Patient Information

Element	Data
Patient Name	Juana Mariana Vazquez
Mother's Maiden Name	Maria Acosta
ID Number	123456 987633
Date/Time of Birth	11/01/2015 11:05
Administrative Sex	Female
Patient Address	4345 Standish Way Stamford CT 06903 USA
Local Number	(203)555-1212
Email	jmg@gmail.com
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	11/01/2015
Publicity Code	Reminder/Recall - any method
Publicity Code Effective Date	11/01/2015
Protection Indicator	No
Protection Indicator Effective Date	

Guardian or Responsible Party

Element	Data
Name	Joanna Merida Vazquez
Relationship	Grandparent
Address	4345 Standish Way Stamford CT 06903
Phone Number	(203)555-1212
Phone Number	

Vaccine Administration Information

Element	Data
Administered Vaccine	Influenza, seasonal, injectable, preservative Free
Date/Time Start of Administration	10/31/2020
Administered Amount	0.25
Administered Units	
Administration Notes	New immunization record
Administering Provider	Sandra Molina
Substance Lot Number	8L4B3521
Substance Expiration Date	12/31/2021
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
Reaction	Rash within 14 days of dose
Document Type	Influenza Vaccine - Inactivated VIS
VIS Presentation Date	10/31/2020

vaccine fund pgm elig cat	VFC eligible-Medicaid/Medicaid Managed Care
Vaccine funding source	Public