



New York City Citywide Immunization Registry (CIR): Online Registry - Guide

NYC Department of Health & Mental Hygiene
Bureau of Immunization
March 2015

CIR homepage:

NYC Health THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Information and Resources For Your Health

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MENTAL & BEHAVIORAL HEALTH

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NYC Med

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Citywide Immunization Registry

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CIR Information for Providers | Parents/Guardians & Individuals | Schools, Child Care Facilities, & Camps

Welcome to the New York Citywide Immunization Registry (CIR)! The CIR keeps immunization records for New York City's children.

Our Mission: To improve the immunization status of all NYC children by consolidating immunization information and sharing it with health care providers, families, and agencies concerned with children's health.

Register your practice online.

Look up records & report immunizations: **Online Registry**

Public and private schools interested in accessing the Online Registry to view immunization records, please download, fill out and fax back these forms to the CIR.

Forgot your CIR facility code? If you think you may be registered and have forgotten your facility code, enter your information on the registration page for verification to obtain your facility code.

► See who is on the Provider Honor Roll

► See who is on the Provider Special Mention List

For Providers
Information for Providers

For Parents & Guardians
Information for Parents, Guardians, and Individuals

For Schools, Child Care Facilities & Camps
Information for Schools/Child Care Centers & Camps

CIR Fact Sheets For:

- Health Care Providers (PDF)
 - Online Registry access forms
- Health Care Providers for adults (PDF) sample consent (PDF)
 - Online Registry access forms (PDF)
- Foster Care Agencies, Managed Care Organizations, WIC, or other agencies: CIR read-only access forms and guide (PDF)
- Providers Outside of NYC and CIR read-only access forms (PDF)
- NYC Pharmacists-Retail, not affiliated with a hospital/medical facility.
- Schools and Child Care facilities and read-only access forms (PDF)
- Camps and access forms and read-only access forms (PDF)

Notice

- The CIR is able to accept HL7 immunization data for Meaningful Use. Find out more about Meaningful Use of Electronic Health Records (EHRs) and the CIR.

Guides for reference:

- CIR HL7 Web Service 2.5.1 Integration Guide (PDF)
- CIR HL7 Web Service 2.5.1 Integration Guide (PDF)

- Update your vaccine codes list used to report to the CIR:
 - CPT-CIR Vaccine Code list (PDF)
 - UPIX Guide for Electronic Reporters (PDF)
- NYC Vaccine Inventory Requirement (PDF)
 - See guide (PDF) on how to report vaccine inventory on hand and lot information.
- Access your patient's immunization records for their shots received.

nyc.gov/health/cir

- Check for updates on this page.
- Click the "Online Registry GO" icon:



For Online Registry access, contact CIR:

- By phone: (347) 396-2400, or 311
- Visit:
 - <http://www.nyc.gov/html/doh/html/hcp/cir-security-admin-info.shtml>
(for Health Care Providers)
 - <http://www.nyc.gov/html/doh/html/hcp/cir-online-registry-for-schools.shtml>
(for Schools, Child Care Programs)

Online Registry Access



1. Register with the Citywide Immunization Registry
 - online:
<https://a816-healthpsi.nyc.gov/OnlineRegistration/dohmh/DOHMHService.action>
 - or call us at, (347) 396-2400
2. Sign and fax back Online Registry request for access forms:
 - **Site Security Administrator User name and password request form:**
<http://www.nyc.gov/html/doh/html/hcp/cir-security-admin-info.shtml>
 - **Confidentiality statement must be completed:**
<http://www.nyc.gov/html/doh/downloads/pdf/cir/ssa-confidentiality.pdf>
3. One person per site receives **site security administrator** (SSA) rights (user manager role) designated by person in charge
 - CIR assigns User name and password to your SSA, who then can:
 - Create and manage user accounts for staff; determine security access levels; expire accounts
 - Required form for additional users:
<http://www.nyc.gov/html/doh/downloads/pdf/cir/user-confidentiality.pdf>
(This form is for your office use only, and kept on file with the assigned SSA.)

Go to Password Set Up screen from your email account:



The screenshot shows the 'Online Registry Password Change' web page. At the top left is the 'Online Registry' logo with a family icon. Below it is a title bar 'Online Registry Password Change' and an empty input field. A message states: 'Your new password must contain between 8 and 24 characters, and must contain the following categories:'. A bulleted list follows: 'Uppercase alphabet characters (A-Z)', 'Lowercase alphabet characters (a-z)', and 'Arabic numerals (0-9)'. An example 'reG1stry' is provided. A yellow arrow points to the 'Change Password' section header. Below this header are two password fields: 'New Password:' and 'Confirm New Password:', both masked with dots and labeled '(Required)'. Below these is the 'E-mail' section header. Under it is an 'E-mail Address:' field containing 'youremail@email.com', also labeled '(Required)'. A 'Continue' button with a right arrow is at the bottom right of the form.

Online Registry

Online Registry Password Change

Your new password must contain between 8 and 24 characters, and must contain the following categories:

- Uppercase alphabet characters (A-Z)
- Lowercase alphabet characters (a-z)
- Arabic numerals (0-9)

Example: reG1stry

Change Password

New Password: (Required)

Confirm New Password: (Required)

E-mail

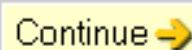
E-mail Address: (Required)

Continue →

Click or copy and paste the link from the email message you received from cir-reset@health.nyc.gov.

Be sure to check your email account that you or your Site Security Administrator registered you with for the Online Registry.

You will create a password in the Password Set Up screen.

Click 

IDs and passwords may not be shared. Each individual is required to have a separate password.

Password Set Up Log In screen:



✓ Your password has been changed.

New in the Online Registry

- **New features!**
 - Create, Save and Re-Use Online CH205 Form (see attached pdf)
 - [Online CH205 form Guide](#)
 - [Sign up](#) for a webinar and view webinar instructions
- **Guides:**
 - [Coverage, Reminder/Recall](#)
 - [QuickGuide](#)
 - [QuickGuide for Users with Read-Only Access](#)
 - [Full Guide](#)
 - [VFC Online Registry Ordering Tool - Guide, FAQs](#)

Notice

- See who is on the [Provider Honor Roll](#).
- Use your EHR system to report immunizations to the CIR. For more information, send us an email at cir@health.nyc.gov, including your facility address, contact information and current EHR, or phone null.
- **Frequently requested documents:**
 - [CPT-CIR Vaccine Code list](#)
 - [UPIF Guide for Electronic Reporters](#)

Welcome!

Online Registry

In proceeding beyond this point, the user:

- ...acknowledges the possibility that the information contained herein may be incorrect or incomplete.
- ...acknowledges that the medical decision to immunize or test a child for lead rests with the health care provider, based on the child's current health status and past medical history.
- ...agrees to look up information only on his/her current patients, and to comply with the restrictions on the disclosure of information from the Online Registry in accordance with [New York City Health Code Section 11.11\(d\)](#) and [New York State Public Health Law 2188](#), subject to civil and/or criminal prosecution, penalties, forfeitures and legal action under [Section 558\(e\) of the City Charter and Section 3.11](#) of the New York City Health Code.

To obtain a User ID and Password, each health care facility or practice must designate a Facility Security Administrator. The Security Administrator must be associated with a licensed physician, physician's assistant or nurse practitioner, and must mail or fax a signed confidentiality statement to the CIR. Call us at null for more information or download the sign up forms from [here](#).

By clicking the button below, you consent to the above.

Cancel X I Consent →

Online Registry is best viewed using Internet Explorer 8.0 or higher.

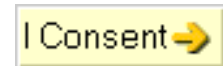
The Citywide Immunization Registry
42-09 28th Street, 5th Floor, CN 21, Long Island City, NY 11101-4132
null

Lead Poisoning Prevention Program (LPPP)
253 Broadway, CN 58, New York, NY, 10007
212-BAN-LEAD

NYC null, null

After creating your password for the first time, you will see this log in screen this one time.

To enter, scroll down to click



Bookmark the CIR Homepage for future access to the log in icon:

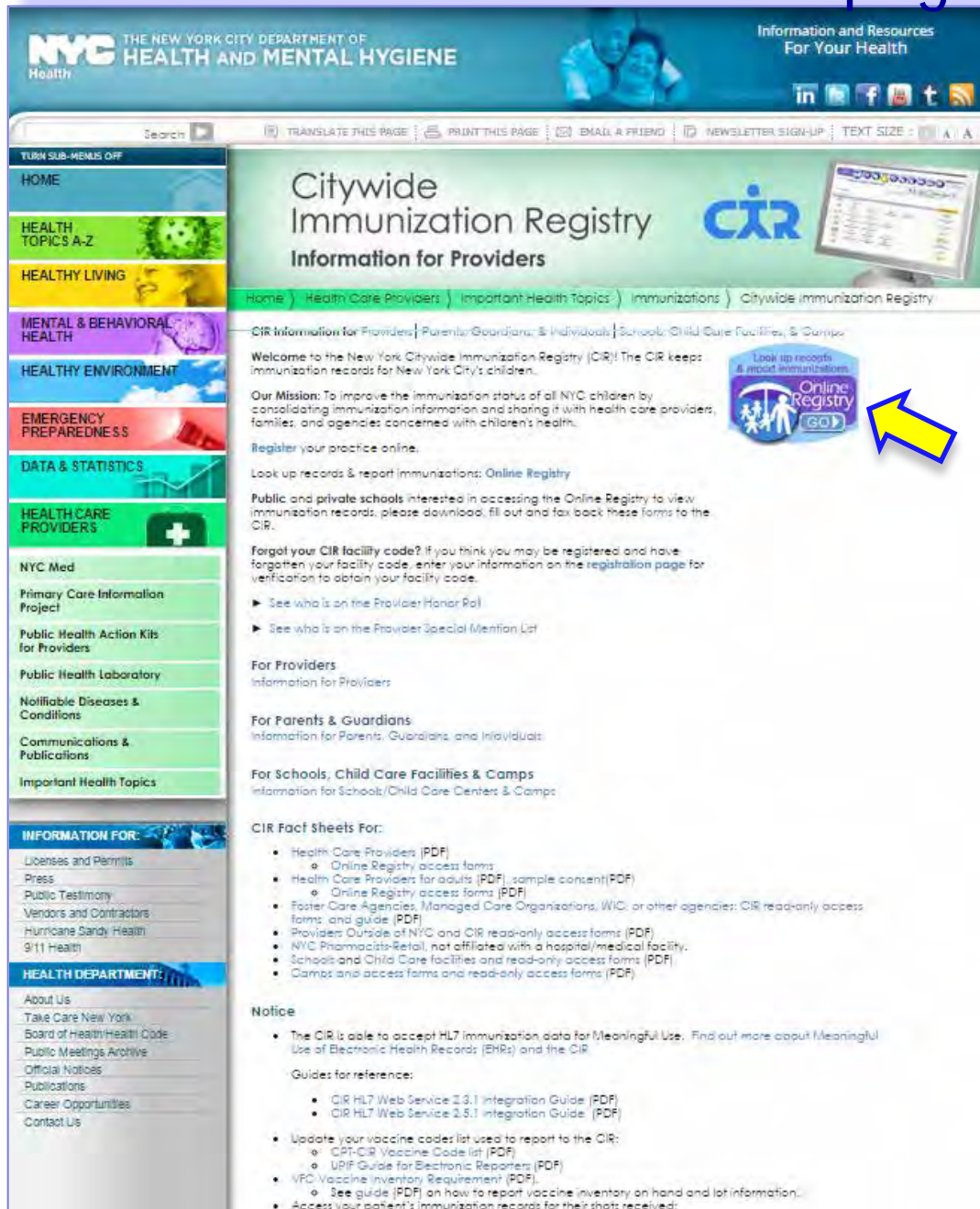
nyc.gov/health/cir

Check for updates on this page.

Click the "Online Registry GO" icon to access the log in page:



See next slide...

A screenshot of the NYC Citywide Immunization Registry (CIR) homepage. The header features the NYC Health logo, the text "THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE", and "Information and Resources For Your Health". Below the header is a search bar and links for "TRANSLATE THIS PAGE", "PRINT THIS PAGE", "EMAIL A FRIEND", "NEWSLETTER SIGN-UP", and "TEXT SIZE". The main content area is titled "Citywide Immunization Registry Information for Providers" and includes a "CIR Information for Providers" link. A yellow arrow points to the "Online Registry GO" icon. The left sidebar contains a "TURN SUB-MENUS OFF" button and a list of categories: HOME, HEALTH TOPICS A-Z, HEALTHY LIVING, MENTAL & BEHAVIORAL HEALTH, HEALTHY ENVIRONMENT, EMERGENCY PREPAREDNESS, DATA & STATISTICS, and HEALTH CARE PROVIDERS. The "HEALTH CARE PROVIDERS" category is expanded, showing links for NYC Med, Primary Care Information Project, Public Health Action Kits for Providers, Public Health Laboratory, Notifiable Diseases & Conditions, Communications & Publications, and Important Health Topics. The "INFORMATION FOR:" section lists links for Licenses and Permits, Press, Public Testimony, Vendors and Contractors, Hurricane Sandy Health, and 9/11 Health. The "HEALTH DEPARTMENT:" section includes links for About Us, Take Care New York, Board of Health/Health Code, Public Meetings Archive, Official Notices, Publications, Career Opportunities, and Contact Us. The "CIR Fact Sheets For:" section lists links for Health Care Providers (PDF), Online Registry access forms, Health Care Providers for adults (PDF), Foster Care Agencies, Managed Care Organizations, WIC, or other agencies: CIR read-only access forms and guide (PDF), Providers Outside of NYC and CIR read-only access forms (PDF), NYC Pharmacists-Retail, not affiliated with a hospital/medical facility, Schools and Child Care facilities and read-only access forms (PDF), and Camps and access forms and read-only access forms (PDF). The "Notice" section includes links for The CIR is able to accept HL7 Immunization data for Meaningful Use, Find out more about Meaningful Use of Electronic Health Records (EHRs) and the CIR, Guides for reference: CIR HL7 Web Service 2.5.1 Integration Guide (PDF), Update your vaccine codes list used to report to the CIR: CPT-CIR Vaccine Code list (PDF), UPIF Guide for Electronic Reporters (PDF), NYC Vaccine Inventory Requirement (PDF), See guide (PDF) on how to report vaccine inventory on hand and lot information, and Access your patient's immunization records for their shots received.

After account set up is completed this is the **Log in** screen you will see going forward:

1. Enter User ID & Password;
2. Click **I Consent** →

NYC Resources 311 Office of the Mayor

NYC Health THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Information and Resources For Your Health

Online Registry Welcome! Please enter your User ID and Password

User ID Password

To obtain a User ID and Password, each health care facility or practice must designate a Facility Security Administrator. The Security Administrator must be associated with a licensed physician, physician's assistant or nurse practitioner, and must mail or fax a signed confidentiality statement to the CIR. Call us at 347-396-2400 for more information or download the sign up forms from here.

In proceeding beyond this point, the user:

- acknowledges the possibility that the information contained herein may be incorrect or incomplete.
- acknowledges that the medical decision to immunize or test a child for lead rests with the health care provider, based on the child's current health status and past medical history.
- agrees to look up information only on his/her current patients, and to comply with the restrictions on the disclosure of information from the Online Registry in accordance with NYC Health Code Section 11.07(d) and Section 11.06(b).

By clicking the button below, you consent to the above.

Cancel X I Consent →

Online Registry Resources

- New features!
 - Pre-completed forms:
 - Refer children with asthma living with pests for a home inspection **New!**
 - Create, Save and Re-Use Online CH205 Forms
 - Online CH205 Form Online Tutorial **New!**
 - Online CH205 Form Guide
 - Visit "Tools" inside: Run flu coverage reports and recall lists
- Guides:
 - Coverage, Reminder/Recall
 - Influenza Coverage Reports Brief Guide
 - QuickGuide
 - QuickGuide for Users with Read-Only Access
 - Full Guide
 - VFC Online Registry Ordering Tool - Guide, FAQs
- Please visit www.nyc.gov/health/cir for more resources.

News and Highlights

- VFC Requirements for 2015
- See who is on the Provider Honor Roll.
- Use your EHR system to report immunizations to the CIR. For more information, send us an email at cir@health.nyc.gov, including your facility address, contact information and current EHR, or phone 347-396-2400.
- Frequently requested documents:
 - CPT-CIR Vaccine Code list
 - UPFI Guide for Electronic Reporters
- Please visit the [Immunization Information for Providers](#) for more resources.

Check notice boxes for updates.

Contact CIR at (347)396-2400 or 311 or cir-reset@health.nyc.gov for Online Registry account issues.

MyList (Patient list):

Navigation:

- Menu bar
- Tabs
- Set Up

- Instruction
- Step, Tip

Hovers:

- Information
- Alert

MyList is searchable by First or Last Name

Sort MyList options:

- Review Status
 - red=due now
 - green=up-to-date
 - Orange=due soon
- Last Name
- Gender
- DOB
- CIR number
- Date Last Accessed

The screenshot shows the 'Online Registry' interface. The top navigation bar includes 'PATIENTS' (Search, MyList, Reports, Add/Edit) and 'PRACTICE' (Tools, Recall, Adv. Event, VFC, Set Up, Adult Flu, Help, LogOut). A blue arrow points to the 'MyList' tab. Below the navigation bar, there's a 'My List' section with a 'Refresh My List' link. A text box explains that patients are added to MyList when searched and provides instructions on how to manage the list, including removing patients and updating their status. Below this, there are two search boxes: 'Search MyList' (First Name OR Last Name...) and 'View MyList' (Show patients accessed..., Show per page..., and Jump to...). A 'Tip' box indicates that viewing defaults can be set in 'Set Up'. The main part of the interface is a table titled 'Who's in MyList?' with columns: Remove, Active, Status, Last/First, Gender, DOB, Address, Phone, and Last Accessed. The table contains several patient records. A blue arrow points to the 'Last/First' column header, and a text box explains that any column can be sorted by clicking the arrow. Another text box points to a patient's name, stating that clicking on the name will view a record. At the bottom right, it shows '1-10 of 71 records' and a pagination bar with numbers 1 through 8.

Navigation:

- Menu bar
- Tabs
- Set Up
- Instruction
- Step, Tip

Hovers:

- Information
- Alert

MyList is searchable by First or Last Name

Sort MyList options:

- Review Status
 - red=due now
 - green=up-to-date
 - Orange=due soon
- Last Name
- Gender
- DOB
- CIR number
- Date Last Accessed

Each time someone at this facility finds a patient using Search, they are added to MyList. To help manage your list, use the [Refresh My List](#) feature.

To view a patient record, click on the patient's name. To Remove from List, check one or more boxes and click the "Remove" button at the bottom of the page. They will no longer appear on this page. They will not be deleted from the Registry.)

You may update a patient's status to let CIR know if the patient is no longer being seen at your practice. Toggle the status in the Active column to the left of the patient's name. Update the information at the bottom of the page that appears.

Search MyList
First Name OR Last Name... [GO](#)

View MyList
Show patients accessed... Show per page... and Jump to... [GO](#)

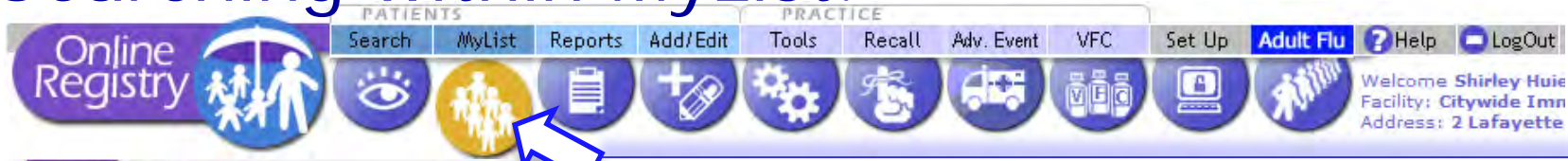
Tip
You can set your viewing defaults in [Set Up](#)

Remove	Active	Status	Last/First	Gender	DOB	Address	Phone	Last Accessed
<input type="checkbox"/>	Yes	●	Mouse, Mickey				718-555-1212	02/04/2010
<input type="checkbox"/>	Yes	●	Hule, Shirl	M				02/04/2010
<input type="checkbox"/>	No	●	Aardvark, Aileen	F			212-555-5763	02/04/2010
<input type="checkbox"/>	Yes	●	Homer, Freddy	M				02/04/2010
<input type="checkbox"/>	Yes	●	Mouse, Mickey	F			212-676-2312	02/02/2010
<input type="checkbox"/>	Yes	●	Explora, Dora	F	10/01/2008	2 Lafayette St, 3A New York, NY 10009		02/02/2010
<input type="checkbox"/>	Yes	●	Mcdonald, Ronald				212-676-2323	01/28/2010
<input type="checkbox"/>	Yes	●	Doe, Jane	F				01/27/2010
<input type="checkbox"/>	Yes	●	Horner, Jack	M				01/27/2010
<input type="checkbox"/>	Yes	●	Recall, Recall	F	12/15/2009	, NY		01/27/2010

1-10 of 71 records 1 2 3 4 5 6 7 8

After each successful search or addition of a patient record, the record is saved to MyList.

Searching within MyList:



[My List](#) [Refresh My List](#)

Search to retrieve a patient record and to add it to MyList.

- Each time someone at Citywide Immunization Registry finds a patient using Search, they are added to MyList. To help manage your list, use the [Refresh MyList](#) feature.
- To view a patient record, click on the patient's name.
- To Remove from List, check one or more boxes and click the "Remove" button at the bottom of the page. (The selected patients will no longer appear on this page. They will not be deleted from the Registry.)

You may update a patient's status to let CIR know if the patient is no longer being seen at your practice. Click the Yes/No toggle in the Active column to the left of the patient's name. Update the information at the bottom of "Update Patient Info" screen that appears.

Search MyList

First Name **OR** Last Name...

[GO](#)

View MyList

Show patients accessed... Show per page... and Jump to...

[GO](#)

Tip

You can set your viewing defaults in [Set Up](#)

Who's in MyList? Refresh MyList								
Remove	Active	Status	Last/First	Gender	DOB	Address	Phone	Last Accessed
<input type="checkbox"/>	Yes		Mouse, Mickey	M	03/01/2004	99 Mouse Hole Dr, 9B Brooklyn, NY 10032	718-555-1212	02/04/2010
<input type="checkbox"/>	Yes		Huie, Shirl	M	07/18/2009	2 2nd Queens, NY 11746		02/04/2010
<input type="checkbox"/>	No		Aardvark, Aileen	F	10/10/1990	10-10 Bowery St., 90 New York, NY 10011	212-555-5763	02/04/2010
<input type="checkbox"/>	Yes		Homer, Freddy	M	01/11/1978	131 Main New York, NY 11111		02/04/2010
<input type="checkbox"/>	Yes		Mouse, Mickey	F	05/22/2004	789 Park Ave, 32C New York, NY 10013	212-676-2312	02/02/2010
<input type="checkbox"/>	Yes		Explora, Dora	F	10/01/2008	2 Lafayette St, 3A New York, NY 10009		02/02/2010
<input type="checkbox"/>	Yes		Mcdonald, Ronald	M	01/01/2009	2 Lafayette St, 19 Ny, NY 10007	212-676-2323	01/28/2010
<input type="checkbox"/>	Yes		Doe, Jane	F	10/20/2008	2 Laf New York, NY 10013		01/27/2010
<input type="checkbox"/>	Yes		Horner, Jack	M	08/01/2009	2 Laf New York, NY 10002		01/27/2010
<input type="checkbox"/>	Yes		Recall, Recall	F	12/15/2009	, NY		01/27/2010
Remove								

Searching for patient in CIR and Lead Registry:

Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit

PRACTICE: Tools, VFC, Set Up, Help, LogOut

Welcome Shirley Huie (Administrator)
Facility: Citywide Immunization Registry (CIR)
Address: 2 Lafayette Street

Search, Advanced Search, Add New Patient

- ➔ Complete all fields below to find a patient's record in the CIR. All fields must match exactly. To search by medical record number, CIR number or other demographics, use [Advanced Search](#).

Search

First Name

Last Name

DOB mm/dd/yyyy

Gender ☐ M ☐ F

Clear Continue

Tip
Find patients previously accessed by users at this facility by searching in [MyList](#)

- Requires unique match on:
 1. First Name
 2. Last Name
 3. DOB
 4. Gender
- Once found, patient is added to **MyList**.

Advanced Search: default option



- Please use additional searching criteria by clicking on one of the Advanced Search combinations listed under Tip, below right. You may also enter as much information as possible in order to find a matching patient. If you are still unable to find a match, use [Add New Patient](#) or call the Registry at (212) 676-2323.

Advanced Search

First Name

Last Name

DOB mm/dd/yyyy

Gender ☐ M ☐ F

+Multiple Birth ☐ N ☐ Y

A minimum of 2 items must be entered below.
Please enter as much information as possible to help prevent duplicate records.

Alternate First

Middle Name

Alternate Last

Medical Rec. No.

Medicaid No. (AA#####A)

CIR No.

Mom DOB mm/dd/yyyy

Mom First Name

Mom Maiden Name

House No. / St. / Apt. No.

City / State / ZIP NY

Telephone

+Strongly Recommended

Clear Continue

Advanced Search for records in the CIR and Lead Registry:

- The default option is set to allow you to enter as much information as possible to find a matching record, with a minimum of 2 additional pieces of information
- Once found, patient is added to **MyList**
- Call (347) 396-2400, if record is not found, or **Add New Patient** if you are certain patient is not in CIR.

Advanced Search: search combination options



[Search](#) [Advanced Search](#) [Add New Patient](#)

Please use additional searching criteria by clicking on one of the Advanced Search combinations listed under Tip, below. You may also enter as much information as possible in order to find a matching patient. If you are still unable to find a patient, use [Add New Patient](#) or call the Registry at (212) 676-2323.

Advanced Search: Medical Record Number

Enter 1 of these:

First Name	<input type="text"/>
Last Name	<input type="text"/>
DOB	<input type="text"/> <input type="text"/> <input type="text"/> mm/dd/yyyy
Gender	<input type="radio"/> M <input type="radio"/> F
†Multiple Birth	<input type="radio"/> N <input type="radio"/> Y
Alternate First	<input type="text"/>
Middle Name	<input type="text"/>
Alternate Last	<input type="text"/>

And the highlighted field below:

Medical Rec. No.	<input type="text"/>
Medicaid No. (AA#####A)	<input type="text"/>
CIR No.	<input type="text"/>
Mom DOB	<input type="text"/> <input type="text"/> <input type="text"/> mm/dd/yyyy
Mom First Name	<input type="text"/>
Mom Maiden Name	<input type="text"/>
House No. / St. / Apt. No.	<input type="text"/> <input type="text"/> <input type="text"/>
City / State / ZIP	<input type="text"/> NY <input type="text"/>
Telephone	<input type="text"/>

†Strongly Recommended

Clear Continue

Tip

Use one of these Advanced Search combinations:

- [Medical Record No.](#)
- [Medicaid No.](#)
- [CIR No.](#)
- [Mom's Info](#)
- [Address/Phone](#)

[Reset](#) to remove search combinations

You can set your default Advanced Search preferences [Set Up](#).

Choose a *search combination* inside the Tip box by clicking on the link:

- Medical record No.
- Medicaid No.
- CIR No.
- Mom's info
- Address/phone

Enter information in the highlighted dark yellow fields.

- Go to **Set Up** to customize search settings.
- Call (347) 396-2400, if record is not found, or use **Add New Patient** if you are certain patient is not in CIR

Add New Patient*:

Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit
PRACTICE: Tools, VFC, Set Up, ? Help, LogOut

Welcome Shirley Huie
(CITYWIDE IMMUNIZATION REG)

Search, Advanced Search, **Add New Patient**

Please enter all the information you have for the new patient.
(If you think the patient may already be in the Registry, use [Advanced Search](#). If you still can't find the patient, call (212) 676-2323 before adding a new patient.)

Add New Patient Information

*First Name:
*Last Name:
*DOB:
*Gender: ☐ M ☐ F
†Multiple Birth: ☐ N ☐ Y (one of twins, triplets, etc.)

A minimum of 2 items must be entered below. Please enter as much information as possible to help prevent duplicate records.

Middle Name:
Alternate First:
Alternate Last:
Medical Rec. No.:
Medicaid No. (AA####A):

†Mom DOB:
†Mom First Name:
†Mom Maiden Name:
Dad First Name:
Dad Last Name:
Guardian First Name:
Guardian Last Name:

†House No. / St. / Apt. No.:
†City / State / ZIP: NY
†Telephone:

*Required
†Strongly Recommended

Clear Continue

Tip
Before a new patient record is created, the Registry will try to find an existing match.
Please enter as much information as possible to help prevent duplicate records.

Required elements:

- First Name
- Last Name
- DOB
- Gender

Strongly Recommended:

- Mom DOB
- Mom First Name
- Mom Maiden Name
- Full Address, or
- Telephone.

You may add a new patient if you believe the patient is not in the CIR.

A patient born outside of NYC or has a date of birth > 1996 may not be in the CIR.

Enter as much information as possible to help prevent duplicate records.

*not available to read-only accounts

Add New Patient: confirm match

[Search](#) [Advanced Search](#) [Add New Patient](#)

➡ Based on the information you entered, an existing patient was found. If this is the correct patient, you may continue by accepting the record. If this is not the correct patient, then you may add a new patient.

Patient Information		
	You Provided:	We Found:
First Name	WINNIE	WINNIE
Last Name	POOH	POOH
DOB	01/30/2001	01/30/2001
Gender	Male	Female
Multiple Birth		N
Middle Name	THOMAS	T
Alternate First		
Alternate Last		
Medical Rec. No		
Medicaid No		
CIR No.		606111748
Mom DOB	05/30/1987	(field blank in the CIR)
Mom First Name		GOLDBLOCKS
Mom Maiden Name		
House No. / St. / Apt. No.		123 HONEY WAY
City / State / ZIP		NEW YORK, NY 10011
Telephone		

Immunization History Please view and compare to your records the immunization history of the patient that was found by clicking [here](#).

Please Choose ONE:

This **is** the patient. ☐

This is **not** the patient. **Search again** ☐

This is **not** the patient. **Add new Patient** ☐

A possible matching record may be found

1. Compare the information
2. Compare the vaccination record in CIR with your information
3. Make a choice
4. Click

Immunization / Last Test History - Microsoft Internet Explorer provided by HEALTH

Sort by: Last Test History

Event	1	2	3	4	5	Next Due
Influenza 3 Events	09/01/2001 Influenza (Inactivated) (2 to 4-49 years) By Sm	11/15/2001 Influenza (Inactivated) (2 to 4-49 years) By Sm	09/15/2008 Influenza (Inactivated) (2 to 4-49 years) By Sm			DUE NOW INFLUENZA
HepB 5 Events	01/31/2001 Hep B Peds <10 yrs By Sm	02/07/2001 HepB (COMBIVAX) By Sm	03/12/2001 HepB (COMBIVAX) By Sm	09/11/2001 HepB (COMBIVAX) By Sm	01/19/2001 Disease/Immunity Reported (2)	Completed Vaccine Series
Rotavirus 0 Events						Not recommended after 33 weeks
DTP 5 Events	05/12/2001 DTaP By Sm	05/10/2001 DTaP By Sm	05/10/2001 DTaP By Sm	07/15/2001 DTaP By Sm	12/24/2001 DTaP (CAPTACEL) By Sm	01/01/2012 TDAP
HB 3 Events	02/07/2001 HepB (COMBIVAX) By Sm	03/12/2001 HepB (COMBIVAX) By Sm	09/11/2001 HepB (COMBIVAX) By Sm			Not generally recommended after 5 years
Pneumo. Conjugate 3 Events	05/12/2001 Pneum. Conj (PCV7) By Sm	05/10/2001 Pneum. Conj (PCV7) By Sm	05/10/2001 Pneum. Conj (PCV7) By Sm			Not generally recommended after 5 years
Polio 4 Events	05/12/2001 IPV By Sm	05/10/2001 IPV By Sm	05/10/2001 IPV By Sm	09/05/2008 IPV By Sm		Completed Vaccine Series
MMR 3 Events	05/12/2001 MMR By Sm	05/10/2001 MMR By Sm	05/10/2001 Disease/Immunity Reported			Completed Vaccine Series

* not available to read-only accounts

View Record: Immunization & Lead Test Records:

To access a patient record click on a name in MyList, or use the Search or Advanced Search to find a record.

