Evaluated Immunization History and Immunization Forecast		
Test Case ID	Query the Registry for Juan Marcel Marina	
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		
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	Juan Marcel Marina	
Date of Birth	03/04/2019	
Sex	Male	
Address 1		
Street	4623 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country	USA	
Address Type	L	
Mother's Maiden Name	Anita Francesca Morales	

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	
Refusal Reason		
Date/Time Administration- Start	03/04/2019	
Date/Time Administration- End	03/04/2019	
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		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	SH	
Street Address	325 Shoreline Drive	
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	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration- Start	04/15/2019	
Date/Time Administration- End	04/15/2019	
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		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location Facility ID	OP	
Street Address		
	4253 Standish Way	
Other Designation	Stamford	
City	CT	
Zip Code	06903	
Country Valid Dose	YES	
	YES	
Validity Reason Completion Status*	Complete	
Dose Number in Series		
	3	
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series	ACID	
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	

	Evaluated Immunization History	ory Information
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration- Start	05/15/2019	
Date/Time Administration- End	05/15/2019	
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		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration- Start	07/13/2019	
Date/Time Administration- End	07/13/2019	
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		
Administering Provider		

Evaluated Immunization History Information		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	5	
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	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	DTaP	
Refusal Reason		
Date/Time Administration- Start	09/16/2019	
Date/Time Administration- End	09/16/2019	
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		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	

	Evaluated Immunization Histo	ory Information
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	DTaP	
Refusal Reason		
Date/Time Administration- Start	08/20/2020	
Date/Time Administration- End	08/20/2020	
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		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration- Start	05/14/2019	
Date/Time Administration- End	05/14/2019	
Administered Amount	0.5	

	Evaluated Immunization His	tory Information
Administered Units of	mL	
Measure		
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	
ACTION OF THE PROPERTY OF THE		
Element Name	Data	Tester Comment
Element Name Entering Organization	Data Oceanview Pediatrics	Tester Comment
		Tester Comment
Entering Organization	Oceanview Pediatrics	Tester Comment
Entering Organization Vaccine Group	Oceanview Pediatrics Hib, unspecified formulation	Tester Comment
Entering Organization Vaccine Group Vaccine Administered	Oceanview Pediatrics Hib, unspecified formulation	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-	Oceanview Pediatrics Hib, unspecified formulation Hib	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration-	Oceanview Pediatrics Hib, unspecified formulation Hib 07/21/2019	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End	Oceanview Pediatrics Hib, unspecified formulation Hib 07/21/2019 07/21/2019	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 Hib, unspecified formulation Hib 07/21/2019 07/21/2019 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 Hib, unspecified formulation Hib 07/21/2019 07/21/2019 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 Hib, unspecified formulation Hib 07/21/2019 07/21/2019 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 Hib, unspecified formulation Hib 07/21/2019 07/21/2019 0.5 mL Intramuscular Left Thigh	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 Hib, unspecified formulation Hib 07/21/2019 07/21/2019 0.5 mL Intramuscular Left Thigh	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 Hib, unspecified formulation Hib 07/21/2019 07/21/2019 0.5 mL Intramuscular Left Thigh	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 Hib, unspecified formulation Hib 07/21/2019 07/21/2019 0.5 mL Intramuscular Left Thigh Merck Sharp and Dohme Corp.	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 Hib, unspecified formulation Hib 07/21/2019 07/21/2019 0.5 mL Intramuscular Left Thigh Merck Sharp and Dohme Corp.	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 Hib, unspecified formulation Hib 07/21/2019 07/21/2019 0.5 mL Intramuscular Left Thigh Merck Sharp and Dohme Corp.	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 Hib, unspecified formulation Hib 07/21/2019 07/21/2019 0.5 mL Intramuscular Left Thigh Merck Sharp and Dohme Corp.	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 Hib, unspecified formulation Hib 07/21/2019 07/21/2019 0.5 mL Intramuscular Left Thigh Merck Sharp and Dohme Corp. 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 Administration Provider Name ID Number Administered-at Location Facility ID Street Address	Oceanview Pediatrics Hib, unspecified formulation Hib 07/21/2019 07/21/2019 0.5 mL Intramuscular Left Thigh Merck Sharp and Dohme Corp. 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 Hib, unspecified formulation Hib 07/21/2019 07/21/2019 0.5 mL Intramuscular Left Thigh Merck Sharp and Dohme Corp. J. Martinez OP 4253 Standish Way	Tester Comment

