data                           |
|-----------------------------------|--------------------------------|
| Administered Vaccine              | Pneumococcal conjugate (PCV13) |
| Date/Time Start of Administration | 07/21/2017                     |
| Administered Amount               | 999                            |
| Administered Units                |                                |
| Administration Notes              |                                |
|                                   |                                |

| Administering Provider             | J. Martinez          |
|------------------------------------|----------------------|
| Substance Lot Number               | P343V8445            |
| Substance Expiration Date          | 03/30/2018           |
| Substance Manufacturer Name        | Pfizer, Inc          |
| Substance/Treatment Refusal Reason |                      |
| Completion Status                  | Complete             |
| Action Code                        | Add                  |
| Route                              | Intramuscular        |
| Administration Site                | Left Thigh           |
| Entering Organization              | Oceanview Pediatrics |
| Entered By                         | J. Martinez          |
| Ordered By                         | J. Rodriguez         |

| Element                            | Data                           |
|------------------------------------|--------------------------------|
| Administered Vaccine               | Pneumococcal conjugate (PCV13) |
| Date/Time Start of Administration  | 09/27/2017                     |
| Administered Amount                | 999                            |
| Administered Units                 |                                |
| Administration Notes               |                                |
| Administering Provider             | J. Martinez                    |
| Substance Lot Number               | P853V2175                      |
| Substance Expiration Date          | 08/30/2018                     |
| Substance Manufacturer Name        | Pfizer, Inc                    |
| Substance/Treatment Refusal Reason |                                |
| Completion Status                  | Complete                       |
| Action Code                        | Add                            |
| Route                              | Intramuscular                  |
| Administration Site                | Right Thigh                    |
| Entering Organization              | Oceanview Pediatrics           |
| Entered By                         | J. Martinez                    |
| Ordered By                         | J. Rodriguez                   |

| Element                           | Data                           |
|-----------------------------------|--------------------------------|
| Administered Vaccine              | Pneumococcal conjugate (PCV13) |
| Date/Time Start of Administration | 05/04/2018                     |
| Administered Amount               | 999                            |
| Administered Units                |                                |
| Administration Notes              |                                |
| Administering Provider            | J. Martinez                    |
| Substance Lot Number              | P853V58544                     |
| Substance Expiration Date         | 10/18/2018                     |
|                                   | i                              |

| Substance Manufacturer Name        | Pfizer, Inc          |
|------------------------------------|----------------------|
| Substance/Treatment Refusal Reason |                      |
| Completion Status                  | Complete             |
| Action Code                        | Add                  |
| Route                              | Intramuscular        |
| Administration Site                | Left Deltoid         |
| Entering Organization              | Oceanview Pediatrics |
| Entered By                         | J. Martinez          |
| Ordered By                         | J. Rodriguez         |

| Element                            | Data                           |
|------------------------------------|--------------------------------|
| Administered Vaccine               | Rotavirus                      |
| Date/Time Start of Administration  | 05/18/2017                     |
| Administered Amount                | 999                            |
| Administered Units                 |                                |
| Administration Notes               |                                |
| Administering Provider             | J. Martinez                    |
| Substance Lot Number               | 6359RV543                      |
| Substance Expiration Date          | 10/29/2017                     |
| Substance Manufacturer Name        | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason |                                |
| Completion Status                  | Complete                       |
| Action Code                        | Add                            |
| Route                              | Intramuscular                  |
| Administration Site                | Left Thigh                     |
| Entering Organization              | Oceanview Pediatrics           |
| Entered By                         | J. Martinez                    |
| Ordered By                         | J. Rodriguez                   |

| Element                            | Data                           |
|------------------------------------|--------------------------------|
| Administered Vaccine               | Rotavirus                      |
| Date/Time Start of Administration  | 09/21/2017                     |
| Administered Amount                | 999                            |
| Administered Units                 |                                |
| Administration Notes               |                                |
| Administering Provider             | J. Martinez                    |
| Substance Lot Number               | 6359RV933                      |
| Substance Expiration Date          | 05/10/2018                     |
| Substance Manufacturer Name        | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason |                                |
| Completion Status                  | Complete                       |
| 1                                  | 1                              |

| Action Code           | Add                  |
|-----------------------|----------------------|
| Route                 | Intramuscular        |
| Administration Site   | Thigh Thigh          |
| Entering Organization | Oceanview Pediatrics |
| Entered By            | J. Martinez          |
| Ordered By            | J. Rodriguez         |

