Evaluated Immunization History and Immunization Forecast		
Test Case ID	Query the Registry for Juana Mariana Vazquez	
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	Juana Mariana Vazquez	
Date of Birth	11/01/2015	
Sex	Female	
Address 1		
Street	4345 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country	USA	
Address Type	L	
Mother's Maiden Name	Maria Merida Acosta	

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 vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration- Start	11/01/2015	
Date/Time Administration- End	11/01/2015	
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	new immunization record	
Administering Provider		
Name	Jane Carter	
ID Number		
Administered-at Location		
Facility ID	SH	
Street Address		

Evaluated Immunization History Information		
Other Designation		
City		
State		
Zip Code		
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	Shoreline Pediatrics	
Vaccine Group	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, unspecified formulation	
Refusal Reason		
Date/Time Administration- Start	12/20/2015	
Date/Time Administration- End	12/20/2015	
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	new immunization record	
Administering Provider		
Name	Sandra Molina	
ID Number		
Administered-at Location Facility ID	SP	
Street Address	400 Shoreline Drive	
	400 Shorenile Drive	
Other Designation	Stamford	
City	CT	
State Zin Code	06901	
Zip Code	00201	
Country Valid Dose	YES	
	1123	
Validity Reason	Complete	
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series	A CUD	
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Enement Maint	Data	rester Comment

	Evaluated Immunization History	ory Information
Entering Organization	Oceanview Pediatrics	
Vaccine Group	hepatitis B vaccine, unspecified formulation	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration- Start	05/20/2016	
Date/Time Administration- End	05/20/2016	
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	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series	ACIP	
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	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Refusal Reason		
Date/Time Administration- Start	01/22/2016	
Date/Time Administration- End	01/22/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	

Evaluated Immunization History Information		
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
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	
Immunization Schedule escu	ACII	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis	
vaccine Group	vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration-	03/23/2016	
Start Date/Time Administration-		
End	03/23/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer	Sanofi Pasteur Inc	
Name		
Administration Notes	new immunization record	
Administering Provider	[[rac	
Name	J Martinez	
ID Number Administered-at Location		
Facility ID	OP	
Street Address	Or	
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		

	Evaluated Immunization Histo	ory Information
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	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration- Start	05/22/2016	
Date/Time Administration- End	05/22/2016	
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	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	OR .	
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country	VIDO .	
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series	A CVD	
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	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		
Date/Time Administration- Start	02/21/2017	

	Evaluated Immunization Hist	ory Information
Date/Time Administration- End	02/21/2017	
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	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address		
Other Designation		
City		
State		
Zip Code		
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 Oceanview Pediatrics	Tester Comment
Entering Organization Vaccine Group	Hib, unspecified formulation	
	Haemophilus influenzae type b vaccine, PRP-	
Vaccine Administered	OMP conjugate	
Refusal Reason Date/Time Administration-		
Start	01/22/2016	
Date/Time Administration- End	01/22/2016	
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	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	OD	
Facility ID	OP	
Street Address		

	Evaluated Immunization History Information		
Other Designation			
City			
State			
Zip Code			
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		
Immunization Schedule Oscu	1011		
Element Name	Data	Tester Comment	
Entering Organization	Oceanview Pediatrics		
Vaccine Group	Hib, unspecified formulation		
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate		
Refusal Reason			
Date/Time Administration- Start	03/23/2016		
Date/Time Administration- End	03/23/2016		
Administered Amount	0.5		
Administered Units of Measure	mL		
Route of Administration	Intramuscular		
Administration Site	Left Thigh		
Substance Manufacturer Name	Merck Sharp and Dohme Corp		
Administration Notes	new immunization record		
Administering Provider	10		
Name	J Martinez		
ID Number			
Administered-at Location			
Facility ID	OP		
Street Address	333 Oceanview Lane		
Other Designation			
City	Stamford		
State	CT		
Zip Code	06901		
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 N	Data	Tracker Community	
Element Name	Data	Tester Comment	

	Evaluated Immunization Hist	ory Information
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration- Start	05/22/2016	
Date/Time Administration- End	05/22/2016	
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	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
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	ACIP	
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hib, unspecified formulation	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	
Refusal Reason		
Date/Time Administration- Start	11/21/2016	
Date/Time Administration- End	11/21/2016	
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	new immunization record	

	Evaluated Immunization History Information		
Administering Provider			
Name	J Martinez		
ID Number			
Administered-at Location			
Facility ID	OP		
Street Address	333 Oceanview Lane		
Other Designation			
City	Stamford		
State	CT		
Zip Code	06901		
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		
Immumzation Schedule Oscu	ACII		
Element Name	Data	Tester Comment	
Entering Organization	Oceanview Pediatrics		
Vaccine Group	poliovirus vaccine, inactivated		
Vaccine Administered	poliovirus vaccine, inactivated		
Refusal Reason			
Date/Time Administration-	01/02/2016		
Start	01/22/2016		
Date/Time Administration- End	01/22/2016		
Administered Amount	0.5		
Administered Units of	mL		
Measure			
Route of Administration	Subcutaneous		
Administration Site	Left Deltoid		
Substance Manufacturer Name	Sanofi Pasteur Inc		
Administration Notes	new immunization record		
Administering Provider			
Name	J Martinez		
ID Number			
Administered-at Location			
Facility ID	OP		
Street Address	333 Oceanview Lane		
Other Designation			
City	Stamford		
State	CT		
Zip Code	06901		
Country			
Valid Dose	YES		
Validity Reason			
Completion Status*	Complete		
Dose Number in Series	1		