Evaluated Immunization History Information		
Zip Code	06903	
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
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Hib	
Refusal Reason		
Date/Time Administration-	09/27/2019	
Start Date/Time Administration-		
End	09/27/2019	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	Tester Comment
Entering Organization	Oceanview Pediatrics	Tester Comment
Vaccine Group	Hib, unspecified formulation	
Vaccine Group Vaccine Administered	Hib	
, accine / tummister cu		

Evaluated Immunization History Information		
Refusal Reason		
Date/Time Administration- Start	05/04/2020	
Date/Time Administration- End	05/04/2020	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	Polio (IPV)	
Refusal Reason		
Date/Time Administration- Start	05/14/2019	
Date/Time Administration- End	05/14/2019	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		

Evaluated Immunization History Information		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	poliovirus vaccine, inactivated	
Vaccine Administered	Polio (IPV)	
Refusal Reason		
Date/Time Administration- Start	07/21/2019	
Date/Time Administration- End	07/21/2019	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation	1233 Standish Way	
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	4	
Immunization Series Name	<u>'</u>	
Status in Immunization Series		
Immunization Schedule Used	ACIP	
immunization Schedule Used	TCII	

Evaluated Immunization History Information		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	Polio (IPV)	
Refusal Reason		
Date/Time Administration- Start	10/15/2019	
Date/Time Administration- End	10/15/2019	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	MSanofi Pasteur Inc.	
Administration Notes		
Administering Provider	1	
Name	J. Martinez	
ID Number		
Administered-at Location	On	
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation	Grand Cond	
City	Stamford	
State	CT	
Zip Code	06903	
Country	NEG.	
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	ACID	
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration- Start	05/18/2019	
Date/Time Administration- End	05/18/2019	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Pfizer, Inc	