Verify patient name, DOB, address

[View Record](#)
[Print Reports](#)
[Request Fax](#)
[Pre-completed Forms](#)
[Update Patient Info](#)

Printer-Friendly Format

Patient: Winnie Pooh
 Address: One Treehouse Lane
 City: New York, NY 10007
 DOB: 11/05/1997
 M

Scroll down to [Lead Test History](#)

Event	1	2	3	4	5	6	Next Due
H1N1 Influenza 1 Event/s	12/20/2009 H1N1-09, Nasal 12/1m						Completed Vaccine Series
Influenza 1 Event/s	12/20/2009 Influenza-Injectable 12/1m						09/01/2010 INFLUENZA
HepB 4 Event/s	11/05/1997 HepB (-<20 yrs 3-0098) 0w 0d	01/14/1998 HepB (-<20 yrs 3-0098) 10w 0d	04/05/1998 HepB (-<20 yrs 3-0098) 21w 4d	04/30/2003 DTaP-HepB/IPV (Pediatric) 5y 5m			Completed Vaccine Series
Rotavirus 0 Event/s							Not recommended after 2 weeks
DTP 6 Event/s	01/14/1998 DTP 10w 0d	04/05/1998 DTP 21w 4d	07/15/1998 DTP 3m 1w	03/08/1999 DTaP 16m 0w	04/01/2003 DT (-<7 yrs) 5y 5m	04/30/2003 DTaP-HepB/IPV (Pediatric) 5y 5m	DUE NOW
Hib 5 Event/s	01/14/1998 Hib NOS 10w 0d	04/05/1998 Hib NOS 21w 4d	07/15/1998 Hib NOS 3m 1w	03/08/1999 Hib NOS 16m 0w	04/01/2003 Hib NOS 5y 5m		Completed Vaccine Series
Pneumo. Conjugate 1 Event/s	02/03/2004 Pneumococcal conjugate (Prevnar) 5y 2m						Not generally recommended after 5 years
Polio 4 Event/s	01/14/1998 OPV 10w 0d	04/05/1998 OPV 21w 4d	07/15/1998 OPV 3m 1w	04/30/2003 DTaP-HepB/IPV (Pediatric) 5y 5m			Completed Vaccine Series
MMR 2 Event/s	03/08/1999 MMR 16m 0w	05/11/2003 MMR 5y 8m					Completed Vaccine Series
Varicella 2 Event/s	03/08/1999 Varicella 16m 0w	05/11/2003 Varicella 5y 8m					Completed Vaccine Series
HepA 0 Event/s							
Meningococcal 0 Event/s							
Human Papillomavirus 0 Event/s							
Pneumo. Polysaccharide 0 Event/s							

Immunization Recommendations

Sample footnotes:

- 1 This immunization event occurred prior to the recommended age or recommended interval for this dose.
- 2 This immunization event was an extra dose since it occurred after this series was completed.
- 3 The age of this patient exceeds the max age of the series based on the current immunization schedule.

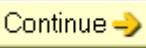
Lead Test Record:

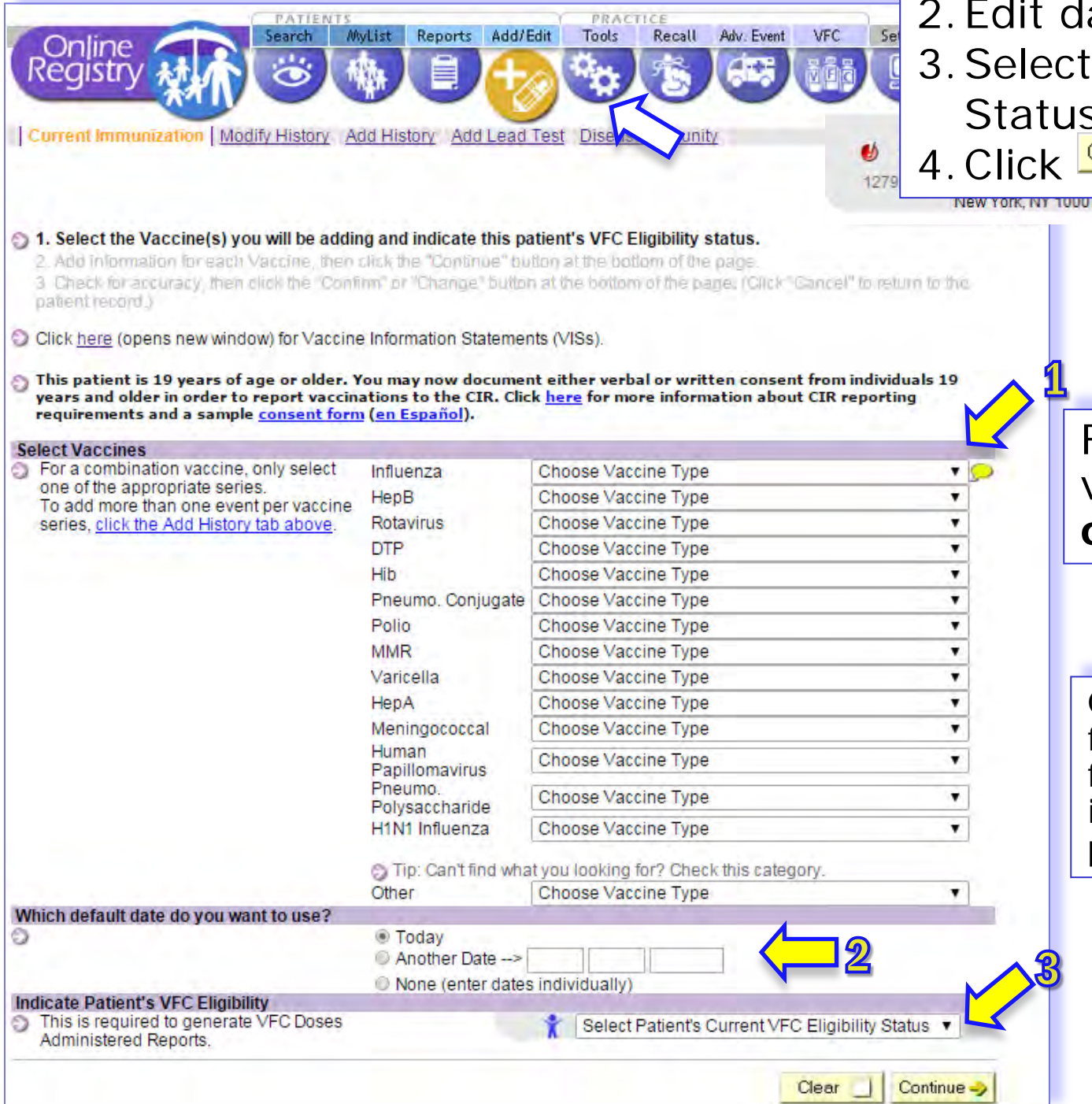


Lead Recommendations based on latest test results are found below the immunization record.

Lead Test History					
More useful lead information is available in the Tools section.					
Event		Date	Test Type	BLL	Recommendation
Lead Tests 5 Events	5	09/17/2005	Venous	6µg/dl	Test all children at age 1 & age 2. If exposure likely, consider retesting within 3 months. Annually assess all children up to age 6 for risk of exposure & test those children found to be at risk. Provide risk reduction education to prevent exposure. Provide nutrition education to promote adequate intake of Ca, Fe & Vitamin C.
	4	03/16/2005	Venous	9µg/dl	
	3	08/17/2004	Venous	7µg/dl	
	2	06/02/2004	Unknown	6µg/dl	
	1	07/28/2003	Venous	3µg/dl	

Add Current Immunization*:

1. Select vaccine(s)
2. Edit date if needed
3. Select patient's VFC Eligibility Status.
4. Click .



1. Select the Vaccine(s) you will be adding and indicate this patient's VFC Eligibility status.
 2. Add information for each Vaccine, then click the "Continue" button at the bottom of the page.
 3. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click "Cancel" to return to the patient record.)

Click [here](#) (opens new window) for Vaccine Information Statements (VISs).

This patient is 19 years of age or older. You may now document either verbal or written consent from individuals 19 years and older in order to report vaccinations to the CIR. Click [here](#) for more information about CIR reporting requirements and a sample [consent form](#) ([en Español](#)).

Select Vaccines

For a combination vaccine, only select one of the appropriate series. To add more than one event per vaccine series, [click the Add History tab above](#).

Influenza	Choose Vaccine Type
HepB	Choose Vaccine Type
Rotavirus	Choose Vaccine Type
DTP	Choose Vaccine Type
Hib	Choose Vaccine Type
Pneumo. Conjugate	Choose Vaccine Type
Polio	Choose Vaccine Type
MMR	Choose Vaccine Type
Varicella	Choose Vaccine Type
HepA	Choose Vaccine Type
Meningococcal	Choose Vaccine Type
Human Papillomavirus	Choose Vaccine Type
Pneumo. Polysaccharide	Choose Vaccine Type
H1N1 Influenza	Choose Vaccine Type

Tip: Can't find what you looking for? Check this category.
 Other

Which default date do you want to use?

☒ Today
☐ Another Date -->
☐ None (enter dates individually)

Indicate Patient's VFC Eligibility

This is required to generate VFC Doses Administered Reports.


Select Patient's Current VFC Eligibility Status


For combination vaccines, choose only **one** vaccine category

Click [consent form](#) link for a sample consent form for reporting immunizations given to patients > 19 yrs old

* not available to read-only accounts

Reporting Adult Patients – sample voluntary consent form to participate in CIR

**Citywide
Immunization
Registry**
We help you call the shots!
www.nyc.gov/health/cir

NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Mary T. Swane, M.D., M.P.H.,
Commissioner
do@doh.nyc.gov
Phone: (347) 396-2400
Fax: (347) 396-2559

Health Care Providers may document verbal voluntary consent or adapt this sample form for use.

Consent for Participation in Citywide Immunization Registry (CIR)
for individuals 19 years of age and older

The New York Citywide Immunization Registry (CIR) is a confidential, computerized system that allows authorized users access to a person's immunization records. Strict federal and state laws protect the privacy of personal information in the system. Here are some benefits of participating in the CIR:

- Your health care provider can use the CIR to ensure that you receive all needed immunizations.
- The CIR provides you with a permanent and easily accessible record of your immunizations.

Participation in the CIR is voluntary for people 19 and older, so immunizations you receive after 18 years of age will not be included unless you give consent. If you want to participate, please carefully read the statement below and sign in the space provided. For additional information about this consent, please call (347) 396-2400.

Declaration of Consent

I give my consent for _____ (name of doctor or organization) to release my immunization(s) and identifying information to the New York Citywide Immunization Registry (CIR). I understand the purpose of the CIR is to assist in my medical care and to record the immunizations that I have had or will receive in the future. My immunization information may potentially be used by the Department of Health for quality improvement purposes, epidemiologic research, and disease control purposes. Information used for quality improvement or any research purposes will have my personal identifying information removed.

The immunization information in the CIR may be released to the following: myself, my health insurance organization, the state and local health departments, the school that I am registered to attend, and authorized medical providers that deliver my medical care.

I understand that there will be no effect on my treatment, payment, or enrollment for benefits if I choose not to participate in the CIR. This consent may be withdrawn at any time by using the form provided. Information about immunizations received by the CIR with my consent will remain in the CIR if I later choose to withdraw my consent. However, future immunizations will not be recorded in the CIR.

_____ Print Name	_____ Date of Birth
_____ Signature	_____ Date

Visit Us Online! nyc.gov/health/cir

The Citywide Immunization Registry
97429 28th Street, 9th Fl, CIV 21, LIC, NY 11101-4132
Phone: (347) 396-2400 Fax: (347) 396-2559
Email: do@healthnyc.gov

CIR Adult HCP Print Access Consent 2014

Health Care Providers may document verbal voluntary consent or adapt this sample consent form into the practice for patients who are 19 years of age and above.

A blank electronic copy can be found in the Help section under Reporting requirements.

If your patients are signing forms, please keep signed originals at your site. There is no need to send signed forms to DOHMH.

Add Current Immunization:

The screenshot shows the 'Online Registry' interface. At the top, there are tabs for 'PATIENTS' (Search, MyList, Reports, Add/Edit) and 'PRACTICE' (Tools, Recall). Below these are icons for various functions. The main section is titled 'Current Immunization' with sub-tabs 'Modify History' and 'Add History'. A patient's name 'CIR ID 2345' is visible. Instructions for adding immunization are provided: 1. Select the Vaccine(s) you will be adding and indicate this patient's VFC Eligibility status. 2. Add information for each Vaccine, then click the "Continue" button at the bottom. 3. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page to return to the patient record. A tip states: To manage the "My Lot List" selections used on this page, go to Set Up.

DTP: DTaP/HepB/IPV (Pediarix)

Vaccine Event Information

Date: / / (mm/dd/yyyy)

☒ Given by this practice? ☐ Another?

Select from List: (optional)

--OR--

☒ Add a new Lot to your list (optional)

Other: Influenza

Vaccine Event Information

Date: / / (mm/dd/yyyy)

☒ Given by this practice? ☐ Another?

Select from List: (optional)

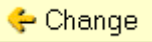
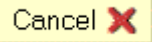

--OR--

☒ Add a new Lot to your list (optional)

Patient's Current VFC Eligibility Status: MEDICAID

5. Edit date if needed
6. Select if given by your practice or some other source
7. Choose manufacturer and Lot from your list or Add a new lot and lot information
8. Click , or .

Add Current Immunization: 9. Review

10. Click  ,  , or .



Online Registry

PATIENTS

Search MyList Reports Add/Edit Tools Recall Adv. Event VFC Set Up **Adult Flu**

Current Immunization [Modify History](#) [Add History](#)

CIR ID: 234514124 First: MIGHTY Last: MOUSE DOB: 01/20/2003 Gender: F

1. Select the Vaccine(s) you will be adding and indicate this patient's VFC Eligibility status.
2. Add information for each Vaccine, then click the "Continue" button at the bottom of the page.
3. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click "Cancel" to return to the patient record.)

Vaccine Series	Event Information
Multi-Group	Date: 11/29/2005 Vaccine Name: DTaP/HepB/IPV (Pediarix) Given by: This Practice Lot Number: Not reported Manufacturer: Not reported Expiration Date: Not reported VFC/non-VFC Supplied: Not reported
Other	Date: 11/29/2005 Vaccine Name: Influenza Given by: This Practice Lot Number: Not reported Manufacturer: Not reported Expiration Date: Not reported VFC/non-VFC Supplied: Not reported

 Patient's Current VFC Eligibility Status: MEDICAID

Note: The program will give a red warning message if an immunization you are trying to add is similar to one that already exists in the system, but you will still be able to add the immunization.

Add Current Immunization confirmation message



[View Record](#) [Print Reports](#) [Request Fax](#) [Pre-completed Forms](#) [Update Pat](#)

✓ Your additions have been made.



Scroll down to [Medication History](#) or [Lead Test History](#)

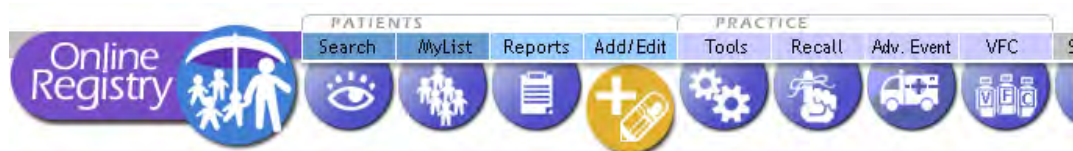
Immunization History

Event	1	2	3	4	5
H1N1 Influenza 3 Event/s	09/15/2009 1 H1N1-09, Injectable 41y 2m	09/16/2009 1 H1N1-09, Injectable 41y 2m	09/17/2009 1 H1N1-09, Injectable 41y 2m		
Influenza 1 Event/s	09/17/2009 Influenza-injectable 41y 2m				
HepB 0 Event/s					
Rotavirus 0 Event/s					
DTP 0 Event/s					
Hib 0 Event/s					
Pneumo. Conjugate 1 Event/s	09/17/2009 2 Pneumococcal conjugate (Prenar) 41y 2m				
Polio 0 Event/s					
MMR 0 Event/s					
Varicella 0 Event/s					
HepA 0 Event/s					

After choosing "confirm", a green message appears:

✓ Your additions have been made.
View the updated record.

Add Immunization History:



[Current Immunization](#) [Modify History](#) [Add History](#)

1. Add immunization history information below, then click "Continue" button at the bottom of the page. Note: If entering a combination vaccine, add it to only one of the appropriate series.
2. Check the new entries (highlighted) for accuracy, then click the "Confirm" button at the bottom of the page.

Clear ☐ Continue

Immunization History

Event	1	2	3
HepB 4 event(s)	HepB (<20 yrs 3-dose) Date: 7/2/2004 0w 0d	DTaP/HepB/IPV (Pediarix) Date: 9/3/2004 9w 0d	DTaP/HepB/IPV (Pediarix) Date: 11/3/2004 17w 5d
DTP 2 event(s)	DTaP/HepB/IPV (Pediarix) Date: 9/3/2004 9w 0d	DTaP/HepB/IPV (Pediarix) Date: 11/3/2004 17w 5d	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) Choose Vaccine <input type="text"/> This Practice? <input checked="" type="radio"/> Another? <input type="radio"/> Lot: <input type="text"/> My Lot List... <input type="text"/>
Hib 1 event(s)	Hib-PRP-OMP (PedvaxHIB) Date: 9/2/2004 8w 6d	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) Choose Vaccine <input type="text"/> This Practice? <input checked="" type="radio"/> Another? <input type="radio"/> Lot: <input type="text"/> My Lot List... <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) Choose Vaccine <input type="text"/> This Practice? <input checked="" type="radio"/> Another? <input type="radio"/> Lot: <input type="text"/> My Lot List... <input type="text"/>
Polio 2 event(s)	DTaP/HepB/IPV (Pediarix) Date: 9/3/2004 9w 0d	DTaP/HepB/IPV (Pediarix) Date: 11/3/2004	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) Choose Vaccine <input type="text"/> This Practice? <input checked="" type="radio"/> Another? <input type="radio"/> Lot: <input type="text"/> My Lot List... <input type="text"/>

Note: Patient's VFC eligibility status is not reportable in this screen.

For each immunization event you want to add:

1. Enter date
2. Choose specific vaccine
3. Select if given by your practice or some other source
4. Choose lot info or add lot in Set Up (optional)
5. Choose or

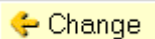
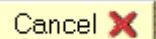

Add Immunization History:

The screenshot shows the 'Online Registry' interface. At the top, there are tabs for 'PATIENTS' (Search, MyList, Reports, Add/Edit) and 'PRACTICE' (Tools, Recall, Adv. Event, VFC). Below these are various icons representing different functions. The 'Add History' tab is selected. The form displays patient information: First Name 'Mighty', ID '234514124', and Address '2 Lafayette, Ny, NY 10013'. The 'Vaccine Series' is 'HepB'. The 'Event Information' section shows: Date '12/04/2005', Vaccine Name 'Hep B Peds <20 yrs', Given by 'This Practice', Lot Number '123111', Manufacturer 'ARMOUR', Expiration Date '12/2009', and VFC/non-VFC Supplied 'VFC'. A red warning message states: 'Warning: a similar immunization already exists.' At the bottom, there are three buttons: 'Change' (with a left arrow), 'Cancel' (with a red X), and 'Confirm' (with a green checkmark). A blue bracket on the right side of the form groups the 'Event Information' section and the 'Warning' message, with a yellow arrow labeled '6' pointing to it. Another yellow arrow labeled '7' points to the 'Confirm' button.

Vaccine Series	Event Information
HepB	Date: 12/04/2005 Vaccine Name: Hep B Peds <20 yrs Given by: This Practice Lot Number: 123111 Manufacturer: ARMOUR Expiration Date: 12/2009 VFC/non-VFC Supplied: VFC Warning: a similar immunization already exists.

Change Cancel Confirm

6. Review your entries

7. Choose , , or 

8. After choosing "confirm", a green message appears:

✓ Your additions have been made.

Note: The program will give a red warning message if an immunization you are trying to add is similar to one that already exists in the system, but you will still be able to add the immunization.

Modify History* :

1. ☒ Check the immunization event(s) to Modify or Delete
2. Click **Continue** ➡ .

Current Immunization **Modify History** Add History

Use this page to provide or update a patient's immunization record and other information. Your modifications will be sent to CIR staff for review.

1. Select the Immunization Events you wish to modify or delete.

Make changes to Immunization Events you selected, double-click the **Continue** button.




Make other changes as needed.

Continue ➡

Immunization History

Event	1	2	3
HepB 3 event/s	1/1/2006 HepB (<20 yrs 3-dose) 0w 0d Given by another practice <input type="checkbox"/> Modify or Delete	7/1/2006 HepB (<20 yrs 3-dose) 6m 0w Given by this practice <input type="checkbox"/> Modify or Delete	8/16/2007 HepB (<20 yrs 3-dose) 19m 2w Given by this practice <input type="checkbox"/> Modify or Delete
Rotavirus 1 event/s	1/1/2007 Rotavirus pentavalent (RotaTeq) 12m 0w Given by this practice <input type="checkbox"/> Modify or Delete		
DTP 2 event/s	7/2/2007 DTaP 18m 0w Given by this practice <input type="checkbox"/> Modify or Delete	9/17/2007 DTaP (DAPTACEL) 20m 2w Given by this practice <input type="checkbox"/> Modify or Delete	
Hib 1 event/s	7/2/2007 Hib NOS 18m 0w Given by this practice <input type="checkbox"/> Modify or Delete		
Pneumo. Conjugate 2 event/s	6/10/2007 Pneumococcal conjugate (Prevnar) 17m 1w Given by this practice <input type="checkbox"/> Modify or Delete	10/22/2007 Pneumococcal conjugate (Prevnar) 21m 3w Given by this practice <input type="checkbox"/> Modify or Delete	
Polio	7/1/2006	6/10/2007	9/17/2007

Modify History:

4. Enter corrections or choose Delete event
5. Add lot info or go to Set Up (optional)
6. Choose  ,  or .



Current Immunization **Modify History** Add History Add Lead Test Disease/Immunity

1. Select the Immunization Events you wish to modify or delete.
2. Make changes to Immunization Events you selected, double-check, then click the "Continue" button.
3. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click "Cancel" to return to the patient record.)



Immunization History

Event	1	2	3	4	5
Influenza 3 event/s	03/12/2008 Influenza- injectable. 24w 6d Given by another practice Lot No: Not reported Exp. Date: Not reported Manufact: Not reported	11/20/2008 Influenza- injectable. 14m 0w Given by this practice Lot No: Not reported Exp. Date: Not reported Manufact: Not reported	02/10/2011 Influenza NOS 3y 4m Given by this practice Lot No: Not reported Exp. Date: Not reported Manufact: Not reported		
HepB 5 event/s	11/09/2007 DTaP/HepB/IPV (Pediarix) 7w 1d Given by another practice Lot No: Not reported Exp. Date: Not reported Manufact: Not reported	01/19/2008 DTaP/HepB/IPV (Pediarix) 17w 2d Given by another practice Lot No: Not reported Exp. Date: Not reported Manufact: Not reported	<input checked="" type="radio"/> Modify Event or <input type="radio"/> Delete Event 02 / 20 / 2008 (mm/dd/yyyy) <input checked="" type="radio"/> Given by this practice? <input type="radio"/> Another? Hib/HepB (COMVAX) Lot: All (none) (none) (none)	<input type="radio"/> Modify Event or <input checked="" type="radio"/> Delete Event 03 / 20 / 2008 (mm/dd/yyyy) <input checked="" type="radio"/> Given by this practice? <input type="radio"/> Another? HepB NOS Lot: My Lot List...	<input type="radio"/> Modify Event or <input checked="" type="radio"/> Delete Event 05 / 20 / 2008 (mm/dd/yyyy) <input type="radio"/> Given by this practice? <input checked="" type="radio"/> Another? DTaP/HepB/IPV (Pediarix) Lot: My Lot List...
Rotavirus 2 event/s	11/09/2007 Rotavirus RV5 (RotaTeq, 3 dose) 7w 1d Given by another practice Lot No: Not reported Exp. Date: Not reported Manufact: Not reported	01/19/2008 Rotavirus RV5 (RotaTeq, 3 dose) 17w 2d Given by another practice Lot No: Not reported Exp. Date: Not reported Manufact: Not reported			
DTP 3 event/s	11/09/2007 DTaP/HepB/IPV (Pediarix) 7w 1d Given by another practice	01/19/2008 DTaP/HepB/IPV (Pediarix) 17w 2d Given by another practice	05/20/2008 DTaP/HepB/IPV (Pediarix) 8m 0w Given by another practice Lot No: Not reported Exp. Date: Not reported		

Modify History:

[Current Immunization](#) [Modify History](#) [Add History](#) [Add Lead Test](#) [Disease/Immunity](#)

1. Select the Immunization Events you wish to modify or delete.
2. Make changes to Immunization Events you selected, double-check, then click the "Continue" button.
3. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click "Cancel" to return to the patient record.)

Vaccine Group	Existing Event Information	
HepB	Date: 02/20/2008 Vaccine Name: Hep B Peds <20 yrs Given by: This Practice	Lot Number: Not reported Manufacturer: Not reported Expiration Date: Not reported VFC/non-VFC Supplied: Not reported

You are requesting to UPDATE this event.

Date: 02/24/2008	Lot Number: Not reported
Vaccine Name: Hib/HepB (COMVAX)	Manufacturer: Not reported
Given by: This Practice	Expiration Date: Not reported
	VFC/non-VFC Supplied: Not reported

Vaccine Group	Existing Event Information	
HepB	Date: 03/20/2008 Vaccine Name: HepB NOS Given by: This Practice	Lot Number: Not reported Manufacturer: Not reported Expiration Date: Not reported VFC/non-VFC Supplied: Not reported

You are requesting to DELETE this event.

Vaccine Group	Existing Event Information	
HepB	Date: 05/20/2008 Vaccine Name: DTaP/HepB/IPV (Pediarix) Given by: Another Practice	Lot Number: Not reported Manufacturer: Not reported Expiration Date: Not reported VFC/non-VFC Supplied: Not reported

You are requesting to DELETE this event. (This request will be sent to the CIR for review.)

Vaccine Group	Existing Event Information	
Hib	Date: 02/20/2008 Vaccine Name: Hib-PRP-OMP (PedvaxHIB) Given by: Another Practice	Lot Number: Not reported Manufacturer: Not reported Expiration Date: Not reported VFC/non-VFC Supplied: Not reported

You are requesting to UPDATE this event. (This request will be sent to the CIR for review.)

Date: 02/24/2008	Lot Number: Not reported
Vaccine Name: Hib/HepB (COMVAX)	Manufacturer: Not reported
Given by: Another Practice	Expiration Date: Not reported
	VFC/non-VFC Supplied: Not reported

[Change](#) [Cancel](#) [Confirm](#)

7. Review your entries

8. Choose [Change](#), [Cancel](#) or [Confirm](#)

9. After your confirmation, a green message appears:

ü Your additions have been made.

In some cases, you may receive the message:

Your modifications have been submitted for review. Not all of your requested updates may be reflected immediately in the Online Registry.



Add Disease History/Immunity*:



Use this page to review or indicate disease immunity.
When complete, you may return to the patient's [immunization and lead history](#).

Report Immunity

Immunity **Immunity by:** **Test/Disease Date:**

☒ Varicella:
When reporting Varicella estimate month and year.

☒ Laboratory Test Demonstrating Immunity:

☐ Hepatitis A IgG mm/dd/yyyy

☐ Hepatitis B anti-HBs (Hepatitis B surface antibody)

☐ Measles IgG

☐ Mumps IgG

☐ Rubella IgG

Immunity Reported

Disease	Immunity by:	Test/Disease Date	Reported On	
Hepatitis A	Titer	10/10/2008	11/20/2008	edit / delete
Varicella	History	11/01/2007	11/21/2008	edit / delete

1. Enter date (*month, year*) of occurrence for Varicella disease or the date (*month, day, year*) of positive Varicella IgG test.

2. Enter date (*month, day, year*) of blood test demonstrating immunity for:

- Hepatitis A IgG
- Hepatitis B anti HBs
- Measles IgG.
- Mumps IgG
- Rubella IgG

Do not any enter dates with results that show lack of immunity.

3. Click .

4. Once the information is added it will be listed on the patient's record and listed in the Immunity Reported section.

Add Lead Test: Step 1- for lead results analyzed by a commercial lab...*

The screenshot shows the 'Add Lead Test' form in the Online Registry. A blue arrow points to the 'Add Lead Test' link in the top navigation bar. A yellow arrow labeled 'a' points to the 'Laboratory (Internal/External)' radio button. A yellow arrow labeled 'b' points to the 'Select laboratory name' dropdown menu, which currently shows 'QUEST DIAGNOSTICS INCORPORATED (TETERBORO)'. A yellow arrow labeled 'c' points to the 'JACQUELIN EHRlich (License# 198692)' radio button under the 'Specify Authorizing Provider Information' section. The form includes sections for 'Specify Laboratory Information' and 'Specify Authorizing Provider Information'. At the bottom are 'Cancel' and 'Continue' buttons.

Online Registry

Search MyList Reports Add/Edit Tools VFC Set Up Help LogOut

Welcome Andrew Faciano
Facility: Lead Poisoning Prevention Prog (Provider)
Address: 253 Broadway

Current Immunization Modify History Add History **Add Lead Test** Disease/Immunity

CIR ID: 127926336 First: MINNIE Middle: MOUSE Last: MOUSE DOB: 10/17/1997 Gender: F (Age: 12y 1m)

Use this page to report lead test results.

1. Enter information about the analyzing facility and the provider.

Specify Laboratory Information

Laboratory Type:

☐ Point of Care Testing Device

☒ Laboratory (Internal/External)

Specify Laboratory

Select a laboratory name from the dropdown. If laboratory is not on the list, select 'Other/Unknown'.

Select laboratory name:

QUEST DIAGNOSTICS INCORPORATED (TETERBORO)

Specify Authorizing Provider Information

Select the Authorizing Provider or specify some Other Responsible Individual who shall be contacted there be any questions regarding this report:

☒ JACQUELIN EHRlich (License# 198692)

-- or --

☐ Other Responsible Individual:

Cancel Continue

a. Select the second button for tests analyzed by a commercial laboratory (e.g. Quest, LabCorp)

b. Select the commercial laboratory that analyzed the test from the dropdown.

c. Select Authorizing Provider, or enter other provider information.

Add Lead Test: Step 1- for lead results analyzed by a "Point of Care Testing Device"...

Online Registry

PATIENTS Search MyList Reports Add/Edit Tools VFC Set Up ? Help LogOut

Welcome **Andrew Faciano**
Facility: **Lead Poisoning Prevention Prog (Provider)**
Address: **253 Broadway**

Current Immunization Modify History Add History **Add Lead Test** Disease/Immunity

CIR ID: 127926336 First: MINNIE Middle: MOUSE Last: 10/17/1997 Gender: F

Use this page to report lead test results.

1. Enter information about the analyzing facility and the provider.

2. Enter patient information (add new or select)
3. Enter information about the blood lead test result
4. Review for accuracy; then click [Save] or [Cancel] or [Back] to return to the patient record.

Specify Laboratory Information

Laboratory Type:

- ☒ Point of Care Testing Device
- ☐ Laboratory (Internal/External)

Select Facility where LeadCare Device is Located

Select a facility from the dropdown. If your facility is not on the list, select 'Other facility not listed' and call (212) 676-6352 to add your facility to the list.

