| Evaluated Immunization History and Immunization Forecast | | |
|---|---|---|
| **Test Case ID** | IZ-QR-1_Query_Child | |
| **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 | | | | |
|---|---|---|---|---|
| **Patient Identifier** | **Patient Name** | **DOB** | **Gender** | **Tester Comment** |
| 171122 | Cameron A Fairchild | 02/14/2009 | Male | |
| 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 and Immunization Forecast | |
|---|---|
| **Immunization Schedule Used** | **Tester Comment** |
| ACIP | |

| Evaluated Immunization History | | | | | | |
|---|---|---|---|---|---|---|
| **Vaccine Group** | **Vaccine Administered** | **Date Administered** | **Valid Dose** | **Validity Reason** | **Completion Status*** | **Tester Comment** |
| Hep B NOS | Hep B Unspec | 04/15/2009 | YES | | Complete | |
| HIB NOS | HIB PRP-T | 03/14/2009 | NO | Too Young | Complete | |
| Hep B NOS | DTAP-Hep B-IPV | 10/11/2009 | YES | | Complete | |
| IPV | DTAP-Hep B-IPV | 10/11/2009 | YES | | Complete | |
| DTAP | DTAP-Hep B-IPV | 10/11/2009 | YES | | Complete | |
| Hep B NOS | Hep BPEDS | 04/11/2010 | YES | | Complete | |
| MMR | MMR | 04/15/2010 | YES | | Complete | |

* "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 | | | | |
|---|---|---|---|---|
| **Vaccine Group** | **Due Date** | **Earliest Date To Give** | **Latest Date to Give** | **Tester Comment** |
| MMR | 02/14/2015 | 06/14/2010 | | |
| IPV | 02/14/2010 | | | |
| DTAP | 02/14/2010 | | | |