	Evaluated Immunization Hist	ory Information
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	poliovirus vaccine, inactivated	
Refusal Reason		
Date/Time Administration- Start	03/23/2016	
Date/Time Administration- End	03/23/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		16
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
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	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration- Start	01/22/2016	
Date/Time Administration- End	01/22/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
	L	

	Evaluated Immunization Hist	ory Information
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer	Pfizer, Inc	
Name		
Administration Notes	new immunization record	
Administering Provider	TM. C.	
Name	J Martinez	
ID Number		
Administered-at Location Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation	333 Occaniview Lane	
City	Stamford	
	CT	
State Zin Code		
Zip Code	06901	
Country	VEC	
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	
DI AN	Data	m
Element Name		Tester Comment
Entering Organization	Oceanview Pediatrics	Tester Comment
Entering Organization Vaccine Group	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Entering Organization Vaccine Group Vaccine Administered	Oceanview Pediatrics	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent	Tester Comment
Entering Organization Vaccine Group Vaccine Administered	Oceanview Pediatrics pneumococcal, unspecified formulation	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration-	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2016	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 pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2016 03/23/2016 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 pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2016 03/23/2016 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 pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2016 03/23/2016 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	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2016 03/23/2016 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	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2016 03/23/2016 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 Name Administration Notes	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2016 03/23/2016 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 pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2016 03/23/2016 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record	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 pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2016 03/23/2016 0.5 mL Intramuscular Left Thigh Pfizer, Inc	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 pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2016 03/23/2016 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record	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 pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2016 03/23/2016 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record	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 pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2016 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record 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 pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2016 03/23/2016 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record	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 pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2016 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record OP 333 Oceanview Lane	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 Other Designation City	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2016 03/23/2016 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record OP 333 Oceanview Lane Stamford	
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 City State	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2016 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record OP 333 Oceanview Lane Stamford CT	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 Other Designation City	Oceanview Pediatrics pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent 03/23/2016 03/23/2016 0.5 mL Intramuscular Left Thigh Pfizer, Inc new immunization record OP 333 Oceanview Lane Stamford	Tester Comment Tester Comment

	Evaluated Immunization History	ory Information
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	pneumococcal, unspecified formulation	
Vaccine Administered	pneumococcal conjugate vaccine, 13 valent	
Refusal Reason		
Date/Time Administration-	05/22/2016	
Start Date/Time Administration-		
End	05/22/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		7
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
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 N	Doto	Total Comment
Element Name Entering Organization	Data Oceanview Pediatrics	Tester Comment
	pneumococcal, unspecified formulation	
Vaccine Group Vaccine Administered	pneumococcal, unspecified formulation pneumococcal conjugate vaccine, 13 valent	
Refusal Reason	pricumococcai conjugate vaccine, 13 vaient	
Date/Time Administration-		
Start	01/11/2017	

	Evaluated Immunization Hist	ory Information
Date/Time Administration- End	01/11/2017	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Pfizer, Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
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	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration- Start	01/22/2016	
Date/Time Administration- End	01/22/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Oral	
Administration Site		
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	OB	
Facility ID	OP	
Street Address	333 Oceanview Lane	
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	rotavirus, unspecified formulation	
Vaccine Administered	rotavirus, live, monovalent vaccine	
Refusal Reason		
Date/Time Administration- Start	03/23/2016	
Date/Time Administration- End	03/23/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Oral	
Administration Site		
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	Op	
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation	Grand Cont	
City	Stamford	
State	CT	
Zip Code	06901	
Country	Lyna	
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
Zantzation	Committee Committee	

	Evaluated Immunization Hist	ory Information
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason	, respectively.	
Date/Time Administration- Start	09/25/2016	
Date/Time Administration- End	09/25/2016	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	1	
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
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	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration- Start	10/29/2016	
Date/Time Administration- End	10/29/2016	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider		

Evaluated Immunization History Information		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
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	A CUD	
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	rester comment
Vaccine Group	influenza, unspecified formulation	
	Influenza, injectable, quadrivalent, preservative	
Vaccine Administered	free, pediatric	
Refusal Reason		
Date/Time Administration- Start	10/02/2017	
Date/Time Administration- End	10/02/2017	
Administered Amount	.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer	Sanofi Pasteur	
Name		
Administration Notes	new immunization record	
Administering Provider Name	J Martinez	
ID Number	J Martinez	
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation	333 Occaniview Lane	
	C4 C 1	
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		