Administration Notes Administering Provider Name J. Martinez ID Number Administred-at Location Facility ID OP Street Address 4253 Standish Way Other Designation City Stamford State CT Zip Code 06903 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Entering Organization Oceanview Pediatries Vaccine Group pneumococcal, unspecified formulation Vaccine Administration-State Refusal Reason O7/21/2019 Administered Measure Administered Measure Administered Administration-End Administered Administration-End Administered Measure Martinez Administration OF Compless of Martinez Martinez Martinez of Martin	
Name J. Martinez ID Number Administered-at Location Facility ID OP Street Address 4253 Standish Way Other Designation City Stamford State CT Zip Code 06903 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 Element Name Data Tester Comment Entering Organization Vaccine Group pneumococcal, unspecified formulation Vaccine Administred Pneumococcal conjugate (PCV13) Refusal Reason Date/Time Administration- Enter Munication of Cocanvicty Potentian Date/Time Administration- Enter Munication of Cocanvicty Potentian	
Administered-at Location Facility ID OP Street Address 4253 Standish Way Other Designation City Stamford State CT Zip Code 06903 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series 1 Inmunization Series 4 Immunization Series Inmunization Series Immunization Schedule Used Element Name Data Tester Comment Entering Organization Oceanview Pediatrics Vaccine Group pneumococcal, unspecified formulation Vaccine Administred Pneumococcal conjugate (PCV13) Refusal Reason Date/Time Administration-End Endministered Amount 0,5 Administered Units of Native Status of Nativ	
Administered-at Location Facility ID OP Street Address 4253 Standish Way Other Designation City Stamford State CT Zip Code 06903 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 Inmunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization Oceanview Pediatrics Vaccine Group pneumococcal, unspecified formulation Vaccine Administred Procure Pediatrics Procure Pediatrics Procure Administration- Statut in Immunization Status O7/21/2019 Date/Time Administration- Enter Maministred Maministration- Enter Administred Administred Note Administered Units of Note Administration- Enter Administered Units of Note Administration- Enter Administration Office Administration Instruction Instr	
Facility ID Street Address 4253 Standish Way Other Designation City State CT Zip Code 06903 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series I Number of Doses in Series Immunization Series ACIP Element Name Entering Organization Oceanview Pediatries Vactine Group pneumococcal, unspecified formulation Vaccine Administered Pneumococcal conjugate (PCV13) Refusal Reason Date/Time Administration-End Administered Amount Administered Units of mul Date Standish Way Standish Way Standish Way Standish Way Stantier Sta	
Street Address 4253 Standish Way Other Designation City Stamford State CT Zip Code 06903 Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series I Number of Doses in Series I Mumunization 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 (PCV13) Refusal Reason Date/Time Administration- Enter Enter Administration- Enter	
Other Designation City State CT Zip Code 06903 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 Element Name Entering Organization Occanview Pediatrics Vaccine Group pneumococcal, unspecified formulation Vaccine Administration- Start Date/Time Administration- Start Administered Amount O,5 Administered Monut O,5 Administered Monut O,5 Administered Monut O,5 Administered Units of NI	
City State CT Zip Code 06903 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 Element Name Data Tester Comment Entering Organization Oceanview Pediatrics Vaccine Group pneumococcal, unspecified formulation Vaccine Administred Preumococcal conjugate (PCV13) Refusal Reason Date/Time Administration-Start Date/Time Administration-Start Administered Amount 0.5 Administered Monits of National Administered Units of Nation	
State CT Zip Code 06903 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 Element Name Data Tester Comment Entering Organization Oceanview Pediatrics Vaccine Group pneumococcal, unspecified formulation Vaccine Administration-Start O7/21/2019 Date/Time Administration-Start Date/Time Administration-Start Administered Amount 0.5 Administered Ministered Note Note Administration of Note Note Note Note Note Note Note Note	
