Evaluated Immunization History and Immunization Forecast		
Test Case ID	Query the Registry for Juana Mariana Vazquez	
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		
Element Name	Data	Tester Comment
Patient Identifier		
ID Number	123456	
Assigning Authority		
Namespace ID	MYEHR	
ID Type	MR	
Patient Identifier		
ID Number	987633	
Assigning Authority		
Namespace ID	MYIIS	
ID Type	SR	
Name	Juana Mariana Vazquez	
Date of Birth	11/01/2017	
Sex	Female	
Address 1		
Street	4345 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country	USA	
Address Type	L	
Mother's Maiden Name	Maria Merida Acosta	

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 Information		
Element Name	Data	Tester Comment
Entering Organization	Shoreline Hospital	
Vaccine Group	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration- Start	11/01/2017	
Date/Time Administration- End	11/01/2017	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	Jane Carter	
ID Number		
Administered-at Location		
Facility ID	SH	
Street Address		

Evaluated Immunization History Information		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data  Charalina Dadiataina	Tester Comment
Entering Organization	Shoreline Pediatrics	
Vaccine Group	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, unspecified formulation	
Refusal Reason  Date/Time Administration-		
Start	12/20/2017	
Date/Time Administration- End	12/20/2017	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	Sandra Molina	
ID Number		
Administered-at Location	SP	
Facility ID Street Address	400 Shoreline Drive	
Other Designation	400 Shorenile Drive	
	Stamford	
City	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
	<u> </u>	
Element Name	Data	Tester Comment

	Evaluated Immunization History	ory Information
Entering Organization	Oceanview Pediatrics	
Vaccine Group	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration- Start	05/20/2018	
Date/Time Administration- End	05/20/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider	[TM. alin.	
Name	J Martinez	
ID Number Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
FI N	D. A.	T
Element Name Entering Organization	Data Oceanview Pediatrics	Tester Comment
	diphtheria, tetanus toxoids and acellular pertussis	
Vaccine Group	vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis	
Vaccine Administered	vaccine, unspecified	
Refusal Reason		
Date/Time Administration- Start	01/22/2018	
Date/Time Administration- End	01/22/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	

Evaluated Immunization History Information		
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Immunization Schedule Used	TOIL	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis	
vaccinc Group	vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration- Start	03/23/2018	
Date/Time Administration- End	03/23/2018	
Administered Amount	0.5	
Administered Units of		
Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	1	
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		

	Evaluated Immunization Histo	ory Information
Completion Status*	Complete	77, 11101 11111011
Dose Number in Series	2	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
	][]	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration- Start	05/22/2018	
Date/Time Administration- End	05/22/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration- Start	02/21/2019	

	Evaluated Immunization Hist	ory Information
Date/Time Administration- End	02/21/2019	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	4	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization  Vaccine Group	Hib, unspecified formulation	
	Haemophilus influenzae type b vaccine, PRP-	
Vaccine Administered	OMP conjugate	
Refusal Reason  Date/Time Administration-		
Start	01/22/2018	
Date/Time Administration- End	01/22/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck and Co Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	OP	
Facility ID	Or	
Street Address		

	Evaluated Immunization History Information		
Other Designation			
City			
State			
Zip Code			
Country			
Valid Dose	YES		
Validity Reason			
Completion Status*	Complete		
Dose Number in Series	1		
Number of Doses in Series	4		
Immunization Series Name			
Status in Immunization Series			
Immunization Schedule Used	ACIP		
	<u>                                     </u>		
Element Name	Data	Tester Comment	
Entering Organization	Oceanview Pediatrics		
Vaccine Group	Hib, unspecified formulation		
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate		
Refusal Reason			
Date/Time Administration- Start	03/23/2018		
Date/Time Administration- End	03/23/2018		
Administered Amount	0.5		
Administered Units of Measure	mL		
Route of Administration	Intramuscular		
Administration Site	Left Thigh		
Substance Manufacturer Name	Merck and Co Inc		
Administration Notes	new immunization record		
Administering Provider	lr .		
Name	J Martinez		
ID Number			
Administered-at Location	On		
Facility ID	OP		
Street Address Other Designation	333 Oceanview Lane		
Other Designation	Stamford		
City	Stamford CT		
State Zin Code			
Zip Code	06901		
Country	VEC		
Validity Dagger	YES		
Validity Reason	Complete		
Completion Status*	Complete		
Dose Number in Series	2		
Number of Doses in Series	4		
Immunization Series Name			
Status in Immunization Series	A CUD		
Immunization Schedule Used	ACIP		
Element Name	Data	Tester Comment	
Distillent I valid	Data	1 Cotter Comment	

