

Patient Information

Element	Data
Patient Name	Juana Mariela Gonzales
Mother's Maiden Name	Joanna Morales
ID Number	123456 987633
Date/Time of Birth	10/01/2021 11:00
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	1

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	No
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	
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	No vaccine administered
Date/Time Start of Administration	10/31/2021

Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
vaccine type	hepatitis B vaccine, pediatric or pediatric/adolescent dosage
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	10/31/2021
Vaccination temporary contraindication/precaution expiration date	11/30/2021

Vaccine Administration Information

Element	Data
Administered Vaccine	No vaccine administered
Date/Time Start of Administration	10/31/2021
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
vaccine type	DTaP
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	10/31/2021
Vaccination temporary contraindication/precaution expiration date	11/30/2021

Vaccine Administration Information

Element	Data
Administered Vaccine	No vaccine administered
Date/Time Start of Administration	10/31/2021
Administered Amount	999

Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
vaccine type	Hib
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	10/31/2021
Vaccination temporary contraindication/precaution expiration date	11/30/2021

Vaccine Administration Information

Element	Data
Administered Vaccine	No vaccine administered
Date/Time Start of Administration	10/31/2021
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
vaccine type	IPV
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	10/31/2021
Vaccination temporary contraindication/precaution expiration date	11/30/2021

Vaccine Administration Information

Element	Data
Administered Vaccine	No vaccine administered
Date/Time Start of Administration	10/31/2021
Administered Amount	999
Administered Units	
Administration Notes	

Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
vaccine type	Pneumococcal conjugate (PCV13)
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	10/31/2021
Vaccination temporary contraindication/precaution expiration date	11/30/2021

Vaccine Administration Information

Element	Data
Administered Vaccine	No vaccine administered
Date/Time Start of Administration	10/31/2021
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	Not Administered
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
vaccine type	Rotavirus
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	10/31/2021
Vaccination temporary contraindication/precaution expiration date	11/30/2021