| Element                            | Data                 |
|------------------------------------|----------------------|
| Administered Vaccine               | Influenza            |
| Date/Time Start of Administration  | 09/27/2017           |
| Administered Amount                | 999                  |
| Administered Units                 |                      |
| Administration Notes               |                      |
| Administering Provider             | J. Martinez          |
| Substance Lot Number               | D8043IN8738          |
| Substance Expiration Date          | 03/12/2018           |
| Substance Manufacturer Name        | Sanofi Pasteur       |
| Substance/Treatment Refusal Reason |                      |
| Completion Status                  | Complete             |
| Action Code                        | Add                  |
| Route                              | Intramuscular        |
| Administration Site                | Left Thigh           |
| Entering Organization              | Oceanview Pediatrics |
| Entered By                         | J. Martinez          |
| Ordered By                         | J. Rodriguez         |

| Element                            | Data           |
|------------------------------------|----------------|
| Administered Vaccine               | Influenza      |
| Date/Time Start of Administration  | 10/20/2017     |
| Administered Amount                | 999            |
| Administered Units                 |                |
| Administration Notes               |                |
| Administering Provider             | J. Martinez    |
| Substance Lot Number               | D8043IN8798    |
| Substance Expiration Date          | 05/22/2018     |
| Substance Manufacturer Name        | Sanofi Pasteur |
| Substance/Treatment Refusal Reason |                |
| Completion Status                  | Complete       |
| Action Code                        | Add            |
| Route                              | Intramuscular  |
| Administration Site                | Right Thigh    |
|                                    |                |

| Entering Organization | Oceanview Pediatrics |
|-----------------------|----------------------|
| Entered By            | J. Martinez          |
| Ordered By            | J. Rodriguez         |

| Element                            | Data                 |
|------------------------------------|----------------------|
| Administered Vaccine               | FLUZONE QUADRIVALENT |
| Date/Time Start of Administration  | 10/31/2018           |
| Administered Amount                | 0.25                 |
| Administered Units                 |                      |
| Administration Notes               |                      |
| Administering Provider             | Sandra Molina        |
| Substance Lot Number               | D8043IN8855          |
| Substance Expiration Date          | 12/31/2019           |
| Substance Manufacturer Name        | Sanofi Pasteur       |
| 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         |
|---------------------------|--------------|
| VIS Publication Date      | 08/19/2014   |
| VIS Presentation Date     | 10/31/2018   |
| vaccine fund pgm elig cat | Not VFC elig |
| Vaccine funding source    | Private      |

| Element                            | Data                                  |
|------------------------------------|---------------------------------------|
| Administered Vaccine               | measles, mumps, rubella virus vaccine |
| Date/Time Start of Administration  | 06/20/2018                            |
| Administered Amount                | 999                                   |
| Administered Units                 |                                       |
| Administration Notes               |                                       |
| Administering Provider             | J. Martinez                           |
| Substance Lot Number               | 7W27V7632                             |
| Substance Expiration Date          | 12/15/2019                            |
| Substance Manufacturer Name        | Merck Sharp and Dohme Corp.           |
| Substance/Treatment Refusal Reason |                                       |
| Completion Status                  | Complete                              |
|                                    |                                       |

| Action Code           | Add                  |
|-----------------------|----------------------|
| Route                 | Subcutaneous         |
| Administration Site   | Left Thigh           |
| Entering Organization | Oceanview Pediatrics |
| Entered By            | J. Martinez          |
| Ordered By            | J. Rodriguez         |

| Element                            | Data                 |
|------------------------------------|----------------------|
| Administered Vaccine               | varicella            |
| Date/Time Start of Administration  | 10/31/2018           |
| 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                           |
|--------------------------------|--------------------------------|
| Disease with presumed immunity | History of Varicella infection |

| Element                            | Data                                      |
|------------------------------------|---|
| Administered Vaccine               | Hep A, pediatric, unspecified formulation |
| Date/Time Start of Administration  | 10/31/2018                                |
| 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                          |
|                                    | İ   |

| Action Code           | Add                  |
|-----------------------|----------------------|
| Route                 |                      |
| Administration Site   |                      |
| Entering Organization | Shoreline Pediatrics |
| Entered By            | Sandra Molina        |
| Ordered By            | Frank Smith          |

| Element  | Data                           |
|--|--------------------------------|
| Diseases with serological evidence of immunity | Serology confirmed hepatitis A |