Select facility where LeadCare device is located: OTHER FACILITY NOT LISTED

Specify Authorizing Provider Information

Select the Authorizing Provider or specify some Other Responsible Individual who shall be contacted there be any questions regarding this report:

- ☐ JACQUELIN EHRlich (License# 123456789)
- ☐ -- or --
- ☒ Other Responsible Individual:
First Name: Last Name: License#:

Cancel X Continue

a **b** **c**

a. Select the first button for tests analyzed by a "Point of Care Testing Device"

b. Select the commercial laboratory that analyzed the test from the dropdown.

c. Select Authorizing Provider, or enter other provider information.

Add Lead Test: Step 2 – patient information

Online Registry 

PATIENTS Search MyList Reports Add/Edit **Tools** VFC Set Up ? Help LogOut

PRACTICE

Welcome **Andrew Faciano**
Facility: **Lead Poisoning Prevention Prog (Provider)**
Address: **253 Broadway**

[Current Immunization](#) [Modify History](#) [Add History](#) **Add Lead Test** [Disease/Immunity](#)

CIR ID: 127926336 First: **MINNIE** Middle: Last: **MOUSE** DOB: **10/17/1997** Gender: **F**
(Age: 12y 1m)

1. Enter information about the analyzing facility and the provider.

2. Enter/update information about the patient.

2. Enter information about the blood lead test result.

When done correctly, then click the "Confirm/Change" button at the bottom of the page. (Click "Cancel" to return to the patient record.)

Laboratory/Provider Information

Laboratory Type: Point of Care Testing Device


Facility: OTHER FACILITY NOT LISTED


Provider: JACQUELIN EHRLICH (License# 198692)

Specify Patient Contact Information


Enter or correct the patient's current contact information:

House No. / St / Apt. No.
City / State / ZIP
Telephone (10 digits: nnnnnnnnnn)

 Change


Cancel 

Clear



Continue 

2. Enter or correct patient's current contact information

Add Lead Test: Step 3 – test information

Online Registry  Welcome **Andrew Faciano**
Facility: **Lead Poisoning Prevention Prog (Provider)**
Address: **253 Broadway**

[Current Immunization](#) [Modify History](#) [Add History](#) [Add Lead Test](#) [Disease/Immunity](#)

  CIR ID: 127926336 First: **MINNIE** Middle: Last: **MOUSE** DOB: **10/17/1997** Gender: **F**
(Age: 12y 1m)

1. Enter information about the analyzing facility and the provider.
2. Enter/update information about the patient.
3. **Enter information about the blood lead test result.**
4. Check for accuracy, then click the "Continue" or "Change" button at the bottom of the page (or "Cancel" to return to the patient record).

Laboratory/Provider Information

Laboratory Type: Point of Care Testing Device
Facility: OTHER FACILITY NOT LISTED
Provider: JACQUELIN EHRlich (License# 198692)

Patient Contact Information

House No. / St / Apt.: 6 WEST 6TH STREET
City / State / ZIP: NEW YORK NY 11111
Telephone: 718-555-1212

Enter Blood Lead Test Result

Enter patient's blood lead test result:

Blood Lead Level: $\mu\text{g/dL}$


Specimen collection method:

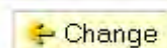
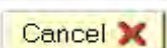
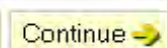
☒ Venous
☐ Fingerstick
☐ Filter paper
☐ Unknown

Date of Collection: (mm/dd/yyyy)

Date of Analysis: (mm/dd/yyyy)

Accession number:



- Enter test information
- **Accession number** (also called specimen number or sample number) is included on laboratory reports
- Point-of-care device users should assign their own accession numbers for each sample they analyze.

Add Lead Test: Step 4 – review

Online Registry PATIENTS PRACTICE

Search MyList Reports Add/Edit Tools VFC Set Up ? Help LogOut

Welcome **Andrew Faciano**
Facility: **Lead Poisoning Prevention Prog (Provider)**
Address: **253 Broadway**

[Current Immunization](#) [Modify History](#) [Add History](#) **Add Lead Test** [Disease/Immunity](#)

CIR ID: 127926336 First: **MINNIE** Middle: Last: **MOUSE** DOB: **10/17/1997** Gender: **F**
(Age: 12y 1m)

Enter information about the establishment and the provider.
Enter/update information about the patient.
Enter information about the blood lead test result.

4. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click "Cancel" to return to the patient record.)

Laboratory/Provider Information

Laboratory Type: Point of Care Testing Device
Facility: OTHER FACILITY NOT LISTED
Provider: JACQUELIN EHRLICH (License# 198692)

Patient Contact Information

House No. / St / Apt.: 6 WEST 6TH STREET
City / State / ZIP: NEW YORK NY 11111
Telephone: 718-555-1212

Blood Lead Test Result

Blood lead level: 4
Specimen collection method: Venous
Date of Collection: 12/01/2009
Date of Analysis: 12/01/2009
Accession number: 12-01-2009-001

4. Review all
information



Add Lead Test: Step 5 – confirmation message, report additional tests

The screenshot shows the 'Online Registry' interface. At the top, there are navigation tabs for 'PATIENTS' (Search, MyList, Reports, Add/Edit) and 'PRACTICE' (Tools, VFC, Set Up). A 'Help' button and 'LogOut' link are also present. Below the tabs, a welcome message for 'Andrew Faciano' is displayed, along with the facility name 'Lead Poisoning Prevention Prog (Provider)' and address '253 Broadway'. A row of links includes 'Current Immunization', 'Modify History', 'Add History', 'Add Lead Test' (highlighted in orange), and 'Disease/Immunity'. A 'Printer-Friendly Format' link is also visible. On the right, patient information is shown: CIR ID: 127926336, First: MINNIE, Middle: MOUSE, Last: MOUSE, DOB: 10/17/1997, Gender: F, and Age: 12y 1m.

✓ Thank you. The blood lead test result you reported has been submitted for review and may not be immediately reflected in the Online Registry.

Attention: Blood Lead Level is 4

[Enter another blood lead test result for this patient.](#)

[Enter blood lead test results for another patient.](#)



If you have more tests to report, click one of the links.

The Citywide Immunization Registry

125 Worth Street, CN 64R, New York, NY 10013 (212) 576-2323

Lead Poisoning Prevention Program (LPPP)

253 Broadway, CN 58, New York, NY, 10007 212-BAN-LEAD

Add Lead Test: Step 6 – follow recommendations

Online Registry

TATIENTS: Search, MyList, Reports, Add/Edit, Tools, VFC, Set Up

Current Immunization, Modify History, Add History, **Add Lead Test**, Disease, Community

Printer-Friendly Format

Welcome, An Facility: Lead Address: 253

CIR ID: 127926336 First: MINNIE Middle: MOUSE Last: DOB: 10/17/1997 Gender: F (Age: 12y 1m)

Recommendations are listed in the Tools section

✓ Thank you. The blood lead test result you reported has been submitted for review and may not be immediately reflected in the Online Registry.

Attention: Blood Lead Level is 15

Blood lead levels GTE 5 $\mu\text{g}/\text{dL}$ require follow up.

Recommended Management of Children Based on Blood Lead Levels

BLL($\mu\text{g}/\text{dL}$)	Recommended Action
5 - 9	<ul style="list-style-type: none"> Recognize that a BLL of 5-9$\mu\text{g}/\text{dL}$ may indicate lead exposure. Provide educational messages. (See City Health Information, 2007: 26(3): 16.) Evaluate for adequate intake of calcium, iron, and vitamin C.* If initial positive test is a fingerstick specimen, confirm with a venous specimen within time frame specified in the Follow-up Blood Lead Test Schedules for Children Table. Monitor BLLs by retesting as per follow-up schedule in the Follow-up Blood Lead Test Schedules for Children Table.
10 - 14	<p>All actions for BLLs 5-9$\mu\text{g}/\text{dL}$, plus:</p> <ul style="list-style-type: none"> Report BLL to NYC DOHMH within 24 hours by fax (212) 676-6326. Laboratory requisition forms must include: <ul style="list-style-type: none"> Patient's complete name, date of birth, complete address (including apartment number), and phone number. Health care provider name and phone number. Type of sample (venous or fingerstick) and date of collection. DOHMH will send educational information to the family and health care provider.
15 - 44	<p>All actions for BLLs 5-14$\mu\text{g}/\text{dL}$, plus:</p> <ul style="list-style-type: none"> Provide a complete medical evaluation including a detailed environmental history, thorough developmental and nutritional assessment, and physical exam. Evaluate for iron deficiency anemia, often associated with lead poisoning. Consider abdominal x-ray if paint chip or other lead solid ingestion suspected; if radio-opaque particles found or recent ingestion witnessed, use cathartic. Consider monitoring erythrocyte protoporphyrin levels (EP) for BLL $\geq 25\mu\text{g}/\text{dL}$ to help assess timing of exposure.** Monitor development even after BLLs decrease. Consider this child at higher risk for developmental delays and behavior problems. DOHMH will: <ul style="list-style-type: none"> Inspect the child's home to identify potential lead sources.

Print official immunization reports:

The screenshot shows the 'Online Registry' web application. At the top, there are two main tabs: 'PATIENTS' and 'PRACTICE'. Under 'PATIENTS', there are links for 'Search', 'MyList', 'Reports', and 'Add'. Under 'PRACTICE', there are links for 'Tools' and 'VFC'. Below these tabs, there is a navigation bar with links: 'View Record', 'Print Reports' (highlighted with a blue arrow), 'Request Fax', 'Pre-completed Forms', and 'Update Patient Address'. A yellow circle icon with the text 'Use this page to customize a report.' is located below the navigation bar. The main content area is titled 'Select the type of report you would like to print.' and contains two radio button options: 'Public Report' and 'Provider Report'. The 'Public Report' option is selected. Below the 'Public Report' option, there is a description: 'An official document for use by parents, guardians and individuals. Includes' followed by two bullet points: '• Only those vaccination events considered valid.' and '• Last lead test date.' The 'Provider Report' option is also visible, with a description: 'Select the data you would like to appear in your printed report:'. Below this, there are two checked checkboxes: 'Immunization History' and 'Lead Test History:'. Under 'Immunization History', there are two radio button options: 'Filtered Report' (selected) and 'Unfiltered Report'. The 'Filtered Report' option has a description: 'Includes only those vaccination events considered valid.' and the 'Unfiltered Report' option has a description: 'Includes every vaccination event reported for the patient, valid and invalid.' At the bottom right, there are two buttons: 'Clear' and 'Continue' (highlighted with a yellow arrow). The footer contains two sections: 'The Citywide Immunization Registry' with address and phone number, and 'Lead Poisoning Prevention Program (LPPP)' with address.

Online Registry

PATIENTS: Search, MyList, Reports, Add

PRACTICE: Tools, VFC

View Record, **Print Reports**, Request Fax, Pre-completed Forms, Update Patient Address

Use this page to customize a report.

Select the type of report you would like to print.

☒ **Public Report**
An official document for use by parents, guardians and individuals. Includes
• Only those vaccination events considered valid.
• Last lead test date.

☐ **Provider Report**
Select the data you would like to appear in your printed report:

☒ **Immunization History**
☒ **Filtered Report** Includes only those vaccination events considered valid.
☐ **Unfiltered Report** Includes every vaccination event reported for the patient, valid and invalid.

☒ **Lead Test History:** Includes lead test dates, test type, and latest blood lead level recommendation.

Clear [] Continue →

The Citywide Immunization Registry
125 Worth Street, CN 64R, New York, NY 10013 (212) 676-2323

Lead Poisoning Prevention Program (LPPP)
253 Broadway, CN 58, New York, NY, 10007 212-BAN-LEAD

Choose either:

1. Public report

-or-

2. Provider report:

- Filtered: events considered valid only, based on reports sent to CIR,
- or-
- Unfiltered: both valid and invalid events (all events).

Print Reports: for Provider...

CIR ID: 345688200

Name: DUCK, DONALD

DOB: 04/15/2000

Age: 4y 2m

Gender: M

Date: Tue Jul 13 20:34:41 EDT 2004

Doctor's stamp

New York City Department of Health

Citywide Immunization Registry
125 Worth Street, CN #64R
New York, NY 10013-4089
(212) 676-2373
nyc.gov/health/cir

Lead Poisoning Prevention Program
253 Broadway CN-58
New York, NY 10007
(212) BAN-LEAD

Doctor's stamp
placed here for an
official copy.

Provider Report shows
age at immunization,
intervals between
doses, and comments.

Immunization History

Dose	Vaccine	Date	Age	Interval	Comments
HepB					
1	HepB	04/15/2000	0w 0d	0	
2	HepB	06/15/2000	8w 5d	61	
3	HepB	02/19/2004	3y 10m	1344	
	DTaP/HepB/IPV	04/22/2004	4y 0m		This immunization event was an extra dose since it occurred after this series was completed.
DTP					
1	DTaP	06/15/2000	8w 5d	0	
2	DTaP/HepB/IPV	04/22/2004	4y 0m	1407	Also displayed in another vaccine series.
Hib					
1	Hib-unspecified	06/15/2000	8w 5d	0	
2	Hib-unspecified	06/15/2002	2y 2m	730	
Polio					
1	IPV	06/15/2000	8w 5d	0	
2	IPV	08/10/2000	16w 5d	56	
3	IPV	04/15/2001	12m 0w	248	
4	DTaP/HepB/IPV	04/22/2004	4y 0m	1103	Also displayed in another vaccine series.
MMR					
1	MMR	04/17/2002	2y 0m	0	
Varicella					
1	Varicella	04/17/2003	3y 0m	0	
Pneumococcal					
1	Pneumococcal NOS	01/15/2004	3y 9m	0	

Print Reports: for Public...

CIR ID: 345688200

Name: DUCK, DONALD

DOB: 04/15/2000

Age: 4y 2m

Gender: M

Date: Tue Jul 13 20:33:13 EDT 2004

Doctor's stamp

New York City Department of Health

Citywide Immunization Registry
125 Worth Street, CN #64R
New York, NY 10013-4089
(212) 676-2323
nyc.gov/health/cir

Lead Poisoning Prevention Program
253 Broadway CN-58
New York, NY 10007
(212) BAN-LEAD

Doctor's stamp
placed here for an
official copy.

Public Report
shows valid
immunizations
only, based on
reports sent to
CIR.

Immunization History

Series	Type	Immunization Date
HepB	HepB	04/15/2000
	HepB	06/15/2000
	HepB	02/19/2004
DTP	DTaP	06/15/2000
	DTaP/HepB/IPV	04/22/2004
Hib	Hib-unspecified	06/15/2000
	Hib-unspecified	06/15/2002
Polio	IPV	06/15/2000
	IPV	08/10/2000
	IPV	04/15/2001
	DTaP/HepB/IPV	04/22/2004
MMR	MMR	04/17/2002
Varicella	Varicella	04/17/2003
Pneumococcal	Pneumococcal NOS	01/15/2004

Lead Test History

Last Test Date

Note

Fax Reports:

Online Registry

PATIENTS

PRACTICE

Search

MyList

Reports

Add

Tools

VFC

Set Up

Help

LogOut

View Record

Print Reports

Request Fax

Pre-completed Forms

Update Patient Address

CIR ID:

First

Last

DOB:

Gender:

127926336

MINNIE

MOUSE

10/17/1997

F

Use this page to send a fax from the CIR server. Faxes are sent in the order that requests are received, so there may be a short delay.

Send report via fax to:

Name:

SHIRLEY HUIE

Fax Number:

2122222222

Select the type of report you would like to print.

☐ Public Report

An official document for use by parents, guardians and individuals. Includes:

- Only those vaccination events considered valid.
- Last lead test date.

☒ Provider Report

Select the data you would like to appear in your printed report:

☒ Immunization History

☒ Filtered Report

Includes only those vaccination events considered valid.

☐ Unfiltered Report

Includes every vaccination event reported for the patient, valid and invalid.

☒ Lead Test History:

Includes lead test dates, test type, and latest blood lead level recommendation.

Clear

Continue

The Citywide Immunization Registry

125 North Street, C.N. 64R, New York, NY 10013 (212) 676-2323

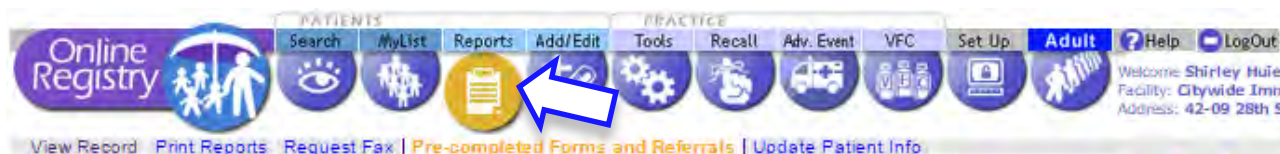
Lead Poisoning Prevention Program (LPPP)

253 Broadway, C.N. 58, New York, NY, 10007 212-BAN-LEAD

Type in recipient's name and fax number.

Available only within local New York City area codes.

Pre-completed Forms: Child & Adolescent Health Examination (CH205) form



- **New feature!** Create, Save and Re-Use Online CH205 Forms. View [Online CH205 Form Online Tutorial](#) **New!**, or [Online CH205 Form Guide](#)
- Use this page to generate forms that are pre-completed with information from the Registry. Only the Child & Adolescent Health Examination Form can be saved to the Registry and re-used by users with read/write status. The Healthy Homes Program - Children with Asthma living with Pests/Online Referral Form is available to users with read/write and read-only status.
- Unless otherwise noted, the pre-completed forms and referral forms on this page are provided in Adobe Acrobat PDF format. You may edit the highlighted areas on the forms, and then print the forms to give to the parent or guardian of the child. NOTE: For best results, you may need to download or update your current version of Adobe Reader (we recommend 7.0 or greater), which can be found [here](#).

Available Referral Forms

- PDF - [Early Intervention Form \(English\)](#) (opens in new window) This form comes completed with patient demographics and provider contact information. The highlighted areas on the form are editable. For more information about the Early Intervention Program, please click [here](#). (opens in new window).
- PDF - [Early Intervention Form \(Spanish\)](#) Other languages: [\[Español\]](#) (opens in new window)

- PDF - [WIC Medical Referral Form for Infants and Children \(revised 10/08\)](#) (opens in new window) This form comes completed with patient demographics, provider contact information and immunization history. The immunizations displayed include only events which are considered valid according to the New York City Childhood Immunization Schedule.

- GO - [NEW Healthy Homes Program - Children with Asthma living with Pests/Online Referral Form](#) NYC DOHMH's Healthy Homes Program is offering free home inspections to identify and address pest-related asthma triggers in addition to conditions conducive to pests, such as water leaks and holes. This service is limited to patients less than 21 years of age living within the 5 boroughs of New York City. For more information about this service, please click [here](#). For a Parent Education Sheet, click [here](#).

Create Forms Using the Child & Adolescent Health Examination Form (CH205 form) for School, Camp/After School Programs, Early Intervention (Medical form) and Child Care programs. View the [Online CH205 Form Guide](#).

Use Registry data (Patient Information, Immunizations, and Lead Tests) to create Child & Adolescent Health Examination Forms (CH205 form). The immunizations displayed include only events which are considered valid according to the New York City Childhood Immunization Schedule. The CH205 form replaces the School 21 form. Please view the [CH205 letter](#) and you may attach it to the CH205 form for submission.

OPTION 1 Create, save and re-use CH205 forms by clicking on the 'Create New Form and Save' button below and entering information in the online data entry form. Using this option will save the form in the Registry as a PDF file when completed. If you need to make edits, you cannot edit these PDF files, however, you may make your edits while inside the online data entry form. Before starting, review and edit your facility information that will prepopulate the form by visiting: Set Up, Default Settings Tab, and the Precompleted Forms Settings.

● **NEW!** You now have the option to save an in-progress form and resume it at a later time. When resuming your form, you will first be taken to Step 1 to begin verifying or modifying your previous entries to ensure they are current.

● If you have previously created and completed a form, a list will appear below and you may View/Print/Fax the form or choose a form from the list as a starting point.

Create New Form and Save ➔

OPTION 2 Create a form without saving it by clicking on the 'Create New Form without Saving' button below. Using this option will NOT save the form in the Registry. The highlighted areas on the form are editable.

Create New Form Without Saving ➔

You may access pre-completed referral forms for:

- Early Intervention
- WIC Medical
- Children with Asthma Living with Pests Referral.

For CH205 Forms, you may choose to

Create New Form and Save ➔

or

Create New Form Without Saving ➔

Note: You may need to download or update your Adobe Reader (we recommend 7.0 or greater).

Select & search for organization(s) requesting form:

Ascertain from the child's parent/guardian the organization type(s) requesting the form, and if it is a child care center, note the name and/or address.

1. Begin new form:

- Select the organization types requesting the form. You may choose more than one.

Online Registry

View Record Print Reports Request Fax Pre-completed Forms Update Patient Info

1. Begin New Form

2. Verify Patient Information

3. Verify Immunization Data

4. Verify Health Test Data

5. Verify & Update Immunization Status

6. Complete Child Care Request

Select the form(s) you want to create.
(check all that apply)

☐ School

☐ Camp

☐ Early Intervention (medical form)

☒ Child Care

Please indicate which type(s) of child care facilities the child will be enrolling in:

☒ Center-Based ☐ School-Aged/Home-Based/Other

All Center-Based child care facilities the child is enrolling in must be selected. It is very important to the Bureau of Child Care that the correct child care facilities are selected before proceeding to the next step.

Search for child care facilities:

Note: Wild card searches are permitted on Center Name and Street Name.

Center Name: Permit #:

Building #: Street Name:

Note: At least one of the above fields is required when searching with the following constraints:

Zip: Borough: Neighborhood:

Search

Cancel Continue

Steps (b) through (e) pertain only to forms needed by child care centers.

- Specify if child is attending a "Center-Based" or "School-Aged/Home-Based/Other" facility
- Next, search for the center. You may enter a partial name or street name. Click on the Search button.

Choose center and add additional centers:

☒ Child Care

☐ Please indicate which type(s) of child care facilities the child will be enrolling in:

☒ Center-Based ☐ School-Aged/Home-Based/Other

☐ All Center-Based child care facilities the child is enrolling in must be selected. It is very important to the Bureau of Child Care that the correct child care facilities are selected before proceeding to the next step.

d. Select the center, click 

You will see a green confirmation message of the center(s) selected.

Facilities:

Center Name	Permit #	Address	Zip	Borough	Neighborhood(s)
Search Results (59 found):					
<input type="checkbox"/> LITTLE STARS SCHOOL, INC.	5414	4953 EDSON AVENUE	10466	BRONX	Eastchester, Edenwald, Wakefield
<input type="checkbox"/> LITTLE ANGELS HOLY SPIRIT HEAD START & UPK	5078	1968 UNIVERSITY AVENUE	10453	BRONX	Morris Heights
<input type="checkbox"/> LITTLE ANGELS DAY CARE	8329	1802 MATTHEWS AVENUE	10462	BRONX	Parkchester, Pelham Parkway, Unionport, Van Nest
<input type="checkbox"/> LITTLE ANGELS HEAD START / U P K	5159	2331 UNIVERSITY AVENUE	10468	BRONX	Fordham, University Heights
<input type="checkbox"/> LITTLE ANGELS ST. NICHOLAS OF TOLENTINE HEAD START / UPK	4918	2331 UNIVERSITY AVENUE	10468	BRONX	Fordham, University Heights
<input type="checkbox"/> LITTLE PEOPLES DAY CARE	5844	1600 SEDGWICK AVENUE	10453	BRONX	Morris Heights
<input type="checkbox"/> LITTLE SHEPHERDS COMMUNITY	7510	2260 ANDREWS	10465	BRONX	Fordham, University Heights


☐ Not Yet Determined

e. If you want to add additional centers, choose the option, *"No, - I want to search and add child care facilities."*


This will take you back to the previous screen to resume searching.

If you are done selecting centers, choose "Yes."

If you cannot find the child care center, or if the center is not yet determined, you may check the "Not Yet Determined" box.

 You have selected the following Child Care Facilities:


- LITTLE SCHOLARS DAY CARE CENTER at 1709-11 RALPH AVENUE, BROOKLYN, 11236
- SMARTER TODDLER NURSERY & PRESCHOOL at 100A WEST 89 STREET, MANHATTAN, 10024

 It is very important to the Bureau of Child Care that the correct child care facilities are selected before proceeding to

Have you selected all of the child care facilities this child is enrolling in?

☐ Yes

☐ No - I want to search and add child care facilities.



Child care facility definitions:

Listed under  **Tip**

What is a Center-Based child care facility?

Group child care facilities: Child care centers of 7 or more children which are located in an institutional setting. Regulated under the New York City Health Code.

What is a School-Aged, Home-Based, or Other child care facility?

- Group family child care: Child care homes of 6-12 children in the home of an unrelated family. Regulated under the New York State Department of Social Services.
- Family child care: Child care homes of not more than 3-6 children in the home of an unrelated family. Regulated under the New York State Department of Social Services.
- School-age program: School-age child care means care provided on a regular basis to seven or more school-age children under 13 years of age. Regulated under the New York State Department of Social Services

Note: If the child is eight years old or above, the Child Care Centers will not be shown in the Online Registry.

Verify patient information:

Online Registry

PATIENTS Search MyList Reports Add/Edit **PRACTICE** Tools Recall Adv. Event VFC Set Up **Adult** ? Help LogOut

[View Record](#) [Print Reports](#) [Request Fax](#) [Pre-completed Forms and Referrals](#) [Update Patient Info](#)

1. Resume Form: Please verify or modify your previous entries below and in the steps to follow to ensure they are current.

2. Verify Patient Information

3. Verify Immunization Data

4. Verify Lead Test Data

5. Enter / update examination date

6. Confirm and submit form

This is an opportunity to update or correct patient demographic information in the CIR. Any additional information you update will become part of the patient record.

The following demographic information from this screen will automatically appear on the School Form: First Name, Middle Name, Last Name

If your patient was previously an inactive patient, creating a CH205 form will automatically activate the patient record.

Patient Information

First Name Alternate First

Middle Name

Last Name Alternate Last

DOB

Gender ☒ M ☐ F

Is patient active?

☒ Yes, patient is currently in my practice

☐ No (select reason)

☐ Not in my practice (General)

☐ Not in NYC (Migrated)

☐ Patient deceased

House No. / Street / Apt. No.

City / State / ZIP

Medical Rec. No. Medicaid No. (AA#4444)

Mom DOB

Mom First Name Mom Maiden Name

† These fields were reported by Vital Records and may not be edited online. If you believe these fields are incorrect, please fax a copy of the revised birth certificate to 347-395-2559, or contact CIR staff at 347-395-2400.

Home Phone ☒ **Cell/Mobile & Home Phone are the same**
Selecting checkbox will copy the Cell/Mobile Phone number and the Home Phone number to both fields.

*NEW Cell/Mobile

*NEW Email

The next steps provide opportunities to update:

- Patient Information
- Immunization History
- Lead Test History Results

You may click through these steps if the record is up to date.

Patient Information

Verify and update the immunization history:

- ⚠ This child is not up to date on immunizations. Please review the child's immunization history below and administer the necessary immunizations to bring the child up to date.

[View Record](#) [Print Reports](#) [Request Fax](#) [Pre-completed Forms](#) [Update Patient Info](#)

⚠ This child is not up to date on immunizations. Please review the child's immunization history below and administer the necessary immunizations to bring the child up to date.

3. Verify Immunization Data

The following immunization information will be used on your Child Care Form. Please make sure it is accurate. Use [Add/Edit](#) above to report additional or edit existing immunizations, or click Continue.

[Change](#) [Cancel](#) [Continue](#)

Event	1	2	3	4	5
Influenza 3 Event/s	11/04/2009 Influenza-injectable 13m 0w	10/29/2010 Influenza-injectable 2y 0m	11/05/2010 Influenza-intranasal 2y 1m		
HepB 3 Event/s	01/14/2009 Hep B Peds <20 yrs 14w 5d	03/11/2009 Hep B Peds <20 yrs 22w 5d	05/12/2009 Hep B Peds <20 yrs 7m 1w		
Rotavirus 3 Event/s	12/05/2008 Rotavirus RV5 (RotaTeq, 3 dose) 9w 0d	02/11/2009 Rotavirus RV5 (RotaTeq, 3 dose) 18w 5d	04/07/2009 Rotavirus RV5 (RotaTeq, 3 dose) 0m 0w		
DTP 4 Event/s	12/05/2008 DTaP (DAPTACEL) 9w 0d	02/11/2009 DTaP (DAPTACEL) 18w 5d	04/07/2009 DTaP (DAPTACEL) 6m 0w	01/12/2010 DTaP (DAPTACEL) 15m 1w	
Hib 4 Event/s	12/05/2008 Hib-PRP-T (AdHib, Hiberix) 9w 0d	02/11/2009 Hib-PRP-T (AdHib, Hiberix) 18w 5d	05/12/2009 Hib-PRP-T (AdHib, Hiberix) 7m 1w	11/08/2009 Hib-PRP-T (AdHib, Hiberix) 13m 0w	
Pneumo. Conjugate 5 Event/s	12/05/2008	02/11/2009	04/07/2009	01/12/2010	11/10/2010

Immunization History – Click link to Add/Edit

Verify and update lead test history:



- ❗ This child is Non-Compliant for admission to child care because the child is not up to date on lead blood tests. Please review the child's lead blood test history below and administer the necessary lead blood tests to bring the child up to date.

here.' The word 'here' is circled in red. At the bottom right are buttons for Change, Cancel, and Continue. Below the form is a 'Lead Test History' table with columns for Event, Date, and Lead test d."/>

View Record Print Reports Request Fax Pre-completed Forms Update Patient Info

4. Verify Lead Test Data

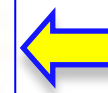
Some of the following lead test information may be used on your Child Care Form.

If there are lead blood tests missing from the table below or you would like to report additional lead blood tests, you can report them to the Lead Poisoning Prevention Program by clicking [here](#).

Change Cancel Continue

Lead Test History

Event	Date	Lead test d
-------	------	-------------



Lead Test History

Follow online instructions if you are reporting Lead Test History results.

These test results you report will be submitted for review and will not be immediately reflected in the Online Registry.

instructions.' The form is divided into two sections: 'Specify Laboratory Information' and 'Specify Authorizing Provider Information'. In the 'Specify Laboratory Information' section, 'Laboratory Type' is set to 'Laboratory (Internal/External)'. In the 'Specify Authorizing Provider Information' section, 'Select the Authorizing Provider or specify some Other Responsible Individual who shall be contacted there be any questions regarding this report.' is set to 'JANE ZUCKER (License# 168661)'. At the bottom right are buttons for Cancel and Continue."/>

Current Immunization Modify History Add History Add Lead Test Disease/Immunity

1. Enter information about the analyzing facility and the provider.

Use this page to report lead test results. Click here for full [instructions](#).

Specify Laboratory Information

Laboratory Type: ☐ Point of Care Testing Device ☒ Laboratory (Internal/External)

Specify Authorizing Provider Information

Select the Authorizing Provider or specify some Other Responsible Individual who shall be contacted there be any questions regarding this report. ☒ JANE ZUCKER (License# 168661) ☐ or ☐ Other Responsible Individual.

Cancel Continue

Enter or update the health examination information:

The Online CH205 form is the same as the paper form, formatted for online data entry.

- Complete the health examination data.
- Note special instructions in the left column.
- English to metrics conversion tools are available on the form.
- You may save a form to complete later by clicking **Finish Later...** at the end of any section on the form.

The screenshot displays the Online CH205 form, which is divided into several sections for data entry. The top section, 'PROVIDER TO FILL IN INFORMATION GIVEN BY PARENT/GUARDIAN', includes fields for Student ID Number, Ethnicity, Race, School/Center/Camp, Health Insurance, and Parent/Guardian contact information. Below this is the 'TO BE COMPLETED BY HEALTH CARE PROVIDER' section, which contains fields for Birth history, Allergies, Medications, and a list of medical conditions. The 'PHYSICAL EXAMINATION' section includes fields for Height, Weight, BMI, Head Circumference, and Blood Pressure. The 'GENERAL APPEARANCE' section includes a table for recording findings for various body systems. The form also includes a 'Finish Later...' button at the end of each section. A yellow arrow points to the 'Finish Later...' button at the end of the 'PHYSICAL EXAMINATION' section.

