

Patient Information

| Element | Data |
|--------------------------|---|
| Patient Name | Lance Gaige Duncan |
| Mother's Maiden Name | King |
| ID Number | 1111 |
| Date/Time of Birth | 02/15/2024 |
| Administrative Sex | Male |
| Patient Address | 749 Evergreen Ter. Springfield OR 97477 USA |
| Local Number | (541)555-1111 |
| Email | IIPMP@gmail.com |
| Race | American Indian or Alaska Native |
| 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 | 01/26/2024 |
| Publicity Code | Reminder/recall - any method |
| Publicity Code Effective Date | 04/05/2024 |
| Protection Indicator | No |
| Protection Indicator Effective Date | 04/05/2024 |

Guardian or Responsible Party[*]**Guardian or Responsible Party**

| Element | Data |
|--------------|---|
| Name | Ingrid Stacy Duncan |
| Relationship | Mother |
| Address | 749 Evergreen Ter. Springfield OR 97477 USA |
| Phone Number | (541)555-1111 |
| Phone Number | |

Guardian or Responsible Party

| Element | Data |
|--------------|---|
| Name | Simon Isaiah Duncan |
| Relationship | Father |
| Address | 749 Evergreen Ter. Springfield OR 97477 USA |
| Phone Number | (541)555-1233 |

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

| Element | Data |
|-----------------------------------|-------------------------|
| Administered Vaccine | PEDIARIX |
| Date/Time Start of Administration | 04/05/2024 |
| Administered Amount | 0.5 |
| Administered Units | mL |
| Administration Notes | New immunization record |
| Administering Provider | Daniela Wyatt |
| Substance Lot Number | IIPVAXN01 |
| Substance Expiration Date | 09/27/2029 |

| | |
|------------------------------------|------------------------|
| Substance Manufacturer Name | GlaxoSmithKline |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | INTRAMUSCULAR |
| Administration Site | Left Vastus Lateralis |
| Entering Organization | Oregon Family Medicine |
| Entered By | Daniela Wyatt |
| Ordered By | Ramon Bradshaw |

| Element | Data |
|--|---|
| Vaccine funding source | Public |
| Vaccine funding program eligibility category | VFC eligible - American Indian/Alaskan Native |
| Document type | Multi Pediatric Vaccines VIS - 07/24/2023 |
| Date Vaccine Information Statement Presented | 04/05/2024 |

Vaccine Administration Information

| Element | Data |
|------------------------------------|-------------------------|
| Administered Vaccine | ActHIB |
| Date/Time Start of Administration | 04/05/2024 |
| Administered Amount | 0.5 |
| Administered Units | mL |
| Administration Notes | New immunization record |
| Administering Provider | Daniela Wyatt |
| Substance Lot Number | IIPVAXN05 |
| Substance Expiration Date | 09/27/2029 |
| Substance Manufacturer Name | sanofi pasteur |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | INTRAMUSCULAR |
| Administration Site | Right Vastus Lateralis |
| Entering Organization | Oregon Family Medicine |
| Entered By | Daniela Wyatt |
| Ordered By | Ramon Bradshaw |

| Element | Data |
|--|--|
| Vaccine funding source | Public |
| Vaccine funding program eligibility category | VFC eligible - American Indian/Alaskan Native |
| Document type | Haemophilus Influenzae type b (Hib) Vaccine VIS - 08/06/2021 |
| Date Vaccine Information Statement Presented | 04/05/2024 |

Vaccine Administration Information

| Element | Data |
|-----------------------------------|-------------------------|
| Administered Vaccine | Rotarix |
| Date/Time Start of Administration | 04/05/2024 |
| Administered Amount | 1 |
| Administered Units | mL |
| Administration Notes | New immunization record |
| Administering Provider | Daniela Wyatt |

| | |
|------------------------------------|------------------------|
| Substance Lot Number | IIPVAXN07 |
| Substance Expiration Date | 09/27/2029 |
| Substance Manufacturer Name | GlaxoSmithKline |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | ORAL |
| Administration Site | |
| Entering Organization | Oregon Family Medicine |
| Entered By | Daniela Wyatt |
| Ordered By | Ramon Bradshaw |

| Element | Data |
|--|---|
| Vaccine funding source | Public |
| Vaccine funding program eligibility category | VFC eligible - American Indian/Alaskan Native |
| Document type | Rotavirus Vaccine VIS - 10/15/2021 |
| Date Vaccine Information Statement Presented | 04/05/2024 |

Vaccine Administration Information

| Element | Data |
|------------------------------------|-------------------------|
| Administered Vaccine | Prevmar 20 |
| Date/Time Start of Administration | 04/05/2024 |
| Administered Amount | 0.5 |
| Administered Units | mL |
| Administration Notes | New immunization record |
| Administering Provider | Daniela Wyatt |
| Substance Lot Number | LLBUAYMO68 |
| Substance Expiration Date | 09/27/2029 |
| Substance Manufacturer Name | Pfizer, Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | INTRAMUSCULAR |
| Administration Site | Left Deltoid |
| Entering Organization | Oregon Family Medicine |
| Entered By | Daniela Wyatt |
| Ordered By | Ramon Bradshaw |

| Element | Data |
|--|---|
| Vaccine funding source | Public |
| Vaccine funding program eligibility category | VFC eligible - American Indian/Alaskan Native |
| Document type | Pneumococcal Conjugate Vaccine (PCV13_PCV15_PCV20) VIS - 05/12/2023 |
| Date Vaccine Information Statement Presented | 04/05/2024 |