

HL7 Required Patient Data

Patient Demographics

- First Name
- Last Name
- Middle Name (separate from first name field)
- Date of Birth
- Mother's maiden name (last name before marriage)
- Phone number (area code required)
- Address (physical required, mailing optional)
 - County
- Insurance company/Insurance ID
 - Used to help identify duplicate records only
 - Can put "other" if company is unknown
 - VFC providers must provide Medicaid information on eligible patients
- VFC eligibility

Enrolled in Medicaid
Does not have Health Insurance
American Indian or Alaskan Native
Is underinsured (FQHCP)
Enrolled in CHIP
Not VFC Eligible

- if EMR doesn't capture info, will be "unknown" in SAIRS
- if EMR does capture info, must be standard VFC codes

Vaccine Administration Data

- Vaccine Type (CVX code preferred)
- Lot Number
- Manufacturer
- Body Site
- Route of Administration
- Date of Administration