Evaluated Immunization History and Immunization Forecast		
Test Case ID	Query the Registry for Juana Mariana Vazquez	
Juror ID		
Juror Name		
HIT System Tested		
Inspection Date/Time		
Inspection Settlement (Pass/Fail)	Pass	Fail
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			
Element Name	Data	Tester Comment	
Patient Identifier	Patient Identifier		
ID Number	123456		
Assigning Authority			
Namespace ID	MYEHR		
ID Type	MR		
Patient Identifier			
ID Number	987633		
Assigning Authority			
Namespace ID	MYIIS		
ID Type	SR		
Name	Juana Mariana Vazquez		
Date of Birth	11/01/2016		
Sex	Female		
Address 1			
Street	4345 Standish Way		
Other Designation			
City	Stamford		
State	СТ		
Zip Code	06903		
Country	USA		
Address Type	L		
Mother's Maiden Name	Maria Merida Acosta		

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 Information		
Element Name	Data	Tester Comment
Entering Organization	Shoreline Hospital	
Vaccine Group	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration- Start	11/01/2016	
Date/Time Administration- End	11/01/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	Jane Carter	
ID Number		
Administered-at Location		
Facility ID	SH	
Street Address		

Evaluated Immunization History Information		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data Charalter Parliation	Tester Comment
Entering Organization	Shoreline Pediatrics	
Vaccine Group	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, unspecified formulation	
Refusal Reason Date/Time Administration-		
Start	12/20/2016	
Date/Time Administration- End	12/20/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	Sandra Molina	
ID Number		
Administered-at Location	SP	
Facility ID		
Street Address Other Designation	400 Shoreline Drive	
Other Designation	Stamford	
City	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason	1 20	
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
	<u> </u>	
Element Name	Data	Tester Comment

	Evaluated Immunization Histo	ory Information
Entering Organization	Oceanview Pediatrics	
Vaccine Group	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration- Start	05/20/2017	
Date/Time Administration- End	05/20/2017	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	1	
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country	- Inc	
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series Immunization Schedule Used	ACIP	
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Refusal Reason		
Date/Time Administration- Start	01/22/2017	
Date/Time Administration- End	01/22/2017	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	

Evaluated Immunization History Information		
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Immunization Senedare Osca	101	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis	
vaccinc Group	vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration- Start	03/23/2017	
Date/Time Administration- End	03/23/2017	
Administered Amount	0.5	
Administered Units of		
Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		

	Evaluated Immunization Histo	ory Information
Completion Status*	Complete	77, 11101 11111011
Dose Number in Series	2	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration- Start	05/22/2017	
Date/Time Administration- End	05/22/2017	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration- Start	02/21/2018	

	Evaluated Immunization Hist	ory Information
Date/Time Administration- End	02/21/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	4	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation Haemophilus influenzae type b vaccine, PRP-	
Vaccine Administered	OMP conjugate	
Refusal Reason Date/Time Administration-		
Start	01/22/2017	
Date/Time Administration- End	01/22/2017	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck and Co Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		

Evaluated Immunization History Information		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Immunization Schedule Used	ACII	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration- Start	03/23/2017	
Date/Time Administration- End	03/23/2017	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck and Co Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment

	Evaluated Immunization Hist	ory Information
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration- Start	05/22/2017	
Date/Time Administration- End	05/22/2017	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck and Co Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series	Low	
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration- Start	11/21/2017	
Date/Time Administration- End	11/21/2017	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck and Co Inc	
Administration Notes	new immunization record	

Evaluated Immunization History Information		
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	4	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration- Start	01/22/2017	
Date/Time Administration- End	01/22/2017	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Arm	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	

	Evaluated Immunization Hist	ory Information
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration- Start	03/23/2017	
Date/Time Administration- End	03/23/2017	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Arm	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	OP	
Facility ID		
Street Address	333 Oceanview Lane	
Other Designation	[g, 6, 1	
City	Stamford	
State	CT	
Zip Code	06901	
Country	VEC	
Valid Dose	YES	
Validity Reason	Complete	
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	4	
Immunization Series Name Status in Immunization Series		
Immunization Schedule Used	ACIP	
Immunization Schedule Used	1011	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration- Start	01/22/2017	
Date/Time Administration- End	01/22/2017	
Administered Amount	0.5	
Administered Units of Measure	mL	

