

**Description**

Following the vaccination visit, the provider uses the EHR to produce an immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.).

**Comments**

No Comments

**Pre-condition**

Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EHR. New vaccinations have been administered.

**Post-Condition**

The patient/parent has been provided a patient immunization history report.

**Test Objectives**

**Produce Standard Patient Immunization History Report:** The EHR or other clinical software system produces a report of a patient's immunization history that is appropriate for various entities, such as schools and day-care centers.

**Produce Immunization Forecast Report:** The EHR or other clinical software system creates a list of immunizations to be administered within a specified time frame.

**Evaluation Criteria**

The following patient demographics are displayed:

|                               |  |
|-------------------------------|--|
| Patient Identifier Number:    | Vendor Assigned                        |
| Patient Identifier Type Code: | Vendor Assigned                        |
| Patient Name:                 | Juana Mariana Vazquez                  |
| Date/Time of Birth:           | 11/01/2015 11:05am                     |
| Sex:                          | Female                                 |
| Patient Address:              | 4345 Standish Way, Stamford, CT, 06903 |
| Multiple Birth:               | N                                      |
| Birth Order:                  | NA                                     |

The following Vaccination History is displayed:

|                           |  |
|---------------------------|--|
| Vaccine Group:            | Hep B Peds NOS   |
| Administered:             | hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)<br>ENGRIX-B (NDC 58160-0820-43) |
| Date Administered:        | 11/01/2015   |
| Additional Observations:  | None   |
| Dose #:                   | 1  |
| Doses in Series:          | 3  |
| Valid Dose:               | Y  |
| Ordering Provider:        | Jane Carter  |
| Entered By:               | Lisa Sirtis  |
| Entering Organization:    | Shoreline Hospital   |
| Administered Amt:         | .05 mL   |
| Administering Provider:   | Jane Carter  |
| Administered at Location: | 325 Shoreline Drive, Stamford Connecticut 06901  |
| Lot#:                     | 6332FK33   |
| Exp Date:                 | 12/14/2015   |
| Manufacturer:             | GlaxoSmithKline Biologicals SA (MVX SKB)   |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)   |

|                           |   |
|---------------------------|---|
| Site:                     | Left Thigh (HL7 LT)   |
| Vaccine Group:            | Hep B Peds NOS  |
| Administered:             | hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)<br>ENGRIX-B (NDC 58160-0820-43)                      |
| Date Administered:        | 12/20/2015  |
| Additional Observations:  | None  |
| Dose #:                   | 2   |
| Doses in Series:          | 3   |
| Valid Dose:               | Y   |
| Ordering Provider:        | Frank Smith   |
| Entered By:               | Sandra Molina   |
| Entering Organization:    | Shoreline Pediatrics  |
| Administered Amt:         | .05 mL  |
| Administering Provider:   | Sandra Molina   |
| Administered at Location: | 400 Shoreline Drive, Stamford Connecticut 06901   |
| Lot#:                     | 6352FK1   |
| Exp Date:                 | 12/31/2015  |
| Manufacturer:             | GlaxoSmithKline Biologicals SA (MVX SKB)  |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)  |
| Site:                     | Right Thigh (HL7 RT)  |
| Vaccine Group:            | Hep B Peds NOS  |
| Administered:             | hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)<br>ENGRIX-B (NDC 58160-0820-43)                      |
| Date Administered:        | 05/20/2016  |
| Additional Observations:  | None  |
| Dose #:                   | 3   |
| Doses in Series:          | 3   |
| Valid Dose:               | Y   |
| Ordering Provider:        | Carlos Herrera  |
| Entered By:               | J. Martinez   |
| Entering Organization:    | Oceanview Pediatrics  |
| Administered Amt:         | .05 mL  |
| Administering Provider:   | J. Martinez   |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901  |
| Lot#:                     | 6352FK24  |
| Exp Date:                 | 8/31/2017   |
| Manufacturer:             | GlaxoSmithKline Biologicals SA (MVX SKB)  |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)  |
| Site:                     | Left Thigh (HL7 LT)   |
| Vaccine Group:            | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified  |
| Administered:             | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens<br>(CVX 106) DAPTACEL (NDC 49281-0286-58) |
| Date Administered:        | 1/22/2016   |
| Additional Observations:  | None  |
| Dose #:                   | 1   |
| Doses in Series:          | 5   |
| Valid Dose:               | Y   |
| Ordering Provider:        | Carlos Herrera  |
| Entered By:               | J. Martinez   |
| Entering Organization:    | Oceanview Pediatrics  |
| Administered Amt:         | .05 mL  |
| Administering Provider:   | J. Martinez   |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901  |
| Lot#:                     | D409QS2341  |
| Exp Date:                 | 11/30/2016  |
| Manufacturer:             | Sanofi Pasteur Inc (MVX PMC)  |

