

Evaluated Immunization History and Immunization Forecast		
Test Case ID	IZ-QR-2_Query_Adult	
Juror ID		
Juror Name		
HIT System Tested		
Inspection Date/Time		
Inspection Settlement (Pass/Fail)	Pass	Fail
	<input type="checkbox"/>	<input type="checkbox"/>
Reason Failed		
Juror Comments		

DISPLAY VERIFICATION

This Test Case-specific Juror Document provides a checklist for the Tester to use during certification testing for assessing the EHR technology's ability to display required core data elements from the information received in the Evaluated Immunization History and Immunization Forecast Z42 response message. Additional data from the message or from the EHR are permitted to be displayed by the EHR. Grayed-out fields in the Juror Document indicate where no data for the data element indicated were included in the Z42 message for the given Test Case.

The format of this Juror Document is for ease-of-use by the Tester and does not indicate how the EHR display must be designed.

The Evaluated Immunization History and Immunization Forecast data shown in this Juror Document are derived from the Z42 message provided with the given Test Case; equivalent data are permitted to be displayed by the EHR. The column headings are meant to convey the kind of data to be displayed; equivalent labels/column headings are permitted to be displayed by the EHR.

Patient Information				
Patient Identifier	Patient Name	DOB	Gender	Tester Comment
648286	Clement S Stanley	02/14/1950	Male	

When displayed in the EHR with the Evaluated Immunization History and Immunization Forecast, these patient demographics data may be derived from either the received immunization message or the EHR patient record. When displaying demographics from the patient record, the EHR must be able to demonstrate a linkage between the demographics in the message (primarily the patient ID in PID-3.1) and the patient record used for display to ensure that the message was associated with the appropriate patient.

Evaluated Immunization History and Immunization Forecast	
Immunization Schedule Used	Tester Comment
ACIP	

Evaluated Immunization History						
Vaccine Group	Vaccine Administered	Date Administered	Valid Dose	Validity Reason	Completion Status*	Tester Comment
influenza NOS	seasonal flu	10/29/2015	YES		Complete	

* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date and may be interpreted as "Dose Status". A status of "Complete" means that the vaccine dose was "completely administered" as opposed to "partially administered".

Immunization Forecast				
Vaccine Group	Due Date	Earliest Date To Give	Latest Date to Give	Tester Comment
pcv NOS	01/01/2060	01/01/2060		
influenza NOS	09/01/2016	09/01/2016		
MMR	01/01/1996	01/01/1996		
Hep A	01/01/1996	01/01/1996		
Hep B	01/01/1995	01/01/1995		
MCV	01/01/2011	01/01/2011		
varicella	01/01/1996	01/01/1996		
TDAP	01/01/2002	01/01/2002		