PROVIDER TO FILL IN INFORMATION GIVEN BY PARENT/GUARDIAN

Student ID Number:

Ethnic/Latino? ☐ Yes ☐ No

Race (check all that apply): ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Native Hawaiian/Pacific Islander ☐ Other

School / Center / Camp: Name: District: Number:

Health Insurance (including Medicaid)? ☐ Yes ☐ No

☐ Parent/Guardian ☐ Foster Parent

Last Name: First Name:

Home Phone: Cell Phone: Work Phone:

TO BE COMPLETED BY HEALTH CARE PROVIDER

Birth history (age 2-6 yrs.): ☐ Uncomplicated ☐ Premature ☐ Complicated by:

Allergies: ☐ None ☐ Skin prescribed ☐ Drugs ☐ Foods ☐ Other

Does the child/adolescent have a past or present medical history of the following? ☐ Asthma (check severity and attach IAP Asthma Action Plan): ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

If persistent, check all current medication(s): ☐ Inhaled corticosteroid ☐ Other controller ☐ Quick relief med ☐ Oral steroid ☐ None ☐ Attention Deficit/Hyperactivity Disorder ☐ Orthopedic injury/disability ☐ Chronic or recurrent otitis media ☐ Seizure disorder ☐ Congenital or acquired heart disorder ☐ Speech, hearing, or visual impairment ☐ Developmental/learning problem ☐ Tuberculosis (latent infection or disease) ☐ Diabetes (attach IAP) ☐ Other (specify)

Explain all checked items:

SEASONAL ALLERGY RELATED - FALL

Medications (attach IAP if in-school medication needed) ☐ None ☐ Yes ☐ None ☐ Yes

Dietary Restrictions ☐ None ☐ Yes

PHYSICAL EXAMINATION

Height: feet inches 110 cm () () ()

Weight: pounds 25 kg () () ()

BMI: BMI Calculator Child and Teen 17 kg/m² () () ()

Head Circumference (age <=2) cm () () ()

Blood Pressure (age <=3) / mmHg () () ()

GENERAL APPEARANCE

	Normal	Abnormal		Normal	Abnormal
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>
Lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	Backbone	<input type="checkbox"/>	<input type="checkbox"/>
Joints	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	Development	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	Language	<input type="checkbox"/>	<input type="checkbox"/>
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral	<input type="checkbox"/>	<input type="checkbox"/>

Describe Abnormalities:

PHYSICAL EXAMINATION

Height: feet inches 110 cm () () ()

Weight: pounds 25 kg () () ()

BMI: BMI Calculator Child and Teen 17 kg/m² () () ()

Head Circumference (age <=2) cm () () ()

Blood Pressure (age <=3) / mmHg () () ()

Finish Later...

Enter or update the health examination information:

- The Completion Date of the form is required in the final section of the form.
- Click **Save & Continue** ➡. Note any error messages and correct the errors;
- When there are no errors, on the next "review and confirm" screen, click **Confirm** ✓ to complete the process.

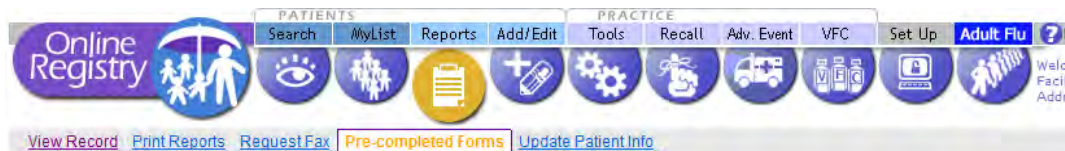
The screenshot shows the 'Enter or update the health examination information' form in the NYC Health Citywide Immunization Registry. The form is divided into several sections:

- DEVELOPMENTAL (age 0-6 yrs)**: Includes checkboxes for 'Within normal limits' and 'If delay suspected, specify below' with fields for Cognitive, Communication/Language, Social/Emotional, Adaptive Self-Help, and Motor skills.
- SCREENING TESTS**: A table with columns for 'Date Done' and 'Results'. It includes sections for Lead Risk Assessment, Hearing (Pure tone audiometry, OAE), Head Start Only (Hemoglobin or Hematocrit), Tuberculinic (PPD/Mantoux placed, PPD/Mantoux read, Interferon Test, Chest x-ray), and Vision (Acuity Right, Acuity Left, Strabismus).
- RECOMMENDATION**: Includes checkboxes for 'Full Physical Activity', 'Full Diet', 'Restrictions', and 'Follow-up Needed'.
- ASSESSMENT**: Includes checkboxes for 'Well Child (V20.2)' and 'Diagnoses/Problems (list)'.
- HEALTHCARE INFORMATION**: Includes fields for 'Completion Date', 'Health Care Provider Name and Degree', 'Provider License No. and State', 'Facility Name', 'National Provider Identifier (NPI)', 'Address/City/State/Zip', 'Telephone', and 'Fax'.

At the bottom right, a yellow arrow points to the **Save & Continue** button. Other buttons at the bottom include 'Change', 'Cancel', 'Clear', 'Finish Later...', and 'Confirm'.

View, print, or fax the CH205 form:

- Click on the form icon to view, print or fax the form.
- A separate page is generated listing the child care centers the child plans to attend, and warnings and errors regarding information required by the DOHMH Child Care Program.



✓ The following form(s) have been created and submitted to the Registry: Child Care, Camp, School. You can view, print, or fax your form(s) below. The PDF form(s) are not editable. However, you may click [here](#) to use a previously created form as a starting point and modify it, which will then be saved as a new copy of the form.

Form Type	View/Print Form	Fax form (optional)
Child Care		Fax this form? <input checked="" type="radio"/> Yes <input type="radio"/> No Fax To (Name): <input type="text"/> Fax #: <input type="text"/>
Camp		Fax this form? <input checked="" type="radio"/> Yes <input type="radio"/> No Fax To (Name): <input type="text"/> Fax #: <input type="text"/>
School		Fax this form? <input checked="" type="radio"/> Yes <input type="radio"/> No Fax To (Name): <input type="text"/> Fax #: <input type="text"/>

[Fax Selected Forms](#)

You may continue to give the parent/guardian a copy of the completed CH205 form to take to his/her child's Child Care Center, or other facility.

The data entered on an Online Registry CH205 form for a Child Care Center is submitted to the DOHMH Bureau of Child Care for compliance.

The screenshot shows the 'CHILD & ADOLESCENT HEALTH EXAMINATION FORM'. The form is divided into several sections: 'PATIENT INFORMATION', 'MEDICAL HISTORY', 'PHYSICAL EXAMINATION', and 'VACCINATION RECORD'. The 'PATIENT INFORMATION' section includes fields for Name, Date of Birth, Sex, Race, and Ethnicity. The 'MEDICAL HISTORY' section includes fields for Allergies, Chronic Conditions, and Immunization History. The 'PHYSICAL EXAMINATION' section includes fields for Height, Weight, Blood Pressure, and Vision. The 'VACCINATION RECORD' section includes a table for recording vaccination dates and types.

Access in-progress or completed and saved forms:

Online Registry

Search MyList Reports Add/Edit Tools Recall Adv. Event VFC Set Up Adult Help LogOut

Welcome Shirley Hule (SSA)
Facility: Citywide Immunization R
Address: 42-09 28th Street

[View Record](#) [Print Reports](#) [Request Fax](#) | [Pre-completed Forms and Referrals](#) | [Update Patient Info](#)

New feature! Create, Save and Re-Use Online CH205 Forms. View [Online CH205 Form Online Tutorial](#) [New!](#) or [Online CH205 Form Guide](#)

Use this page to generate forms that are pre-completed with information from the Registry.
Only the Child & Adolescent Health Examination Form can be saved to the Registry and re-used by users with read/write status. The Healthy Homes Program - Children with Asthma living with Pests/Online Referral Form is available to users with read/write and read-only status.

Unless otherwise noted, the pre-completed forms and referral forms on this page are provided in Adobe Acrobat PDF format. You may edit the highlighted areas on the forms, and then print the forms to give to the parent or guardian of the child. NOTE: For best results, you may need to download or update your current version of Adobe Reader (we recommend 7.0 or greater), which can be found [here](#).

Available Referral Forms

[Early Intervention Form \(English\)](#) (opens in new window) This form comes completed with patient demographics and provider contact information. The highlighted areas on the form are editable. For more information about the Early Intervention Program, please click [here](#). (opens in new window).

[Early Intervention Form \(Spanish\)](#)
Other languages: [Español](#) (opens in new window)

[WIC Medical Referral Form for Infants and Children \(revised 10/08\)](#) (opens in new window) This form comes completed with patient demographics, provider contact information and immunization history. The immunizations displayed include only events which are considered valid according to the New York City Childhood Immunization Schedule.

[NEW Healthy Homes Program - Children with Asthma living with Pests Referral Form](#) NYC DOHMH's Healthy Homes Program is offering free inspections to identify and address pest-related asthma triggers in addition to conducive to pests, such as water leaks and holes. This service is limited to patients less than 21 years of age living within the 5 boroughs of New York City. For more information about this service, please click [here](#). For a Parent Education Sheet, click [here](#).

Create Forms Using the Child & Adolescent Health Examination Form (CH205 form) for School, Camp/After School Programs, Early Intervention (Medical form) and Care programs. View the Online CH205 Form Guide.

Use Registry data (Patient Information, Immunizations, and Lead Tests) to create Child & Adolescent Health Examination Forms (CH205 form). The immunizations displayed only events which are considered valid according to the New York City Childhood Immunization Schedule. The CH205 form replaces the School 211S form. Please view [letter](#) and you may attach it to the CH205 form for submission.

OPTION 1 Create, save and re-use CH205 forms by clicking on the "Create New Form and Save" button below and entering information in the online data entry form. Using this option will save the form in the Registry as a PDF file when completed. If you need to make edits, you cannot edit these PDF files, however, you may make your edits while inside the online data entry form. Before starting, review and edit your facility information that will prepopulate the form by visiting: Set Up, Default Settings Tab, and the Precompleted Forms Settings.

NEW! You now have the option to save an in-progress form and resume it at a later time. When resuming your form, you will first be taken to Step 1 to begin verifying or modifying your previous entries to ensure they are current.

If you have previously created and completed a form, a list will appear below and you may View/Print/Fax the form or choose a form from the list as a starting point.

[Create New Form and Save](#)

OPTION 2 Create a form without saving by clicking on the "Create New Form without Saving" button below. Using this option will NOT save the form in the Registry. The highlighted areas on the form are editable.

[Create New Form Without Saving](#)

Below is the most recent in-progress form you have saved. Your in-progress form will be automatically deleted within 30 days. To avoid automatic deletion of the form in progress, you may choose to resume the form and "Finish Later" in Step 5.

Saved Form (In Progress)

Date/Time Last Saved	Form Type(s)	Actions: Resume Delete
1/13/2015 1:11 PM	School Form	

Below is a list of previously created forms which you may View/Print/Fax or use as a starting point to create a new form.

Previously Created Forms (4 forms)

Date/Time Created	Form Type	View/Print/Fax	Create New Form Based on This One
7/12/2013 2:09 PM	Camp Form	View/Print/Fax	Begin New Form using this data

Parents/guardians may return to your practice to request another CH205 form for new enrollment or to replace a lost form. For your convenience you may:

- Click "[Resume](#)" if you wish to continue to work on an "in-progress" form;
- Click the "View/Print/Fax" link to view/print/fax a saved completed form.
- Click "Begin New Form using this Data" link to re-use data from a saved form and to update information as needed.

Users at facilities that report immunizations who are assigned Read-Only access can view, print or fax saved forms created by users assigned editing access.

Read-Only Access:



The screenshot shows the 'Online Registry' interface. At the top, there's a navigation bar with tabs for 'PATIENTS' (Search, MyList, Reports, Add/Edit, Tools, Recall, Adv. Event, VFC) and 'PRACTICE' (Set Up, Help, LogOut). Below the navigation bar, a welcome message for Shirley Huie (Read-only) is displayed, along with the facility name 'Citywide Immunization Registry (CIR)' and address '42-09 28th Street'. A banner below the navigation bar lists links: 'View Record', 'Print Reports', 'Request Fax', and 'Pre-completed Forms and Referrals'. The main content area contains several bullet points and links. A yellow arrow points to the 'Health Examination Form (CH205)' link in the 'Available Referral Forms' section.

Online Registry

PATIENTS Search MyList Reports Add/Edit Tools Recall Adv. Event VFC **PRACTICE** Set Up Help LogOut

Welcome Shirley Huie (Read-only)
Facility: Citywide Immunization Registry (CIR)
Address: 42-09 28th Street

[View Record](#) | [Print Reports](#) | [Request Fax](#) | [Pre-completed Forms and Referrals](#)

- New feature!** Create, Save and Re-Use Online CH205 Forms. View [Online CH205 Form Online Tutorial](#) [New!](#), or [Online CH205 Form Guide](#)
- Use this page to generate forms that are pre-completed with information from the Registry.**
Only the Child & Adolescent Health Examination Form can be saved to the Registry and re-used by users with read/write status. The Healthy Homes Program - Children with Asthma living with Pests/Online Referral Form is available to users with read/write and read-only status.
- Unless otherwise noted, the pre-completed forms and referral forms on this page are provided in Adobe Acrobat PDF format.** You may edit the highlighted areas on the forms, and then print the forms to give to the parent or guardian of the child. (NOTE: For best results, you may need to download or update your current version of Adobe Reader (we recommend 7.0 or greater), which can be found [here](#)

Available Referral Forms

- Early Intervention Form (English)** (opens in new window) This form comes completed with patient demographics and provider contact information. The highlighted areas on the form are editable. For more information about the Early Intervention Program, please click [here](#). (opens in new window).
- Early Intervention Form (Spanish)**
Other languages: [Español](#) (opens in new window)
- WIC Medical Referral Form for Infants and Children (revised 10/08)** (opens in new window) This form comes completed with patient demographics, provider contact information and immunization history. The immunizations displayed include only events which are considered valid according to the New York City Childhood Immunization Schedule.
- NEW Healthy Homes Program - Children with Asthma living with Pests/Online Referral Form** NYC DOHMH's Healthy Homes Program is offering free home inspections to identify and address pest-related asthma triggers in addition to conditions conducive to pests, such as water leaks and holes. This service is limited to patients less than 21 years of age living within the 5 boroughs of New York City. For more information about this service, please click [here](#). For a Parent Education Sheet, click [here](#).

Create Forms Using the Child & Adolescent Health Examination Form (CH205 form) for School, Camp/After School Programs, Early Intervention (Medical form) and Child Care programs. View the [Online CH205 Form Guide](#).

Health Examination Form (CH205)
This form comes completed with patient demographics, immunization history and lead test history. The immunizations displayed include only events which are considered valid according to the New York City Childhood Immunization Schedule.
This form is not editable. It replaces the School 211S form. Please view the [CH205 letter](#) and you may attach it to the CH205 form for submission.

Users with Read-Only access:

- Click the "Health Examination Form (CH205)" link.
- A pre-completed form with the immunization history, lead test history and child's demographic information will be generated.
- The CH205 form may be printed from the browser menu options, and the form will not be saved in the Online Registry.
- Read-Only Access users are not enabled to edit CH205 forms online.

Additional tips on completing the Online CH205 data entry form:



- Fill out the form as you normally would fill out the paper form.
- If you chose “Child Care center” as the organization type and searched for and found the center, you will see the name filled in on the form.
- If you chose an organization other than a Child Care center, you may type the name directly on the form.
- You may fill in the parent/guardian information. If you enter this information, it will be saved on the form and you would not need to type this in again on future forms.
- You do not need to fill in the OSIIS number.
- Some items if checked will expand, requesting additional input.
- The text boxes are limited in the number of characters that may be entered so that the text you type will fit inside the boxes on the paper form. You may add an addendum to attach to the form when you print it out to give to the parent/guardian.
- To edit the provider information, visit Set Up, and then go to Default Settings (for users with editing access).

Additional tips on in-progress forms and re-using saved CH205 forms:



- If you “Resume” working on an unfinished form or re-use a saved form, you will be taken through the first few steps of the program to update patient information stored in the CIR (demographics, immunizations, and lead test history) before accessing your previously saved health exam data. Click through quickly if you have no changes.
- If you are re-using the form for a child care center, the system will remember all the previous centers that your practice associated with the patient and quickly present you with these choices for convenience.
- If you have since updated the default settings in **Set Up** for the provider information, the updated information will populate the forms.
- Only your authorized online registry users at your facility may access your facility’s completed forms.

Overview of Recall/Reminder features:



1. Refresh MyList (located in the **MyList** screen).

This feature retrieves patients you immunized in the past who are in the CIR, but may not already be on **MyList**.

2. View and edit a patient's last valid address and phone numbers reported by a practice, and update patient's status – **active** or **inactive** (a.k.a. **Moved** or **Gone Elsewhere** –**MOGE**).

3. Report options:

a) **Coverage** (located in Tools screen):

- **Up-to-Date** (UTD) percentages for 7-11 month olds, 19-35 month olds, 24-35 month olds, or 11–18 year olds;
- **Influenza** UTD percentages for 6-59 month olds, 5-10 year olds, or 11–18 year olds.

b) **Recall** (located in Recall screen):

Custom Recall –used to see who has vaccine **Due Now**:

- (1) enter age ranges of your choice;
- (2) choose to recall patients who are missing any age-appropriate immunization, any specified vaccine series, and /or # of specified valid doses

Standard Recall – used to see who in MyList is **Due Now**.

c) **Reminder** (located in Recall screen): same as Recall, but used to see who is due immunizations within 28 days, or **Due Soon**.

Both coverage and recall reports can be used to produce a recall list, or to produce letters and address labels. Reports can be saved.



- The coverage or recall/reminder reports are only as good as the information (immunizations and addresses) your practice reported to the CIR.

Use the Online Registry features to help you update your records in CIR.

MyList (Patient list): Who's in MyList?



Click on the link to see "[Who's in MyList?](#)"

PATIENTS

[Search](#)
[MyList](#)
[Reports](#)
[Add/Edit](#)
[Adv. Event](#)

[Tools](#)
[Recall](#)

[My List](#)
[Refresh My List](#)

Each time someone at Citywide Immunization Registry finds a patient using Search, they are added to your list, use the [Refresh MyList](#) feature.

To view a patient record, click on the patient's name.

To Remove from List, check one or more boxes and click the "Remove" button at the bottom of the page. They will no longer appear on this page. They will not be deleted from the Registry.)

You may update a patient's status to let CIR know if the patient is no longer being seen at your practice. toggle in the Active column to the left of the patient's name. Update the information at the bottom of "Update" that appears.

Search MyList

View MyList

Show patients accessed... Show per page... and Jump to

Who's in MyList? Refresh MyList

Remove	Active	Status	Last/First	Gender	DOB	Address	Phone	Last Accessed
<input type="checkbox"/>	Yes		Mouse, Mickey	M	03/01/2004	99 Mouse Hole Dr, 9B Brooklyn, NY 10032	718-555-1212	02/04/2010
<input type="checkbox"/>	Yes		Hule, Shirl	M	07/18/2009	2 2nd Queens, NY 11746		02/04/2010
<input type="checkbox"/>	No		Aardvark, Aileen	F	10/10/1990	10-10 Bowery St., 90 New York, NY 10011	212-555-5763	02/04/2010
<input type="checkbox"/>	Yes		Homer, Freddy	M	01/11/1978	131 Main New York, NY 11111		02/04/2010
<input type="checkbox"/>	Yes		Mouse, Mickey	F	05/22/2004	789 Park Ave, 32C New York, NY 10013	212-676-2312	02/02/2010
<input type="checkbox"/>	Yes		Explora, Dora	F	10/01/2008	2 Lafayette St, 3A New York, NY 10009		02/02/2010
<input type="checkbox"/>	Yes		Mcdonald, Ronald	M	01/01/2009	2 Lafayette St, 19 Ny, NY 10007	212-676-2323	01/28/2010
<input type="checkbox"/>	Yes		Doe, Jane	F	10/20/2008	2 Laf New York, NY 10013		01/27/2010
<input type="checkbox"/>	Yes		Horner, Jack	M	08/01/2009	2 Laf New York, NY 10002		01/27/2010
<input type="checkbox"/>	Yes		Recall, Recall	F	12/15/2009	, NY		01/27/2010

Who's in MyList? - Microsoft Internet Explorer provided by HEALTH

Who's in MyList?

On 02/02/2010 at 06:02PM, SHIRLEY HUIE refreshed this practice's MyList with patients who met the following criteria as of that date:

- Include all patients who received an immunization at this practice in the last 1 year.

In addition, since the time of that refresh:

- Any patients who were looked up by users at this practice, would have been added to the MyList.
- Any patients who were manually removed by users at this practice, would have been removed from the MyList.

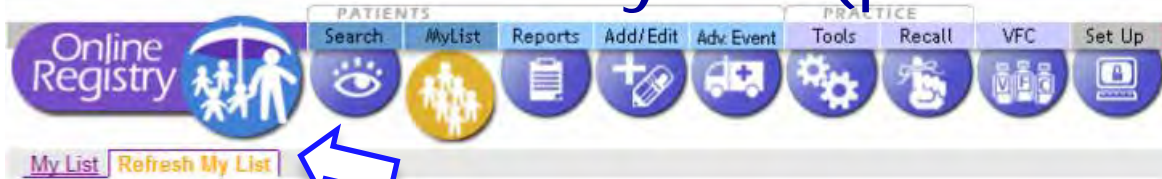
Close this Window

your viewing defaults in [Set Up](#)

1-10 of 71 records

[1](#)
[2](#)
[3](#)
[4](#)
[5](#)
[6](#)
[7](#)
[8](#)

About Refresh MyList (practice list) *



- **MyList**- Historically the user built **MyList** as patients were looked up or added, confidentially, one-by-one, to the Online Registry.
- **Refresh MyList** supplements **MyList**.
 - practices reporting immunizations by electronic methods will need to regularly refresh **MyList** to keep it current.
- **Refresh MyList** modifies and creates a new **MyList**. You may choose a combination of retrieving (or removing) patients who:
 - have been looked up in the Online Registry but may not have been immunized yet at your practice, and/or,
 - have been immunized at your practice who are in the CIR, but may not already be on MyList, or,
 - have received their last immunization at your practice who are in the CIR, but may not already be on MyList, and
 - have been designated as “Moved and Gone Elsewhere” (MOGE) via the OR.
 - For each of the above, the times ranges choices can be within 3 months to anytime.
 - After refreshing **MyList**, it will contain **only** the patients who meet the criteria you selected.

Refresh MyList (practice list): tips



- Please remember that **MyList** is shared by all of the Online Registry users at your **practice**. **Any changes you make will affect all of your users!**
- You may want to consider designating one person at your practice to update MyList and run reports.
- Please contact the CIR at (347) 396-2400 if you have duplicate/fragmented CIR records that need to be merged.
- Please review your records and let us know if you do not see records you reported in the CIR.
- Agencies and organizations that use the Online Registry to look up patient records only and do not report immunizations may not need to use this feature.

Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit, Tools, Recall, Adv. Event, VFC, Set Up, Adult, ? Help

PRACTICE: Welcome Shirl, Facility: Cityw, Address: 42-0

MyList Refresh My List

Use this feature to recreate the MyList that is shared by all of the Online Registry users at your practice. When you click the "Continue" button at the bottom of the screen, the MyList for your Practice will be recreated and will contain **only** the patients who meet the criteria that you select below.

Refresh My List

Include Patients who:

- ☐ Have been looked up at this practice:
- ☐ Have received an immunization at this practice:
- ☐ Have received their last immunization at this practice:
- ☐ Do not include patients who have been removed from the MyList (Moved or Gone Elsewhere).

Refresh (Go) after refreshing MyList:

- After refreshing the MyList, any patients who were previously removed by users at this practice will be added to the MyList.
- After refreshing the MyList, any patients who were previously removed by users at this practice will be removed from the MyList.
- Patients "removed" from the MyList are only removed from your view, but are not removed from the CIR, and remain associated with this practice.
- After refreshing the MyList, any patients who are included in a Recall list created from a Flu Coverage Report by users at this practice will be added to the MyList.

Cancel X Continue

Refresh MyList (practice list): example

Example: Choose patients in CIR who:

- q have received an immunization at your practice in the last 3 years, and
- q have been looked up by your practice in the past year,
- q Do not include patients who have moved or gone elsewhere.

The screenshot shows the 'Online Registry' interface. The top navigation bar includes 'PATIENTS' (Search, MyList, Reports, Add/Edit) and 'PRACTICE' (Tools, Recall, Adv. Event, VFC, Set Up, Adult, Help). Below the navigation bar, there are tabs for 'My List' and 'Refresh My List'. A yellow box contains the following text:

Use this feature to recreate the MyList that is shared by all of the Online Registry users at your practice. When you click the "Continue" button at the bottom of the screen, the MyList for your Practice will be recreated and will contain **only** the patients who meet the criteria that you select below.

Refresh My List

Include Patients who:

- ☒ Have been looked up at this practice: within 1 year
- ☒ Have received an immunization at this practice: within 3 years
- ☐ Have received their last immunization at this practice: _____

☒ Do not include patients who have been designated as MOGE (Moved or Gone Elsewhere).

Please note after refreshing MyList:

- After refreshing the MyList, any patients who are looked up by users at this practice will be added to the MyList.
- After refreshing the MyList, any patients who are manually removed by users at this practice will be removed from the MyList.
- Patients "removed" from the MyList are only removed from your view, but are not removed from the CIR, and remain associated with this practice.
- After refreshing the MyList, any patients who are included in a Recall List created from a Flu Coverage Report by users at this practice will be added to the MyList.

Cancel X Continue →

Example Results:

Results will appear above MyList

✔ Patient list refresh complete. Patients added: 190. Patients removed: 14

MyList (patient list): Active Status & Remove features



My List Refresh My List

Before running a coverage, recall or reminder report, you may update a patient's status to let CIR know if the patient is no longer being seen (a.k.a., Moved or Gone Elsewhere [**MOGE**] status) at your practice:

- 1) Click [Yes/No](#) in the **Active** column.
- 2) **Update Patient Info** screen will appear (see next slide). Make your choice.
- 3) You must do **two** things to **remove** a patient from **MyList** and from your practice.
 - a) Update the Active Status to "No."
 - b) **Remove** the patient from **MyList** by checking the box in the Remove column. Click [Remove](#). Record is removed from **MyList**, but remains in CIR.

Remove	Active	Status	Last/First	Gender	DOB	Address	Phone	Last Accessed
<input type="checkbox"/>	Yes		Mouse, Mickey	M	03/01/2004	99 Mouse Hole Dr, 9B Brooklyn, NY 10032	718-555-1212	02/04/2010
<input type="checkbox"/>	Yes		Hule, Shir	M	07/18/2009	2 2nd Queens, NY 11746		02/04/2010
<input type="checkbox"/>	No		Aardvark, Aileen	F	10/10/1990	10-10 Bowery St., 90 New York, NY 10011	212-555-5763	02/04/2010
<input type="checkbox"/>	Yes		Homer, Freddy	M	01/11/1978	131 Main New York, NY 11111		02/04/2010
<input type="checkbox"/>	Yes		Mouse, Mickey	F	05/22/2004	789 Park Ave, 32C New York, NY 10013	212-676-2312	02/02/2010
<input type="checkbox"/>	Yes		Explora, Dora	F	10/01/2008	2 Lafayette St, 3A New York, NY 10009		02/02/2010
<input type="checkbox"/>	Yes		Mcdonald, Ronald	M	01/01/2009	2 Lafayette St, 19 Ny, NY 10007	212-676-2323	01/28/2010
<input type="checkbox"/>	Yes		Doe, Jane	F	10/20/2008	2 Laf New York, NY 10013		01/27/2010
<input type="checkbox"/>	Yes		Horner, Jack	M	08/01/2009	2 Laf New York, NY 10002		01/27/2010
<input type="checkbox"/>	Yes		Recall, Recall	F	12/13/2009	, NY		01/27/2010

1-10 of 71 records 1 2 3 4 5 6 7 8

Update Patient Info: address, phone, MOGE status*

Online Registry

PATIENTS Search MyList Reports Add/Edit **PRACTICE** Tools Recall Adv. Event VFC Set Up **Adult** ? Help LogOut

Welcome Shirley H
Facility: Citywide
Address: 42-09 28

[View Record](#) [Print Reports](#) [Request Fax](#) [Pre-completed Forms and Referrals](#) [Update Patient Info](#)

Please note we are requesting new additional patient information:
Cell/mobile phone number and email address. Please update all information. The information will be used to populate your reports and forms.

Patient Information

First Name Alternate First
Middle Name
Last Name Alternate Last
DOB
Gender ☐ M ☐ F

Is patient active?
☒ Yes, patient is currently in my practice
☐ No (select reason)
☐ Not in my practice (Gone elsewhere)
☐ Not in NYC (Moved)
☐ Patient deceased

House No. / Street / Apt. No.
City / State / ZIP
Medical Rec. No. Medicaid No. (AA#####)
Mom DOB
Mom First Name Mom Maiden Name
* These fields were reported by Vital Records and may not be edited online. If you believe these fields are incorrect, please fax a copy of the revised birth certificate to 347-396-2559, or contact CIR staff at 347-396-2400.

Home Phone ☐ Cell/Mobile & Home Phone are the same
Selecting checkbox will copy the Cell/Mobile Phone number and the Home Phone number to both fields.
*NEW Cell/Mobile
*NEW Email

Clear Continue

- Update patient information, address, phone numbers, parent/guardian's email address.

- **Is patient active?**
Mark if **MOGE** (Moved or Gone Elsewhere).

MOGE choices:

- Not in my practice
- Not in NYC (moved)
- Patient deceased.

- Note: Information reported by Vital Records may not be edited online.
- You may send a copy of the revised birth certificate by fax to (347) 396-2559, or call us at (347) 396-2400.

Criteria of Moved or Gone Elsewhere (MOGE)

The following describes the criteria which should be used to consider a child a MOGE:

- There is documentation in the chart that the child moved to another city/state and/or transferred to another health care provider. [or](#)
- The child has not returned to the practice in over one year and there are 3 documented contact attempts (by letter or by phone) with no response. If there are phone call attempts with no direct contact, there should be at least one letter sent. [or](#)
- There is a “returned to sender” follow-up letter in chart, and it was sent after the last visit. Keep in mind that a letter may be returned because the facility failed to update the patient’s information. Therefore, a child with a returned letter may be considered a MOGE if the returned letter was sent and received 6 months after the last visit. If the last visit to the practice was just recently made (< 6 months) and the provider received a “returned to sender” follow-up letter and there is no other type of follow-up attempt, the child should be kept in the practice’s MyList. [or](#)
- If the provider has obtained records from the CIR, and the CIR record indicates additional vaccination dates after the child’s last visit to the practice, this may mean that the child transferred care to another provider in New York City. If the additional dates in the CIR record are at least 6 months after the last visit, then the child can be considered a MOGE. If the CIR record indicates additional vaccination dates < 6 months after the last visit and the provider never attempted to contact the child, then the child should be kept in the practice’s MyList.

Tools: Coverage Report

Before running coverage or recall /reminder lists, consider using **Refresh MyList**.

To start a Coverage Report, click on "Create New Coverage Report [Standard.](#)"



- This page shows Coverage Reports you have created in the last year.
Click on a Coverage Report to view it or use it to create a Recall List for patients who need immunizations.

Create New Coverage Report: [Standard](#)

[Refresh](#)

Recent Coverage Reports (1 Report)							
	Type	Name	Patients	UTD%	Coverage Status as of:	Date Created	Report Status
<input type="checkbox"/>	Standard Coverage Report	"HUIE_20100108_01"	240	35.8%	01/08/2010	01/08/2010 5:10 PM	Done
<input type="checkbox"/>							

Coverage Report: choose a report to use



Standard Coverage Report:

- Choose a report to use.
- Enter the review date. The most commonly used review date is the default date, which is today's date.
- Rename file if desired.
- Click **Continue** →

Use this page to find out which patients are up to date and optionally create a Recall List for patients who need immunizations. For Coverage Report instructions, click [here](#). Consider using [Refresh MyList](#) before running a coverage report.