|                           |  |
|---------------------------|--|
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)   |
| Site:                     | Left Thigh (HL7 LT)  |
| Vaccine Group:            | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified   |
| Administered:             | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-58) |
| Date Administered:        | 3/23/2016  |
| Additional Observations:  | None   |
| Dose #:                   | 2  |
| Doses in Series:          | 5  |
| Valid Dose:               | Y  |
| Ordering Provider:        | Carlos Herrera   |
| Entered By:               | J. Martinez  |
| Entering Organization:    | Oceanview Pediatrics   |
| Administered Amt:         | .05 mL   |
| Administering Provider:   | J. Martinez  |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901   |
| Lot#:                     | D409QS2433   |
| Exp Date:                 | 9/4/2016   |
| Manufacturer:             | Sanofi Pasteur Inc (MVX PMC)   |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)   |
| Site:                     | Right Thigh (HL7 RT)   |
| Vaccine Group:            | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified   |
| Administered:             | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-58) |
| Date Administered:        | 5/22/2016  |
| Additional Observations:  | None   |
| Dose #:                   | 3  |
| Doses in Series:          | 5  |
| Valid Dose:               | Y  |
| Ordering Provider:        | Carlos Herrera   |
| Entered By:               | J. Martinez  |
| Entering Organization:    | Oceanview Pediatrics   |
| Administered Amt:         | .05 mL   |
| Administering Provider:   | J. Martinez  |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901   |
| Lot#:                     | D409QS3255   |
| Exp Date:                 | 12/1/2016  |
| Manufacturer:             | Sanofi Pasteur Inc (MVX PMC)   |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)   |
| Site:                     | Left Thigh (HL7 LT)  |
| Vaccine Group:            | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified   |
| Administered:             | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-58) |
| Date Administered:        | 2/21/2017  |
| Additional Observations:  | None   |
| Dose #:                   | 4  |
| Doses in Series:          | 5  |
| Valid Dose:               | Y  |
| Ordering Provider:        | Carlos Herrera   |
| Entered By:               | J. Martinez  |
| Entering Organization:    | Oceanview Pediatrics   |
| Administered Amt:         | .05 mL   |
| Administering Provider:   | J. Martinez  |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901   |
| Lot#:                     | D409QS249  |
| Exp Date:                 | 3/1/2017   |

