

**Patient Information**

| Element                  | Data                                 |
|--------------------------|--------------------------------------|
| Patient Name             | Lacy Wells                           |
| Mother's Maiden Name     |                                      |
| ID Number                | 22533                                |
| Date/Time of Birth       | 04/30/2011                           |
| Administrative Sex       | Female                               |
| Patient Address          | 12 North Oak St Bozeman MT 59715 USA |
| Local Number             | (406)555-2914                        |
| 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 | 04/30/2011                    |
| Publicity Code                              | Reminder/recall - to provider |
| Publicity Code Effective Date               | 06/25/2015                    |
| Protection Indicator                        | No                            |
| Protection Indicator Effective Date         | 06/25/2015                    |

**Guardian or Responsible Party**

| Element      | Data                                 |
|--------------|--------------------------------------|
| Name         | Janelle Trudeau                      |
| Relationship | Guardian                             |
| Address      | 12 North Oak St Bozeman MT 59715 USA |
| Phone Number | (406)555-2914                        |

**Vaccine Administration Information[\*]****Vaccine Administration Information**

| Element                            | Data                |
|------------------------------------|---------------------|
| Administered Vaccine               | ProQuad             |
| Date/Time Start of Administration  | 06/25/2015          |
| Administered Amount                | 0.5                 |
| Administered Units                 | mL                  |
| Administration Notes               | New Record          |
| Administering Provider             | Lily Jackson        |
| Substance Lot Number               | 407453              |
| Substance Expiration Date          | 10/15/2015          |
| Substance Manufacturer Name        | Merck and Co., Inc. |
| Substance/Treatment Refusal Reason |                     |
| Completion Status                  | Complete            |
| Action Code                        | Add                 |
| Route                              | Subcutaneous        |
| Administration Site                | Right Deltoid       |
| Entering Organization              | NISTEHRFacility     |
| Entered By                         | Lily Jackson        |
| Ordered By                         | Wilma Thomas        |

| Element                             | Data   |
|-------------------------------------|--|
| Vaccine Funding Source              | Private  |
| Vaccine Funding Program Eligibility | Not VFC Eligible   |
| Document Type                       | MMRV Vaccine (Measles, Mumps, Rubella, and Varicella)<br>VIS |

Date Vis Presented

06/25/2015

**Vaccine Administration Information**

| Element                            | Data            |
|------------------------------------|-----------------|
| Administered Vaccine               | KINRIX          |
| Date/Time Start of Administration  | 06/25/2015      |
| Administered Amount                | 0.5             |
| Administered Units                 | mL              |
| Administration Notes               | New Record      |
| Administering Provider             | Lily Jackson    |
| Substance Lot Number               | 88402           |
| Substance Expiration Date          | 07/30/2015      |
| Substance Manufacturer Name        | GlaxoSmithKline |
| Substance/Treatment Refusal Reason |                 |
| Completion Status                  | Complete        |
| Action Code                        | Add             |
| Route                              | Intramuscular   |
| Administration Site                | Left Deltoid    |
| Entering Organization              | NISTEHRFacility |
| Entered By                         | Lily Jackson    |
| Ordered By                         | Wilma Thomas    |

| Element                             | Data  |
|-------------------------------------|---|
| Vaccine Funding Source              | Private   |
| Vaccine Funding Program Eligibility | Not VFC Eligible                                  |
| Document Type                       | Polio Vaccine VIS                                 |
| Date Vis Presented                  | 06/25/2015  |
| Document Type                       | DTaP (Diphtheria, Tetanus, Pertussis) Vaccine VIS |
| Date Vis Presented                  | 06/25/2015  |