	Evaluated Immunization Hist	ory Information
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration- Start	05/22/2018	
Date/Time Administration- End	05/22/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck and Co Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	O.D.	
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation	Grand Cont	
City	Stamford	
State	CT	
Zip Code	06901	
Country Valid Dose	YES	
Validity Reason	I ES	
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	4	
Immunization Series Name	-	
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Immunization senedate escu		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration- Start	11/21/2018	
Date/Time Administration- End	11/21/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck and Co Inc	
Administration Notes	new immunization record	

	Evaluated Immunization History Information		
Administering Provider			
Name	J Martinez		
ID Number			
Administered-at Location			
Facility ID	OP		
Street Address	333 Oceanview Lane		
Other Designation			
City	Stamford		
State	CT		
Zip Code	06901		
Country			
Valid Dose	YES		
Validity Reason			
Completion Status*	Complete		
Dose Number in Series	4		
Number of Doses in Series	4		
Immunization Series Name			
Status in Immunization Series			
Immunization Schedule Used	ACIP		
Immumzation Schedule Oscu	ACII		
Element Name	Data	Tester Comment	
Entering Organization	Oceanview Pediatrics		
Vaccine Group	poliovirus vaccine, inactivated		
Vaccine Administered	poliovirus vaccine, inactivated		
Refusal Reason			
Date/Time Administration-	01/22/2018		
Start	01/22/2018		
Date/Time Administration- End	01/22/2018		
Administered Amount	0.5		
Administered Units of	mL		
Measure			
Route of Administration	Subcutaneous		
Administration Site	Left Arm		
Substance Manufacturer Name	Sanofi Pasteur Inc		
Administration Notes	new immunization record		
Administering Provider			
Name	J Martinez		
ID Number			
Administered-at Location	·		
Facility ID	OP		
Street Address	333 Oceanview Lane		
Other Designation			
City	Stamford		
State	CT		
Zip Code	06901		
Country			
Valid Dose	YES		
Validity Reason			
Completion Status*	Complete		
Dose Number in Series	1		

	Evaluated Immunization Hist	ory Information
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration- Start	03/23/2018	
Date/Time Administration- End	03/23/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Arm	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration- Start	01/22/2018	
Date/Time Administration- End	01/22/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	

	Evaluated Immunization Hist	ory Information
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer	Pfizer, Inc	
Name		
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	ОР	
Facility ID Street Address	333 Oceanview Lane	
	333 Oceanview Lane	
Other Designation	Ctampfaul	
City	Stamford	
State	CT	
Zip Code	06901	
Country	VEG	
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Diament Name	Dete	Total Comment
Element Name	Data	Tester Comment
Entaring Organization	Oceanview Pediatrics	
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Group Vaccine Administered		
Vaccine Group Vaccine Administered Refusal Reason	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent	
Vaccine Group Vaccine Administered	pneumococcal, unspecified formulation	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration-	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent  03/23/2018	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent  03/23/2018  03/23/2018	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent  03/23/2018  03/23/2018  0.5	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent  03/23/2018  03/23/2018  0.5  mL	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent  03/23/2018  03/23/2018  0.5  mL  Intramuscular	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent  03/23/2018  03/23/2018  0.5  mL  Intramuscular  Left Thigh  Pfizer, Inc	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent  03/23/2018  03/23/2018  0.5  mL  Intramuscular  Left Thigh	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent  03/23/2018  03/23/2018  0.5  mL  Intramuscular  Left Thigh  Pfizer, Inc  new immunization record	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent  03/23/2018  03/23/2018  0.5  mL  Intramuscular  Left Thigh  Pfizer, Inc	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider  Name	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent  03/23/2018  03/23/2018  0.5  mL  Intramuscular  Left Thigh  Pfizer, Inc  new immunization record	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider  Name  ID Number	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent  03/23/2018  03/23/2018  0.5  mL  Intramuscular  Left Thigh  Pfizer, Inc  new immunization record	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number Administered-at Location	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent  03/23/2018  0.5  mL  Intramuscular  Left Thigh  Pfizer, Inc  new immunization record	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider  Name  ID Number  Administered-at Location  Facility ID	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent  03/23/2018  03/23/2018  0.5  mL  Intramuscular  Left Thigh  Pfizer, Inc  new immunization record  J Martinez	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider  Name  ID Number  Administered-at Location  Facility ID  Street Address	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent  03/23/2018  03/23/2018  0.5  mL  Intramuscular  Left Thigh  Pfizer, Inc  new immunization record  J Martinez	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider  Name  ID Number  Administered-at Location  Facility ID  Street Address  Other Designation	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent  03/23/2018  0.5  mL  Intramuscular  Left Thigh  Pfizer, Inc  new immunization record  OP  333 Oceanview Lane	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider  Name  ID Number  Administered-at Location  Facility ID  Street Address  Other Designation  City  State	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent  03/23/2018  0.5  mL  Intramuscular  Left Thigh  Pfizer, Inc  new immunization record   J Martinez  OP  333 Oceanview Lane  Stamford	
Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider  Name  ID Number  Administered-at Location  Facility ID  Street Address  Other Designation  City	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent  03/23/2018  0.5  mL  Intramuscular  Left Thigh  Pfizer, Inc  new immunization record   OP  333 Oceanview Lane  Stamford  CT	