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|---------------------------|--|
| Manufacturer:             | Sanofi Pasteur Inc (MVX PMC)   |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)   |
| Site:                     | Left Deltoid (HL7 LD)  |
| Vaccine Group:            | diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified   |
| Administered:             | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-58) |
| Date Administered:        | 11/20/2019   |
| Additional Observations:  | None   |
| Dose #:                   | 5  |
| Doses in Series:          | 5  |
| Valid Dose:               | Y  |
| Ordering Provider:        | J. Rodriguez   |
| Entered By:               | Sandra Molina  |
| Entering Organization:    | Shoreline Pediatrics   |
| Administered Amt:         | .05 mL   |
| Administering Provider:   | Linda Casera   |
| Administered at Location: | 4253 Standish Way, Stamford Connecticut 06903  |
| Lot#:                     | D643QS8243   |
| Exp Date:                 | 12/01/2019   |
| Manufacturer:             | Sanofi Pasteur Inc (MVX PMC)   |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)   |
| Site:                     | Left Deltoid (HL7 LD)  |
| Vaccine Group:            | Hib, unspecified formulation   |
| Administered:             | Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-01)                          |
| Date Administered:        | 1/22/2016  |
| Additional Observations:  | None   |
| Dose #:                   | 1  |
| Doses in Series:          | 4  |
| Valid Dose:               | Y  |
| Ordering Provider:        | Carlos Herrera   |
| Entered By:               | J. Martinez  |
| Entering Organization:    | Oceanview Pediatrics   |
| Administered Amt:         | .05 mL   |
| Administering Provider:   | J. Martinez  |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901   |
| Lot#:                     | 7M54K9245  |
| Exp Date:                 | 3/24/2016  |
| Manufacturer:             | Merck Sharp & Dohme Corp (MVX MSD)   |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)   |
| Site:                     | Right Thigh (HL7 RT)   |
| Vaccine Group:            | Hib, unspecified formulation   |
| Administered:             | Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-01)                          |
| Date Administered:        | 3/23/2016  |
| Additional Observations:  | None   |
| Dose #:                   | 2  |
| Doses in Series:          | 4  |
| Valid Dose:               | Y  |
| Ordering Provider:        | Carlos Herrera   |
| Entered By:               | J. Martinez  |
| Entering Organization:    | Oceanview Pediatrics   |
| Administered Amt:         | .05 mL   |
| Administering Provider:   | J. Martinez  |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901   |
| Lot#:                     | 7M55K3342  |

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|---------------------------|--|
| Exp Date:                 | 10/30/2016   |
| Manufacturer:             | Merck Sharp & Dohme Corp (MVX MSD)   |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)   |
| Site:                     | Left Thigh (HL7 LT)  |
| Vaccine Group:            | Hib, unspecified formulation   |
| Administered:             | Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49)<br>PedvaxHIB (NDC 00006-4897-01) |
| Date Administered:        | 5/22/2016  |
| Additional Observations:  |  |
| Dose #:                   | 3  |
| Doses in Series:          | 4  |
| Valid Dose:               | Y  |
| Ordering Provider:        | Carlos Herrera   |
| Entered By:               | J. Martinez  |
| Entering Organization:    | Oceanview Pediatrics   |
| Administered Amt:         | .05 mL   |
| Administering Provider:   | J. Martinez  |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901   |
| Lot#:                     | 7M75K4566  |
| Exp Date:                 | 5/23/2016  |
| Manufacturer:             | Merck Sharp & Dohme Corp (MVX MSD)   |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)   |
| Site:                     | Right Thigh (HL7 RT)   |
| Vaccine Group:            | Hib, unspecified formulation   |
| Administered:             | Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49)<br>PedvaxHIB (NDC 00006-4897-01) |
| Date Administered:        | 11/21/2016   |
| Additional Observations:  |  |
| Dose #:                   | 4  |
| Doses in Series:          | 4  |
| Valid Dose:               | Y  |
| Ordering Provider:        | Carlos Herrera   |
| Entered By:               | J. Martinez  |
| Entering Organization:    | Oceanview Pediatrics   |
| Administered Amt:         | .05 mL   |
| Administering Provider:   | J. Martinez  |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901   |
| Lot#:                     | 7M53K5534  |
| Exp Date:                 | 2/22/2017  |
| Manufacturer:             | Merck Sharp & Dohme Corp (MVX MSD)   |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)   |
| Site:                     | Left Deltoid (HL7 LD)  |
| Vaccine Group:            | poliovirus vaccine, inactivated  |
| Administered:             | poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-88)                                  |
| Date Administered:        | 1/22/2016  |
| Additional Observations:  |  |
| Dose #:                   | 1  |
| Doses in Series:          | 4  |
| Valid Dose:               | Y  |
| Ordering Provider:        | Carlos Herrera   |
| Entered By:               | J. Martinez  |
| Entering Organization:    | Oceanview Pediatrics   |
| Administered Amt:         | .05 mL   |
| Administering Provider:   | J. Martinez  |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901   |
| Lot#:                     | D333PV2431   |

