

**Patient Information**

| Element                  | Data                                    |
|--------------------------|---|
| Patient Name             | Deborah Charlotte McKay                 |
| Mother's Maiden Name     | Schroeder                               |
| ID Number                | 4444                                    |
| Date/Time of Birth       | 02/05/2023                              |
| Administrative Sex       | Female                                  |
| Patient Address          | 600 Cherry Rd. Springfield OR 97477 USA |
| Local Number             | (541)555-1236                           |
| Race                     | Black or African American               |
| Ethnic Group             | Not Hispanic or Latino                  |
| Multiple Birth Indicator | Yes                                     |
| Birth Order              | 2                                       |

**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**

| Element      | Data                                    |
|--------------|---|
| Name         | Angeline Ingrid McKay                   |
| Relationship | Mother                                  |
| Address      | 600 Cherry Rd. Springfield OR 97477 USA |
| Phone Number | (541)555-1236                           |

**Vaccine Administration Information**

| Element                            | Data                    |
|------------------------------------|-------------------------|
| Administered Vaccine               | HAVRIX                  |
| 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               | IIPVAXN11               |
| 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 | Private funds |

|  |                                      |
|--|--------------------------------------|
| Vaccine funding program eligibility category | Not VFC eligible                     |
| Document type                                | Hepatitis A Vaccine VIS - 10/15/2021 |
| Date Vaccine Information Statement Presented | 04/05/2024                           |