Valid Dose   YES
Completion Status**  Dose Number in Series  2 Number of Doses in Series  Immunization Series Name  Status in Immunization Series  Immunization Schedule Used  ACIP  Element Name  Entering Organization  Oceanview Pediatrics  Vaccine Group  Posumococcal, unspecified formulation  Vaccine Administred  Paccine Administration  Statt  Administred Units of mL  Refusal Reason  Date/Time Administration  Statt  Madministration  Intramuscular  Administration  Find  Administration Site  Right Thigh  Substance Manufacturer  Name  Administration Notes  Administration Notes  Name  J Martinez  D Namber  Administred-at Location  Facility D OP  Street Address  333 Oceanview Lane  Other Designation  City  Staff Ceuntry  Valid Dose  VES  Validity Reason  Completion Status*  Completion Status*  Completion Status*
Completion Status**  Dose Number in Series  2 Number of Doses in Series  Immunization Series Name  Status in Immunization Series  Immunization Schedule Used  ACIP  Element Name  Entering Organization  Oceanview Pediatrics  Vaccine Group  Posumococcal, unspecified formulation  Vaccine Administred  Paccine Administration  Statt  Administred Units of mL  Refusal Reason  Date/Time Administration  Statt  Madministration  Intramuscular  Administration  Find  Administration Site  Right Thigh  Substance Manufacturer  Name  Administration Notes  Administration Notes  Name  J Martinez  D Namber  Administred-at Location  Facility D OP  Street Address  333 Oceanview Lane  Other Designation  City  Staff Ceuntry  Valid Dose  VES  Validity Reason  Completion Status*  Completion Status*  Completion Status*
Dose Number in Series Number of Doses in Series Immunization Series Name Status in Immunization Schedule Used ACIP  Element Name Data Tester Comment  Entering Organization Vaccine Group pneumococcal unspecified formulation Vaccine Administred pneumococcal conjugate vaccine, 13 valent Refusal Reason Date/Time Administration Start Monistered Amount Administered Units of Measure Route of Administration Route of Administration Substance Manufacturer Name Prizer, Inc Name J Martinez  Administering Provider Name J Martinez  Administered-at Location Facility ID OP Street Address 333 Oceanview Lane Other Designation City Start Country Valid Dose VPES Validity Reason Completion Status* Completion Status Completion Status* Completion Status Completion Status Completer Completion Status Completion Status Completion Status Complet
Number of Doses in Series   4
Status in Immunization Series Immunization Schedule Used  Element Name  Entering Organization Oceanview Pediatrics Vaccine Group pneumococcal, unspecified formulation Vaccine Administered pneumococcal conjugate vaccine, 13 valent Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount O.5 Administered Units of Measure Nouse of Administration Intramuscular Administration Notes Name ID Number Administration Notes Name ID Number Administration Vaccine Administration record Administration Notes Other Designation OP Street Address 333 Oceanview Lane Other Designation City Stanford State CT Zip Code Coountry Valid Dose YES Validity Reason Completion Status* Completion Status*  Completion Status*  Oceanview Pdiatrics  Tester Comment Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Tester Comment  Teste
Immunization Schedule Used   ACIP
Immunization Schedule Used   ACIP
Element Name Data Tester Comment  Entering Organization Oceanview Pediatrics  Vaccine Group pneumococcal, unspecified formulation  Vaccine Administered pneumococcal conjugate vaccine, 13 valent  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Regular Fig. Inc  Administration Site  Right Thigh  Substance Manufacturer Name  Pfizer, Inc  Administering Provider  Name  J Martinez  ID Number  Administered-at Location  Facility ID  Street Address  333 Oceanview Lane  Other Designation  City  State  CT  Zip Code  O6901  Country  Valid Dose  YES  Validity Reason  Completion Status*  Complete