|                           |  |
|---------------------------|--|
| Exp Date:                 | 10/4/2016  |
| Manufacturer:             | Sanofi Pasteur Inc (MVX PMC)   |
| Route:                    | Subcutaneous (NCIT C38299, HL70162: SC)  |
| Site:                     | Left Deltoid (HL7 LD)  |
| Vaccine Group:            | poliovirus vaccine, inactivated  |
| Administered:             | poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-88)                          |
| Date Administered:        | 3/23/2016  |
| Additional Observations:  | Adverse Reaction of (VXC11^convulsions (fits, seizures) within 72 hours of dose^CDCPHINVS) |
| Dose #:                   | 2  |
| Doses in Series:          | 4  |
| Valid Dose:               | Y  |
| Ordering Provider:        | Carlos Herrera   |
| Entered By:               | J. Martinez  |
| Entering Organization:    | Oceanview Pediatrics   |
| Administered Amt:         | .05 mL   |
| Administering Provider:   | J. Martinez  |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901   |
| Lot#:                     | D333PV4344   |
| Exp Date:                 | 3/23/2017  |
| Manufacturer:             | Sanofi Pasteur Inc (MVX PMC)   |
| Route:                    | Subcutaneous (NCIT C38299, HL70162: SC)  |
| Site:                     | Left Deltoid (HL7 LD)  |
| Vaccine Group:            | poliovirus vaccine, inactivated  |
| Administered:             | poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-88)                          |
| Date Administered:        | 2/21/2017  |
| Additional Observations:  | Adverse Reaction of (VXC12^fever of >40.5C (105F) within 48 hours of dose^CDCPHINVS)       |
| Dose #:                   | 3  |
| Doses in Series:          | 4  |
| Valid Dose:               | Y  |
| Ordering Provider:        | J. Rodriguez   |
| Entered By:               | Sandra Molina  |
| Entering Organization:    | Shoreline Pediatrics   |
| Administered Amt:         | .05 mL   |
| Administering Provider:   | Linda Casera   |
| Administered at Location: | 4253 Standish Way, Stamford Connecticut 06903  |
| Lot#:                     | D335PV9644   |
| Exp Date:                 | 4/22/2017  |
| Manufacturer:             | Sanofi Pasteur Inc (MVX PMC)   |
| Route:                    | Subcutaneous (NCIT C38299, HL70162: SC)  |
| Site:                     | Left Deltoid (HL7 LD)  |
| Vaccine Group:            | pneumococcal, unspecified formulation  |
| Administered:             | pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-01)         |
| Date Administered:        | 1/22/2016  |
| Additional Observations:  |  |
| Dose #:                   | 1  |
| Doses in Series:          | 4  |
| Valid Dose:               | Y  |
| Ordering Provider:        | Carlos Herrera   |
| Entered By:               | J. Martinez  |
| Entering Organization:    | Oceanview Pediatrics   |
| Administered Amt:         | .05 mL   |
| Administering Provider:   | J. Martinez  |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901   |

