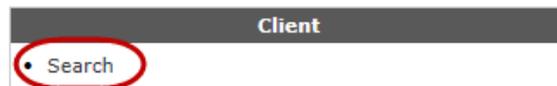




NORTH DAKOTA IMMUNIZATION INFORMATION SYSTEM (NDIIS)

LOOKING UP AN IMMUNIZATION RECORD

1. To access the client lookup page, click the **Search** hyperlink in the *Client* box



2. To search for a client's record:
 - a. enter search criteria in the basic or expanded search fields by clicking in the free-text box and typing in correct information
 - can use keyboard and *tab* through each field
 - b. click
 - can also hit *Enter* on the keyboard to start search

Client Lookup

Options Help

Basic Search

Birth:

First: Last:

Patient Account #:

For MW TRAINING PROVIDER

Social Security #:

Last Name	First Name	MI	Birth Date	Alias	Address	City	State
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NDDoH recommends using the basic search function and searching by birthdate and first letter of the first name.

3. The registry will return a list of up to 100 possible matches
4. To view a record from the list of possible matches:
 - a. highlight the correct person from the list and click **Inquire** or
 - b. double-click the name from the list
5. The system will open the record on the **Demographics** folder
 - a. All required fields will be marked by an asterisk (*) and must be filled in before new information can be saved
 - b. Be sure to verify the client demographics at every visit

ACH, TEST KL

Help

Demographics
Immunizations
Comments
Maintenance

Last Updated 08/09/2017

Patient Information

<p>* Last Name: <input type="text" value="ACH"/></p> <p>* First Name: <input type="text" value="TEST"/></p> <p>* Middle Name: <input type="text" value="KL"/></p> <p>Suffix: <input type="text"/></p> <p>* Race: <input type="text" value="WHITE"/></p> <p>* Ethnicity: <input type="text" value="NOT HISPANIC OR LATINO"/></p> <p>* Birth Date: <input type="text" value="08/20/2014"/></p> <p><input type="checkbox"/> Is Multiple Birth (twins, triplets, etc)</p> <p>SSN: <input type="text"/></p> <p>* Gender: <input type="text" value="MALE"/></p> <p>Alias: <input type="text"/></p> <p>Patient Acct #: <input type="text"/></p>	<p>* Address: <input type="text" value="TEST 768"/> Apt: <input type="text"/></p> <p style="text-align: right; font-size: x-small;">Base <input type="checkbox"/> Air Force</p> <p>* City: <input type="text" value="AITKIN"/></p> <p>* State: <input type="text" value="MINNESOTA"/></p> <p>* Zip: <input type="text" value="56431"/></p> <p>County: <input type="text" value="OUT-OF-STATE"/></p> <p>* Birth State/Country: <input type="text" value="TEXAS"/></p> <p>* Primary Phone: <input type="text" value="987-654-3210"/></p> <p>Work Phone: <input type="text"/> Ext: <input type="text"/></p> <p>Email Address: <input type="text"/></p> <p><input type="checkbox"/> Exclude client from reminder recall</p> <p><input type="checkbox"/> Exclude client from client De-Duplication</p>
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Mother Information

*Last Name:

*First Name:

Middle:

Maiden Name:

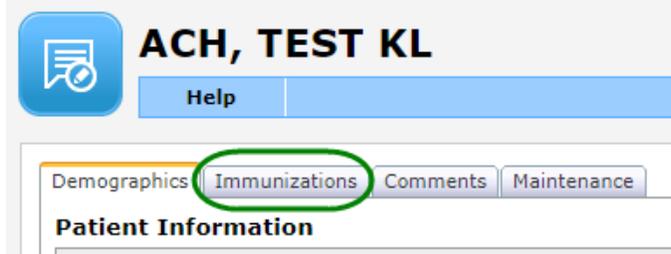
Parent/Guardian Information

Last Name:

First Name:

Fields Appearing with an Asterisk (*) Are Required.

6. To access their immunization record, click on the **Immunizations** tab



7. The **Immunization** tab holds all of the client’s immunization information including:

- Dose Date (date vaccine was administered)
- Provider who administered vaccine
- Lot number of vaccine administered
- Reaction – if the patient had any type of reaction to that dose of vaccine
- VFC eligibility
- Vaccine name
- Historical – if this was an administered dose or entered from another record as part of the client’s historical vaccinations
- Valid dose – was the dose valid according to ACIP recommendations

Dose Date	Provider	Lot	Reaction	VFC	Vaccine	Historical	Valid
11/01/2004	1512 - TRINITY MEDICAL WHS	0607P	None	NOT ELIGIBLE	HBV Pediatric	No	Yes
01/21/2005	4910 - TRIN MED ARTS CLC PED N	AC21A008BA	None	MEDICAID	DTaP-HBV-IPV (Pediarix)	No	Yes
01/21/2005	4910 - TRIN MED ARTS CLC PED N	UE260AA	None	MEDICAID	HIB (PRP-T) ACTHib	No	Yes
01/21/2005	4910 - TRIN MED ARTS CLC PED N	A74405F	None	MEDICAID	PCV7 (pneumococcal)	No	Yes
03/23/2005	4910 - TRIN MED ARTS CLC PED N	AC21A015AA	None	NOT ELIGIBLE	DTaP-HBV-IPV (Pediarix)	No	Yes No Yes
03/23/2005	4910 - TRIN MED ARTS CLC PED N	UE399AA	None	NOT ELIGIBLE	HIB (PRP-T) ACTHib	No	Yes
03/23/2005	4910 - TRIN MED ARTS CLC PED N	A67184D	None	NOT ELIGIBLE	PCV7 (pneumococcal)	No	Yes
06/06/2005	4910 - TRIN MED ARTS CLC PED N	AC21A017AA	None	NOT ELIGIBLE	DTaP-HBV-IPV (Pediarix)	No	Yes
06/06/2005	4910 - TRIN MED ARTS CLC PED N	0516P	None	NOT ELIGIBLE	HIB (PRP-OMP) PedvaxHIB	No	Yes

Vaccination Exemption Forecast Print Certificate Add Change Delete