

**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	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	Private funds

Vaccine funding program eligibility category	Not VFC eligible
Document type	Hepatitis A Vaccine VIS - 10/15/2021
Date Vaccine Information Statement Presented	04/05/2024