|                           |  |
|---------------------------|--|
| Lot#:                     | P243V3281  |
| Exp Date:                 | 1/30/2016  |
| Manufacturer:             | Pfizer, Inc (MVX PFR)  |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)   |
| Site:                     | Left Thigh (HL7 LT)  |
| Vaccine Group:            | pneumococcal, unspecified formulation  |
| Administered:             | pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-01) |
| Date Administered:        | 3/23/2016  |
| Additional Observations:  |  |
| Dose #:                   | 2  |
| Doses in Series:          | 4  |
| Valid Dose:               | Y  |
| Ordering Provider:        | Carlos Herrera   |
| Entered By:               | J. Martinez  |
| Entering Organization:    | Oceanview Pediatrics   |
| Administered Amt:         | .05 mL   |
| Administering Provider:   | J. Martinez  |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901                                     |
| Lot#:                     | P343V8321  |
| Exp Date:                 | 3/30/2016  |
| Manufacturer:             | Pfizer, Inc (MVX PFR)  |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)   |
| Site:                     | Left Thigh (HL7 LT)  |
| Vaccine Group:            | pneumococcal, unspecified formulation  |
| Administered:             | pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-01) |
| Date Administered:        | 5/22/2016  |
| Additional Observations:  |  |
| Dose #:                   | 3  |
| Doses in Series:          | 4  |
| Valid Dose:               | Y  |
| Ordering Provider:        | Carlos Herrera   |
| Entered By:               | J. Martinez  |
| Entering Organization:    | Oceanview Pediatrics   |
| Administered Amt:         | .05 mL   |
| Administering Provider:   | J. Martinez  |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901                                     |
| Lot#:                     | P853V2164  |
| Exp Date:                 | 8/30/2016  |
| Manufacturer:             | Pfizer, Inc (MVX PFR)  |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)   |
| Site:                     | Right Thigh (HL7 LT)   |
| Vaccine Group:            | pneumococcal, unspecified formulation  |
| Administered:             | pneumococcal conjugate vaccine, 13 valent (CVX 133) PREVNAR 13 (NDC 00005-1971-01) |
| Date Administered:        | 1/11/2017  |
| Additional Observations:  |  |
| Dose #:                   | 4  |
| Doses in Series:          | 4  |
| Valid Dose:               | Y  |
| Ordering Provider:        | Carlos Herrera   |
| Entered By:               | J. Martinez  |
| Entering Organization:    | Oceanview Pediatrics   |
| Administered Amt:         | .05 mL   |
| Administering Provider:   | J. Martinez  |

|                           |   |
|---------------------------|---|
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901  |
| Lot#:                     | P853V58532  |
| Exp Date:                 | 4/18/2017   |
| Manufacturer:             | Pfizer, Inc (MVX PFR)   |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)  |
| Site:                     | Left Deltoid (HL7 LD)   |
| Vaccine Group:            | rotavirus, unspecified formulation  |
| Administered:             | rotavirus, live, monovalent vaccine (CVX 119)<br>ROTARIX (NDC 58160-0851-01)          |
| Date Administered:        | 1/22/2016   |
| Additional Observations:  |   |
| Dose #:                   | 1   |
| Doses in Series:          | 3   |
| Valid Dose:               | Y   |
| Ordering Provider:        | Carlos Herrera  |
| Entered By:               | J. Martinez   |
| Entering Organization:    | Oceanview Pediatrics  |
| Administered Amt:         | 1 mL  |
| Administering Provider:   | J. Martinez   |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901  |
| Lot#:                     | 6359RV533   |
| Exp Date:                 | 2/15/2016   |
| Manufacturer:             | GlaxoSmithKline Biologicals SA (MVX SKB)  |
| Route:                    | Oral (NCIT C38288, HL70162: PO)   |
| Site:                     | NA  |
| Vaccine Group:            | rotavirus, unspecified formulation  |
| Administered:             | rotavirus, live, monovalent vaccine (CVX 119)<br>ROTARIX (NDC 58160-0851-01)          |
| Date Administered:        | 3/23/2016   |
| Additional Observations:  |   |
| Dose #:                   | 2   |
| Doses in Series:          | 3   |
| Valid Dose:               | Y   |
| Ordering Provider:        | Carlos Herrera  |
| Entered By:               | J. Martinez   |
| Entering Organization:    | Oceanview Pediatrics  |
| Administered Amt:         | 1 mL  |
| Administering Provider:   | J. Martinez   |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901  |
| Lot#:                     | 6359RV932   |
| Exp Date:                 | 5/10/2016   |
| Manufacturer:             | GlaxoSmithKline Biologicals SA (MVX SKB)  |
| Route:                    | Oral (NCIT C38288, HL70162: PO)   |
| Site:                     | NA  |
| Vaccine Group:            | influenza, unspecified formulation  |
| Administered:             | Influenza, seasonal, injectable (CVX 161) FLUZONE QUADRIVALENT<br>(NDC 49281-0516-00) |
| Date Administered:        | 9/25/2016   |
| Additional Observations:  |   |
| Dose #:                   | 1   |
| Doses in Series:          | 2   |
| Valid Dose:               | Y   |
| Ordering Provider:        | Carlos Herrera  |
| Entered By:               | J. Martinez   |
| Entering Organization:    | Oceanview Pediatrics  |
| Administered Amt:         | .25 mL  |