Entering Organization Oceanview Pediatries  Vaccine Group pneumococcal, unspecified formulation  Vaccine Administred pneumococcal conjugate vaccine, 13 valent  Refusal Reason O5:22/2018  Administered Amount O.5  Administered Units of Measure Manufacturer Route of Administration Intramuscular  Administration Site Right Thigh Substance Manufacturer Pame Pfizer, Inc  Administration Notes new immunization record Manufacturer Pame J Martinez  ID Number J Martinez  Facility ID OP  Street Address 333 Oceanview Lane  Other Designation  City Stamford  State CT  Zip Code 06901  Country  Valid Dose YES  Validity Reason  Completion Status*  Completion Status*  Completion Status*  Completion Status*  Oceanview Lane Administration Provider Completion Status*  PESS Oceanies In State Complete  Paul Completion Status*  Oceanties In Suelina (Institution)  Paul Completion Status*  Oceanties In Suelina (Institution)  State Completion Status*  Oceanties In Suelina (Institution)  Paul Completion Status*  Oceanties In Suelina (Institution)  Paul Completion Status*  Oceanties In Suelina (Institution)  Paul Completion Status*  Oceanies In Suelina (Institution)  Oceanies In Suelina (Institution)  Paul Completion Status*  Oceanies In Suelina (Institution)  Oceanies In
Vaccine Administred Provider Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administred Units of Measure Route of Administration Substance Manufacturer Name J Martinez  ID Number Administrating Provider Name J Martinez  ID Number Administred-at Location Facility ID OP Street Address 333 Oceanview Lane Other Designation City State CT Zip Code Country Valid Dose YES Validity Reason Completion Status*  Complete  O 5/22/2018  Administration Dos/22/2018  D5/22/2018  D5/22/2018  D5/22/2018  D6/22/2018  D6
Vaccine Administration Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  O5/22/2018  Administered Amount  O.5  Administration Intramuscular  Administration Notes  Administration Notes  Administration Notes  Intramuscular Name  J Martinez  ID Number  Administration Provider  Name  J Martinez  ID Number  Administration  Facility ID  OP  Street Address  333 Oceanview Lane  Other Designation  City  Stame  Cr  Zip Code  O6901  Country  Valid Dose  YES  Validity Reason  Completion Status*  O5/22/2018  O5/
Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  O5/22/2018  Administered Amount  Administered Units of Measure  Route of Administration  Intramuscular  Administration Site  Right Thigh  Substance Manufacturer Name  Administration Notes  new immunization record  Administration Notes  Name  J Martinez  ID Number  Administered-at Location  Facility ID  Street Address  333 Oceanview Lane  Other Designation  City  State  CT  Zip Code  06901  Country  Valid Dose  YES  Validity Reason  Completion Status*  Complete
Date/Time Administration-Start  Date/Time Administration-End  Administered Amount  O.5  Administered Units of mL  Route of Administration  Route of Administration  Measure  Right Thigh  Substance Manufacturer Name  Administration Notes  Administration Notes  ID Number  Administered-at Location  Facility ID  Street Address  Other Designation  City  State  CT  Zip Code  O6901  Country  Valid Dose  YES  Validity Reason  Completion Status*  Complete
Start Date/Time Administration—End O5/22/2018  Administered Amount O.5  Administered Units of mL  Route of Administration Intramuscular  Administration Site Right Thigh  Substance Manufacturer Name Pfizer, Inc  Administration Notes new immunization record  Administration Notes Name J Martinez  ID Number  Administered-at Location  Facility ID OP  Street Address 333 Oceanview Lane  Other Designation  City Stamford  State CT  Zip Code 06901  Country  Valid Dose YES  Validity Reason  Completion Status* Complete
Date/Time Administration- End  Administered Amount  Administered Units of mL  Route of Administration  Intramuscular  Administration Site  Right Thigh  Substance Manufacturer Name  ID Number  Administration Notes  ID Number  Administered-at Location  Facility ID  OP  Street Address  333 Oceanview Lane  Other Designation  City  State  CT  Zip Code  06901  Country  Valid Dose  YES  Validity Reason  Completion Status*  Complete
End 05/22/2018  Administered Amount 0.5  Administered Units of Mcasure mL  Route of Administration Intramuscular  Administration Site Right Thigh  Substance Manufacturer Name Pfizer, Inc  Administration Notes new immunization record  Administering Provider  Name J Martinez  ID Number Administered-at Location  Facility ID OP  Street Address 333 Oceanview Lane  Other Designation  City Stamford  State CT  Zip Code 06901  Country  Valid Dose YES  Validity Reason  Completion Status* Complete
