| 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 06/25/2015 Date/Time Start of Administration 0.5 Administered Amount Administered Units mL New Record Administration Notes 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 NISTEHRFacility Entering Organization 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  |