|                           |  |
|---------------------------|--|
| Administering Provider:   | J. Martinez  |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901   |
| Lot#:                     | D8043IN8734  |
| Exp Date:                 | 7/25/2017  |
| Manufacturer:             | Sanofi Pasteur Inc (MVX PMC)   |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)   |
| Site:                     | Left Thigh (HL7 LT)  |
| Vaccine Group:            | influenza, unspecified formulation   |
| Administered:             | Influenza, seasonal, injectable (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0516-00)                                   |
| Date Administered:        | 10/29/2016   |
| Additional Observations:  |  |
| Dose #:                   | 2  |
| Doses in Series:          | 2  |
| Valid Dose:               | Y  |
| Ordering Provider:        | Carlos Herrera   |
| Entered By:               | J. Martinez  |
| Entering Organization:    | Oceanview Pediatrics   |
| Administered Amt:         | .25 mL   |
| Administering Provider:   | J. Martinez  |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901   |
| Lot#:                     | D8043IN8746  |
| Exp Date:                 | 3/12/2017  |
| Manufacturer:             | Sanofi Pasteur Inc (MVX PMC)   |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)   |
| Site:                     | Right Thigh (HL7 RT)   |
| Vaccine Group:            | influenza, unspecified formulation   |
| Administered:             | Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0517-00) |
| Date Administered:        | 10/2/2017  |
| Additional Observations:  |  |
| Dose #:                   |  |
| Doses in Series:          |  |
| Valid Dose:               |  |
| Ordering Provider:        | Carlos Herrera   |
| Entered By:               | J. Martinez  |
| Entering Organization:    | Oceanview Pediatrics   |
| Administered Amt:         | .25 mL   |
| Administering Provider:   | J. Martinez  |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901   |
| Lot#:                     | D9334IN9333  |
| Exp Date:                 | 5/22/2018  |
| Manufacturer:             | Sanofi Pasteur Inc (MVX PMC)   |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)   |
| Site:                     | Left Deltoid (HL7 LD)  |
| Vaccine Group:            | influenza, unspecified formulation   |
| Administered:             | Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0518-00) |
| Date Administered:        | 11/4/2018  |
| Additional Observations:  |  |
| Dose #:                   |  |
| Doses in Series:          |  |
| Valid Dose:               |  |
| Ordering Provider:        | Carlos Herrera   |
| Entered By:               | J. Martinez  |
| Entering Organization:    | Oceanview Pediatrics   |