Evaluated Immunization History Information		
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer	Pfizer, Inc	
Name		
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	OP	
Facility ID Street Address	333 Oceanview Lane	
	333 Oceanview Lane	
Other Designation	St 6 1	
City	Stamford	
State	CT	
Zip Code	06901	
Country	VEG	
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Diament Name	Dete	Total Comment
Element Name	Data	Tester Comment
Entaring Organization	Oceanview Pediatrics	
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Group Vaccine Administered		
Vaccine Group Vaccine Administered Refusal Reason	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent	
Vaccine Group Vaccine Administered	pneumococcal, unspecified formulation	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration-	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2017	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2017 03/23/2017	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2017 03/23/2017	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2017 03/23/2017 0.5 mL Intramuscular	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2017 03/23/2017 0.5 mL Intramuscular Left Thigh	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2017 03/23/2017 0.5 mL Intramuscular Left Thigh Pfizer, Inc	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2017 03/23/2017 0.5 mL Intramuscular Left Thigh	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2017 03/23/2017 0.5 mL Intramuscular Left Thigh Pfizer, Inc	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2017 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2017 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2017 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number Administered-at Location	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2017 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number Administered-at Location Facility ID	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2017 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record OP	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number Administered-at Location Facility ID Street Address	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2017 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record OP	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number Administered-at Location Facility ID Street Address Other Designation	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2017 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record OP 333 Oceanview Lane	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number Administered-at Location Facility ID Street Address Other Designation City State	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2017 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record J Martinez OP 333 Oceanview Lane Stamford	
Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number Administered-at Location Facility ID Street Address Other Designation City	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2017 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record OP 333 Oceanview Lane Stamford CT	

	Evaluated Immunization History	ory Information
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-	05/22/2017	
Start Date/Time Administration-		
End	05/22/2017	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		7
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration- Start	01/11/2018	

	Evaluated Immunization Hist	ory Information
Date/Time Administration- End	01/11/2018	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	4	
Number of Doses in Series	4	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration- Start	01/22/2017	
Date/Time Administration- End	01/22/2017	
Administered Amount	1.0	
Administered Units of Measure	mL	
Route of Administration	Oral	
Administration Site		
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	OB	
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		

Evaluated Immunization History Information		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration- Start	03/23/2017	
Date/Time Administration- End	03/23/2017	
Administered Amount	1.0	
Administered Units of Measure	mL	
Route of Administration	Oral	
Administration Site		
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	O.D.	
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation	g. 6.1	
City	Stamford	
State	CT	
Zip Code	06901	
Country	- va	
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series	Loren	
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	Tester Comment
S S S S S S S S S S S S S S S S S S S		

	Evaluated Immunization Hist	ory Information
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration- Start	09/25/2017	
Date/Time Administration- End	09/25/2017	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider	0.0	
Name	J Martinez	
ID Number		
Administered-at Location	lop.	
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series	Low	
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration- Start	10/29/2017	
Date/Time Administration- End	10/29/2017	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider		

Evaluated Immunization History Information		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series		
Immunization Series Name	2	
Status in Immunization Series	A CUD	
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	rester comment
Vaccine Group	influenza, unspecified formulation	
	Influenza, injectable, quadrivalent, preservative	
Vaccine Administered	free, pediatric	
Refusal Reason		
Date/Time Administration- Start	10/02/2018	
Date/Time Administration- End	10/02/2018	
Administered Amount	.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer	Sanofi Pasteur	
Name Administration Notes	new immunization record	
Administering Provider	new minumzation record	
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country	00701	
Valid Dose		
Validity Reason	Complete	
Completion Status*	Complete	
Dose Number in Series		

	Evaluated Immunization History	ory Information
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration- Start	11/04/2019	
Date/Time Administration- End	11/04/2019	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	1	
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT 06901	
Zip Code	06901	
Country Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	Complete	
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time Administration- Start	11/23/2017	
Date/Time Administration- End	11/23/2017	
Administered Amount	0.5	

