

Patient Information

Element	Data
Patient Name	Deborah Charlotte McKay
Mother's Maiden Name	Schroeder
ID Number	4444
Date/Time of Birth	02/05/2023
Administrative Sex	Female
Patient Address	600 Cherry Rd. Springfield OR 97477 USA
Local Number	(541)555-1236
Race	Black or African American
Ethnic Group	Not Hispanic or Latino
Multiple Birth Indicator	Yes
Birth Order	2

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

Element	Data
Name	Angeline Ingrid McKay
Relationship	Mother
Address	600 Cherry Rd. Springfield OR 97477 USA
Phone Number	(541)555-1236

Vaccine Administration Information

Element	Data
Administered Vaccine	HAVRIX
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	IIPVAXN11
Substance Expiration Date	09/27/2029
Substance Manufacturer Name	GlaxoSmithKline
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Delete
Route	INTRAMUSCULAR
Administration Site	Left Vastus Lateralis
Entering Organization	Oregon Family Medicine
Entered By	Daniela Wyatt
Ordered By	Ramon Bradshaw