|                           |  |
|---------------------------|--|
| Administered Amt:         | .25 mL   |
| Administering Provider:   | J. Martinez  |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901   |
| Lot#:                     | D9553IN2243  |
| Exp Date:                 | 4/30/2019  |
| Manufacturer:             | Sanofi Pasteur Inc (MVX PMC)   |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)   |
| Site:                     | Left Deltoid (HL7 LD)  |
| Vaccine Group:            | influenza, unspecified formulation   |
| Administered:             | Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161)<br>FLUZONE QUADRIVALENT (NDC 49281-0519-00) |
| Date Administered:        | 10/15/2019   |
| Additional Observations:  |  |
| Dose #:                   |  |
| Doses in Series:          |  |
| Valid Dose:               |  |
| Ordering Provider:        | Gina Ricci   |
| Entered By:               | Sandra Molina  |
| Entering Organization:    | Shoreline Pediatrics   |
| Administered Amt:         | .5 mL  |
| Administering Provider:   | Gina Ricci   |
| Administered at Location: | Oceanview Pharmacy, 15 Post Road, Stamford Connecticut 06901   |
| Lot#:                     | 8L4B3423   |
| Exp Date:                 | 12/30/2019   |
| Manufacturer:             | Sanofi Pasteur Inc. (MVX PMC)  |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)   |
| Site:                     | Left Deltoid (HL7 LD)  |
| Vaccine Group:            | influenza, unspecified formulation   |
| Administered:             | Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161)<br>FLUZONE QUADRIVALENT (49281-0520-00)     |
| Date Administered:        | Current Date   |
| Additional Observations:  | Adverse Reaction of (VXC14^Rash within 14 days of dose ^CDCPHINVS)   |
| Dose #:                   |  |
| Doses in Series:          |  |
| Valid Dose:               |  |
| Ordering Provider:        | Frank Smith  |
| Entered By:               | Sandra Molina  |
| Entering Organization:    | Shoreline Pediatrics   |
| Administered Amt:         | .5 mL  |
| Administering Provider:   | Sandra Molina  |
| Administered at Location: | 400 Shoreline Drive, Stamford Connecticut 06901  |
| Lot#:                     | 8L4B3521   |
| Exp Date:                 | 12/31/2021   |
| Manufacturer:             | Sanofi Pasteur Inc. (MVX PMC)  |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)   |
| Site:                     | Left Deltoid (HL7 LD)  |
| Vaccine Group:            | Hep A, unspecified formulation   |
| Administered:             | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83)<br>HAVRIX (NDC 58160-0825-43)               |
| Date Administered:        | 11/23/2016   |
| Additional Observations:  |  |
| Dose #:                   | 1  |
| Doses in Series:          | 2  |
| Valid Dose:               | Y  |
| Ordering Provider:        | Carlos Herrera   |
| Entered By:               | J. Martinez  |

|                           |   |
|---------------------------|---|
| Entering Organization:    | Oceanview Pediatrics  |
| Administered Amt:         | .05 mL  |
| Administering Provider:   | J. Martinez   |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901  |
| Lot#:                     | 6359RT33  |
| Exp Date:                 | 1/4/2017  |
| Manufacturer:             | GlaxoSmithKline Biologicals SA (MVX SKB)  |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)  |
| Site:                     | Right Deltoid (HL7 RD)  |
| Vaccine Group:            | Hep A, unspecified formulation  |
| Administered:             | hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX 83) HAVRIX (NDC 58160-0825-43) |
| Date Administered:        | 5/23/2017   |
| Additional Observations:  |   |
| Dose #:                   | 2   |
| Doses in Series:          | 2   |
| Valid Dose:               | Y   |
| Ordering Provider:        | Carlos Herrera  |
| Entered By:               | J. Martinez   |
| Entering Organization:    | Oceanview Pediatrics  |
| Administered Amt:         | .05 mL  |
| Administering Provider:   | J. Martinez   |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901  |
| Lot#:                     | 6359RT48  |
| Exp Date:                 | 9/11/2017   |
| Manufacturer:             | GlaxoSmithKline Biologicals SA (MVX SKB)  |
| Route:                    | Intramuscular (NCIT C28161, HL70162: IM)  |
| Site:                     | Left Deltoid (HL7 LD)   |
| Vaccine Group:            | MMR   |
| Administered:             | measles, mumps, rubella virus vaccine (CVX 03) MMR II (NDC 00006-4681-01)                             |
| Date Administered:        | 08/22/2016  |
| Additional Observations:  | Invalid because it was given too soon   |
| Dose #:                   |   |
| Doses in Series:          | 2   |
| Valid Dose:               | N   |
| Ordering Provider:        | Frank Smith   |
| Entered By:               | Sandra Molina   |
| Entering Organization:    | Shoreline Pediatrics  |
| Administered Amt:         | .05 mL  |
| Administering Provider:   | Sandra Molina   |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901  |
| Lot#:                     | 0853CC  |
| Exp Date:                 | 12/15/2016  |
| Manufacturer:             | Merck Sharp & Dohme Corp (MVX MSD)  |
| Route:                    | Subcutaneous (NCIT C38299, HL70162: SC)   |
| Site:                     | Left Thigh (HL7 LT)   |
| Vaccine Group:            | MMR   |
| Administered:             | measles, mumps, rubella virus vaccine (CVX 03) MMR II (NDC 00006-4681-01)                             |
| Date Administered:        | 9/22/2019   |
| Additional Observations:  |   |
| Dose #:                   | 1   |
| Doses in Series:          | 2   |
| Valid Dose:               | Y   |
| Ordering Provider:        | Carlos Herrera  |