Administered Units of Measure  Route of Administration Intramuscular  Administration Site Right Thigh  Substance Manufacturer Name Pfizer, Inc  Administration Notes new immunization record  Administering Provider  Name J Martinez  ID Number Administered-at Location  Facility ID OP  Street Address 333 Oceanview Lane  Other Designation  City Stamford  State CT  Zip Code 06901  Country  Valid Dose YES  Validity Reason  Completion Status* Complete
Measure Route of Administration Intramuscular  Administration Site Right Thigh  Substance Manufacturer Name Pfizer, Inc  Administration Notes new immunization record  Administering Provider  Name J Martinez  ID Number  Administered-at Location  Facility ID OP  Street Address 333 Oceanview Lane  Other Designation  City Stamford  State CT  Zip Code 06901  Country  Valid Dose YES  Validity Reason  Completion Status* Complete
Administration Site Right Thigh  Substance Manufacturer Name Pfizer, Inc  Administration Notes new immunization record  Administering Provider  Name J Martinez  ID Number  Administered-at Location  Facility ID OP  Street Address 333 Oceanview Lane  Other Designation  City Stamford  State CT  Zip Code 06901  Country  Valid Dose YES  Validity Reason  Completion Status* Complete
Substance Manufacturer Name  Administration Notes new immunization record  Administering Provider  Name J Martinez  ID Number  Administered-at Location  Facility ID OP Street Address 333 Oceanview Lane Other Designation City Stamford  State CT Zip Code 06901 Country  Valid Dose YES  Validity Reason Completion Status* Complete
Name Prizer, Inc  Administration Notes new immunization record  Administering Provider  Name J Martinez  ID Number Administered-at Location  Facility ID OP  Street Address 333 Oceanview Lane  Other Designation  City Stamford  State CT  Zip Code 06901  Country  Valid Dose YES  Validity Reason  Completion Status* Complete
Administration Notes    Name
Administering Provider  Name  J Martinez  ID Number  Administered-at Location  Facility ID  OP  Street Address  333 Oceanview Lane  Other Designation  City  Stamford  State  CT  Zip Code  06901  Country  Valid Dose  YES  Validity Reason  Completion Status*  Complete
Name J Martinez  ID Number  Administered-at Location  Facility ID OP  Street Address 333 Oceanview Lane  Other Designation  City Stamford  State CT  Zip Code 06901  Country  Valid Dose YES  Validity Reason  Completion Status* Complete
Administered-at Location  Facility ID OP  Street Address 333 Oceanview Lane  Other Designation  City Stamford  State CT  Zip Code 06901  Country  Valid Dose YES  Validity Reason  Completion Status* Complete
Facility ID OP Street Address 333 Oceanview Lane Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete
Street Address 333 Oceanview Lane  Other Designation City Stamford State CT Zip Code 06901 Country Valid Dose YES Validity Reason Completion Status* Complete
Other Designation   City Stamford   State CT   Zip Code 06901   Country Valid Dose   Valid Peason YES   Completion Status* Complete
City         Stamford           State         CT           Zip Code         06901           Country         YES           Valid Dose         YES           Validity Reason         Completion Status*
State CT  Zip Code 06901  Country  Valid Dose YES  Validity Reason  Completion Status* Complete
Zip Code 06901  Country  Valid Dose YES  Validity Reason  Completion Status*  Complete
Country  Valid Dose YES  Validity Reason  Completion Status*  Complete
Valid Dose YES  Validity Reason  Completion Status* Complete
Validity Reason  Completion Status*  Complete
Completion Status* Complete
Dose Number in Series 3
Number of Doses in Series 4
Immunization Series Name
Status in Immunization Series
Immunization Schedule Used ACIP
Element Name Data Tester Comment
Entering Organization Oceanview Pediatrics
Vaccine Group pneumococcal, unspecified formulation
Vaccine Administered pneumococcal conjugate vaccine, 13 valent
Refusal Reason
Start 01/11/2019

