

Patient Information

| Element | Data |
|--------------------------|---|
| Patient Name | Anita Francesca Marina |
| Mother's Maiden Name | Sophia Ramirez |
| ID Number | 123456 987633 |
| Date/Time of Birth | 06/01/1986 |
| Administrative Sex | Female |
| Patient Address | 4623 Standish Way Stamford CT 06903 USA |
| Local Number | (203)555-1213 |
| Race | White |
| Ethnic Group | Hispanic or Latino |
| Multiple Birth Indicator | No |
| Birth Order | |

Immunization Registry Information

| Element | Data |
|---|------------------------------|
| Immunization Registry Status | Active |
| Immunization Registry Status Effective Date | 10/01/2012 |
| Publicity Code | Reminder/Recall - any method |
| Publicity Code Effective Date | 10/01/2012 |
| Protection Indicator | No |
| Protection Indicator Effective Date | 10/01/2012 |

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

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | measles, mumps, rubella, and varicella virus vaccine |
| Date/Time Start of Administration | 06/01/2017 |
| Administered Amount | 0.5 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | Jessica Mason |
| Substance Lot Number | 6552FK16 |
| Substance Expiration Date | 12/31/2017 |
| Substance Manufacturer Name | Merck and Co Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Deltoid |
| Entering Organization | Metro Primary Care |
| Entered By | Jessica Mason |
| Ordered By | Shannon Price |

Vaccine Administration Information

| Element | Data |
|-----------------------------------|--|
| Administered Vaccine | tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine, adsorbed |
| Date/Time Start of Administration | 06/01/2017 |
| Administered Amount | 0.5 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | Jessica Mason |
| Substance Lot Number | 6932FK14 |
| Substance Expiration Date | 12/31/2017 |
| Substance Manufacturer Name | Sanofi Pasteur |

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|------------------------------------|--------------------|
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Deltoid |
| Entering Organization | Metro Primary Care |
| Entered By | Jessica Mason |
| Ordered By | Shannon Price |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | influenza, recombinant, quadrivalent,injectable, preservative free |
| Date/Time Start of Administration | 09/01/2020 |
| Administered Amount | 0.5 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | Jessica Mason |
| Substance Lot Number | 6475FK21 |
| Substance Expiration Date | 12/31/2020 |
| Substance Manufacturer Name | Sanofi Pasteur |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Deltoid |
| Entering Organization | Metro Primary Care |
| Entered By | Jessica Mason |
| Ordered By | Shannon Price |

Vaccine Administration Information

| Element | Data |
|------------------------------------|--|
| Administered Vaccine | influenza, recombinant, quadrivalent,injectable, preservative free |
| Date/Time Start of Administration | 09/01/2021 |
| Administered Amount | 0.5 |
| Administered Units | |
| Administration Notes | Historical information - from other provider |
| Administering Provider | Sophia Muir |
| Substance Lot Number | 8L4B3423 |
| Substance Expiration Date | 12/31/2021 |
| Substance Manufacturer Name | Sanofi Pasteur |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Right Deltoid |
| Entering Organization | Metro Primary Care |
| Entered By | Jessica Mason |
| Ordered By | John Jobs |

Vaccine Administration Information

| Element | Data |
|-----------------------------------|----------------------------------|
| Administered Vaccine | Pfizer-BioNTech COVID-19 Vaccine |
| Date/Time Start of Administration | 10/31/2021 |

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|------------------------------------|--------------------|
| Administered Amount | 0.5 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | Jessica Mason |
| Substance Lot Number | 8L7B3418 |
| Substance Expiration Date | 12/31/2022 |
| Substance Manufacturer Name | Pfizer, Inc |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Right Deltoid |
| Entering Organization | Metro Primary Care |
| Entered By | Jessica Mason |
| Ordered By | Shannon Price |

| Element | Data |
|---------------------------|--|
| Document Type | COVID-19 Pfizer BioNTech EUA Recipient-Caregiver Fact Sheet-12 years and older |
| VIS Presentation Date | 10/31/2021 |
| vaccine fund pgm elig cat | Not VFC elig |
| Vaccine funding source | Public funds |

Vaccine Administration Information

| Element | Data |
|------------------------------------|-----------------------------------|
| Administered Vaccine | hepatitis B vaccine, adult dosage |
| Date/Time Start of Administration | 10/31/2021 |
| Administered Amount | 1 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | Jessica Mason |
| Substance Lot Number | 6942FL12 |
| Substance Expiration Date | 12/31/2022 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Deltoid |
| Entering Organization | Metro Primary Care |
| Entered By | Jessica Mason |
| Ordered By | Shannon Price |

| Element | Data |
|---------------------------|-------------------------|
| Document Type | Hepatitis B Vaccine VIS |
| VIS Presentation Date | 10/31/2021 |
| vaccine fund pgm elig cat | Not VFC elig |
| Vaccine funding source | Private funds |

Vaccine Administration Information

| Element | Data |
|-----------------------------------|-------------------------|
| Administered Vaccine | No vaccine administered |
| Date/Time Start of Administration | 05/15/2017 |
| Administered Amount | 999 |

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|------------------------------------|--------------------|
| Administered Units | |
| Administration Notes | |
| Administering Provider | |
| Substance Lot Number | |
| Substance Expiration Date | |
| Substance Manufacturer Name | |
| Substance/Treatment Refusal Reason | |
| Completion Status | Not Administered |
| Action Code | Add |
| Route | |
| Administration Site | |
| Entering Organization | Metro Primary Care |
| Entered By | Jessica Mason |
| Ordered By | Shannon Price |

| Element | Data |
|--|-----------------------------------|
| vaccine type | hepatitis A vaccine, adult dosage |
| Diseases with serological evidence of immunity | Serology confirmed hepatitis A |