|                           |   |
|---------------------------|---|
| Entered By:               | J. Martinez   |
| Entering Organization:    | Oceanview Pediatrics  |
| Administered Amt:         | .05 mL  |
| Administering Provider:   | J. Martinez   |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901                            |
| Lot#:                     | 0854FF  |
| Exp Date:                 | 4/13/2020   |
| Manufacturer:             | Merck Sharp & Dohme Corp (MVX MSD)  |
| Route:                    | Subcutaneous (NCIT C38299, HL70162: SC)                                   |
| Site:                     | Left Thigh (HL7 LT)   |
| Vaccine Group:            | MMR   |
| Administered:             | measles, mumps, rubella virus vaccine (CVX 03) MMR II (NDC 00006-4681-01) |
| Date Administered:        | 14 days PRIOR to day of TEST  |
| Additional Observations:  |   |
| Dose #:                   | 2   |
| Doses in Series:          | 2   |
| Valid Dose:               | Y   |
| Ordering Provider:        | Frank Smith   |
| Entered By:               | Sandra Molina   |
| Entering Organization:    | Shoreline Pediatrics  |
| Administered Amt:         | .05 mL  |
| Administering Provider:   | Sandra Molina   |
| Administered at Location: | 400 Shoreline Drive, Stamford Connecticut 06901                           |
| Lot#:                     | 0934GG  |
| Exp Date:                 | 12/31/2021  |
| Manufacturer:             | Merck Sharp & Dohme Corp (MVX MSD)  |
| Route:                    | Subcutaneous (NCIT C38299, HL70162: SC)                                   |
| Site:                     | Left Deltoid (HL7 LD)   |
| Vaccine Group:            | Varicella   |
| Administered:             | Varicella vaccine (CVX 21) Varivax (NDC 00006-4827-01)                    |
| Date Administered:        | 12/15/2017  |
| Additional Observations:  |   |
| Dose #:                   | 1   |
| Doses in Series:          | 2   |
| Valid Dose:               | Y   |
| Ordering Provider:        | Carlos Herrera  |
| Entered By:               | J. Martinez   |
| Entering Organization:    | Oceanview Pediatrics  |
| Administered Amt:         | .05 mL  |
| Administering Provider:   | J. Martinez   |
| Administered at Location: | 333 Oceanview Lane, Stamford Connecticut 06901                            |
| Lot#:                     | 2341BB  |
| Exp Date:                 | 12/1/2018   |
| Manufacturer:             | Merck Sharp & Dohme Corp (MVX MSD)  |
| Route:                    | Subcutaneous (NCIT C38299, HL70162: SC)                                   |
| Site:                     | Right Deltoid (HL7 RD)  |
| Vaccine Group:            | IPV   |
| Due Date:                 | 10/31/2019  |
| Earliest Date to Give:    | 10/31/2019  |
| Overdue Date:             | 10/31/2021  |
| Immunization Schedule:    | ACIP  |
| Vaccine Group:            | varicella   |
| Due Date:                 | 10/31/2019  |
| Earliest Date to Give:    | 10/31/2019  |
| Overdue Date:             | 10/31/2021  |

|                        |      |
|------------------------|------|
| Immunization Schedule: | ACIP |
|------------------------|------|

**Notes**

The immunization report may provide a subset of demographic information sufficient to identify the patient. Any demographic information included should be evaluated against the listed demographic information for accuracy.

The immunization report does not need to display all of the information listed in the evaluation criteria for each vaccination, but they do need to produce the complete list of vaccines given and the date.

The tester is requested to document separately the success or failure of the Immunization History and the Immunization forecast as these two requirements are tested concurrently.

Influenza vaccine should be due between September and October of the flue season, which may show as the prior year to testing or the year of testing.