Evaluated Immunization History Information		
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Flament Name	Data	Tostar Commont
Element Name	Data Oceanview Pediatrics	Tester Comment
Entering Organization	Oceanview Pediatrics	Tester Comment
	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage,	Tester Comment
Entering Organization Vaccine Group Vaccine Administered	Oceanview Pediatrics Hep A, unspecified formulation	Tester Comment
Entering Organization Vaccine Group	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage,	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration-	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2018	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2018 05/23/2018	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2018 05/23/2018 0.5	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2018 05/23/2018 0.5 mL	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2018 05/23/2018 0.5 mL Intramuscular	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2018 05/23/2018 0.5 mL Intramuscular Left Deltoid	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2018 05/23/2018 0.5 mL Intramuscular Left Deltoid GlaxoSmithKline Biologicals SA	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2018 05/23/2018 0.5 mL Intramuscular Left Deltoid GlaxoSmithKline Biologicals SA	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2018 05/23/2018 0.5 mL Intramuscular Left Deltoid GlaxoSmithKline Biologicals SA new immunization record	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2018 05/23/2018 0.5 mL Intramuscular Left Deltoid GlaxoSmithKline Biologicals SA new immunization record	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2018 05/23/2018 0.5 mL Intramuscular Left Deltoid GlaxoSmithKline Biologicals SA new immunization record	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number Administered-at Location	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2018 05/23/2018 0.5 mL Intramuscular Left Deltoid GlaxoSmithKline Biologicals SA new immunization record	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number Administered-at Location Facility ID	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2018 05/23/2018 0.5 mL Intramuscular Left Deltoid GlaxoSmithKline Biologicals SA new immunization record J Martinez	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number Administered-at Location Facility ID Street Address	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2018 05/23/2018 0.5 mL Intramuscular Left Deltoid GlaxoSmithKline Biologicals SA new immunization record J Martinez	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure Route of Administration Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name ID Number Administered-at Location Facility ID Street Address Other Designation	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2018 05/23/2018 0.5 mL Intramuscular Left Deltoid GlaxoSmithKline Biologicals SA new immunization record J Martinez OP 333 Oceanview Lane	Tester Comment

Evaluated Immunization History Information		
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
	J[]	
Element Name	Data	Tester Comment
Entering Organization	Shoreline Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration-	08/22/2017	
Start Date/Time Administration-		
End	08/22/2017	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck and Co Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	Sandra Molina	
ID Number		
Administered-at Location		
Facility ID	SP	
Street Address	400 Shoreline Drive	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	NO	
Validity Reason	Early	
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	Tester Comment
Vaccine Group	MMR	
Vaccine Group Vaccine Administered	measles, mumps, rubella virus vaccine	
v accine 2 administra cu	measies, mamps, rubena virus vacenie	

Refusal Reason Date/Time Administration- Start Date/Time Administration- End 09/22/2020 Administered Amount 0.5 Administered Units of Measure Route of Administration Subcutaneous Administration Site Left Arm Substance Manufacturer Merck and Co Inc Administration Notes Administration Notes In a ministration record Administration Provider Name J Martinez	
Start Date/Time Administration- End O9/22/2020 Administered Amount Administered Units of Measure Route of Administration Administration Site Left Arm Substance Manufacturer Name Administration Notes Administration Notes Administration Provider Name J Martinez	
Administered Amount 0.5 Administered Units of Measure mL Route of Administration Subcutaneous Administration Site Left Arm Substance Manufacturer Merck and Co Inc Administration Notes new immunization record Administering Provider Name J Martinez	
Administered Units of Measure mL Route of Administration Subcutaneous Administration Site Left Arm Substance Manufacturer Merck and Co Inc Administration Notes new immunization record Administering Provider Name J Martinez	
Measure mL	
Administration Site Substance Manufacturer Name Administration Notes Administering Provider Name J Martinez	
Substance Manufacturer Name Administration Notes Administering Provider Name J Martinez	
Name Merck and Co Inc Administration Notes new immunization record Administering Provider Name J Martinez	
Administering Provider Name J Martinez	
Name J Martinez	
ID Number	
Administered-at Location	
Facility ID OP	
Street Address 333 Oceanview Lane	
Other Designation	
City Stamford	
State CT	
Zip Code 06901	
Country	
Valid Dose YES	
Validity Reason	
Completion Status* Complete	
Dose Number in Series 1	
Number of Doses in Series 2	
Immunization Series Name	
Status in Immunization Series	
Immunization Schedule Used ACIP	
Element Name Data	Tester Comment
Entering Organization Oceanview Pediatrics	
Vaccine Group Varicella virus vaccine	
Vaccine Administered varicella virus vaccine	
Refusal Reason	
Date/Time Administration- Start 12/15/2018	
Date/Time Administration- End 12/15/2018	
Administered Amount 0.5	
Administered Units of Measure mL	
Route of Administration Subcutaneous	
Administration Site Right Arm	
Name Merck and Co Inc	
Administration Notes new immunization record	
Administering Provider	
Name J Martinez	
ID Number	
Administered-at Location	

Evaluated Immunization History Information		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	

^{* &}quot;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		
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	04/29/2017	
Earliest Date to Give	04/29/2017	
Latest Date to Give		
Date When Vaccine Overdue	04/30/2018	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/01/2021	
Earliest Date to Give	09/01/2021	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2022	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	10/31/2020	
Earliest Date to Give	10/31/2020	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2022	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	10/31/2020	
Earliest Date to Give	10/31/2020	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2022	
Status in Immunization Series		
Forecast Reason		