Zip Code 06903 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 ACIP Element Name Data Tester Comment Entering Organization Oceanview Pediatrics Vaccine Group pneumococcal, unspecified formulation Vaccine Administred Pneumococcal conjugate (PCV13) Refusal Reason Date/Time Administration- Start 0.5 Administered Amount 0.5 Administered Amount 0.5 Administered Units of	
Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Inmunization Series A Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Entering Organization Oceanview Pediatries Vaccine Group pneumococcal, unspecified formulation Vaccine Administered Pneumococcal conjugate (PCV13) Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount O.5 Administered Units of Date Mainistered Units of Date Mainistered Units of Date Mainistered Units of Date Mainistered Units of	
Validity Reason Complete Dose Number in Series Inmunization Series 4	
Validity Reason Completion Status* Complete Dose Number in Series I 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 (PCV13) Refusal Reason Date/Time Administration- Start Date/Time Administration- End Date/Time Administration- End Administered Amount O7/21/2019 Administered Amount O.5 Administered Units of	Ħ
Completion Status* Complete Dose Number in Series 1 Number of Doses in Series 4 Immunization Series Name Status in Immunization Series Immunization Schedule Used Element Name	Ħ
Dose Number in Series 1 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 (PCV13) Refusal Reason Date/Time Administration- Start O7/21/2019 Date/Time Administration- End O7/21/2019 Administered Amount O.5 Administered Units of Date/Time Administration Date/Time Administration O7/21/2019 Administered Units of Date/Time Administration D.5 Administere	Ħ
Dose Number in Series 1 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 (PCV13) Refusal Reason Date/Time Administration- Start O7/21/2019 Date/Time Administration- End O7/21/2019 Administered Amount O.5 Administered Units of Date/Time Administration Date/Time Administration O7/21/2019 Administered Units of Date/Time Administration D.5 Administere	Ħ
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 (PCV13) Refusal Reason Date/Time Administration- Start 07/21/2019 Date/Time Administration- End Administered Amount 0.5 Administered Units of page 1	Ħ
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 (PCV13) Refusal Reason Date/Time Administration-Start 07/21/2019 Date/Time Administration-End 07/21/2019 Administered Amount 0.5 Administered Units of pul	H
Status in Immunization Series Immunization Schedule Used ACIP	Ħ
Element Name Data Tester Comment	Ħ
Element Name Data Tester Comment Entering Organization Oceanview Pediatrics Vaccine Group pneumococcal, unspecified formulation Vaccine Administered Pneumococcal conjugate (PCV13) Refusal Reason 07/21/2019 Date/Time Administration-Start 07/21/2019 Administered Amount 0.5 Administered Units of pnumber of the polar of the p	Ħ
Entering Organization Vaccine Group pneumococcal, unspecified formulation Vaccine Administered Pneumococcal conjugate (PCV13) Refusal Reason Date/Time Administration- Start 07/21/2019 Date/Time Administration- End 07/21/2019 Administered Amount 0.5 Administered Units of	
Vaccine Group pneumococcal, unspecified formulation Vaccine Administered Pneumococcal conjugate (PCV13) Refusal Reason 07/21/2019 Date/Time Administration-Start 07/21/2019 Administered Amount 0.5 Administered Units of pneumococcal, unspecified formulation pneumococcal conjugate (PCV13) Refusal Reason 07/21/2019 Date/Time Administration-End 07/21/2019	
Vaccine Administered Pneumococcal conjugate (PCV13) Refusal Reason 07/21/2019 Date/Time Administration-Start 07/21/2019 Date/Time Administration-End 07/21/2019 Administered Amount 0.5 Administered Units of mI	
Refusal Reason Date/Time Administration- Start Date/Time Administration- End O7/21/2019 Administered Amount O.5 Administered Units of	
Date/Time Administration- Start Date/Time Administration- End 07/21/2019 Administered Amount 0.5 Administered Units of	
Start 07/21/2019 Date/Time Administration- End 07/21/2019 Administered Amount 0.5 Administered Units of mI	
Date/Time Administration- End O7/21/2019 Administered Amount Administered Units of MI	
End 0//21/2019 Administered Amount 0.5 Administered Units of mI	
Administered Units of mI	
l mi	
Measure	
Route of Administration Intramuscular	\equiv
Administration Site Left Thigh	H
Cubatanas Manufasturau	
Name Pfizer, Inc	
Administration Notes	
Administering Provider	
Name J. Martinez	
ID Number	
Administered-at Location	
Facility ID OP	\blacksquare
Street Address 4253 Standish Way	
Other Designation	
City Stamford	
State CT	
Zip Code 06903	
Country	
Valid Dose YES	
Validity Reason	
Completion Status* Complete	