The patients that will be included are all the patients in "My List" [Who's in MyList?](#) [Refresh MyList](#)

Standard Coverage Report

Report

- a** →
- ☐ **7-11 month olds with...**
3 DTP,
2 Polio,
2 Hib,
2 HepB,
3 Pneumococcal
 - ☐ **19-35 months olds with...**
4 DTP,
3 Polio,
1 MMR,
3 HepB,
4 Hib,
1 Varicella,
4 Pneumococcal
 - ☐ **24-35 month olds with...**
4 DTP,
3 Polio,
1 MMR,
3 HepB,
4 Hib,
1 Varicella,
4 Pneumococcal
 - ☐ **11-18 year olds with...**
1 MCV,
1 Tdap,
3 HPV
(Males and females included)
 - ☐ **13-17 year olds with...**
1 MCV,
1 Tdap,
3 HPV
(Males and females included)

Review date (date as of which age will be calculated and report will be run.)

10/14/2014 (mm/dd/yyyy) **b** ←

☒ Influenza Coverage Report

The flu season runs from August 1st through June 30th. You may not run an Influenza coverage report outside the flu season time frame. The influenza coverage reports are not based on your MyList population, but on the population parameters shown below each report option.

☒ 6-59 month-olds:

a → An individual is considered your patient if you reported the last immunization administered to this patient on or after 14 days of age. During the current flu season, the youngest patient in this group turned 6 months of age on September 1st, and the oldest patient turns 60 months of age on April 1st.

☒ 5-10 year-olds:

An individual is considered your patient if you reported the last immunization administered to this patient on or after 4 years of age. During the current flu season, the youngest patient in this group turned 5 years of age on September 1st, and the oldest patient turns 11 years of age on April 1st.

☒ 11-18 year-olds:

An individual is considered your patient if you reported the last immunization administered to this patient on or after 10 years of age. During the current flu season, the youngest patient in this group turned 11 years of age on September 1st and the oldest patient turns 19 years of age on April 1st.

Report Name for identification later:

(For flu reports, the age range will be appended to the name)

USERNAME_20141014_01 **c** ←

Cancel ✕ Clear □ Continue →

New! Influenza Coverage Report:

- Choose one or more reports.
- Rename file if desired.
- Click **Continue** →

Standard Up-To-Date Measures

7- 11 months

○ 7-11 month olds with...
3 DTP,
2 Polio,
2 Hib,
2 HepB,
3 Pneumococcal

•DOHMH

19-35 months

○ 19-35 month olds with...
4 DTP,
3 Polio,
1 MMR,
3 HepB,
3 Hib,
1 Varicella,
4 Pneumococcal

•DOHMH
•CDC; NIS

24-35 months

○ 24-35 month olds with...
4 DTP,
3 Polio,
1 MMR,
3 HepB,
3 Hib,
1 Varicella,
4 Pneumococcal

•DOHMH

13 - 17 years

○ 13-17 year olds with...
1 MCV,
1 Tdap,
3 HPV

•DOHMH
•CDC

11 - 18 years

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Hepatitis B ¹ (HepB)	1 st dose	2 nd dose					3 rd dose									
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See footnote 2											
Diphtheria, tetanus, & acellular pertussis ³ (DTaP: <7 yrs)		1 st dose	2 nd dose	3 rd dose				4 th dose				5 th dose				
Tetanus, diphtheria, & acellular pertussis ⁴ (Tdap: ≥7 yrs)														(Tdap)		
<i>Haemophilus influenzae</i> type b ⁵ (Hib)		1 st dose	2 nd dose	See footnote 5			3 rd or 4 th dose, See footnote 5									
Pneumococcal conjugate ⁶ (PCV13)		1 st dose	2 nd dose	3 rd dose			4 th dose									
Pneumococcal polysaccharide ⁶ (PPSV23)																
Inactivated poliovirus ⁷ (IPV: <18 yrs)		1 st dose	2 nd dose				3 rd dose					4 th dose				
Influenza ⁸ (IIV; LAIV) 2 doses for some: See footnote 8							Annual vaccination (IIV only) 1 or 2 doses				Annual vaccination (LAIV or IIV) 1 or 2 doses			Annual vaccination (LAIV or IIV) 1 dose only		
Measles, mumps, rubella ⁹ (MMR)					See footnote 9		1 st dose					2 nd dose				
Varicella ¹⁰ (VAR)							1 st dose					2 nd dose				
Hepatitis A ¹¹ (HepA)							2-dose series, See footnote 11									
Human papillomavirus ¹² (HPV2: females only; HPV4: males and females)														(3-dose series)		
Meningococcal ¹³ (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)							See footnote 13							1 st dose		Booster

Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Range of recommended ages during which catch-up is encouraged and for certain high-risk groups

Not routinely recommended

BOI Quarterly Reports compared to Online Registry reports

Quarterly Report	Online Registry equivalent	Difference
Standard Reports		
<p>19 to 35 months old 4 DTaP, 3 Polio, 1 MMR, 4 Hib*, 3 HepB, 1 Varicella, 4 PCV*</p> <p><small>*requirements vary, based on age at 1st dose, # doses already received, current age, and product used</small></p>	<p>Standard Coverage: Go to "Report to Use" and choose "19 to 35 month olds."</p>	<p>BOI Quarterly report identifies the patient as belonging to a facility if that facility administered and reported the patient's last series immunization after the patient turned 12 months-old.</p> <p>Online report uses MyList.</p>
<p>13 to 17 years old 1 Tdap, 1 MCV, 3 HPV</p>	<p>Standard Coverage: Go to "Report to Use" and choose "13-17 year olds."</p>	<p>BOI Quarterly report identifies the patient as belonging to a facility if that facility administered and reported the last immunization after the patient turned 9 years-old.</p> <p>Online report uses MyList.</p>
<p>11 to 18 years old</p>	<p>Custom Recall: Go to "Specific Age" and choose "11-18 year olds." Also select "Any age-appropriate immunization from the series below only" and choose "Influenza."</p>	<p>BOI Quarterly report identifies the patient as belonging to a facility if that facility administered and reported the last immunization after the patient turned 10 years-old.</p> <p>Online report uses MyList.</p>

BOI Quarterly Reports compared to Online Registry reports

Quarterly Report	Online Registry equivalent	Difference
January, May Seasonal Flu Report		
6 to 59 months old	Custom Recall: Select "Age range" and indicate "From ≥ 6 mo To < 60 mo." Also select "Any age-appropriate immunization from the series below only" and choose "Influenza."	BOI Quarterly report identifies the patient as belonging to a facility if that facility administered and reported the last immunization after the patient turned 14 days old. Online report uses MyList.
5 to 10 years old	Custom Recall: Select "Age range" and indicate "From ≥ 5 years To < 10 years." Also select "Any age-appropriate immunization from the series below only" and choose "Influenza."	BOI Quarterly report identifies the patient as belonging to a facility if that facility administered and reported the last immunization at 4 years of age. Online report uses MyList.
11 to 18 years old	Custom Recall: Go to "Specific Age" and choose "11-18 year olds." Also select "Any age-appropriate immunization from the series below only" and choose "Influenza."	BOI Quarterly report identifies the patient as belonging to a facility if that facility administered and reported the last immunization after the patient turned 10 years-old. Online report uses MyList.

Coverage Report: view completed reports

✓ Your Coverage Report is being processed. Most Coverage Reports can be processed in a few seconds, but others take longer. You can find your Coverage Report in [Recent Coverage Reports](#)

- e. A confirmation message appears.
- f. The processed Recall file will be found in the [Recent Coverage Reports](#) list.
- g. The Report Status (right column) will change from "Processing..." to "Done."
Please be patient. Some reports take more time. You may return to this page later. If you see the record processing counter is not changing, click "Refresh."
- h. To view results, click on "[Done](#)" in the Report Status column.



[Coverage Report](#) [Immunization Schedule](#) [Lead Guidelines](#)

This page shows Coverage Reports you have created in the last year.
Click on a Coverage Report to view it or use it to create a Recall List for patients who need immunizations.

Create New Coverage Report: [Standard](#)

[Refresh](#)

Recent Coverage Reports (2 Reports)							
	Type	Name	Patients	UTD%	Coverage Status as of:	Date Created	Report Status
<input type="checkbox"/>	Standard Coverage Report	"UTD_20100127_01"	6	0.0%	01/27/2010	01/27/2010 3:28 PM	Done
<input type="checkbox"/>	Standard Coverage Report	"HUIE_20100108_01"	240	35.8%	01/08/2010	01/08/2010 5:10 PM	Done
Delete							

Coverage Report: create recall job



Online Registry

PATIENTS | **PRACTICE**

Search | MyList | Reports | Add/Edit | Adv. Event | Tools | Recall | VFC | Set Up

Coverage Report | Immunization Schedule | Lead Guidelines

This page lists the results of your Coverage report.

Standard Coverage Report: UTD_20100127_01

0 of 6 patients are up to date (0.0%).

Based on MyList with
an age range of:
19mo - 35mo

Doses:
DTP 4
Polio 3
MMR 1
HepB 3
Hib 3
Var. 1
Pneum.4

As Of:
01/27/2010

Create Recall List



6 of 6 patients are not up to date (100.0%)

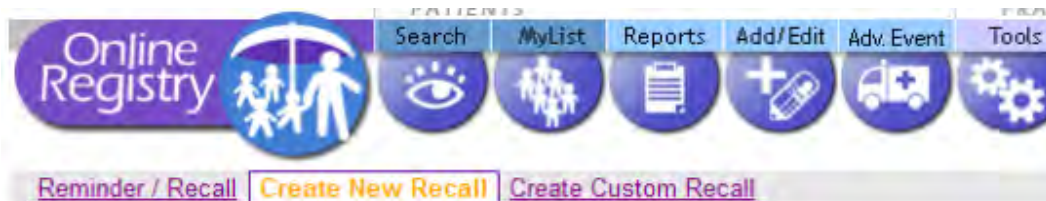
Last/First	Gender	DOB
Mouse, Minnie	F	05/26/2008
Huie, Sherl	F	03/01/2008
Duck, Daffy	M	07/07/2007
Duck, Daffy	F	03/02/2008
Papadouka, Vikki	F	09/20/2007
Poppins, Mary	F	10/01/2007

- You may take the results to produce a Recall List or Labels and Letters.

Click on

Create Recall List

Recall from Coverage Report: review each record



- Our records show that these patients may need the vaccines as shown. To recall patients based on up to date rates, use the [Coverage Report Tool](#).
- To recall patients, first review the records and add any immunizations that were to the CIR.
- 1. Mark the patients who need Reminder / Recall Letters, then click Continue.
- 2. Select to make Labels & Letters or make a List.
- 3. Select or compose a Message.
- 4. Confirm and retrieve your Recall PDF.

- Review each record Due Now
 - Update immunization records by clicking on the [Add Imms](#) link in the *Update* column on the right.
 - Update address and phone by clicking on the [Edit Addr/Ph](#) link in the *Update* column on the right.
- ☒ Mark the patients you wish to recall in the left column.

Click

Who's in Recall List? Currently showing patients from the selected Coverage Report.

	Status	Last/First	Gender	DOB	Last Accessed	Last Recall	Missing	Address	Phone	Update?
<input type="checkbox"/>		Recall These patients have immunizations that are DUE NOW								
<input checked="" type="checkbox"/>		Papadouka, Vikki	F	09/20/2007	12/11/2009	02/05/2010		H1N1-1, Influenza-3, Hib-3		Edit Addr/Ph* Add Imms*
<input checked="" type="checkbox"/>		Poppins, Mary	F	10/01/2007	12/10/2009	02/05/2010		H1N1-2, Influenza-1, HepB-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1, MMR-1, Varicella-1 2 Laf New York, NY 10013	222-222-2222	Edit Addr/Ph* Add Imms*
<input type="checkbox"/>		Hunt, Master						H1N1-2, Influenza-1, HepB-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1, MMR-1 123 Wall St, 2		Edit Addr/Ph*

Click on the patient name to view the record in CIR



Update Patient Immunizations (from Recall screen)

626321387 2 Lat New York, NY 10002

1. Add immunization history information below, then click "Continue" button at the bottom of the page. Note: If entering a combination vaccine, add it to only one of the appropriate series.
2. Check the new entries (highlighted) for accuracy. Then click the "Confirm" button at the bottom of the page.

Clear ☐ Continue

Event	1	2	3
H1N1 Influenza 2 event(s)	H1N1-09, Preservative Free Date: 9/8/2009 5w 3d	H1N1-09, Injectable Date: 1/1/2010 21w 6d	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) Choose Vaccine <input type="button" value="Choose Vaccine"/> This Practice? <input type="radio"/> Another? <input type="radio"/> Lot: <input type="text"/> My Lot List...
Influenza 1 event(s)	Influenza-injectable Date: 1/1/2010 21w 6d	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) Choose Vaccine <input type="button" value="Choose Vaccine"/> This Practice? <input type="radio"/> Another? <input type="radio"/> Lot: <input type="text"/> My Lot List...	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) Choose Vaccine <input type="button" value="Choose Vaccine"/> This Practice? <input type="radio"/> Another? <input type="radio"/> Lot: <input type="text"/> My Lot List...
HepB 0 event(s)	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) Choose Vaccine <input type="button" value="Choose Vaccine"/> This Practice? <input type="radio"/> Another? <input type="radio"/> Lot: <input type="text"/> My Lot List...	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) Choose Vaccine <input type="button" value="Choose Vaccine"/> This Practice? <input type="radio"/> Another? <input type="radio"/> Lot: <input type="text"/> My Lot List...	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) Choose Vaccine <input type="button" value="Choose Vaccine"/> This Practice? <input type="radio"/> Another? <input type="radio"/> Lot: <input type="text"/> My Lot List...

Local intranet 100%

Update Patient Info: address, phones, MOGE status

Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit, Tools, Recall, Adv. Event, VFC, Set Up, Adult, ? Help, Log Out

View Record | Print Reports | Request Fax | Pre-completed Forms | **Update Patient Info**

Please note we are requesting new additional patient information: Cell/mobile phone number and email address. Please update all information. The information will be used to populate your reports and forms.

Patient Information

First Name: Alternate First:
 Middle Name:
 Last Name: Alternate Last:
 DOB: / /
 Gender: ☒ M ☐ F

Is patient active?

☒ Yes, patient is currently in my practice
☐ No (select reason)
☐ Not in my practice (Gone elsewhere)
☐ Not in NYC (Moved)
☐ Patient deceased

House No. / Street / Apt. No.:
 City / State / ZIP:

Medical Rec. No.: Medicaid No. (AA*****A):

Mom DOB: / / Mom First Name: Mom Maiden Name:

† These fields were reported by Vital Records and may not be edited online. If you believe these fields are incorrect, please fax a copy of the revised birth certificate to 347-396-2559, or contact CIR staff at 347-396-2400.

Home Phone: ☐ Cell/Mobile & Home Phone are the same
 Selecting checkbox will copy the Cell/Mobile Phone number and the Home Phone number to both fields.
 *NEW Cell/Mobile:
 *NEW Email:

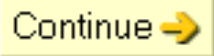
Clear Continue

- Update patient information, address, phone numbers, parent/guardian's email address.
- **Is patient active?**
Mark if **MOGE** (Moved or Gone Elsewhere).
MOGE choices:
 - Not in my practice
 - Not in NYC (moved)
 - Patient deceased.

- Note: Information reported by Vital Records may not be edited online.
- You may send a copy of the revised birth certificate by fax to (347) 396-2559, or call us at (347) 396-2400.

Recall from Coverage Report: List or Labels & Letters






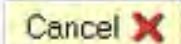
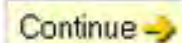
- d. After marking the patients to recall and clicking "continue," select to create:
- a *List* (downloadable in Excel), or
 - *Labels & Letters*.
 - Click 

1. Mark the patients who need Reminder / Recall Letters, then click Continue.
2. Select to make **Labels & Letters** or make a **List**.
3. Select or compose a Message.
4. Confirm and retrieve your Recall list/job.

NOTE: To create accurate recall letters, report all patient immunizations to the registry before continuing.

Select your preferred method:

- ☒  Create a **List** of names, addresses, phone numbers and immunizations
- ☐ Your Excel document will contain a list of names, addresses, phone numbers and the immunizations that are past due or due soon for selected patients.
- ☐  Create **Labels and Letters** to print and mail. An Excel summary report containing names, addresses, phone numbers and the immunizations that are past due or due soon for selected patients is included in the output.
- ☐ Your PDF document will contain (1) address labels and (2) a Recall/Reminder message of your choice with the immunizations that are past due or due soon for each patient.

Recall from Coverage Report: create message

[Reminder / Recall](#) [Create New Recall](#) [Create Custom Recall](#)

1. Mark the patients who need Reminder / Recall Letters, then click Continue.

2. Select to make Labels & Letters or make a List.

3. Select or compose a Message.

4. Confirm and retrieve your Recall PDF.

NOTE: To create accurate recall letters, report all patient immunizations to the registry before continuing.

Select Message:

☐ Use default message.

☒ If selected, this message will be printed for each patient on your recall list:

Our records show that your child may need the following vaccines:

[Note: Patients due immunizations will be displayed here.]

Please call our office at 212-676-2312 to schedule an appointment at your earliest convenience.

Thank you,

Citywide Immunization R

☐ Use custom message.

☒ If selected, the message you type to the right will be printed for each patient on your recall list:

Enter the message of your choice in the field below:

[Note: Patients due immunizations will be displayed below your message.]

☐ No message, just a list.

☒ If selected, only a list of names in your recall list will be printed.

[Change](#)

[Cancel](#)

[Continue](#)

e. Choose an option:

- Default letter
- Custom message or
- List of names includes: address, phone and doses that are due now.

Click [Continue](#)

Confirm, click [Continue](#) if a confirmation screen appears next.

Recall from Coverage Report: review and name job



[Reminder / Recall](#) [Create New Recall](#) [Create Custom Recall](#)

1. Mark the patients who need Reminder / Recall Letters, then click Continue.
2. Select to make Labels & Letters or make a List.
3. Select or compose a Message.

4. Confirm and retrieve your Recall PDF.

NOTE: To create accurate recall letters, report all patient immunizations to the registry before continuing.

You have selected Labels & Letters for 5 patients using a Default message.

Note: The addresses you see below will be used. Please update now if necessary.

Reminder / Recall List

Status	Last/First	Gender	DOB	Last Accessed	Last Recall	Missing	Address	Phone	Update?
These patients have immunizations that are DUE NOW									
	Papadouka, Vikki	F	09/20/2007	12/11/2009	02/05/2010	H1N1-1, Influenza-3, Hib-3			Edit Addr/Ph* Add Imms*
	Poppins, Mary	F	10/01/2007	12/10/2009	02/05/2010	H1N1-2, Influenza-1, HepB-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1, MMR-1, Varicella-1	2 Laf New York, NY 10013	222-222-2222	Edit Addr/Ph* Add Imms*
	Humphrey, Hector	M	07/07/2007	12/10/2009	02/05/2010	H1N1-2, Influenza-1, HepB-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1, MMR-1, Varicella-1	123 Wall St, 2 New York, NY 10022		Edit Addr/Ph* Add Imms*
	Gadalla, Joanna	F	05/26/2008	06/08/2009	02/05/2010	H1N1-1, Influenza-1, DTP-4, Hib-4, Pneumo Conj-4, Polio-3, HepA-1			Edit Addr/Ph* Add Imms*
	Narayananaiya, Shyri	F	03/02/2008	06/08/2009	02/05/2010	H1N1-1, Influenza-1, DTP-4, Polio-3, HepA-1			Edit Addr/Ph* Add Imms*



List Name for identification later:

[Change](#) [Cancel](#) [Continue](#)



f. Confirm list.

g. Accept or rename your *List* or *Labels & Letters* file.

Click [Continue](#)

Please be patient. Processing the records takes time.

Recall from Coverage Report: access finished jobs

- h. A confirmation message appears
- i. The processed Recall file will be found in the **Reminder/Recall** tab.
The Report Status will change from "Processing..." to the type of job you chose.
Please be patient. Processing the records takes time.
- j. To view results, click on each of the links in the Status column.

✓ Your Recall PDF file is being processed. Most Recalls can be processed in a few seconds, but others take longer.
You can find your Recall in [Recent Recalls](#)

The screenshot shows the 'Online Registry' interface. At the top, there's a navigation bar with tabs for 'PATIENTS' (Search, MyList, Reports, Add/Edit) and 'PRACTICE' (Tools, Recall, Adv. Event, VFC, Set Up, Adult). Below this is a row of icons representing different functions. The 'Reminder / Recall' tab is selected. Below the tab, there's a message: 'This page shows lists you have created in the last year. For Recall/Reminder instruction, click [here](#).' Below this, there's a link to 'Create a new Standard | Custom Reminder/Recall.' and a 'Refresh' button. At the bottom, there's a table with columns: Delete, List Name, Status, Patients, Based On, and Date Created. The table contains three rows of recall lists.

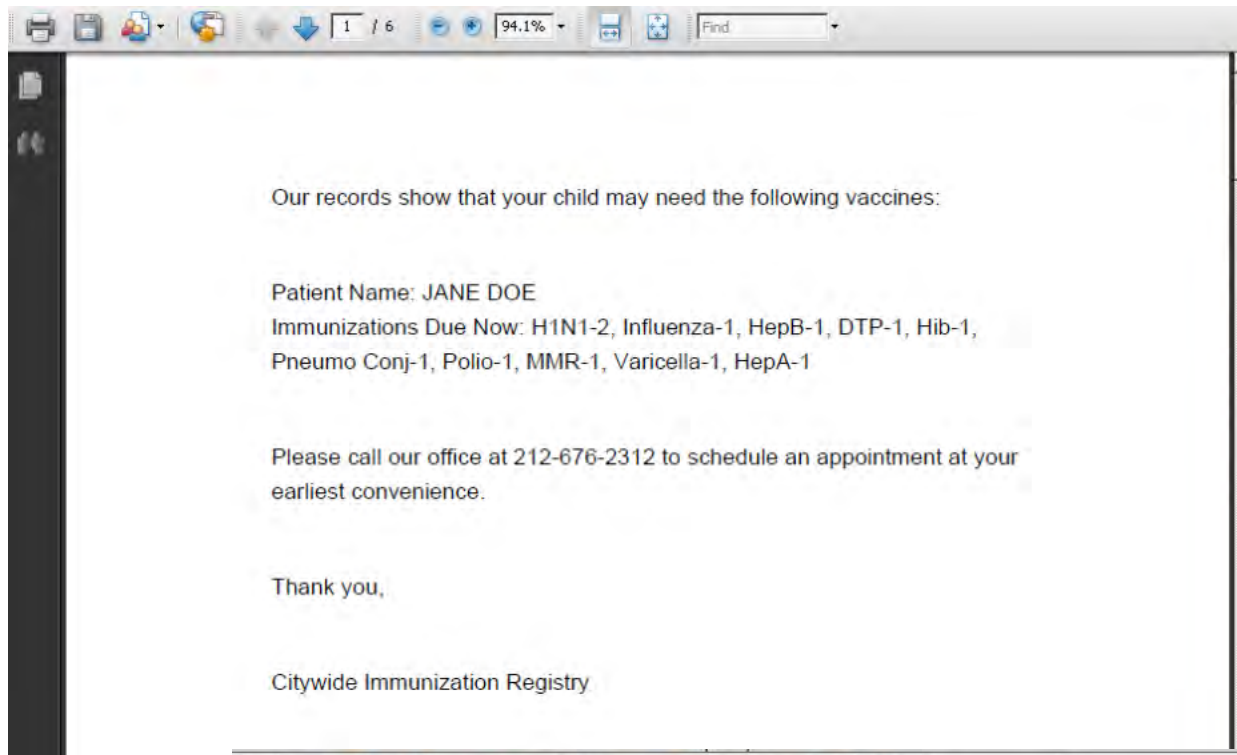
Delete	List Name	Status	Patients	Based On	Date Created
<input type="checkbox"/>	"HUIE 20150226 01"	List Labels Letters	13	Recall	02/26/2015 5:57 PM
<input type="checkbox"/>	"HPV3"	List Labels Letters	5	Recall	02/24/2015 10:55 AM
<input type="checkbox"/>	"Rao 20150224 01"	List Labels Letters	2	Coverage Report	02/24/2015 10:51 AM

Output: List - Excel formatted for downloading



	A	B	C	D	E	F	G	H
1	Recall Name: 24 - 35 months 2014 Jan							
2	Date Created: 01/08/2014							
3	Created By:							
4	Based On: Coverage Report							
5	Standard Recall: Selected 'Due Now' patients							
6	Total Patients: 27, Patients not UTD: 12 (44%) Patients UTD: 15 (56%)							
7								
8	Last Name	First Name	Address	City	State	Zip	Phone	Due Now
9	MOUSE	MICKEY	22 Mouse Court	BROOKLYN	NY	11225	347-555-5555	Influenza-1, Hib-4, Pneumo Conj-4, HepA-1
10	DUCK	DONALD	14 42nd Street	BROOKLYN	NY	11219	718-555-5555	Influenza-2, HepB-3, DTP-4, Hib-2
11	CAMELOT	SIR	30 Main Street	QUEENS	NY	11101	347_777-7777	Influenza-1, HepB-3, MMR-1, Varicella-1
12	SMITH	JAMES	11 Forest Road, 4B	BROOKLYN	NY	11212	646-555-5555	Influenza-1, DTP-4, Hib-3, Pneumo Conj-4, MMR-1, Varicella-1
13	BELL	TINKER	1 Glen Rd	STATEN ISLAND	NY	10304	718-333-3333	Pneumo Conj-2, MMR-1, Varicella-1, HepA-1
14	STEIN	FRANK	15 50th Street	BROOKLYN	NY	11219		Influenza-1, Pneumo Conj-4, HepA-2
15	WHITE	SNOW	42-09 28th Street, 3	JAMAICA	NY	11433	347-222-2222	Influenza-1, DTP-4, Hib-3, Pneumo Conj-4, MMR-1, Varicella-1, HepA-1
16	KANDINSKY	WASSILY	250 Worth St	NEW YORK	NY	10013	212-676-2312	HepB-3, DTP-4, Hib-3, Polio-3
17	FRANK	NATHAN	4 Beachwalk	BROOKLYN	NY	11217		Influenza-1, Hib-4, Varicella-1
18	TEITELBAUM	YISROEL	52 47th Street	BROOKLYN	NY	11219	718-666-6666	Influenza-2, HepB-2, DTP-2, Hib-3, Pneumo Conj-1, Polio-2, Varicella-1, HepA-1
19	LINCOLN	ABRAHAM	5 Mile Rte	STATEN ISLAND	NY	10305		Influenza-1, Hib-4, Pneumo Conj-4, Varicella-1, HepA-1
20								
21								
22								
23								

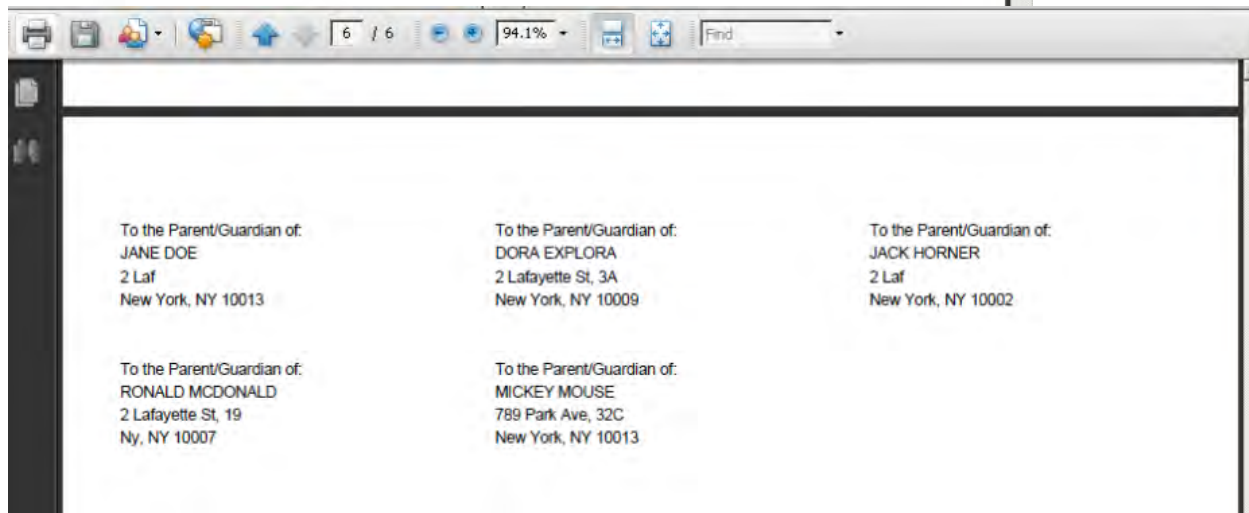
Output: Letters & Labels



Letter: default
or customized

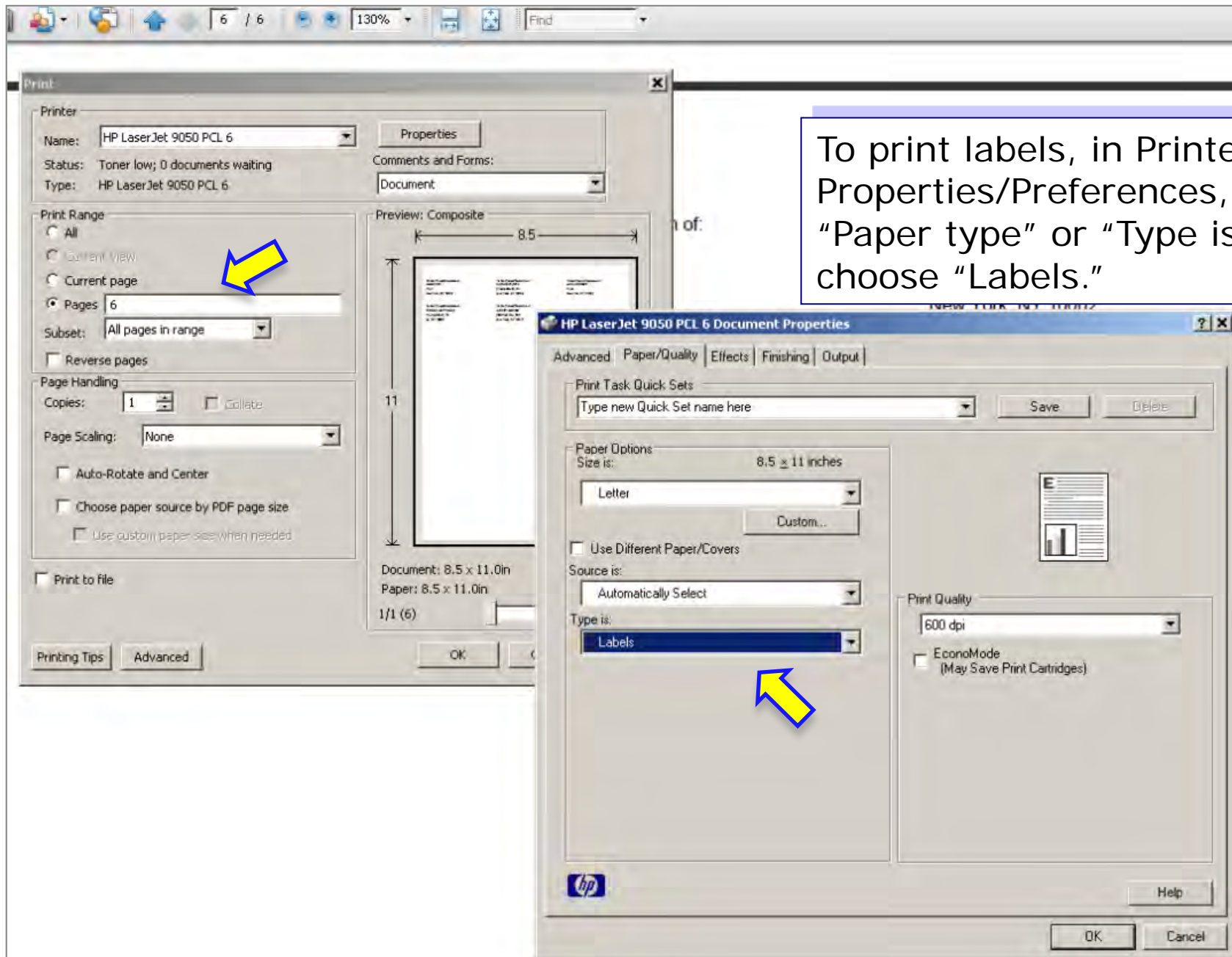
You may use paper
preprinted with your
office letterhead to print
the letters.