	Evaluated Immunization Hist	ory Information
Date/Time Administration- End	01/11/2019	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	4	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration- Start	01/22/2018	
Date/Time Administration- End	01/22/2018	
Administered Amount	1.0	
Administered Units of Measure	mL	
Route of Administration	Oral	
Administration Site		
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider	1	
Name	J Martinez	
ID Number		
Administered-at Location	OB	
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		

	Evaluated Immunization Hist	ory Information
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration- Start	03/23/2018	
Date/Time Administration- End	03/23/2018	
Administered Amount	1.0	
Administered Units of Measure	mL	
Route of Administration	Oral	
Administration Site		
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location Facility ID	OD	
Street Address	OP	
	333 Oceanview Lane	
Other Designation	Stamford	
City		
State Zin Code	CT	
Zip Code	06901	
Country Valid Dage	VEC	
Valid Dose	YES	
Validity Reason	Community.	
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series	A CVD	
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	Tester Comment
9 9		

	Evaluated Immunization Hist	ory Information
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable, quadrivalent, preservative	
	free	
Refusal Reason  Date/Time Administration-		
Start	09/25/2018	
Date/Time Administration- End	09/25/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline	
Administration Notes	new immunization record	
Administering Provider	a.	_
Name	J Martinez	
ID Number		
Administered-at Location	10	
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable, quadrivalent, preservative free	
Refusal Reason		
Date/Time Administration- Start	10/29/2018	
Date/Time Administration- End	10/29/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline	
Administration Notes	new immunization record	
Administering Provider		

	Evaluated Immunization Hist	ory Information
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason	1.25	
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	2	
Immunization Series Name	-	
Status in Immunization Series	A CUD	
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	Tester comment
Vaccine Group	influenza, unspecified formulation	
	Influenza, injectable, quadrivalent, preservative	
Vaccine Administered	free	
Refusal Reason		
Date/Time Administration- Start	10/02/2019	
Date/Time Administration- End	10/02/2019	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer	Sanofi Pasteur	
Name		
Administration Notes	new immunization record	
Administering Provider  Name	J Martinez	
	J Martinez	
ID Number Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
	555 Oceanview Lane	
Other Designation	St 6 1	
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		

	Evaluated Immunization Histo	ory Information
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable, quadrivalent, preservative free	
Refusal Reason		
Date/Time Administration- Start	11/04/2020	
Date/Time Administration- End	11/04/2020	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	GlaxoSmithKline	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series	Love	
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time Administration- Start	11/23/2018	
Date/Time Administration- End	11/23/2018	
Administered Amount	0.5	