	Evaluated Immunization History	ory mitorillation
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	influenza, unspecified formulation	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric	
Refusal Reason		
Date/Time Administration- Start	11/04/2018	
Date/Time Administration- End	11/04/2018	
Administered Amount	0.25	
Administered Units of Measure	mL	
Route of Administration	Intramuscular	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Sanofi Pasteur	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series	A CUD	
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep A, unspecified formulation	
Vaccine Administered	hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	
Refusal Reason		
Date/Time Administration- Start	11/23/2016	
Date/Time Administration- End	11/23/2016	
Administered Amount	0.5	

	Evaluated Immunization Hist	ory Information
Administered Units of	mL	
Measure		
Route of Administration	Intramuscular	
Administration Site	Right Deltoid	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	СТ	
Zip Code	06901	
Country		
Valid Dose		
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series		
	A CID	
Immunization Schedule Used	ACIP	
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 Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage,	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration-	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage,	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration-	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2017	Tester Comment
Entering Organization Vaccine Group Vaccine Administered Refusal Reason Date/Time Administration- Start Date/Time Administration- End	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2017	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 Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2017 05/23/2017	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 Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2017 05/23/2017 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 Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2017 05/23/2017 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 Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2017 05/23/2017 0.5 mL Intramuscular Left Deltoid	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 Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2017 05/23/2017 0.5 mL Intramuscular Left Deltoid GlaxoSmithKline Biologicals SA	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 Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2017 05/23/2017 0.5 mL Intramuscular Left Deltoid GlaxoSmithKline Biologicals SA	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 Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2017 05/23/2017 0.5 mL Intramuscular Left Deltoid GlaxoSmithKline Biologicals SA new immunization record	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 Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2017 05/23/2017 0.5 mL Intramuscular Left Deltoid GlaxoSmithKline Biologicals SA new immunization record	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 Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2017 05/23/2017 0.5 mL Intramuscular Left Deltoid GlaxoSmithKline Biologicals SA new immunization record	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 Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2017 05/23/2017 0.5 mL Intramuscular Left Deltoid GlaxoSmithKline Biologicals SA new immunization record	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 Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2017 0.5 mL Intramuscular Left Deltoid GlaxoSmithKline Biologicals SA new immunization record J Martinez	Tester Comment 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 Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2017 0.5 mL Intramuscular Left Deltoid GlaxoSmithKline Biologicals SA new immunization record 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	Oceanview Pediatrics Hep A, unspecified formulation hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule 05/23/2017 0.5 mL Intramuscular Left Deltoid GlaxoSmithKline Biologicals SA new immunization record J Martinez OP 333 Oceanview Lane	Tester Comment Tester Comment Tester Comment Tester Comment

Evaluated Immunization History Information		
Zip Code	06901	
Country		
Valid Dose		
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	
	J[]	
Element Name	Data	Tester Comment
Entering Organization	Shoreline Pediatrics	
Vaccine Group	MMR	
Vaccine Administered	measles, mumps, rubella virus vaccine	
Refusal Reason		
Date/Time Administration- Start	08/22/2016	
Date/Time Administration- End	08/22/2016	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Thigh	
Substance Manufacturer	Merck Sharp and Dohme Corp	
Name		
Administration Notes	new immunization record	
Administering Provider		
Name	Sandra Molina	
ID Number		
Administered-at Location Facility ID	SP	
Street Address	400 Shoreline Drive	
	400 Shorenne Drive	
Other Designation	Stamford	
City	CT	
State	06901	
Zip Code	00901	
Country Valid Dose	NO	
Validity Reason	Early	
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series		
Immunization Series Name		
Status in Immunization Series	A CUD	
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 Date/Time Administration-	09/22/2019	
Start	09/22/2019	
Date/Time Administration-		
End	09/22/2019	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Left Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
Country		
Valid Dose	YES	
Validity Reason	TES	
Completion Status*	Complete	
Dose Number in Series		
Number of Doses in Series	2	
Immunization Series Name		
Status in Immunization Series	L CVD	
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Varicella virus vaccine	
Vaccine Administered	varicella virus vaccine	
Refusal Reason		
Date/Time Administration- Start	12/15/2017	
Date/Time Administration- End	12/15/2017	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	Subcutaneous	
Administration Site	Right Deltoid	
Substance Manufacturer Name	Merck Sharp and Dohme Corp	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location		

	Evaluated Immunization Histo	ory Information
Facility ID	OP	
Street Address	333 Oceanview Lane	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06901	
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	

^{* &}quot;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 Forecast		
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	04/29/2016	
Earliest Date to Give	04/29/2016	
Latest Date to Give		
Date When Vaccine Overdue	04/30/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	09/01/2020	
Earliest Date to Give	09/01/2020	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2021	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	10/31/2019	
Earliest Date to Give	10/31/2019	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2021	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	10/31/2019	
Earliest Date to Give	10/31/2019	
Latest Date to Give		
Date When Vaccine Overdue	10/31/2021	
Status in Immunization Series		
Forecast Reason		