To print labels, use
standard address labels,
1" x 2-5/8"



Address labels

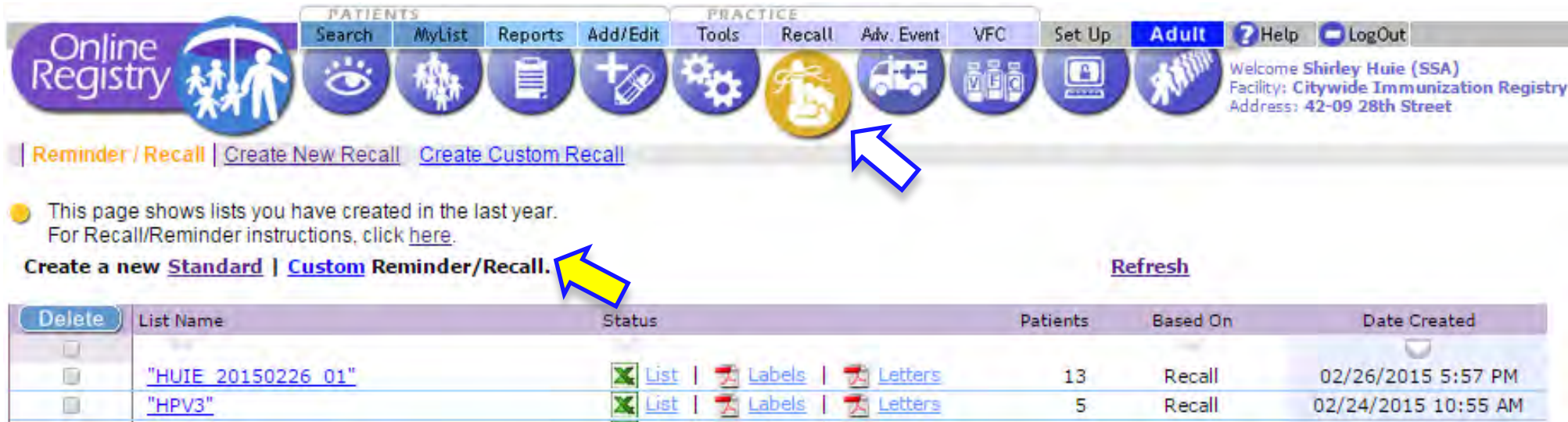
Output: Printing Labels



Recall: "Due Now"



- a. To start a new **Recall** list, click the [Standard](#) or [Custom](#) Reminder/Recall option.



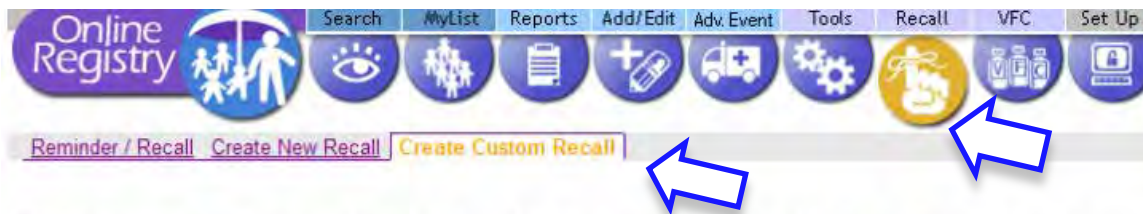
Delete	List Name	Status	Patients	Based On	Date Created
<input type="checkbox"/>	"HUIE 20150226 01"	List Labels Letters	13	Recall	02/26/2015 5:57 PM
<input type="checkbox"/>	"HPV3"	List Labels Letters	5	Recall	02/24/2015 10:55 AM

Please view the user guide:

"Coverage, Reminder / Recall Guide "

for detailed instructions.

Recall: Custom Recall



The Registry will find the patients that fit the criteria you chose and save them in a list with the name you choose.

1. Select criteria for the Custom Reminder/Recall List.

2. Confirm criteria for the Custom Reminder/Recall List, and accept or change List Name.
3. Please wait while your list is being generated. Once the Status of the list changes to "Pending Review" click to review the list.
4. Review patients, update addresses and immunizations.
5. Select to make Labels & Letters or make a List.
6. Select or compose a Message.
7. Confirm and retrieve your Recall PDF.

Create Custom Reminder/Recall List

A

Specific Age

- ☐ 7-11 month olds
- ☐ 19-35 month olds
- ☐ 24-35 month olds
- ☐ 11-18 year olds
- ☐ 19+ year olds

Age Range

From ≥ 0 mo

To < 1 mo

DOB Range

Include patients born between

and

Gender

- ☒ Male
- ☒ Female

C

For immunization series:

Include patients who are missing (Recall) or will be due for (Recall)

- ☐ Any age-appropriate immunization
- ☐ Any age-appropriate immunization from the series below only:
 - ☐ H1N1
 - ☐ Influenza
 - ☐ HepB
 - ☐ Rotavirus
 - ☐ DTaP
 - ☐ Hib
 - ☐ Pneumo. Conjugate
 - ☐ Polio
 - ☐ MMR
 - ☐ Varicella
 - ☐ HepA
 - ☐ Meningococcal
 - ☐ Human Papillomavirus
 - ☐ Pneumo. Polysaccharide
 - ☐ Tdap

☐ Include patients who do not have the # of specified valid doses from series chosen below:

- | | | | |
|-------|-------------------|-------|------------------------|
| --0-- | H1N1 | --0-- | MMR |
| --0-- | Influenza | --0-- | Varicella |
| --0-- | HepB | --0-- | HepA |
| --0-- | Rotavirus | --0-- | Meningococcal |
| --0-- | DTaP | --0-- | Human Papillomavirus |
| --0-- | Hib | --0-- | Pneumo. Polysaccharide |
| --0-- | Pneumo. Conjugate | --0-- | Tdap |
| --0-- | Polio | | |

Cancel X

Clear

Continue →

Users can either recall patients in MyList who are Due Now or use the **Custom Recall**.

A. In **Custom Recall**, choose one of the three age range choices in the left column.

B. Specify gender, optional.

C. Next, choose one of the three choices in the right column to include patients to recall who are:

1. missing age-appropriate immunizations, or
2. missing any age-appropriate immunizations from a specified vaccine series, or
3. missing a specified # of valid doses from specified series.

Custom Recall - Example 1



[Reminder / Recall](#) [Create New Recall](#) [Create Custom Recall](#)

The Registry will find the patients that fit the criteria you chose and save them in a list with the name you choose.

1. Select criteria for the Custom Reminder/Recall List.

2. Confirm criteria for the Custom Reminder/Recall List, and accept or change List Name.
3. Please wait while your list is being generated. Once the Status of the list changes to "Pending Review" click to review the list.
4. Review patients, update addresses and immunizations.
5. Select to make Labels & Letters or make a List.
6. Select or compose a Message.
7. Confirm and retrieve your Recall PDF.

The patients that will be included are all the patients in "My List" [Who's in MyList?](#) [Refresh MyList](#)

Create Custom Reminder/Recall List

Specific Age

- ☐ 7-11 month olds
- ☐ 19-35 month olds
- ☐ 24-35 month olds
- ☐ 11-18 year olds
- ☐ 19+ year olds

Age Range

From ≥ 0 mo

To < 1 mo

DOB Range

Include patients born between

and

Gender

- ☒ Male
- ☒ Female

For immunization series:

Include patients who are missing (Recall) or will be due for (Reminder):

- ☐ Any age-appropriate immunization
- ☐ Any age-appropriate immunization from the series below only:
 - ☐ H1N1
 - ☐ Influenza
 - ☐ HepB
 - ☐ Rotavirus
 - ☐ DTaP
 - ☐ Hib
 - ☐ Pneumo. Conjugate
 - ☐ Polio
 - ☐ MMR
 - ☐ Varicella
 - ☐ HepA
 - ☐ Meningococcal
 - ☐ Human Papillomavirus
 - ☐ Pneumo. Polysaccharide
 - ☐ Tdap

☐ Include patients who do not have the # of specified valid doses from the series chosen below:

- | | | | |
|-------|-------------------|-------|------------------------|
| --0-- | H1N1 | --0-- | MMR |
| --0-- | Influenza | --0-- | Varicella |
| --0-- | HepB | --0-- | HepA |
| --0-- | Rotavirus | --0-- | Meningococcal |
| --0-- | DTaP | --0-- | Human Papillomavirus |
| --0-- | Hib | --0-- | Pneumo. Polysaccharide |
| --0-- | Pneumo. Conjugate | --0-- | Tdap |
| --0-- | Polio | | |

Cancel X

Clear

Continue →

Example 1:

To recall patients who are missing a Hib, you may choose, for example,

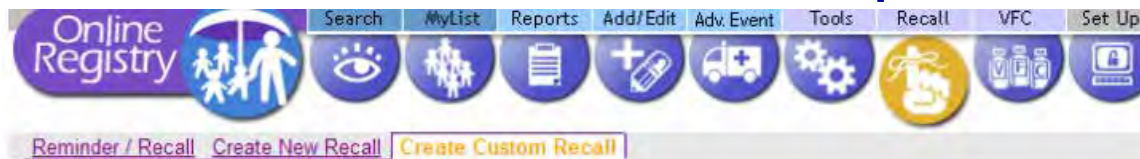
a. 24-35 month age range, and

b. "any age appropriate immunization from the series only," and choose "Hib."

Results will include patients missing the correct number of age-appropriate doses of Hib.

Also, results will list other vaccines missing for this group of patients.

Custom Recall – Example 2



The Registry will find the patients that fit the criteria you chose and save them in a list with the name you choose.

1. Select criteria for the Custom Reminder/Recall List.

- Confirm criteria for the Custom Reminder/Recall List, and accept or change List Name.
- Please wait while your list is being generated. Once the Status of the list changes to "Pending Review" click to review the list.
- Review patients, update addresses and immunizations.
- Select to make Labels & Letters or make a List.
- Select or compose a Message.
- Confirm and retrieve your Recall PDF.

The patients that will be included are all the patients in "My List" [Who's in MyList?](#) [Refresh MyList](#)

Create Custom Reminder/Recall List

Specific Age

- ☐ 7-11 month olds
- ☐ 19-35 month olds
- ☐ 24-35 month olds
- ☐ 11-18 year olds
- ☐ 19+ year olds

Age Range

From ≥ 0 mo

To < 1 mo

DOB Range

Include patients born between

and

Gender

- ☒ Male
- ☒ Female

For immunization series:

Include patients who are missing (Recall) or will be due for (Reminder):

- ☐ Any age-appropriate immunization
- ☐ Any age-appropriate immunization from the series below only:
 - ☐ H1N1
 - ☐ Influenza
 - ☐ HepB
 - ☐ Rotavirus
 - ☐ DTaP
 - ☐ Hib
 - ☐ Pneumo. Conjugate
 - ☐ MMR
 - ☐ Varicella
 - ☐ HepA
 - ☐ Meningococcal
 - ☐ Human Papillomavirus
 - ☐ Pneumo. Polysaccharide
 - ☐ Tdap

☐ Include patients who do not have the # of specified valid doses from the series chosen below:

--0-- H1N1
--0-- Influenza
--0-- HepB
--0-- Rotavirus
--0-- DTaP
--0-- Hib
--0-- Pneumo. Conjugate
--0-- Polio

--0-- MMR
--0-- Varicella
--0-- HepA
--0-- Meningococcal
--0-- Human Papillomavirus
--0-- Pneumo. Polysaccharide
--0-- Tdap

Cancel

Clear

Continue

Example 2:

To recall patients who need the third HPV, you may choose, for example,

- 11-18 year olds, and
- "include patients who do not have the # of specified valid doses from the series chosen below," and choose "3 HPV."

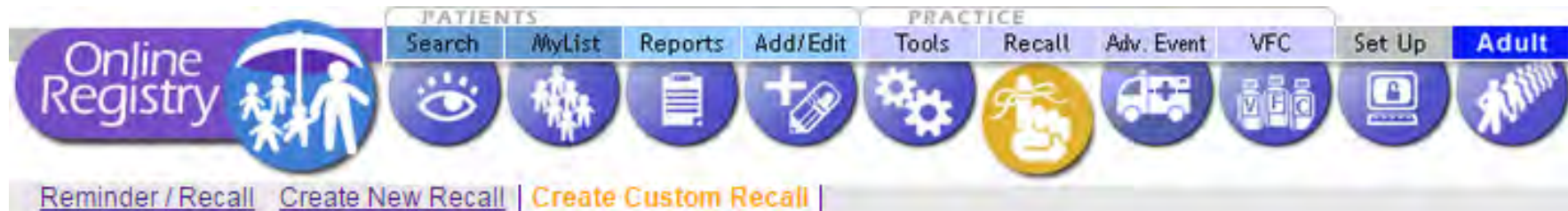
•Optional: choose gender

Results will include patients due their 1st, 2nd, or 3rd dose of HPV **and** any additional vaccines these same patients may be due at this time.

For example, Minnie Mouse is due her next HPV dose **and** she needs her next Tdap and MCV.

Custom Recall: name recall job (List Name)

- 1) Confirm criteria for the Custom Recall List.
- 2) Accept or change the List Name.



1. Select criteria for the Custom Reminder/Recall List.
2. Confirm criteria for the Custom Reminder/Recall List, and accept or change List Name. We recommended you give your list a brief and clearly descriptive name.
3. Please wait while your list is being generated. Once the Status of the list changes to "Pending Review" click to review the list.
4. Review patients, update addresses and immunizations.
5. Select to make Labels & Letters or make a List.
6. Select or compose a Message.
7. Confirm and retrieve your Recall list/job.

Confirm criteria for Custom Reminder/Recall List

Age Range: At least 11 yr, not yet 19 yr	For immunization series: Include patients who are missing: Patients missing the following specific number of doses: Human Papillomavirus 3
Gender: Males and Females	

List Name for identification later: HPV_11to18yrsMissingDo
We recommended you give your list a brief and clearly descriptive name.

Change Cancel Continue

Custom Recall: view patients retrieved for this job

Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit, Tools, Recall, Adv. Event, VFC, Set Up, Adult, Help, LogOut

Reminder / Recall | [Create New Recall](#) | [Create Custom Recall](#)

This page shows lists you have created in the last year.
For Recall/Reminder instructions, click [here](#).

Create a new [Standard](#) | [Custom](#) Reminder/Recall. [Refresh](#)

Delete	List Name	Status	Patients	Based On	Date Created
<input type="checkbox"/>	"HPV_11to18yrsMissingDoses"	Pending Review	38	Recall	03/02/2015 12:39 PM
<input type="checkbox"/>	"HUIE 20150226 01"	List Labels Letters	13	Recall	02/26/2015 5:57 PM
<input type="checkbox"/>	"HPV3"	List Labels Letters	5	Recall	02/24/2015 10:55 AM

Click on the list of patients that are "[Pending Review](#)."

Custom Recall- review each record



Reminder / Recall Create New Recall **Create Custom Recall**

- Our records show that these patients may need the vaccines as shown. To recall patients based on up to date rates, use the [Coverage Report Tool](#).

To recall patients, first review the records and add any immunizations that were given but not recorded.

- Select criteria for the Custom Reminder/Recall List.
- Confirm criteria for the Custom Reminder/Recall List, and accept or change List Name.
- Please wait while your list is being generated. Once the Status of the list changes to "Final", review the list.



- 4. Review patients, update addresses and immunizations.

- Select to make Labels & Letters or make a List
- Select or compose a Message
- Confirm and retrieve your Recall PDF

- Review each record Due Now
 - Update immunization records by clicking on the [Add Imms](#) link in the *Update* column on the right.
 - Update address and phone by clicking on the [Edit Addr/Ph](#) link in the *Update* column on the right.
- ☒ Mark the patients you wish to recall in the left column.

Click [Continue](#)

Who's in Recall List? Currently showing patients who meet the selected custom recall criteria.

	Status	Last/First	Gender	DOB	Last Accessed	Last Recall	Missing	Address	Phone	Update?
<input type="checkbox"/>	Recall	These patients have immunizations that are DUE NOW								
<input checked="" type="checkbox"/>		Papadouka, Vikki	F	09/20/2007	12/11/2009	02/03/2010	H1N1-1, Influenza-3, Hib-3			Edit Addr/Ph Add Imms*
<input checked="" type="checkbox"/>		Poppins, Mary				3/2010	H1N1-2, Influenza-1, HepB-1, DTP-1, Hib-1, 2 Laf Pneumo Conj-1, Polio-1, MMR-1, Varicella-1	222-222- New York, NY 10013 2222		Edit Addr/Ph Add Imms*

Click on the patient name to view the record in CIR



Custom Recall – List, Labels & Letters

Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit, Tools, Recall, Adv. Event, VFC, Set Up, Adult

Reminder / Recall | [Create New Recall](#) | [Create Custom Recall](#)

1. Select criteria for the Custom Reminder/Recall List.
2. Confirm criteria for the Custom Reminder/Recall List, and accept or change List Name.
3. Please wait while your list is being generated. Once the Status of the list changes to "Pending"
4. Review patients, update addresses and immunizations
5. **Select to make Labels & Letters or make a List.**
6. Select or compose a Message.
7. Confirm and retrieve your Recall list/job.

NOTE: To create accurate recall letters, report all patient immunizations to the registry before continuing.

Select your preferred method:

- ☒ Create a **List** of names, addresses, phone numbers and immunizations
Your Excel document will contain a list of names, addresses, phone numbers and the immunizations that are past due or due soon for selected patients.
- ☐ Create **Labels and Letters** to print and mail. An Excel summary report containing names, addresses, phone numbers and the immunizations that are past due or due soon for selected patients is included in the output.
- ☐ Your PDF document will contain (1) address labels and (2) a Recall/Reminder message of your choice with the immunizations that are past due or due soon for each patient.

Change Cancel Continue

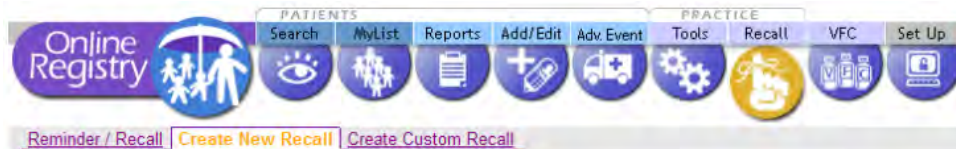
- Choose to make either:
a *List*
or
Labels & Letters

Click

Please go to slides 73 to 78 for the remaining steps, including printing instructions, or view the user guide: "[Coverage, Reminder / Recall Guide](#)" for detailed instructions.

Recall: Standard recall using MyList

Click on the link to see "[Who's in MyList?](#)" Consider using [Refresh MyList](#). The Standard Recall feature tells you who is due immunizations only if the patient is already on MyList.



- Our records show that these patients may need the vaccines as shown.
To recall patients based on up to date rates, use the [Coverage Report Tool](#).
- To recall patients, first review the records and add any immunizations that were given but not reported to the CIR.
1. Mark the patients who need Reminder / Recall Letters, then click Select.
 2. Select to make Labels & Letters or make a List
 3. Select or complete a Message
 4. Confirm and remove your Recall PDF

NOTE: To create accurate recall letters, report all patient immunizations to the registry before continuing.

For reminder letters, click [here](#).

Currently showing patients in MyList who are DUE NOW. Who's in MyList? Refresh MyList?									
	Status	Last/First	Gender	DOB	Last Accessed	Last Recall	Missing	Address	
<input type="checkbox"/>	Recall These patients have immunizations that are DUE NOW								
<input type="checkbox"/>		Bee, Burt	M	06/23/2002	01/27/2010		H1N1-1, Influenza-1, DTP-1, Polio-1, MMR-1, Varicella-1	, NY 10001	Edit Addr/Ph Add Imms
<input type="checkbox"/>		Horner, Jac	M	08/01/2009	01/27/2010		HepB-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1	85 West St., 5 New York, NY 10022	Edit Addr/Ph Add Imms
<input type="checkbox"/>		Doe, Jane	F	10/20/2008	01/26/2010		H1N1-2, Influenza-1, HepB-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1, MMR-1, Varicella-1, HepA-1	2 Laf New York, NY 10013	Edit Addr/Ph Add Imms
<input type="checkbox"/>		Mouse, Mickey	F	05/22/2004	01/18/2010	01/26/2010	H1N1-1, Influenza-4	789 Park Ave, 32C New York, NY 10013	212-676-2312 Edit Addr/Ph Add Imms
<input type="checkbox"/>		Aardvark, Arthur	M	03/15/1999	01/08/2010	01/26/2010	Influenza-1, HepB-1, DTP-1, Polio-1, MMR-1, Varicella-1	890 Canal St, 2 New York, NY 10022	Edit Addr/Ph Add Imms
<input type="checkbox"/>		Mcdonald, Ronald	M	01/01/2009	01/07/2010		H1N1-2, Influenza-2, HepB-2, DTP-2, Polio-2, MMR-1, Varicella-1, HepA-1	2 Lafayette St, 19 Ny, NY 10007	212-676-2323 Edit Addr/Ph Add Imms
<input type="checkbox"/>		Papadouka, Vikki	F	01/01/1995	12/29/2009		H1N1-1, Influenza-2, HepB-2, MMR-2, Varicella-1, HPV-3	123 Main St. Brooklyn, NY 10032	718-555-1212 Edit Addr/Ph Add Imms
<input type="checkbox"/>		Testpatient, Roberto	M	02/13/2006	12/21/2009		H1N1-2, Influenza-1, HepB-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1, MMR-1, Varicella-1	1 One St., 1 New York, NY 10011	Edit Addr/Ph Add Imms
<input type="checkbox"/>		Zaam, Shah	F	10/11/1987	12/21/2009		DTP-1, MMR-1, Varicella-1, HPV-1	3 3rd Ave., 3 New York, NY 10033	Edit Addr/Ph Add Imms
<input type="checkbox"/>		Kirup, Jeanie	F	02/02/2002	12/17/2009		Influenza-1, HepB-1, DTP-1, Polio-1, MMR-1, Varicella-1	736 14th St New York, NY 10011	Edit Addr/Ph Add Imms

Who's in MyList? - Microsoft Internet Explorer provided by HEALTH

Who's in MyList?

On 02/02/2010 at 06:02PM, SHIRLEY HUIE refreshed this practice's MyList with patients who met the following criteria as of that date:

- Include all patients who received an immunization at this practice in the last 1 year.

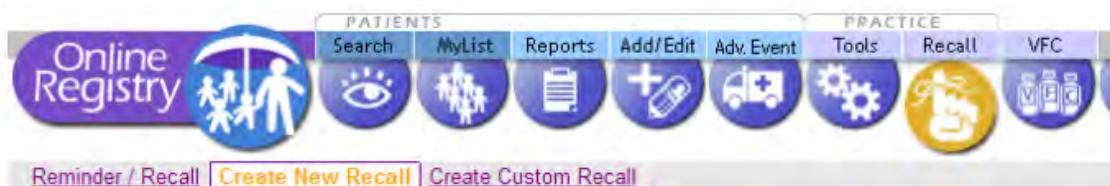
In addition, since the time of that refresh:

- Any patients who were looked up by users at this practice, would have been added to the MyList.
- Any patients who were manually removed by users at this practice, would have been removed from the MyList.

Close this Window

Schools and other agencies that mainly only look up records may consider looking up a roster of individuals to add them to MyList, and then run Recall/Reminder or Coverage Reports.

Recall: Standard recall using MyList – review records



Our records show that these patients may need the vaccines as shown.
To recall patients based on up to date rates, use the [Coverage Report Tool](#).











To recall patients, first review the records and add any immunizations that were given but not reported to the CIR.

1. Mark the patients who need Reminder / Recall Letters, then click Select.
2. Select to make Labels & Letters or make a list
3. Send an email or compose a Message
4. Confirm and remove your Recall PDF

NOTE: To create accurate recall letters, report all patient immunizations to the registry before continuing.

For reminder letters, click [here](#).

Currently showing patients in MyList who are DUE NOW. [Who's in MyList?](#) [Refresh MyList](#)

	Status	Last/First	Gender	DOB	Last Accessed	Last Recall	Missing	Address	Phone	Update?
<input type="checkbox"/>	Recall	These patients have immunizations that are DUE NOW								
<input type="checkbox"/>		Bee, Burt	M	06/23/2002	01/27/2010			H1N1-1, Influenza-1, DTP-1, Polio-1, MMR-1, Varicella-1, NY 10001		Edit Addr/Ph* Add Imms*
<input checked="" type="checkbox"/>		Horner, Jac	M	08/01/2009	01/27/2010			HepB-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1, 85 West St., 5 New York, NY 10022		Edit Addr/Ph* Add Imms*
<input type="checkbox"/>		Doe, Jane						H1N1-2, Influenza-1, HepB-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1, MMR-1, Varicella-1, HepA-1, 2 Laf New York, NY 10013		Edit Addr/Ph* Add Imms*
<input type="checkbox"/>		Mouse, Mickey						H1N1-1, Influenza-4, 789 Park Ave, 32C New York, NY 10013	212-676-2312	Edit Addr/Ph* Add Imms*
<input type="checkbox"/>		Aardvark, Arthur						Influenza-1, HepB-1, DTP-1, Polio-1, MMR-1, Varicella-1, 890 Canal St, 2 New York, NY 10022		Edit Addr/Ph* Add Imms*
<input type="checkbox"/>		Mcdonald, Ronald						H1N1-2, Influenza-2, HepB-2, DTP-2, Polio-2, MMR-1, Varicella-1, HepA-1, 2 Lafayette St, 19 Ny, NY 10007	212-676-2323	Edit Addr/Ph* Add Imms*
<input type="checkbox"/>		Papadouka, Vikki						H1N1-1, Influenza-2, HepB-2, MMR-2, Varicella-1, HPV-3, 123 Main St. Brooklyn, NY 10032	718-555-1212	Edit Addr/Ph* Add Imms*
<input type="checkbox"/>		Testpatient, Robert						H1N1-2, Influenza-1, HepB-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1, MMR-1, Varicella-1, 1 One St., 1 New York, NY 10011		Edit Addr/Ph* Add Imms*
<input type="checkbox"/>		Zaam, Shah						DTP-1, MMR-1, Varicella-1, HPV-1, 3 3rd Ave., 3 New York, NY 10033		Edit Addr/Ph* Add Imms*
<input type="checkbox"/>		Kirup, Jeanie						Influenza-1, HepB-1, DTP-1, Polio-1, MMR-1, Varicella-1, 736 14th St New York, NY 10011		Edit Addr/Ph* Add Imms*

Click on the patient name to view the record in CIR

Immunization - Look Test Results - Microsoft Access Database opened by Test User

Immunization - Patient History

Event	Date	Location	Notes	Next Due
Influenza 1 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
Influenza 2 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 1 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
Pneumo 1 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
Polio 1 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
MMR 1 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
Varicella 1 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepA 1 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 2 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 3 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 4 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 5 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 6 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 7 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 8 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 9 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 10 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 11 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 12 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 13 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 14 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 15 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 16 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 17 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 18 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 19 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 20 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 21 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 22 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 23 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 24 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 25 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 26 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 27 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 28 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 29 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 30 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 31 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 32 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 33 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 34 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 35 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 36 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 37 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 38 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 39 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 40 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 41 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 42 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 43 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 44 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 45 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 46 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 47 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 48 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 49 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 50 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 51 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 52 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 53 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 54 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 55 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 56 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 57 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 58 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 59 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 60 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 61 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 62 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 63 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 64 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 65 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 66 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 67 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 68 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 69 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 70 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 71 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 72 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 73 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 74 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 75 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 76 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 77 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 78 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 79 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 80 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 81 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 82 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 83 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 84 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 85 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 86 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 87 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 88 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 89 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 90 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 91 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 92 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 93 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 94 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 95 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 96 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 97 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 98 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 99 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010
HepB 100 (2009-10)	10/27/2009	10/27/2009	10/27/2009	10/27/2010

Click on the patient name to view the record in CIR

- 1) Review each record Due Now
 - 2) Update immunization records by clicking on the [Add Imms](#) link in the *Update* column on the right.
 - 3) Update address and phone by clicking on the [Edit Addr/Ph](#) link in the *Update* column on the right. Update Patient Status (MOGE).
- ☒ Mark the patients you wish to recall in the left column.

Recall: Standard recall using MyList - select to make a List or Labels & Letters



Online Registry

PATIENTS

Search MyList Reports Add/Edit Tools

Reminder / Recall | [Create New Recall](#) | [Create Custom Recall](#) |

1. Select criteria for the Custom Reminder/Recall List.
2. Confirm criteria for the Custom Reminder/Recall List, and accept or decline.
3. Please wait while your list is being generated. Once the Status of the list is 'Complete', you can proceed.
4. Review patients, update addresses and immunizations.
- 5. Select to make Labels & Letters or make a List.**
6. Select or compose a Message.
7. Confirm and retrieve your Recall list/job.

- 1) After selecting the records, click Continue.
- 2) Follow the same steps as in Custom Recall to make a **List**, or make **Labels and Letters** and compose a Message (Slides 73-78).
- 3) Confirm and retrieve your Recall list, labels, and/or letters.

NOTE: To create accurate recall letters, report all patient immunizations to the registry before continuing.

Select your preferred method:

- ☒ Create a **List** of names, addresses, phone numbers and immunizations
 - Your Excel document will contain a list of names, addresses, phone numbers and the immunizations that are past due or due soon for selected patients.
- ☐ Create **Labels and Letters** to print and mail. An Excel summary report containing names, addresses, phone numbers and the immunizations that are past due or due soon for selected patients is included in the output.
- ☐ Your PDF document will contain (1) address labels and (2) a Recall/Reminder message of your choice with the immunizations that are past due or due soon for each patient.

[← Change](#) [Cancel X](#) [Continue →](#)

Reminder: "Due Soon" ●



Our records show that these patients may need the vaccines as shown. To recall patients based on up to date rates, use the [Coverage Report Tool](#).

To recall patients, first review the records and add any immunizations that were given but not reported.

1. Mark the patients who need Reminder / Recall Letters, then click Select.

2. Select to make Labels & Letters or make a List.

3. Select or compose a Message.

4. Confirm and retrieve your Recall PDF.

NOTE: To create accurate recall letters, report all patient immunizations to the registry before continuing.

For reminder letters, click [here](#).

Currently showing patients in MyList who are DUE SOON. [Who's in MyList?](#) [Refresh MyList](#)

	Status	Last/First	Gender	DOB	Last Accessed	Last Recall	Missing	Address	Phone	Update?
<input type="checkbox"/>	●	Recall, Recall	F	12/15/2009	01/27/2010		HepB-2, Rotavirus-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1	, NY		Edit Addr/Ph* Add Imms*
<input type="checkbox"/>	●	Lin, Steven	M	12/04/2009	01/15/2010	01/15/2010		2 Lafayette Ny, NY 10007	212-676-2323	Edit Addr/Ph* Add Imms*
<input type="checkbox"/>	●	Huie, Sherl	F	03/01/2008	01/05/2010		Pneumo Conj-2	, NY		Edit Addr/Ph* Add Imms*

1-3 of 3 records

[Cancel](#) [Continue](#)

To create a list, or labels & letters for patients Due Soon, click, "For **reminder letters**, click [here](#)."

● Orange status circle indicates there is a vaccine that is Due Soon (within a month).

