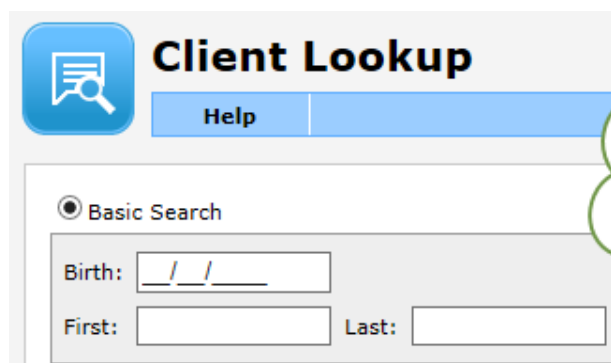


North Dakota Immunization Information System: Printing a Certificate of Immunization

1.) Search for a client's record by:

- Entering search criteria in the basic search fields by clicking in the free-text box and typing in the correct information
 - Can also use keyboard and *tab* through each field
- Clicking **Search**
 - Can also hit *Enter* on the keyboard to start search



Client Lookup

[Help](#)

Basic Search

Birth:

First: Last:

The easiest way to search for a patient is by using their birthdate and the first letter of their first name

2.) Select a client record from the list of possible matches by double clicking the correct name from the list, or clicking the **Inquire** button.

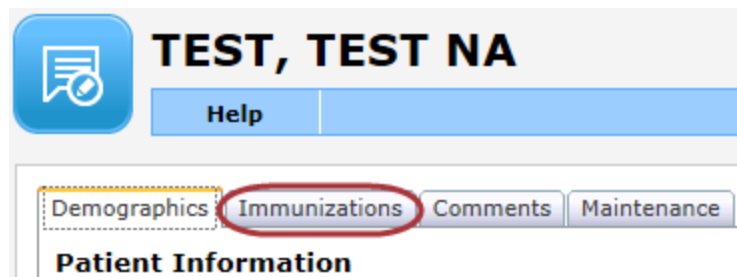
[Inquire](#)

3.) The system will open the record on the **Demographics** tab

- Be sure to verify the client demographics at every visit.

The screenshot shows a software interface for patient demographics. At the top, there are four tabs: "Demographics" (highlighted), "Immunizations", "Comments", and "Maintenance". Below the tabs is the "Patient Information" section, which is updated as of 10/19/2012. The form contains various fields, many marked with an asterisk to indicate they are required. Fields include: Last Name (TEST), First Name (PATIENT), Middle Name (NA), Suffix (dropdown), Race (UNKNOWN), Ethnicity (UNKNOWN), Birth Date (10/10/1977), Gender (-- SELECT ONE --), Address (TEST ADDRESS BROADWAY WALK), PO BOX (56789978), City (GRAND FORKS), State (NORTH DAKOTA), Zip (58201), County (GRAND FORKS), Birth State/Country (UNKNOWN), Primary Phone (701-780-5845), and Phone Number Type (-- SELECT ONE --). There are also checkboxes for "Is Multiple Birth (twins, triplets, etc)", "Exclude client from reminder recall", and "Exclude client from client De-Duplication". Below the patient information are sections for "Mother Information" and "Responsible Person", each with fields for name and relationship. A "Save" button is located at the bottom left, and a note at the bottom right states "Fields Appearing with an Asterisk (*) Are Required."

4.) To access the Certificate of Immunization, click on the **Immunizations** tab under the client's name.



5.) From the client's Immunization screen, click the **Print Certificate** button.

The screenshot shows a software interface for a client named 'ACCOUNT, TEST A'. The 'Immunizations' tab is selected, displaying a table of vaccination records. The table has columns for Dose Date, Provider, Lot, Reaction, VFC, Vaccine, Historical, and Valid. Below the table are buttons for 'Vaccination Exemption', 'Contraindications', 'Forecast', 'Print Certificate' (circled in red), 'Add', 'Change', and 'Delete'.

Dose Date	Provider	Lot	Reaction	VFC	Vaccine	Historical	Valid
10/31/2015	9999 - UNKNOWN	(IIV4 P/F) ADJ	None	NO INSURANCE	INFL (IIV4 P/F) ADJ	Yes	Yes
10/31/2016	9999 - UNKNOWN	HPV	None	NOT ELIGIBLE	HPV (unspecified)	Yes	No
11/07/2018	9999 - UNKNOWN	(IIV4 P/F) ADJ	None	NOT ELIGIBLE	INFL (IIV4 P/F) ADJ	Yes	Yes
10/10/2020	4933 - SANFORD CHILDREN'S FAR	DTAP	None	NOT ELIGIBLE	DTAP	No	No
10/10/2020	4933 - SANFORD CHILDREN'S FAR	AN3NC	Anaphylaxis (disorder)	NOT ELIGIBLE	HBV Pediatric	No	Yes
11/08/2020	9999 - UNKNOWN	DTAP	None	MEDICAID	DTAP	Yes	Yes

6.) The certificate will open as a PDF document and is a complete record of all vaccinations (both valid and invalid doses) and vaccine exemptions recorded for the client in the NDIIS. The record contains the following information:

- a. the North Dakota state seal
- b. client's name and birthdate
- c. vaccine name, date and if the dose is valid or invalid according to the routine immunization schedule
 - combination vaccines will show up in the section for each of the individual vaccine components
 - if a client received a dose or doses of HPV or Hepatitis B vaccine without parental consent, the dose will be visible in the NDIIS but will not print on the immunization certificate
- d. the certificate must be signed by a "Physician, Nurse, Clinic, Provider, Pharmacist, Local/State Health or Representative" in order to be considered valid.

1



North Dakota Department of Health Certificate of Immunization

This is an official document of immunization for the person listed below. This record can be given to early childhood facilities and school administrators. This record may not contain all doses and may need additional documentation to prove vaccinations given in other states or by other providers.

2

PATIENT TEST

Birth Date: 10/10/1977

3

Vaccine	Date	Valid
PCV13 (pneumococcal)	10/05/2011	YES

4

To the best of my knowledge, this person has received the above-indicated immunizations on the above dates.

(Physician, Nurse, Clinic, Provider, Pharmacist, Local/State Health or Representative.)

Date

My child has not met the minimum requirements for his/her age. I agree to resume immunizations within 30 days from the date I was notified (today's date noted below) that my child's immunizations are incomplete and to submit a signed Certificate of Immunization.

(Parent/Guardian)

Date

Statement of Exemption to Immunization Law

In the event of an outbreak, exempted persons may be subject to exclusion from school or childcare facility.

Medical Exemption: The physical condition of the above named person is such that immunization would endanger life or health, or is medically contraindicated due to other medical conditions.

(Physician)

Date

History of Disease Exemption: To the best of my knowledge, the above person has had prior infection as indicated by prior diagnosis or laboratory confirmation.

(Physician)

Date

Religious/Philosophical/Moral Belief Exemption: Parent or guardian of the above named person adheres to a belief opposed to immunizations.

(Please check one.)

Religious

Moral/Philosophical

(Parent/Guardian)

Date