	Evaluated Immunization Hist	ory Information
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Flament Name	Data	Toster Comment
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization	Oceanview Pediatrics	Tester Comment
	Oceanview Pediatrics  Hep A, unspecified formulation  hepatitis A vaccine, pediatric/adolescent dosage,	Tester Comment
Entering Organization Vaccine Group Vaccine Administered	Oceanview Pediatrics Hep A, unspecified formulation	Tester Comment
Entering Organization Vaccine Group	Oceanview Pediatrics  Hep A, unspecified formulation  hepatitis A vaccine, pediatric/adolescent dosage,	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration-	Oceanview Pediatrics  Hep A, unspecified formulation  hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration-	Oceanview Pediatrics  Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule  05/23/2019	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End	Oceanview Pediatrics  Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule  05/23/2019  05/23/2019	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of	Oceanview Pediatrics  Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule  05/23/2019  05/23/2019  0.5	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure	Oceanview Pediatrics  Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule  05/23/2019  05/23/2019  0.5  mL	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration	Oceanview Pediatrics  Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule  05/23/2019  05/23/2019  0.5  mL  Intramuscular	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer	Oceanview Pediatrics  Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule  05/23/2019  05/23/2019  0.5  mL  Intramuscular  Left Deltoid	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name	Oceanview Pediatrics  Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule  05/23/2019  05/23/2019  0.5  mL  Intramuscular  Left Deltoid  GlaxoSmithKline Biologicals SA	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes	Oceanview Pediatrics  Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule  05/23/2019  05/23/2019  0.5  mL  Intramuscular  Left Deltoid  GlaxoSmithKline Biologicals SA	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider	Oceanview Pediatrics  Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule  05/23/2019  05/23/2019  0.5  mL  Intramuscular  Left Deltoid  GlaxoSmithKline Biologicals SA new immunization record	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider  Name	Oceanview Pediatrics  Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule  05/23/2019  05/23/2019  0.5  mL  Intramuscular  Left Deltoid  GlaxoSmithKline Biologicals SA new immunization record	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider  Name  ID Number	Oceanview Pediatrics  Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule  05/23/2019  05/23/2019  0.5  mL  Intramuscular  Left Deltoid  GlaxoSmithKline Biologicals SA new immunization record	Tester Comment  Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider  Name  ID Number  Administered-at Location	Oceanview Pediatrics  Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule  05/23/2019  05/23/2019  0.5  mL  Intramuscular  Left Deltoid  GlaxoSmithKline Biologicals SA new immunization record	Tester Comment  Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider  Name  ID Number  Administered-at Location  Facility ID	Oceanview Pediatrics  Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule  05/23/2019  05/23/2019  0.5  mL  Intramuscular  Left Deltoid  GlaxoSmithKline Biologicals SA new immunization record  J Martinez	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider  Name  ID Number  Administered-at Location  Facility ID  Street Address	Oceanview Pediatrics  Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule  05/23/2019  05/23/2019  0.5  mL  Intramuscular  Left Deltoid  GlaxoSmithKline Biologicals SA new immunization record  J Martinez	Tester Comment
Entering Organization  Vaccine Group  Vaccine Administered  Refusal Reason  Date/Time Administration- Start  Date/Time Administration- End  Administered Amount  Administered Units of Measure  Route of Administration  Administration Site  Substance Manufacturer Name  Administration Notes  Administering Provider  Name  ID Number  Administered-at Location  Facility ID  Street Address  Other Designation	Oceanview Pediatrics  Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule  05/23/2019  0.5  mL  Intramuscular  Left Deltoid  GlaxoSmithKline Biologicals SA new immunization record  J Martinez  OP  333 Oceanview Lane	Tester Comment

	Evaluated Immunization History	ory Information
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Shoreline Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration-	08/22/2018	
Start  Date/Time Administration-	, ,=	
End	08/22/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck and Co Inc	
Administration Notes	new immunization record	
Administering Provider	new minument record	
Name	Sandra Molina	
ID Number		
Administered-at Location		
Facility ID	SP	
Street Address	400 Shoreline Drive	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	NO	
Validity Reason	Early	
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	

	Evaluated Immunization Hist	ory Information
Refusal Reason		
Date/Time Administration- Start	09/22/2021	
Date/Time Administration- End	09/22/2021	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Arm	
Substance Manufacturer Name	Merck and Co Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Varicella virus vaccine	
Vaccine Administered	varicella virus vaccine	
Refusal Reason		
Date/Time Administration- Start	12/15/2019	
Date/Time Administration- End	12/15/2019	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Right Arm	
Substance Manufacturer Name	Merck and Co Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		

	Evaluated Immunization Histo	ory Information
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	

<sup>\* &</sup>quot;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		
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	04/29/2018	
Earliest Date to Give	04/29/2018	
Latest Date to Give		
<b>Date When Vaccine Overdue</b>	04/30/2019	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/01/2022	
Earliest Date to Give	09/01/2022	
Latest Date to Give		
<b>Date When Vaccine Overdue</b>	10/31/2023	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	10/31/2021	
Earliest Date to Give	10/31/2021	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2023	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	10/31/2021	
Earliest Date to Give	10/31/2021	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2023	
Status in Immunization Series		
Forecast Reason		