	Evaluated Immunization Hist	ory Information
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 (PCV13)	
Refusal Reason		
Date/Time Administration- Start	09/27/2019	
Date/Time Administration- End	09/27/2019	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location Facility ID	OP	
Street Address		
Other Designation	4253 Standish Way	
	Stamford	
City		
State Zin Code	CT 06903	
Zip Code	00903	
Country Valid Dose	YES	
	YES	
Validity Reason	Complete	
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series Immunization Series Name	4	
Status in Immunization Series	ACID	
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	pneumococcal, unspecified formulation	
Vaccine Administered	Pneumococcal conjugate (PCV13)	
Refusal Reason		
Date/Time Administration- Start	05/04/2020	
Date/Time Administration- End	05/04/2020	
Administered Amount	0.5	

	Evaluated Immunization Hist	ory Information
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
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		
		1)
Immunization Schedule Used	ACIP	
Immunization Schedule Used	ACIP	
Immunization Schedule Used Element Name	ACIP Data	Tester Comment
	Data Oceanview Pediatrics	Tester Comment
Element Name	Data	Tester Comment
Element Name Entering Organization	Data Oceanview Pediatrics	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason	Data Oceanview Pediatrics rotavirus, unspecified formulation	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start	Data Oceanview Pediatrics rotavirus, unspecified formulation	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start/Date/Time Administration- End	Data Oceanview Pediatrics rotavirus, unspecified formulation Rotavirus 05/18/2019	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount	Data Oceanview Pediatrics rotavirus, unspecified formulation Rotavirus 05/18/2019	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start/Date/Time Administration- End	Data Oceanview Pediatrics rotavirus, unspecified formulation Rotavirus 05/18/2019	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of	Data Oceanview Pediatrics rotavirus, unspecified formulation Rotavirus 05/18/2019 05/18/2019 1.0	Tester Comment
Element Name Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End Administered Amount Administered Units of Measure	Data Oceanview Pediatrics rotavirus, unspecified formulation Rotavirus 05/18/2019 05/18/2019 1.0 mL	Tester Comment
Element Name 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	Data Oceanview Pediatrics rotavirus, unspecified formulation Rotavirus 05/18/2019 05/18/2019 1.0 mL	Tester Comment
Element Name 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	Data Oceanview Pediatrics rotavirus, unspecified formulation Rotavirus 05/18/2019 1.0 mL Oral	Tester Comment
Element Name 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	Data Oceanview Pediatrics rotavirus, unspecified formulation Rotavirus 05/18/2019 05/18/2019 1.0 mL Oral GlaxoSmithKline Biologicals SA	Tester Comment
Element Name 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	Data Oceanview Pediatrics rotavirus, unspecified formulation Rotavirus 05/18/2019 1.0 mL Oral	Tester Comment
Element Name 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	Data Oceanview Pediatrics rotavirus, unspecified formulation Rotavirus 05/18/2019 05/18/2019 1.0 mL Oral GlaxoSmithKline Biologicals SA	Tester Comment
Element Name 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	Data Oceanview Pediatrics rotavirus, unspecified formulation Rotavirus 05/18/2019 05/18/2019 1.0 mL Oral GlaxoSmithKline Biologicals SA J. Martinez	Tester Comment
Element Name 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	Data Oceanview Pediatrics rotavirus, unspecified formulation Rotavirus 05/18/2019 05/18/2019 1.0 mL Oral GlaxoSmithKline Biologicals SA J. Martinez	Tester Comment
Element Name 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	Data Oceanview Pediatrics rotavirus, unspecified formulation Rotavirus 05/18/2019 05/18/2019 1.0 mL Oral GlaxoSmithKline Biologicals SA J. Martinez	Tester Comment
Element Name 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	Data Oceanview Pediatrics rotavirus, unspecified formulation Rotavirus 05/18/2019 05/18/2019 1.0 mL Oral GlaxoSmithKline Biologicals SA J. Martinez OP 4253 Standish Way	Tester Comment
Element Name 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	Data Oceanview Pediatrics rotavirus, unspecified formulation Rotavirus 05/18/2019 05/18/2019 1.0 mL Oral GlaxoSmithKline Biologicals SA J. Martinez	Tester Comment

	Evaluated Immunization Histo	ory Information
Zip Code	06903	
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	
Refusal Reason		
Date/Time Administration- Start	09/21/2019	
Date/Time Administration- End	09/21/2019	
Administered Amount	1.0	
Administered Units of Measure	mL	
Route of Administration	Oral	
Administration Site		
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
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		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza	

	Evaluated Immunization Hist	ory Information
Refusal Reason		
Date/Time Administration- Start	09/27/2019	
Date/Time Administration- End	09/27/2019	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
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	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza	
Refusal Reason		
Date/Time Administration- Start	10/20/2019	
Date/Time Administration- End	10/20/2019	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number		
Administered-at Location		

	Evaluated Immunization Hist	ory Information
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06903	
Country		
Valid Dose	YES	
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration- Start	06/20/2020	
Date/Time Administration- End	06/20/2020	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Thigh	
Substance Manufacturer Name	Merck Sharp and Dohme Corp.	
Administration Notes		
Administering Provider		
Name	J. Martinez	
ID Number Administered-at Location		
Facility ID	OP	
Street Address	4253 Standish Way	
Other Designation	1200 Standish Way	
City	Stamford	
State	СТ	
Zip Code	06903	
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	
immunization Schedule Used	ACII	

Evaluated Immunization History Information

* "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 F	orecast
Element Name	Data	Tester Comment
Vaccine Group	Hep B, unspecified formulation	
Vaccine Due Date	09/04/2020	
Earliest Date to Give	09/04/2020	
Latest Date to Give		
Date When Vaccine Overdue	10/04/2020	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/04/2020	
Earliest Date to Give	03/04/2020	
Latest Date to Give		
Date When Vaccine Overdue		
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	03/04/2020	
Earliest Date to Give	03/04/2020	
Latest Date to Give		
Date When Vaccine Overdue		
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Hep A, pediatric, unspecified formulation	
Vaccine Due Date	03/04/2020	
Earliest Date to Give	03/04/2020	
Latest Date to Give		
Date When Vaccine Overdue		
Status in Immunization Series		
Forecast Reason		