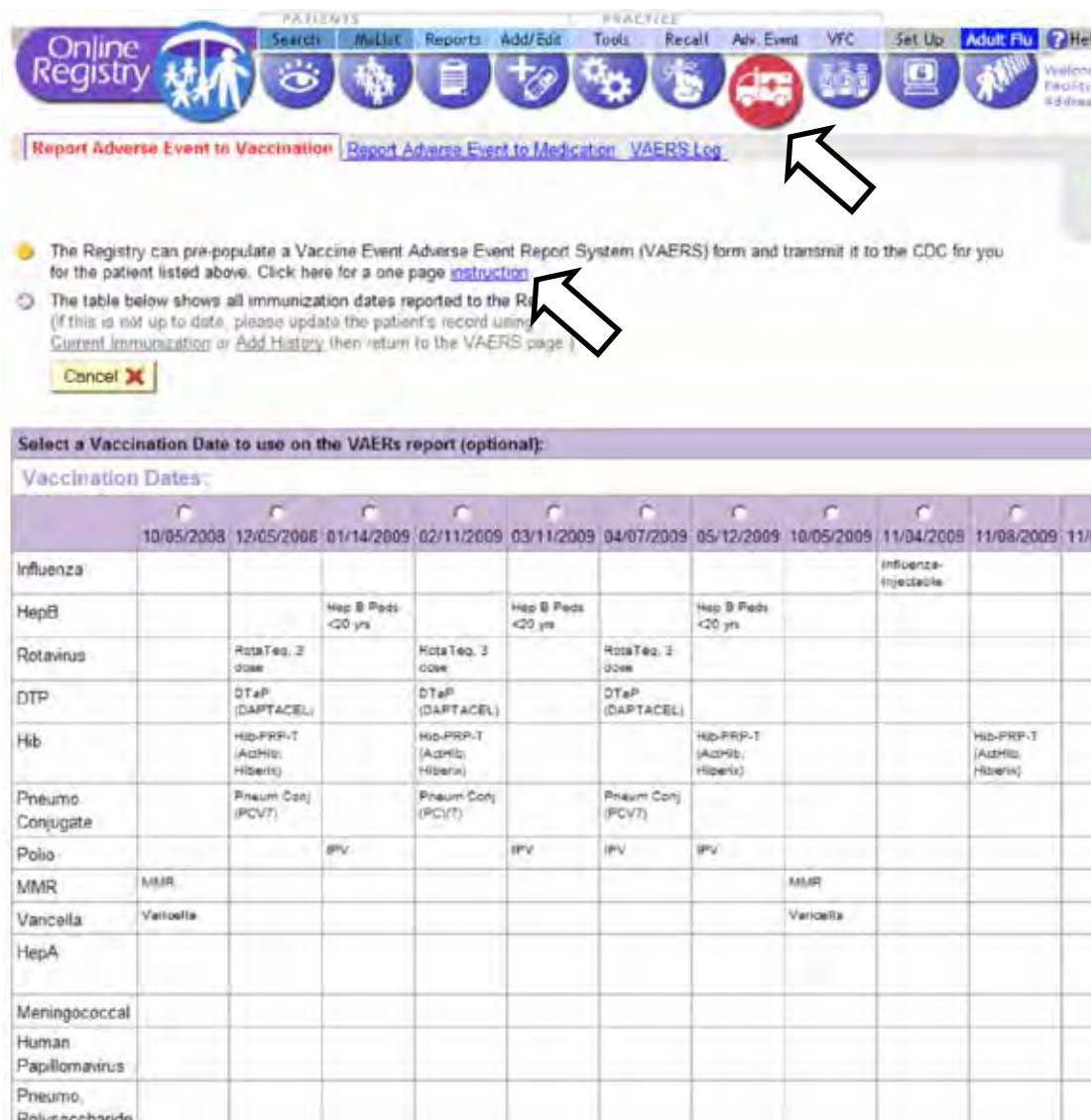
This list is based on patients in the **MyList**. Follow the instructions.

For this group of patients the output will show both vaccines that are Due Soon and Due Now.

Please go to slides 73 to 78 for the remaining steps, including printing instructions.

Reporting Adverse Events*

- Report adverse events that occur after vaccine administration.
- Report is sent to directly VAERS.



The screenshot shows the 'Online Registry' interface. At the top, there is a navigation bar with links: Search, MyList, Reports, Add/Edit, Tools, Recall, Adv. Event, VFC, Set Up, Adult Flu, Help, and LogOut. Below this, there are three links: 'Report Adverse Event to Vaccination' (highlighted with a red box), 'Report Adverse Event to Medication', and 'VAERS Log'. A white arrow points to the 'Report Adverse Event to Vaccination' link. Below the links, there is a section titled 'The Registry can pre-populate a Vaccine Event Adverse Event Report System (VAERS) form and transmit it to the CDC for you for the patient listed above. Click here for a one page [instruction](#)'. Another white arrow points to the 'instruction' link. Below this, there is a 'Cancel' button. At the bottom, there is a table titled 'Select a Vaccination Date to use on the VAERS report (optional):' with columns for various dates and rows for different vaccines.

	10/05/2008	12/05/2008	01/14/2009	02/11/2009	03/11/2009	04/07/2009	05/12/2009	10/05/2009	11/04/2009	11/08/2009	11/0
Influenza									Influenza-Injectable		
HepB			Hep B Peds <20 yrs		Hep B Peds <20 yrs		Hep B Peds <20 yrs				
Rotavirus		RotaTeq, 2 dose		RotaTeq, 3 dose		RotaTeq, 3 dose					
DTP		DTaP (DAPTACEL)		DTaP (DAPTACEL)		DTaP (DAPTACEL)					
Hib		Hib-PRP-T (ActHib, Hibrix)		Hib-PRP-T (ActHib, Hibrix)			Hib-PRP-T (ActHib, Hibrix)			Hib-PRP-T (ActHib, Hibrix)	
Pneumo Conjugate		Pneum Conj (PCV7)		Pneum Conj (PCV7)		Pneum Conj (PCV7)					
Polio			IPV		IPV	IPV	IPV				
MMR	MMR							MMR			
Vaccella	Vaccella							Vaccella			
HepA											
Meningococcal											
Human Papillomavirus											
Pneumo, Polysaccharide											

How do I report an adverse event using the Online Registry?

There are three options:

- Look up an existing patient in the CIR
- Add a new patient into the registry
- Add an adverse event report without choosing patient or adding a new patient. But, note for this option, a patient record will not be created nor saved in the CIR, and will not be saved to MyList.

Click on "instructions" for more details.

*not available to read-only accounts

Reporting Adverse Events: Patient already exists in CIR

Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit, Tools, Recall, Adv. Event, VFC, Set Up, Adult Flu, Help, LogOut

WELCOME Shirley Huse (Administrator)

[Report Adverse Event to Vaccination](#) [Report Adverse Event to Medication](#) [VAERS Log](#)

The Registry can pre-populate a Vaccine Event Adverse Event Report System (VAERS) form and transmit it to the CDC for the patient listed above. Click here for a one page [instruction](#).

The table below shows all immunization dates reported to the Registry. (If this is not up to date, please update the patient's record using [Current Immunization](#) or [Add History](#) then return to the VAERS page.)

[Cancel](#)

Select a Vaccination Date to use on the VAERS report (optional):

Vaccination Dates:

	10/05/2008	12/05/2008	01/14/2009	02/11/2009	03/11/2009	04/07/2009	05/12/2009	10/05/2009	11/04/2009
Influenza									Influenza-Injectable
HepB			Hep B Peds <20 yrs		Hep B Peds <20 yrs		Hep B Peds <20 yrs		
Rotavirus		RotaTeq, 3 dose		RotaTeq, 3 dose		RotaTeq, 3 dose			
DTP		DTaP (DAPTACEL)		DTaP (DAPTACEL)		DTaP (DAPTACEL)			
Hib		Hib-PRP-T (ActHib, Hiberix)		Hib-PRP-T (ActHib, Hiberix)			Hib-PRP-T (ActHib, Hiberix)		
Pneumo. Conjugate		Pneum Conj (PCV7)		Pneum Conj (PCV7)		Pneum Conj (PCV7)			
Polio			IPV		IPV	IPV	IPV		
MMR	MMR							MMR	
Varicella	Varicella							Varicella	
HepA									
Meningococcal									
Human Papillomavirus									
Pneumo. Polysaccharide									

1. Look up or select the patient in the CIR using either patient "Search" or "MyList"
2. Click the "Adv.Event" tab
3. Select the vaccination which you wish to associate with the adverse event
4. Click "continue."
5. The Adverse Event Reporting form will be prefilled with information on the patient, the reporter, the vaccinator, and vaccination history
6. Complete the Adverse Event Reporting form by completing:
 - a. Date of adverse event
 - b. Type of adverse event
 - c. Description of adverse event
 - d. Outcome
7. Click "continue"
8. Confirm to submit the report
9. Print a copy for your records.

Reporting Adverse Events: New Patient, not in CIR

Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit, Tools, Recall, Adv. Event, VFC, Se...

PRACTICE: ...

Report Adverse Event to Vaccination | Report Adverse Event to Medication | VAERS Log

1. Select the "Adv.Event" tab

2a. Add a new patient into the registry

- For option 2a, patient information will now be saved in the CIR
- Once you add the new patient you can then enter the adverse event

- or -

2b. Add an adverse event report without a patient

- For option 2b, no information will be prefilled in the Adverse Event Reporting form.

The patient record will not be save in CIR, and will not be saved in MyList

- If you select "Continue without a patient" then the Adverse Event Reporting form will not be prefilled. It will be blank and you will need to fill in all the fields.

The information you enter below will be used to send a VAERS form to the CDC.



- Use a separate form for each patient. Complete the form to the best of your ability. Items 3, 4, 7, 8, 10, 11, and 13 are considered essential and should be completed whenever possible. Parents/Guardians may need to consult the facility where the vaccine was administered for some of the information (such as manufacturer, lot number or laboratory data.)
- Refer to the [Table of Reportable Events Following Vaccination](#) for events mandated for reporting by law. Reporting for other serious events thought to be related, but not on the Table, is encouraged.

- Health care providers other than the vaccine administrator treating a patient for a suspected adverse event should notify the vaccine administrator and provide the information about the adverse event to allow the vaccine administrator to complete the VAERS form to meet the vaccine administrator's legal responsibility.
- These data will be used to increase understanding of adverse events following vaccination and will become part of the CDC Privacy Act System 09-20-0136, "Epidemiologic Studies and Surveillance of Disease Problems." Information identifying the person who received the vaccine or that person's legal representative will not be made available to the public, but may be available to the vaccinee or legal representative.

Information from the Registry has been used to pre-populate this section.

If there is missing data, please use [Update Patient Info](#) and then return to the VAERS form. (Information entered on the VAERS form will not be saved in this Registry.)

Information from the Registry has been used to pre-populate this section.

Please modify the name and address if this is not the physician responsible for the patient's care.

Patient Name:

Last: LYONS

First: DAVE MI

Address: 12-24 PARK AVE.
3-B

City: NEW YORK

State: NY ZIP: 10002

Phone No: (212) 555-1888

Vaccine Administered by (Name):

Last:

First: MI

Responsible Physician (Name):

Last: ZUCKER

First: JANE MI/R

Facility Name: Citywide Immunization Registry

Facility Address: 2 Lafayette Street
New York, NY 10002

3. Complete the Adverse Event Reporting form

- Fill out the form as completely as possible
- Fully describe the adverse event
- Print a copy for your records.

Report Adverse Events Online Registry form:

Information from the Registry has been used to pre-populate this section.

If there is missing data, please use [Update Patient Info](#) and then return to the VAERS form. (Information entered on the VAERS form will not be saved in the Registry.)

Information from the Registry has been used to pre-populate this section.

Please modify the name and address if this is not the physician responsible for the patient's care.

Information from the Registry has been used to pre-populate this section.

Confirmation of receipt for this report will be sent by regular mail from the CDC to the person and address listed here.

VAERS To be used by the person completing the form (e.g. parents/guardians, vaccine manufacturer/distributors, vaccine administrators, the person completing the form on behalf of the patient, or the health professional who administered the vaccine).

Information from the Registry has been used to pre-populate this section.

NOTE: Question 7B is for NYCDOHMH and does not appear on CDC form.

VAERS Describe the suspected adverse event. Such things as temperature, local and general signs and symptoms, time course, durations of symptoms, diagnosis, treatment and recovery should be noted.

7b. Which of the following best characterizes the adverse event?

Patient Information:

Last: ALCOTT First: LOUISA

Address 1: 13 DOWNING Address 2: ST

City: BROOKLYN State: NY Zip: 11215

Vaccine Administrator Information:

Last: First:

Responsible Physician Information (Facility):

Last: ZUCKER First: JANE

Facility Name: CIR Guest

Address 1: 42-09 28th Street Address 2: 5th Floor

City: Long Island City State: NY Zip: 11101

Form Completed by:

Last: HUIE First: SHIRLEY

Address 1: 42-09 28th Street Address 2: 5th Floor

City: Long Island City State: NY Zip: 11101

Email:

1-8:

1. State Where Vaccine Was Administered NY

2. County or Country where administered

3. Date of Birth (mm / dd / yyyy) 02 / 01 / 2008

4. Patient Age at Vaccination (yy / mm) 1 / 3

5. Sex Female

6. Date Form Completed (mm / dd / yyyy) 07 / 17 / 2012

7-8:

7. Describe adverse event(s) (symptoms, signs, time course) and treatment, if any. (You may enter as necessary in this area.)

8. Check all appropriate:

☐ Patient Died - date (mm / dd / yyyy) / / ☐ Lifethreatening

☐ Required emergency room/doctor visit ☐ Required hospitalization

☐ Resulted in prolongation of hospitalization ☐ Resulted in death

☐ None of the above

8. Patient recovered: ---

Check "YES" if the patient's health condition is the same as it was prior to the vaccine. "NO" if pre-vaccination state of health, or "UNKNOWN" if the patient's condition is not known.

10. Date of vaccination:

Date: (mm / dd / yyyy) 05 / 11 / 2009 Time: (hours : minutes) :

11. Adverse event onset:

Date: (mm / dd / yyyy) / / Time: (hours : minutes) :

12. Relevant diagnostic tests/laboratory data:

13. Enter all vaccines given on date listed in no. 10

Vaccine 1: Hib-PRP-T (ActHib; Hiberix) Manufacturer:

Lot Number: State:

Vaccine 2: IPV Manufacturer:

Lot Number: State:

Vaccine 3: Pneum Conj (PCV13) Manufacturer:

Lot Number: State:

Vaccine 4: HepA-ped/adol 2-dose Manufacturer:

NYC Health

8. Check all appropriate:

☐ Patient Died - date (mm / dd / yyyy) / / ☐ Lifethreatening

☐ Required emergency room/doctor visit ☐ Required hospitalization

☐ Resulted in prolongation of hospitalization ☐ Resulted in death

☐ None of the above

8. Patient recovered: ---

Check "YES" if the patient's health condition is the same as it was prior to the vaccine. "NO" if pre-vaccination state of health, or "UNKNOWN" if the patient's condition is not known.

10. Date of vaccination:

Date: (mm / dd / yyyy) 05 / 11 / 2009 Time: (hours : minutes) :

11. Adverse event onset:

Date: (mm / dd / yyyy) / / Time: (hours : minutes) :

12. Relevant diagnostic tests/laboratory data:

13. Enter all vaccines given on date listed in no. 10

Vaccine 1: Hib-PRP-T (ActHib; Hiberix) Manufacturer:

Lot Number: State:

Vaccine 2: IPV Manufacturer:

Lot Number: State:

Vaccine 3: Pneum Conj (PCV13) Manufacturer:

Lot Number: State:

Vaccine 4: HepA-ped/adol 2-dose Manufacturer:

VFC Practice Tools- Overview*



Under the VFC section, you will find these tabs:

1. Order publicly-funded VFC vaccine
2. Order Influenza vaccine
3. Vaccine Order Tracking
4. VFC Vaccine Returns/Wastage reporting
5. VFC frequently requested forms, downloadable:
 - Provider Enrollment & Information & Update Form
 - Eligibility Screening Form
 - Temperature Logs for Vaccines
6. Generate Doses Administered Aggregate Reports
7. Generate VFC Eligibility Report
8. VFC Re-enrollment (updated annually)

VFC Practice Tools – Order VFC Vaccines

Online Registry

PATIENTS PRACTICE

Search MyList Reports Add/Edit Tools Recall Adv. Event VFC Set Up

Order VFC Vaccine Order Influenza Vaccine Vaccine Order Tracking VFC Vaccine Returns/Wastage Other VFC Forms Doses Admin

Using this online ordering tool, you will be able to order vaccines supplied by the Vaccines For Children (VFC) program. **Note: This tool does NOT support ordering influenza vaccine. Please click on the Order Influenza Vaccine tab to enter influenza vaccine orders.** For more information about EOQ and complete instructions on how to place a VFC order online, click [here](#). Based on your order history we have:

- Calculated an order frequency.
- Calculated recommendations for the vaccine order you are about to place based on your VFC vaccine inventory needs and a five week safety stock.
- Implemented a storage space check to make sure your refrigerator and/or freezer space is adequate for your recommended order.

This page displays the historical order assessment, order history, order frequency, and the date range for the next VFC vaccine order for your facility.

1. Review vaccine order history.

VFC Provider

VFC PIN: VFCCIR

Provider Name: CITY IMMUNIZATION REGISTRY

Vaccine Ordering Details

Historical Order Assessment: On Target

Order History: Order By Date (0)

Order Frequency: Quarterly

Date Range for Next Order: (n/a)

Continue

Ordering publicly-funded VFC vaccine is a simple **6-step** process:

1. Review vaccine order history
2. Confirm, enter or update the following information:
 - Shipping and storage details
 - Refrigerator and freezer temperatures
 - Storage used for VFC vaccines
3. Enter current VFC vaccine inventory
 - 3a. Enter replenished vaccine inventory
4. Enter VFC order quantities
5. Confirm order
6. Receive confirmation number.

Orders may be tracked by clicking on the "Vaccine Order Tracking" tab.

- For more detailed instruction, please see the **Online Registry Vaccine Management: Ordering and Reporting** guide: <http://www.nyc.gov/html/doh/downloads/pdf/imm/how-to-report-guide.pdf>

VFC Practice Tools – Place, monitor, modify influenza vaccines orders

Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit, Tools, Recall, Adv. Event, VFC, Set Up, Adult

Order VFC Vaccine, Order Influenza Vaccine, Vaccine Order Tracking, VFC Vaccine Returns/Wastage, Other VFC Forms, Doses Administered

Using this tool you will be able to monitor and modify your Influenza vaccine orders supplied by the VFC Program. Vaccines are distributed as they become available; you may receive partial shipments to ensure that all providers receive vaccine.

2010 - 2011 Influenza Vaccine Recommendations for Children

- All children 6 months through 18 years of age should receive an annual influenza vaccination. Prioritize children 6 - 59 months with chronic medical conditions.
- Vaccinate all children < 9 years of age with 2 doses of influenza during the first season they are vaccinated to ensure maximum protection.
- For the 2010-11 influenza season, children ages 6 months through 8 years who did not receive at least 1 dose of an influenza vaccine should receive 2 doses of a 2010-11 seasonal influenza vaccine, regardless of previous influenza vaccination history.
- Children ages 6 months through 8 years for whom the 2009-10 seasonal vaccine or influenza A(H1N1) monovalent vaccine has been administered should receive two doses of a 2010-2011 seasonal influenza vaccine.
- Use preservative-free presentations for children 6 months to < 3 years of age.

Shipping Information

VFC PIN: VFCCIR
Provider Name: CITY IMMUNIZATION REGISTRY
VFC Primary Contact: MELISSA
Address: 2 LAFAYETTE STREET
City/State/ZIP: NEW YORK NY 10007
Phone/Ext: (555) 555-5555
Fax: (555) 555-5555
E-mail: 12345@12345
Shipping Hours: M, T, W, TH, F : MTWTF 9 TO 5

Edit Shipping Information

Influenza Vaccine Shipping History

Ordering, or pre-booking influenza vaccine is a separate process from ordering all other VFC vaccines.

1. Review and update shipping details
2. Read the *Influenza Vaccine Recommendation for Children*
3. Place your order, click **Submit**
4. Receive confirmation number
5. A copy of the order will be emailed to the address on record
6. Orders may be later modified in the "revised order screen."
7. Remaining orders may be canceled by clicking on the 'Cancel All Remaining Orders' button.

Orders may be tracked by clicking on the "Vaccine Order Tracking" tab.

- For more detailed instruction, please see the **Online Vaccine Ordering Tools Guide**:
<http://www.nyc.gov/html/doh/downloads/pdf/cir/vfc-olot-guide.pdf>, Slide 17

VFC Practice Tools – Track influenza vaccines orders



Use this page to track VFC vaccine orders placed by your practice. Filter orders by VFC Process Date or Vaccine Type.

The 'VFC Process Date' is the date on which the VFC program processed your order, which may be up to two business days after your VFC vaccine order was received by the VFC program. Shipping may take up to 14 business days from the time the order is received by the Centers of Disease Control (CDC). We are working with the CDC to give you timely information about your order; please be advised the 'Ship Date' information on this screen may not be up-to-date. Please e-mail nycimmunize@health.nyc.gov with your CIR facility code and/or VFC PIN if you have questions.

Filter By

Start Date: End Date:

Vaccine Type:

VFC Process Date	Vaccine Type	Brand	Unit Presentation	Doses to CDC	Status	Ship Date	Doses Shipped	Tracking ID
------------------	--------------	-------	-------------------	--------------	--------	-----------	---------------	-------------

No VFC vaccine order items found for the entered criteria.

All vaccine orders can be tracked by going to the 'Vaccine Order Tracking' tab.

Use the "Filter by" feature to locate your orders by date or by vaccine type.

- For more detailed instruction, please see the **Online Vaccine Ordering Tools Guide**: <http://www.nyc.gov/html/doh/downloads/pdf/cir/vfc-olot-guide.pdf>

VFC Practice Tools – VFC Vaccine Returns/Wastage

Online Registry

PATIENTS Search MyList Reports Add/Edit **PRACTICE** Tools Recall Adv. Event **VFC** Set Up Adult

[Order VFC Vaccine](#) [Order Influenza Vaccine](#) [Vaccine Order Tracking](#) **VFC Vaccine Returns/Wastage** [Other VFC Forms](#)

For complete instructions on how to report VFC Vaccine returns/wastage, click [here](#).

1. Enter VFC vaccine returns/wastage information.
 - To report vaccine returns/wastage, complete **all** the fields in the "VFC Vaccines Return/Wastage Form" below.
2. Review/confirm VFC vaccine return/wastage information.
3. Receive VFC Vaccine Return/Wastage Receipt.

Please note that vaccines that are reported for the following reasons cannot be returned: 'Broken Vial/Syringe', 'syringe but not administered', 'Opened multi-dose vial', 'Other wastage (non-returnable)'. Please dispose of these properly.

Please print the VFC Vaccine Return/Wastage Receipt in the last step of the return process and insert it in a ship non-viable returnable vaccines.

VFC Contact Information

VFC PIN: BAA VFCCR Provider Name: CITY IMMUNIZATION REGISTRY Transact Date: [blank]
Shipping Contact Name: MARY JOE Phone/Ext: (212) 555-1212 Fax: [blank]
Note: If your shipping contact needs to change, please call 347-3[blank]

VFC Vaccine Returns/Wastage:

Vaccine Return/Wastage Reason	Vaccine Type	Brand	Manufacturer	Vaccine Lot	Exp. Date	Unit Presentation	# of Doses
Reset -- Select --	-- Select --	-- Select --	-- Select --	-- Select --	-- Select --		

Add Event +

Note: You can add up to **25 returns** in this Vaccine Returns/Wastage Form. If you need to add more returns, complete and submit an additional Vaccine Returns/Wastage Form(s).

If you have previously borrowed vaccines from your VFC stock to use on non-VFC eligible patients, do you currently have in your VFC stock privately purchased vaccines that were used to replace what you borrowed and now need to report as return/wastage? ☐ Yes ☒ No

Number of Return Labels Requested

Reporting VFC vaccine returns and wastage online is a simple **3-step** process:

1. Enter VFC vaccine returns/wastage information.
 - Complete all the fields in the "VFC Vaccines Return/Wastage form".
2. Review/confirm VFC vaccine return/wastage information.
3. Receive VFC Vaccine Return/Wastage receipt.

- For more detailed instruction, please see the **Online Registry Vaccine Management: Reporting Vaccine Wastage and Returns Guide:**

<http://www.nyc.gov/html/doh/downloads/pdf/cir/vfc-returns-waste-guide.pdf>

VFC Practice Tools – Generate Doses Administered Summary Report



- The [Doses Administered Summary Report](#) shows the number of vaccines you reported giving to patients based on their VFC and CHPlusB eligibility. To specify which age ranges and other eligibility types to include, use the [Doses Administered Detailed Report](#).

Doses Administered Report: Summary

Date Range
(mm / dd / yyyy)

From: 01 / 01 / 2010

To: 12 / 31 / 2010

Clear ☐ Continue →

Tip

You can specify Age Ranges and Eligibility Types using the [Doses Administered Detailed Report](#).

Set or change your default Doses Administered Report in [Set Up](#).

Enter a date range.

Click

VFC Practice Tools – Generate Doses Administered Summary Report: Results



✓ Your report appears below.
[◀Start Over](#) [◀Detailed Report](#)

Doses Administered Report : Summary				
Processed On: 04/28/2011 13:10	Date Range: From: 01/01/2010 To: 12/31/2010	Eligibility Type: VFC, CHPlusB, Private, Unknown	Age Range(s): All	Facility: _____

Eligibility Reported As:	VFC	CHPlusB	Private	Unknown	Total
	eligible all	eligible all			
NOS Vaccines					
DTaP NOS	0	0	0	117	117
HepA-pediatric NOS	1*	0	0	253	254
HepB NOS	0	0	0	2	2
Hib NOS	29*	4*	5	8	46
Human Papillomavirus NOS	0	0	0	0	0
Influenza NOS	0	0	0	1	1
IG NOS	0	0	0	0	0
Meningococcal NOS	0	0	0	0	0
Pneumococcal NOS	0	0	0	0	0
Polio NOS	0	0	0	5	5
Rotavirus NOS	0	0	0	3	3
Subtotals	30	4	5	389	428
Vaccines					
Anthrax	0	0	0	0	0
BCG	0	0	0	0	0
Botulinum Antitoxin	0	0	0	0	0
Cholera	0	0	0	0	0
CMV-IGIV	0	0	0	0	0
Diphtheria Antitoxin	0	0	0	0	0
Other Vaccines					
Varicella	211	48	121	307	687
VZIG	0	0	0	0	0
Yellow Fever	0	0	0	0	0
Zoster (shingles)	0	0	0	0	0
Subtotals	3724	715	1712	2196	8347
Other Vaccines					
DTP	0	0	0	2	2
DTP/Hib	0	0	0	0	0
Hib-PRP-D (ProHIBit)	0	0	0	0	0
Influenza-whole	0	0	0	40	40
OPV	0	0	0	0	0
Pertussis	0	0	0	0	0
Rotavirus	0	0	0	0	0
Rubella/Mumps	0	0	0	0	0
Subtotals	0	0	0	42	42
Grand Totals	3754	719	1717	2627	8817

Tip
 NOS = Not Otherwise Specified
 These vaccines were reported to the registry, but lacked specificity regarding the vaccine type. This may have been because the vaccines were transcribed from a yellow card.
 To make reports accurate, always report specific vaccine types when they are known.
 Since vaccine types are required to properly VFC and CHPlusB orders, vaccines reported as NOS could result in a reduction of VFC and CHPlusB doses delivered to you.

Tip
 These vaccines are no longer available in the US but are shown here because your practice reported them.

* These vaccine were reported as given to a VFC-eligible or CHPlusB-eligible child, but the vaccine is not provided through the VFC program.



VFC Practice Tools – Generate Doses Administered Detailed Report



Doses Administered Report: Detailed

Eligibility Type

- ☒ VFC Eligible
- ☒ CHPlusB Eligible
- ☒ Privately Provided
- ☒ Unknown / Unreported

Date Range
(mm / dd / yyyy)

From: 1 / 1 / 2010

To: 12 / 31 / 2010

Age Range(s)

<input checked="" type="checkbox"/> <1	<input checked="" type="checkbox"/> 11-12
<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 13-18
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 19-24
<input checked="" type="checkbox"/> 3-5	<input checked="" type="checkbox"/> 25-44
<input checked="" type="checkbox"/> 6	<input checked="" type="checkbox"/> 45-64
<input checked="" type="checkbox"/> 7-10	<input type="checkbox"/> 65+

Clear ☐ Continue

- Enter a date range.
- Check or uncheck **Eligibility Types**
- Choose Age Ranges
- Click

VFC Practice Tools – Generate Doses Administered Detailed Report: Results



✓ Your report appears below.
[Start Over](#) [Summary Report](#)

Doses Administered Report : Detailed

Processed On: 04/28/2011 13:30	Date Range: From: 01/01/2010 To: 12/31/2010	Eligibility Type: VFC, CHPlusB, Private, Unknown	Age Range(s): All	Page: 1
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Eligibility Reported As:		VFC	CHPlusB	Private	Unknown	Total
		eligible all	eligible all			
NOS Vaccines	Age Range					
	<1	0	0	0	29	
	1	0	0	0	47	
	2	0	0	0	8	
	3-5	0	0	0	33	
DTaP NOS	6	0	0	0	0	
	7-10	0	0	0	0	
	11-12	0	0	0	0	117
	13-18	0	0	0	0	
	19-24	0	0	0	0	
	25-44	0	0	0	0	
	45-64	0	0	0	0	
	65+	0	0	0	0	
	<1	0	0	0	0	
	1	0	0	0	26	
HepA-pediatric NOS	2	0	0	0	52	
	3-5	0	0	0	61	
	6	0	0	0	9	
	7-10	0	0	0	37	
	11-12	0	0	0	18	254
	13-18	1*	0	0	48	
	19-24	0	0	0	2	
	25-44	0	0	0	0	
	45-64	0	0	0	0	
	65+	0	0	0	0	
HepB NOS	<1	0	0	0	2	
	1	0	0	0	0	
	2	0	0	0	0	
	3-5	0	0	0	0	
	6	0	0	0	0	
	7-10	0	0	0	0	
	11-12	0	0	0	0	
	13-18	0	0	0	0	
	19-24	0	0	0	0	
	25-44	0	0	0	0	
	45-64	0	0	0	0	
	65+	0	0	0	0	
	<1	14*	0	3	8	2
	1	11*	2*	1	0	
	19-24	0	0	0	0	
	25-44	0	0	0	0	
	45-64	0	0	0	0	
	65+	0	0	0	0	
Subtotals		0	0	0	42	42
Grand Totals		3754	719	1717	2627	8817

Tip
 NOS = Not Otherwise Specified
 These vaccines were reported to the registry, but lacked specificity regarding the vaccine type. This may have been because the vaccines were transcribed from a yellow card.
 To make reports accurate, always report specific vaccine types when they are known.
 Since vaccine types are required to process VFC and CHP orders, vaccines reported as NOS could result in a reduction of VFC and CHP doses delivered to you.

* These vaccine were reported as given to a VFC-eligible or CHPlusB-eligible child, but the vaccine is not provided through the VFC program.



VFC Practice Tools – Annual VFC Re-enrollment

For instructions on how to enroll or re-enroll, please visit:
<http://www.nyc.gov/html/doh/html/hcp/vfc-hcp-requirements.shtml>

Online Registry | PATIENTS | PRACTICE | Search | MyList | Reports | Add/Edit | Tools | Recall | Adv. Event | VFC | Set Up | Adult | Help | LogOut

Welcome Shirley Hsieh (SSA)
 Facility: Citywide Immunization Registry (CIR)
 Address: 42-09 28th Street

Order VFC Vaccine | Order Influenza Vaccine | Vaccine Order Tracking | VFC Vaccine Return/Storage | Other VFC Forms | Doses Administered | VFC Eligibility Report | **2014 VFC Re-enrollment**

VFC Reenrollment process is now open until March 31, 2014. Please read the [notice](#) about the new requirements for participation.

- Instructions to accessing "You Call the Shots Modules"

Your re-enrollment form was last amended by Brenda Sanyana on 10/24/2014 at 6:08pm. A copy of your most recent re-enrollment form is below. Your VFC Re-enrollment id number is 4319.

