

Patient Information

| Element | Data |
|--------------------------|---|
| Patient Name | Nancy Katherine Peters |
| Mother's Maiden Name | Jones |
| ID Number | 89778 |
| Date/Time of Birth | 12/21/1949 |
| Administrative Sex | Female |
| Patient Address | 105 Laurel Run Road Kersey PA 15846 USA |
| Local Number | (406)555-4019 |
| Race | White |
| Ethnic Group | Not Hispanic or Latino |
| Multiple Birth Indicator | No |
| Birth Order | 1 |

Immunization Registry Information

| Element | Data |
|---|--------------------|
| Immunization Registry Status | Active |
| Immunization Registry Status Effective Date | 12/21/2003 |
| Publicity Code | No reminder/recall |
| Publicity Code Effective Date | 06/24/2015 |
| Protection Indicator | Yes |
| Protection Indicator Effective Date | 06/24/2015 |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------------------|
| Administered Vaccine | Pfizer-BioNTech Covid-19 Vaccine |
| Date/Time Start of Administration | 01/28/2021 |
| Administered Amount | 0.3 |
| Administered Units | mL |
| Administration Notes | New Record |
| Administering Provider | Cindy Stien |
| Substance Lot Number | EL9015 |
| Substance Expiration Date | 06/22/2021 |
| Substance Manufacturer Name | Pfizer, Inc. |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Deltoid |
| Entering Organization | NISTEHRFacility-E |
| Entered By | Cindy Stien |
| Ordered By | Connor Langlois |

| Element | Data |
|--|---|
| Vaccine Funding Source | Public |
| Vaccine Funding Program Eligibility | Not VFC Eligible |
| Document Type | COVID-19 Pfizer BioNTech Vaccine EUA Recipient-Caregiver Fact Sheet |
| Date Vaccine Information Statement Presented | 01/28/2021 |
| dose number in series | 2 |
| Status in immunization series | Yes |