

**Patient Information**

| Element                  | Data                                    |
|--------------------------|---|
| Patient Name             | Juana Maria Gonzales                    |
| Mother's Maiden Name     | Joanna Morales                          |
| ID Number                | 123456 987633                           |
| Date/Time of Birth       | 10/01/2021 11:15                        |
| 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              | 2                                       |

**Immunization Registry Information**

| Element                                     | Data                       |
|---|----------------------------|
| Immunization Registry Status                | Active                     |
| Immunization Registry Status Effective Date | 10/01/2021                 |
| Publicity Code                              | Reminder/recall - no calls |
| Publicity Code Effective Date               | 10/01/2021                 |
| Protection Indicator                        | Yes                        |
| Protection Indicator Effective Date         | 10/01/2021                 |

**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  | 10/01/2021                                  |
| Administered Amount                | 0.5   |
| Administered Units                 |   |
| Administration Notes               | Historical information - from public agency |
| Administering Provider             | Susan Pike                                  |
| Substance Lot Number               | 6332FK34                                    |
| 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 Thigh                                  |
| Entering Organization              | Stamford Regional Hospital                  |
| Entered By                         | Susan Pike                                  |
| Ordered By                         | Justin Parker                               |

**Vaccine Administration Information**

| Element                           | Data          |
|-----------------------------------|---------------|
| Administered Vaccine              | DTaP-HepB-IPV |
| Date/Time Start of Administration | 10/31/2021    |

|                                    |                                |
|------------------------------------|--------------------------------|
| Administered Amount                | 0.5                            |
| Administered Units                 |                                |
| Administration Notes               | New immunization record        |
| Administering Provider             | Sandra Molina                  |
| Substance Lot Number               | 6559FK32                       |
| Substance Expiration Date          | 12/31/2022                     |
| 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     | 10/31/2021            |
| vaccine fund pgm elig cat | Not VFC eligible      |
| Vaccine funding source    | Private               |