

**Patient Information**

| Element                  | Data  |
|--------------------------|---|
| Patient Name             | Lance Gaige Duncan                          |
| Mother's Maiden Name     | King  |
| ID Number                | 1111  |
| Date/Time of Birth       | 02/15/2024                                  |
| Administrative Sex       | Male  |
| Patient Address          | 749 Evergreen Ter. Springfield OR 97477 USA |
| Local Number             | (541)555-1111                               |
| Email                    | IIPMP@gmail.com                             |
| Race                     | American Indian or Alaska Native            |
| Ethnic Group             | Not Hispanic or Latino                      |
| Multiple Birth Indicator | No  |
| Birth Order              | 1   |

**Immunization Registry Information**

| Element                                     | Data                         |
|---|------------------------------|
| Immunization Registry Status                | Active                       |
| Immunization Registry Status Effective Date | 01/26/2024                   |
| Publicity Code                              | Reminder/recall - any method |
| Publicity Code Effective Date               | 04/05/2024                   |
| Protection Indicator                        | No                           |
| Protection Indicator Effective Date         | 04/05/2024                   |

**Guardian or Responsible Party[\*]****Guardian or Responsible Party**

| Element      | Data  |
|--------------|---|
| Name         | Ingrid Stacy Duncan                         |
| Relationship | Mother                                      |
| Address      | 749 Evergreen Ter. Springfield OR 97477 USA |
| Phone Number | (541)555-1111                               |
| Phone Number |   |

**Guardian or Responsible Party**

| Element      | Data  |
|--------------|---|
| Name         | Simon Isaiah Duncan                         |
| Relationship | Father                                      |
| Address      | 749 Evergreen Ter. Springfield OR 97477 USA |
| Phone Number | (541)555-1233                               |

**Vaccine Administration Information[\*]****Vaccine Administration Information**

| Element                           | Data                    |
|-----------------------------------|-------------------------|
| Administered Vaccine              | PEDIARIX                |
| Date/Time Start of Administration | 04/05/2024              |
| Administered Amount               | 0.5                     |
| Administered Units                | mL                      |
| Administration Notes              | New immunization record |
| Administering Provider            | Daniela Wyatt           |
| Substance Lot Number              | IIPVAXN01               |
| Substance Expiration Date         | 09/27/2029              |

|                                    |                        |
|------------------------------------|------------------------|
| Substance Manufacturer Name        | GlaxoSmithKline        |
| Substance/Treatment Refusal Reason |                        |
| Completion Status                  | Complete               |
| Action Code                        | Add                    |
| Route                              | INTRAMUSCULAR          |
| Administration Site                | Left Vastus Lateralis  |
| Entering Organization              | Oregon Family Medicine |
| Entered By                         | Daniela Wyatt          |
| Ordered By                         | Ramon Bradshaw         |

| Element                                      | Data  |
|--|---|
| Vaccine funding source                       | Public  |
| Vaccine funding program eligibility category | VFC eligible - American Indian/Alaskan Native |
| Document type                                | Multi Pediatric Vaccines VIS - 07/24/2023     |
| Date Vaccine Information Statement Presented | 04/05/2024                                    |

#### Vaccine Administration Information

| Element                            | Data                    |
|------------------------------------|-------------------------|
| Administered Vaccine               | ActHIB                  |
| Date/Time Start of Administration  | 04/05/2024              |
| Administered Amount                | 0.5                     |
| Administered Units                 | mL                      |
| Administration Notes               | New immunization record |
| Administering Provider             | Daniela Wyatt           |
| Substance Lot Number               | IIPVAXN05               |
| Substance Expiration Date          | 09/27/2029              |
| Substance Manufacturer Name        | sanofi pasteur          |
| Substance/Treatment Refusal Reason |                         |
| Completion Status                  | Complete                |
| Action Code                        | Add                     |
| Route                              | INTRAMUSCULAR           |
| Administration Site                | Right Vastus Lateralis  |
| Entering Organization              | Oregon Family Medicine  |
| Entered By                         | Daniela Wyatt           |
| Ordered By                         | Ramon Bradshaw          |

| Element                                      | Data   |
|--|--|
| Vaccine funding source                       | Public   |
| Vaccine funding program eligibility category | VFC eligible - American Indian/Alaskan Native                |
| Document type                                | Haemophilus Influenzae type b (Hib) Vaccine VIS - 08/06/2021 |
| Date Vaccine Information Statement Presented | 04/05/2024   |

#### Vaccine Administration Information

| Element                           | Data                    |
|-----------------------------------|-------------------------|
| Administered Vaccine              | Rotarix                 |
| Date/Time Start of Administration | 04/05/2024              |
| Administered Amount               | 1                       |
| Administered Units                | mL                      |
| Administration Notes              | New immunization record |
| Administering Provider            | Daniela Wyatt           |

|                                    |                        |
|------------------------------------|------------------------|
| Substance Lot Number               | IIPVAXN07              |
| Substance Expiration Date          | 09/27/2029             |
| Substance Manufacturer Name        | GlaxoSmithKline        |
| Substance/Treatment Refusal Reason |                        |
| Completion Status                  | Complete               |
| Action Code                        | Add                    |
| Route                              | ORAL                   |
| Administration Site                |                        |
| Entering Organization              | Oregon Family Medicine |
| Entered By                         | Daniela Wyatt          |
| Ordered By                         | Ramon Bradshaw         |

| Element                                      | Data  |
|--|---|
| Vaccine funding source                       | Public  |
| Vaccine funding program eligibility category | VFC eligible - American Indian/Alaskan Native |
| Document type                                | Rotavirus Vaccine VIS - 10/15/2021            |
| Date Vaccine Information Statement Presented | 04/05/2024                                    |

#### Vaccine Administration Information

| Element                            | Data                    |
|------------------------------------|-------------------------|
| Administered Vaccine               | Prevmar 20              |
| Date/Time Start of Administration  | 04/05/2024              |
| Administered Amount                | 0.5                     |
| Administered Units                 | mL                      |
| Administration Notes               | New immunization record |
| Administering Provider             | Daniela Wyatt           |
| Substance Lot Number               | LLBUAYMO68              |
| Substance Expiration Date          | 09/27/2029              |
| Substance Manufacturer Name        | sanofi pasteur          |
| Substance/Treatment Refusal Reason |                         |
| Completion Status                  | Complete                |
| Action Code                        | Add                     |
| Route                              | INTRAMUSCULAR           |
| Administration Site                | Left Deltoid            |
| Entering Organization              | Oregon Family Medicine  |
| Entered By                         | Daniela Wyatt           |
| Ordered By                         | Ramon Bradshaw          |

| Element                                      | Data  |
|--|---|
| Vaccine funding source                       | Public  |
| Vaccine funding program eligibility category | VFC eligible - American Indian/Alaskan Native                       |
| Document type                                | Pneumococcal Conjugate Vaccine (PCV13_PCV15_PCV20) VIS - 05/12/2023 |
| Date Vaccine Information Statement Presented | 04/05/2024  |