If you have any questions about VFC re-enrollment please email nyimmunize@health.nyc.gov.

If you would like to make changes to your re-enrollment form, please click the "Amend" button. [Amend](#)

Provider Annual VFC Re-enrollment

Practice Group: Practice Group Activity

VFC PIN: VFCOR Facility Name: CITY IMMUNIZATION REGISTRY

Shipping Address

Shipping Address refers to the address where vaccines are shipped.

Vaccine Delivery Address 1: 2 LAFAYETTE ST
 Vaccine Delivery Address 2: 15TH FLOOR
 City: NEW YORK State: NY Zip Code: 10007
 Telephone #: (555) 555-5555 Ext.: Fax #: (555) 555-5555
 Email Address: MMICKLE@HEALTH.NYC.GOV Call Phone #

Facility Classification

Practice Type: Both (Age group your facility serves)
 Funding Class: Public (Primary source of funding at this site)
 Facility Type: PH Department (Describe your organization type)
 Setting: BCI Unit (Facility subdivision)

Physician-in-Charge

This title refers to the main physician involved with VFC vaccines.

Shipping Contact:
 Type: Physician
 First Name: DAVE Last Name: TESTER
 Job Title:
 Address 1: 123 PARK AVE
 Address 2: SUITE 9901
 City: NEW YORK State: NY Zip Code: 10012
 Telephone #: (212) 555-1212 Ext.: Fax #: (212) 555-2323
 Email Address: MMICKLE@HEALTH.NYC.GOV Call Phone #

Vaccine Coordinator

This title refers to the person who is primarily responsible for VFC vaccine management.

Same as Physician-in-Charge Shipping Contact:
 Type: Non-physician
 First Name: ANGIE Last Name: TESTER
 Job Title:
 Address 1: 123 PARK AVE
 Address 2: SUITE 9901
 City: NEW YORK State: NY Zip Code: 10012
 Telephone #: (212) 555-1212 Ext.: Fax #: (212) 555-2323
 Email Address: MMICKLE@HEALTH.NYC.GOV Call Phone #

Backup Vaccine Coordinator

This title refers to the person who backs up the vaccine coordinator when he/she is not available.

Same as Physician-in-Charge Shipping Contact

Shipping Hours

Shipping hours refer to the days/times when your facility can receive vaccine shipments. If the days/times below are incorrect, please update. Every day (Monday-Friday) must be accounted for (if there are no shipping hours for a day, please indicate the office is closed). Providers must be on-site with appropriate staff to receive vaccines at least one day a week other than Monday, and for at least four consecutive hours on that day.

	From	To	First Open Interval	Second Open Interval
Monday	Office is closed/no deliveries	08:00 am	05:00 pm	
Tuesday	Office is closed/no deliveries			
Wednesday	Office is closed/no deliveries	08:15 am	12:00 pm	01:00 pm
Thursday	Office is closed/no deliveries	08:00 am	12:00 pm	04:45 pm
Friday	Office is closed/no deliveries	08:00 am	05:00 pm	

Delivery Instructions (if applicable): [Test Delivery Instructions](#)

Annual Patient Numbers

Please report the number of children immunized yearly in each of the categories listed below. We've populated the table with what you've reported to the Registry. Please modify the numbers below if they are incorrect. Do not enter percentages, symbols, etc.

For the 12 month period beginning: 03/05/2014 (mm/dd/yyyy)

Category	<1 Year	1-4 Years	5-19 Years	≥19 Years
Medicaid/Medicaid Managed Care	0	0	0	0
Not Insured/No Insurance	0	1	0	0
American Indian/Alaskan Native	0	0	0	0
Underinsured*	10	20	30	40
Child Health (Title II (CHIP) or II)	0	0	0	0
Not Eligible**	0	0	1	1
TOTAL	10	23	33	43

*Underinsured - Children who have commercial (private) health insurance but does not cover vaccines; children whose insurance covers only selected vaccines (NY: ChildLife for non-covered vaccines only); or children whose insurance covers vaccine coverage at a certain amount (when amount is reached, children are categorized as underinsured).
 **Not Eligible - Insurance covers all or part of the cost of vaccine.

Type of data used to determine profile:

☒ Benchmarking
☒ Medicaid Claims Data
☒ Data Administered
☒ Provider Encounter Data
☒ Registry
☐ Other (specify):

Practitioner List

Please list all immunizing staff at your facility, including anyone you listed above.

First Name	Last Name	Design (e.g., CMM, DO, MD, NP, PA, NPH)	Medicaid Provider	NYS Medical License #	Email
TEST2	DOO2	MD		654321	

Training Requirement

All persons holding the titles of physician-in-charge, vaccine coordinator, and back-up vaccine coordinator must take two trainings: "You Call the Shots: Vaccines for Children (VFC) Training Module" and "You Call the Shots: Vaccine Storage and Handling Training Module" as part of annual re-enrollment. For further guidance on how to take these training courses or obtaining the certification, click [here](#).

Physician-in-Charge

Storage and handling: [File Certificate Here](#) [Choose File](#) No file chosen

VFC: [File Certificate Here](#) [Choose File](#) No file chosen

Vaccine Coordinator

Storage and handling: [File VFC Storage.pdf](#) [Choose File](#) No file chosen

VFC: [File VFC VFC.pdf](#) [Choose File](#) No file chosen

Consent

Please read the Vaccine Recipient Agreement form carefully. By clicking "I agree" below you confirm that you will comply with VFC requirements. Failure to comply with the agreement will prevent you from ordering VFC vaccines. The agreement can also be downloaded or printed [here](#).

VACCINE RECIPIENT AGREEMENT

In order to participate in the New York City (NYC) Vaccines for Children (VFC) Program and/or receive Federally/State/City procured vaccines provided to me at no cost, I and all practitioners employed by this medical office, group practice, HMO, health department, community/migrant/rural clinic, or other entity of which I am the physician-in-charge or equivalent, agree to the following:

☒ I Agree

Report adult influenza vaccinations



Online Registry

PATIENTS Search MyList Reports Add/Edit **PRACTICE** Tools Recall Adv. Event VFC Set Up **Adult** ? Help

Welcome Shi
Facility: City
Address: 42-

Vaccine

This page is for the quick entry of adult influenza and meningococcal immunizations. Click [here](#) for more information about CIR reporting requirements.

For the most recent guidance regarding influenza vaccine, click [here](#).

Click [here](#) (opens new window) for Vaccine Information Statements (VISs).

For patients under 19 years of age, you may either use this quick entry screen to report last season's H1N1 vaccinations or the current season's influenza vaccinations, or use the [Search](#) or [MyList](#) screen to look up patients and report vaccinations.

* - Required Fields
† - Recommended Fields

Quick-Add Adult Patients and Influenza / Meningococcal Vaccinations

Patient Information:

First Name: * Middle Name: † Last Name: *

Gender: * ☐ Male ☐ Female DOB: * (mm/dd/yyyy)

Patient's Address and Phone:

Building #: * Street: * Apartment/Suite #: †

City: * Please Select... State: * NY Zip: *

Phone: † (10 digits: nnnnnnnnnn)

We are asking for your address so we can locate your record more easily when you return for additional vaccinations.

Vaccine Information:

Vaccination Date: * 03/02/2015 (mm/dd/yyyy)

Vaccine Administered: * Select Vaccine...

Lot: † Select Lot... [Add New Lot to List](#)

Clear Continue

You may document either verbal or written consent from individuals 19 years and older in order to report vaccinations to the CIR.

Click link in the tip box for a sample consent form.

Set Up: Customize settings:



Online Registry

PATIENTS | **PRACTICE**

Search | MyList | Reports | Add/Edit | Tools | Recall | Adv. Event | VFC | Set Up | **Adult** | ? Help | LogOut

[Default Settings](#) | [Manage Vaccine Lots](#) | [Change Password](#) | [Manage Users](#) | [Create SSA](#) | [Change My Contact Info](#)

Update Settings

MyList Settings

Initial view: Show **My List** ▼

Display: Show **100** ▼ patients per page

Sort: **Last Accessed** ▼

Search Settings

Always start with:
☐ Simple Search
☒ Advanced Search

Show this Advanced Search:
☐ Medical Record No.
☐ Medicaid
☒ CIR No.
☐ Mom DOB
☐ Other Demographics
☐ Show All Fields

Precompleted Forms Settings

You may edit the information below to change the provider information that is pre-populated on the pre-completed forms that you generate.

Phone: () -
Fax: () -

Provider Last Name: First: License Type: **MD** ▼ License No:

Note: To ensure that this information is saved, or request to update facility information, including address, please contact the CIR at 347-396-2400.

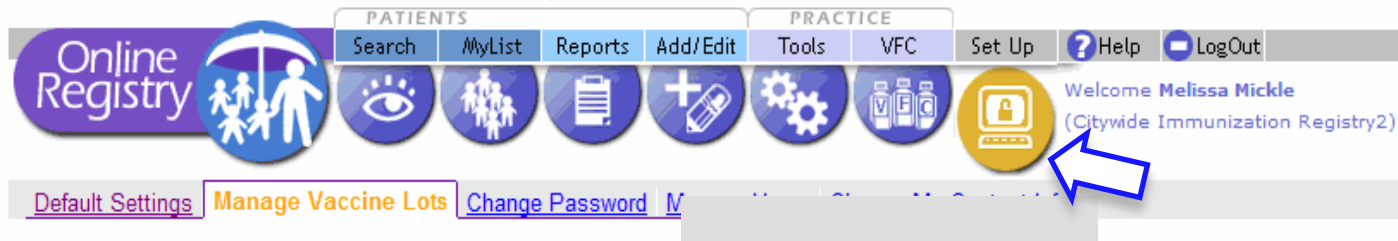
Doses Administered Report Settings

Always start with:
☒ Summary Report
☐ Detailed Report

Confirm ✓

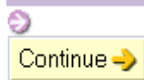
Customize your default views.

Set Up: manage privately purchased vaccine lots



- The lots you add to this list will appear in the Add Immunization pick lists, making it faster and easier to report immunizations.

Add New Lot



Click  to add a new lot.

View / Remove Vaccine Lots

Check the boxes next to the lots you wish to delete from this list, then click "Remove" at the bottom of the page.

HepB: HepB (<20 yrs 3-dose)

remove <input type="checkbox"/>	Exp. 05/2006	VFC	SANOPI PASTEUR	Lot: DS1234
remove <input type="checkbox"/>	Exp. 10/2006	Private	(n/a)	Lot: HEPB111
remove <input type="checkbox"/>	Exp. 02/2008	Private	CONNAUGHT	Lot: HEP879
remove <input type="checkbox"/>	Exp. 08/2008	VFC	GREER	Lot: 33241
remove <input type="checkbox"/>	Exp. 12/2009	VFC	BIOPORT CORPORATION	Lot: 213123
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: HEP1
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: H12
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: A2
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	SANOPI PASTEUR	Lot: DFWDFA
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: A1
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: H11
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: HEP3
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: HEP4
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: HEP2

Previously entered vaccine lots are listed.

HepB: HepB NOS

remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: NOS1
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: H1

DTP: DTP

Set Up: Manage Vaccine Lots - Add New Lot



- Use this page to add a vaccine lot to your list. Keeping your lots current helps you manage your vaccine stock and makes reporting faster and easier. For best use of the Manage Lot set up, enter all data below.

Add New Lot

Select a Vaccine Type, enter Lot Number, Manufacturer, Expiration Date, and indicate VFC or Non-VFC.

Select Vaccine Type (Required)

Lot Number (Required)

Select Manufacturer

Exp. Date (mm/yyyy)

☐ VFC funded ☐ CHPlusB funded ☐ Privately purchased

Cancel X

Clear

Continue →

Vaccine lots entered here will appear in a drop down list as a vaccine lot choice on the reporting screens.

Enter vaccine type, lot, manufacturer and funding type.

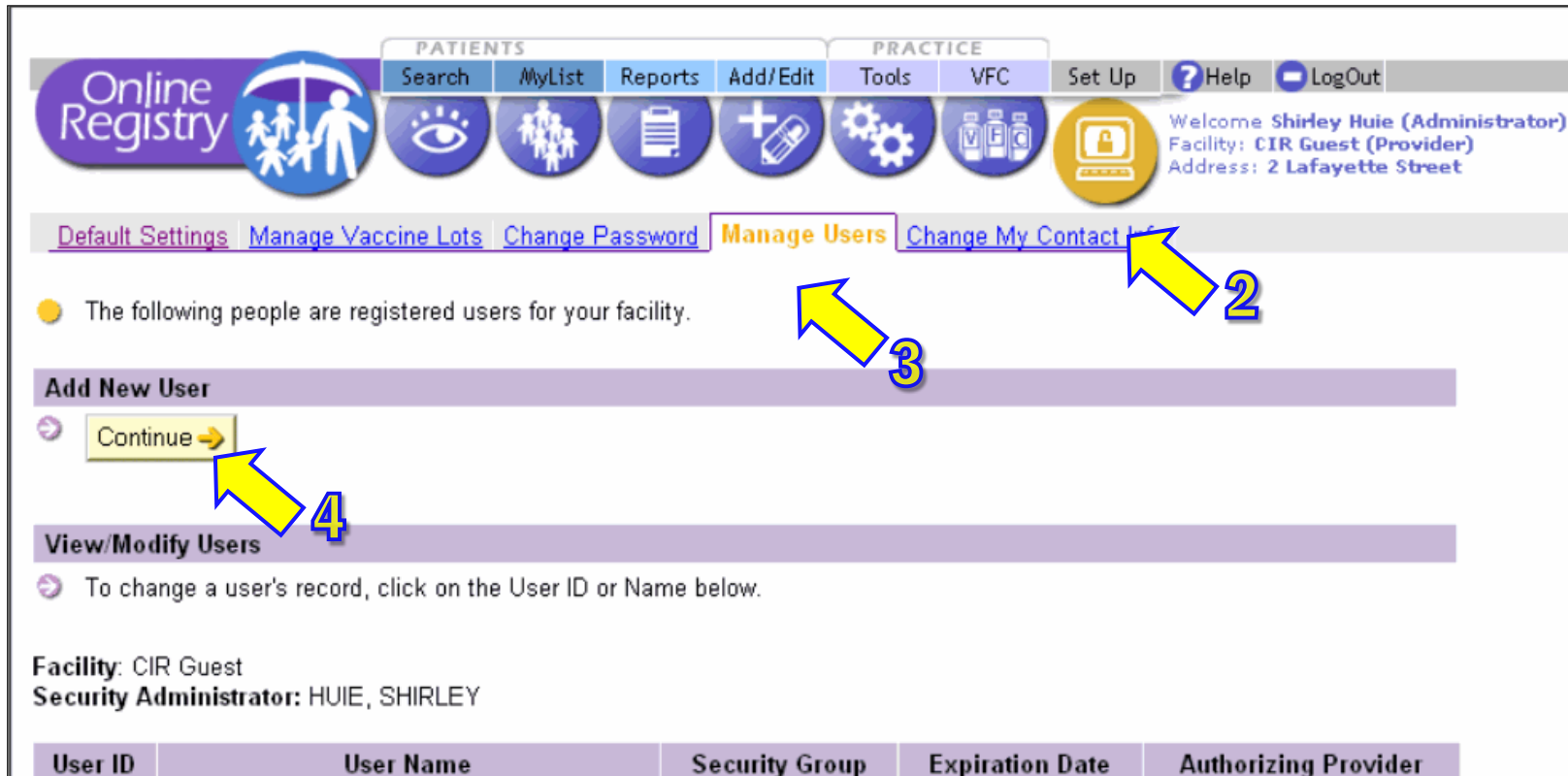
Add new Online Registry users: (instructions in text)

1. The Security Administrator logs on to the Online Registry using his/her User ID & password.
2. Go to the [Set Up](#) icon.
3. Click on the tab [Manage Users](#).
4. Click the yellow "Continue" button under [Add a New User](#).
5. Fill out the information. ***You must enter a valid e-mail address for the new user.***
6. For [Security Group](#), Select "Normal" if you want your user to **Add/Edit** immunizations. Select, "Read Only," if your user will only be viewing patient immunization records and printing reports.
7. [Authorizing provider](#) information should already be filled in. Please contact us at 347-396-2400 to change the Authorizing Provider.
8. Click "Continue" and the following note in green will appear at the top of the page:

User ID xxx was created. Please have the user check his/her email to set the password for his/her new Online Registry account. Please be aware: (a) that there may be a delay of up to an hour for receipt of the email; and, (b) that the email will expire after 4 days, whereupon the account will need to be set up again.
9. The e-mail you need to look for will be sent from: cir-reset@health.nyc.gov.
10. Please instruct users that passwords must contain characters from each of the three categories listed below, and must be at least 8 characters long:
 - a. Uppercase alphabet characters (A-Z)
 - b. Lowercase alphabet characters (a-z)
 - c. Arabic numerals (0-9)

Add new Online Registry users: (screenshots)

1. The Security Administrator logs on to the Online Registry using his/her User ID & password.



2. Go to the [Set Up](#) icon.
3. Click on the tab [Manage Users](#).
4. Click the "Continue" button under "Add a New User."

Add new Online Registry users (cont'd.)

5. Type in **Required** information.

You must enter a valid e-mail address for the new user.

The screenshot shows the 'Add New User' form in the Online Registry. The form is divided into sections: User Information, Security, and Provider. Yellow arrows with numbers 5, 6, and 7 point to specific fields:

- Arrow 5 points to the 'First Name' and 'Last Name' fields, which are marked as '(Required)'.
- Arrow 6 points to the 'Security Group' dropdown menu, which is currently set to 'Read-only'.
- Arrow 7 points to the 'Authorizing Provider' dropdown menu, which is currently set to 'ZUCKER, JANE -- 168661'.

At the bottom of the form, there are three buttons: 'Cancel' (with a red X), 'Clear' (with a square icon), and 'Continue' (with a yellow arrow icon).

6. Choose **Security Group**:

Normal = enables user to add/edit immunizations;

Read-only = enables user to view records, but not add/edit immunizations.

7. **Authorizing Provider** information should already be filled in. Please contact us at 347-396-2400 to change the Authorizing Provider.

Click

Continue →

Add new Online Registry users (cont'd.)

8. The green confirmation message will appear at the top of the page:

The screenshot shows the 'Online Registry' interface. At the top, there are tabs for 'PATIENTS' (Search, MyList, Reports, Add/Edit) and 'PRACTICE' (Tools, Recall, Adv. Event, VFC, Set Up, Adult Fl). Below these are navigation links: Default Settings, Manage Vaccine Lots, Change Password, **Manage Users**, and Change My Contact Info. A green confirmation message states: 'User shuie1 was created. Please have the user check his/her email to set the password for his/her new Online Registry account. Please be aware: (a) that there may be a delay of up to an hour for receipt of the email; and (b) that the email will expire after 4 days, whereupon the account will need to be set up again.' Below the message is an 'Add New User' section with a 'Continue' button. The 'View/Modify Users' section includes a note: 'To change a user's record, click on the User ID or Name below.' It also shows facility information: 'Facility: CIR Guest' and 'Security Administrator: HUIE, SHIRLEY'. At the bottom, a table lists users.

User ID	User Name	Security Group	Deactivated Date	Authorizing Provider
shuie1	HUIE, SHIRLEY	Normal		ZUCKER, JANE

9. The e-mail you need to look for will be sent from:
cir-reset@health.nyc.gov.

Scroll down page to find a new assigned User ID, User Name, and Security Group level.

10. Please instruct users that passwords must contain characters from each of the three categories listed below, and must be at least 8 characters long:

- a. Uppercase alphabet characters (A-Z)
- b. Lowercase alphabet characters (a-z)
- c. Arabic numerals (0-9)

Reset an existing user's password



1. The Security Administrator logs on to the Online Registry using his/her User ID & password.
2. Go to the [Set Up](#) icon.
3. Click on the tab [Manage Users](#).
4. Scroll down. Click on a User ID or Name whose password needs to be reset.
5. Click on "Reset Password" located under the Password section.
6. Click "Continue" and the following note in green will appear at the top of the page:

Password reset initiated for User Id xxxxx. Please have the user check his/her email to reset the password for his/her Online Registry account. Please be aware: (a) that there may be a delay of up to an hour for receipt of the email; and, (b) that the email will expire after 4 days, whereupon the account will need to be reset again.

Modify Online Registry user: (instructions in text)



1. The Security Administrator logs on to the Online Registry using his/her User ID & password.
2. Go to the [Set Up](#) icon.
3. Click on the tab [Manage Users](#).
4. Scroll down. Click on a User ID or Name to be modified.
5. To **modify a user's record**: Edit the information. ***You must enter a valid e-mail address if it has not been entered already.***
6. For [Security Group](#), Select "Normal" if you want your user to **Add/Edit** immunizations. Select, "Read Only," if your user will only be viewing patient immunization records and printing reports.
7. [Authorizing provider](#) information should already be filled in and may not be edited online at this time. Please contact us at 347-396-2400 to change the Authorizing Provider.
8. Click "Continue" and the following note in green will appear at the top of the page:
The user record has been updated.
9. To **deactivate users**, click on the user's name and click on "No" for Active User.

Modify Online Registry users: (screenshots)

1. The Security Administrator logs on to the Online Registry using his/her User ID & password.

The screenshot displays the Online Registry interface. At the top, there is a navigation bar with tabs for PATIENTS (Search, MyList, Reports, Add/Edit) and PRACTICE (Tools, VFC). Below this is a secondary bar with links: Default Settings, Manage Vaccine Lots, Change Password, **Manage Users** (highlighted), and Change My Contact Info. A welcome message for Shirley Huie (Administrator) is shown, along with facility details: CIR Guest (Provider) at 2 Lafayette Street. Below the navigation, a message states: 'The following people are registered users for your facility.' There are two main sections: 'Add New User' with a 'Continue' button, and 'View/Modify Users' with a note: 'To change a user's record, click on the User ID or Name below.' Below this, the user details are listed: Facility: CIR Guest, Security Administrator: HUIE, SHIRLEY. At the bottom, a table lists registered users.

User ID	User Name	Security Group	Expiration Date	Authorizing Provider
shuie1	HUIE, SHIRLEY	Normal		ZUCKER, JANE

2. Go to the **Set Up** icon.
3. Click on the tab **Manage Users**.
4. Scroll down. Click on a User ID or Name to be modified.

Modify Online Registry users: (cont'd.)

5. Edit the information. *You must enter a valid e-mail address if it has not been entered already.*

Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit, Tools, Recall, Adv. Event, VFC
PRACTICE: Set Up, Adult Flu, Help, LogOut

Welcome Shirley Huie (SS#
Facility: CIR Guest (Provid
Address: 42-09 28th Street

Default Settings Manage Vaccine Lots Change Password **Manage Users** Change My Contact Info

To change a user's record, modify the fields below then click "Continue."

User Information

UserID: shuie1
Active User? YES: ☒ NO: ☐
First Name: SHIRLEY (Required)
Last Name: HUIE (Required)
Address:
Title:
Department:
Phone:
Ext:
Fax:
E-mail: shuie@health.nyc.gov (Required)

Security

Security Group: Normal

Password
[Reset Password](#)

Provider

Authorizing Provider: ZUCKER, JANE -- 168661

Cancel X Clear Clear Continue →

6. Choose Security Group:

Normal = enables user to add/edit immunizations;

Read-only = enables user to view records, but not add/edit immunizations.

7. Authorizing Provider information should already be filled in and may not be edited online at this time. Please contact us at 347-396-2400 to change the Authorizing Provider.

Click **Continue** when you are finished

Modify Online Registry users: (cont'd.)



8. The green confirmation message will appear at the top of the page:

Online Registry

PATIENTS

SearchMyListReportsAdd/Edit

PRACTICE

ToolsVFC

Set Up

Help

LogOut

Welcome Shirley Huie (Admin)
Facility: Citywide Immunization Registry
Address: 2 Lafayette Street

[Default Settings](#) [Manage Vaccine Lots](#) [Change Password](#) **[Manage Users](#)** [Change My Contact Info](#)

✓ The user record has been updated.

Add New User



Continue →

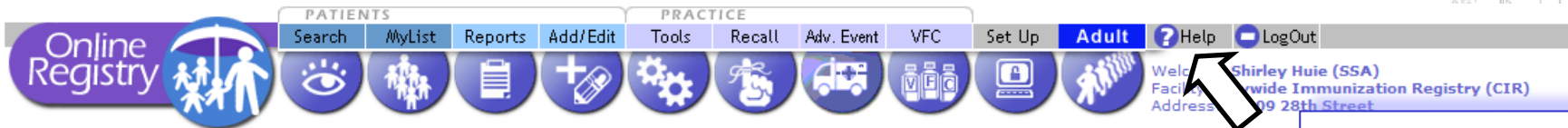
View/Modify Users

➡ To change a user's record, click on the User ID or Name below.

Facility: Citywide Immunization Registry
Security Administrator: HUIE, SHIRLEY

User ID	User Name	Security Group	Expiration Date	Authorizing Provider
shuie1	HUIE, SHIRLEY	Normal		ZUCKER, JANE

Help:



Help

Features

Overview

- [Reporting to the Registry](#)
- [Accessing the Registry](#)

Search

- [Search](#)
- [Advanced Search](#)
- [Add New Patient](#)

MyList

- [My List](#)

Reports

- [View Record](#)
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- [Pre-completed Forms](#)
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Add/Edit

- [Current Immunization](#)
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- [Add History](#)
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- [Adverse Event](#)

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- [Tools](#)
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VFC

- [Vaccines for Children](#)
- [Doses Administered](#)
- [VFC Eligibility Report](#)
- [VFC Re-enrollment](#)

Frequently Asked Questions

Overview

- [What are the reporting requirements?](#)
- [What records are in the Online Registry?](#)
- [Do we still need Department of Health Lifetime Health Records?](#)
- [Can parents or patients also access the Registry themselves?](#)
- [How do I report immunizations if a patient is not in the CIR?](#)
- [Where does the Registry get lead information?](#)
- [Can I report lead test results using the Online Registry application?](#)
- [Where can I find out more about the Lead Poisoning Prevention Program?](#)
- [Who do I contact if I have questions about reporting?](#)
- [How do I gain access to the Online Registry?](#)
- [How does the Registry keep patient records confidential?](#)
- [Why must each user have their own password?](#)

Search

- [How does Search work?](#)
- [What if two patients have the same name?](#)
- [What if I can't find a patient's record?](#)
- [What is an Advanced Search?](#)
- [What if I can't find a patient with Advanced Search?](#)
- [What is the CIR number and how do I find it?](#)
- [What if the CIR returns the wrong record?](#)
- [What is Add New Patient?](#)

MyList

- [What is MyList?](#)
- [How do I select a patient?](#)
- [How do I add a patient?](#)
- [How do I remove a patient?](#)

Reports

- [What is in the Reports section?](#)
- [How are Registry recommendations calculated?](#)
- [What Lead Test information is available?](#)
- [What records are in the Registry?](#)

Contacting

LPPP mailing address:

New York City
Lead Poisoning
253 Broadway,
New York, NY 10013

Phone: 212-BAN-LEAD

Fax: 212-676-6326

CIR mailing address:

New York City Department of Health and Mental Hygiene
Citywide Immunization Registry
42-09 28th Street, 5th Floor, CN 21
Long Island City, NY 11101-4132

Phone: 347-396-2400

Fax: 347-396-2559

[Full User Guide](#)

[Coverage, Reminder/Recall Guide](#)

[Online CH205 Form Guide](#)

[VFC Online Registry Ordering Tool Guide](#)

- Help by Feature
- Help by FAQs
- Contact Information
- User Guides

Citywide Immunization Registry (CIR)



- Started in 1997
- Vital records (birth certificates) loaded twice weekly
 - All NYC births from 1996 forward
 - ~125,000 births annually
- Mandatory reporting of immunizations administered to individuals 0-18 years
 - City Health Code, State Law
 - Expanded to include adolescents in 2005
 - Voluntary reporting for adults
- >1,700 pediatric provider sites
 - > 85% participate in Vaccines for Children (VFC) program
- >90% of providers report regularly

All reporting electronically: Online Registry, batch file transfer, HL7 Web service (real-time, bi-directional)
- Contains > 4.8 million people; > 75 million immunizations

CIR Access



Limited to health care providers, parents, legal guardians or custodians, authorized agencies (i.e., MCOs, WIC, schools, child care)

- Online Registry - 24/7 self-service:
 - look-up immunization records and view lead test histories
 - print or fax a record
 - print pre-completed forms:
 - § CH205: schools/daycare/afterschool/day camp,
 - § Early Intervention Program Referral form,
 - § WIC
 - Use MyList and/or Reminder/Recall to keep track
- Fax, mail in, or telephone (M-F , 9 am-5 pm) requests to CIR
- HL7 Web Service - real-time data query
- Batch file data exchange

CIR access for parents, legal guardians and individuals

Short, signed application required to obtain a record:

- Telephone to request application: 347-396-2400
- Download forms from www.nyc.gov/health/cir
- Go to the Parents & Guardians page

Citywide Immunization Registry
We help you call the shots!
www.nyc.gov/health/cir

NYC Health
New York City Department of Health and Mental Hygiene
Thomas P. Suozzi, M.D., M.P.H.
Commissioner
Phone: (347) 396-2400
Fax: (347) 396-2559

Immunization Record Request Application

PLEASE PRINT CLEARLY.

Applicant's Information

Last Name: _____ Middle Name: _____
First Name: _____
Sex: ☐ Male ☐ Female
Date of Birth: mm/dd/yyyy _____ Medicaid Number (if applicable): _____
month day year

STREET ADDRESS _____ APT # _____
CITY _____ STATE _____ ZIP CODE _____

APPLICANT'S PHONE: _____
FAX TO: _____ Please provide fax number if requesting record by fax.

NAME OF HOSPITAL WHERE APPLICANT WAS BORN _____

NAME OF HEALTH CARE PROVIDER
HEALTH CARE PROVIDER'S PHONE: _____

Mother's Maiden Name (name before marriage):
Last Name: _____ First: _____
Mother's Date of Birth: _____
month day year

Parent Information (if applicant is a minor)
Relationship to Child: ☐ Mother ☐ Father ☐ Guardian ☐ Other _____
(please describe, e.g. grandparent)

LAST NAME _____ FIRST NAME _____
This is to certify that I am the parent, guardian, custodian, or other such person in parental relationship to the child listed above, or the individual to whom the record relates. I understand that all information submitted to the Citywide Immunization Registry will be kept confidential in accordance with section 1111(d) of the NYC Health Code and New York State Public Health Law 2168.

Signature of Applicant _____ Date _____

ImmRecReqEng2011Nov.doc

For Official Use Only:
Date Form Received: _____
Status of Request:
____ Record Sent
____ Record Not Found
____ Record Found, no items
____ Form Incomplete
Staff Initials: _____

TO REQUEST AN IMMUNIZATION RECORD BY MAIL OR FAX:
(1) Complete the Immunization Record Request Application.
(2) Attach a clear copy of a valid photo ID, such as driver's license or passport.
(3) Mail or fax both the completed application & copy of ID.

MAIL:
NYC Dept. of Health and Mental Hygiene - Citywide Immunization Registry
42-09 28th Street, 5th FL, CN 12
Long Island City, NY 11101-4182
FAX: (347) 396-2559
Once the completed form is received you will be sent a response, usually within seven business days by mail, or two business days by fax.

TO REQUEST AN IMMUNIZATION RECORD IN PERSON:
You may visit us, Monday to Friday between 9:00 a.m. - 5:00 p.m. to obtain a record the same day. Please bring a valid photo ID, such as, driver's license or passport.

BEFORE YOUR VISIT, CALL:
(347) 396-2400
NYC DOHMH - Bureau of Immunization
Two Gotham Center
42-09 28th Street
Long Island City, NY 11101
Nearest subways:
N, Q, or R to Queensboro Plaza;
E, M or R to Queens Plaza;
E, G or M to 23rd Street/Ely Avenue;
7 to 45th Road/Courthouse Square

Contact Information

Citywide Immunization Registry NYC Department of Health and Mental Hygiene

General CIR contact information:

Tel: (347) 396-2400

Fax: (347) 396-2559

nyc.gov/health/cir

cir@health.nyc.gov