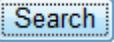




NORTH DAKOTA IMMUNIZATION INFORMATION SYSTEM (NDIIS)

PRINTING CERTIFICATE OF IMMUNIZATION

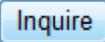
1. Search for a client's record by:
 - a. entering search criteria in the basic or expanded search fields
 - can use keyboard and *tab* through each field
 - b. click  or hit *Enter* on the keyboard to start search

Client Lookup [Help](#)

Basic Search Patient Account #:
 Social Security #:

Birth:
First: Last:

| Last Name | First Name | MI | Birth Date | Alias | Address | City | State |
|-----------|------------|----|------------|-------|----------|--------|-------|
| ACH | TEST | KL | 08/20/2014 | | TEST 768 | AITKIN | MN |

2. To view a record from the list of possible matches:
 - a. highlight the correct person from the list and click  or
 - b. double-click the name from the list

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

❖ **Reminder:** update any information that is no longer correct

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



Demographics **Immunizations** Comments Maintenance

| Dose Date | Provider | Lot | Reaction | VFC | Vaccine | Historical | Valid |
|------------|--------------------------------|------------|----------|-----------------|-------------------------|------------|------------|
| 11/22/2004 | 1181 - ALTRU HOSPITAL | 0181P | None | AMERICAN INDIAN | HBV Pediatric | No | Yes |
| 12/16/2004 | 4902 - ALTRU CLINIC PEDIATRICS | AC21A001AA | None | AMERICAN INDIAN | DTaP-HBV-IPV (Pediarix) | No | Yes |
| 12/16/2004 | 4902 - ALTRU CLINIC PEDIATRICS | UE260AA | None | AMERICAN INDIAN | HIB (PRP-T) ACTHib | No | Yes |
| 12/16/2004 | 4902 - ALTRU CLINIC PEDIATRICS | A67180E | None | AMERICAN INDIAN | PCV7 (pneumococcal) | No | Yes |
| 02/14/2005 | 4902 - ALTRU CLINIC PEDIATRICS | AC21A008AA | None | AMERICAN INDIAN | DTaP-HBV-IPV (Pediarix) | No | Yes No Yes |
| 02/14/2005 | 4902 - ALTRU CLINIC PEDIATRICS | 1015P | None | AMERICAN INDIAN | HIB (PRP-OMP) PedvaxHIB | No | Yes |
| 02/14/2005 | 4902 - ALTRU CLINIC PEDIATRICS | A67184D | None | AMERICAN INDIAN | PCV7 (pneumococcal) | No | Yes |

Vaccination Exemption Forecast Print Certificate Add Change Delete

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. patient's name and birthdate
- c. vaccine name, date and if the dose validity
 - 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

a



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.

b

TEST USERONE

Birth Date: 10/31/2008

| Vaccine | Date | Valid | Vaccine | Date | Valid |
|-------------------------|------------|-------|---------------------------|------------|-------|
| INFLUENZA | | | PNEUMOCOCCAL | | |
| INFL (Inactivated W/P) | 05/01/2009 | YES | PCV7 (Pneumococcal) | 12/31/2008 | YES |
| INFL (Inactivated W/P) | 06/03/2009 | YES | PCV7 (Pneumococcal) | 02/27/2009 | YES |
| INFL (Inactivated W/P) | 09/16/2009 | YES | PCV7 (Pneumococcal) | 05/01/2009 | YES |
| INFL (Live virus) | 11/23/2010 | YES | PCV7 (Pneumococcal) | 11/02/2009 | YES |
| INFL (Live virus) | 10/18/2011 | YES | PCV13 (PNEUMOCOCCAL) | 05/03/2010 | YES |
| DTP/DT/DTaP | | | HIB | | |
| DTaP-Hib-IPV (Pentacel) | 12/31/2008 | YES | DTaP-Hib-IPV (Pentacel) | 12/31/2008 | YES |
| DTaP-Hib-IPV (Pentacel) | 02/27/2009 | YES | DTaP-Hib-IPV (Pentacel) | 02/27/2009 | YES |
| DTaP-Hib-IPV (Pentacel) | 05/01/2009 | YES | DTaP-Hib-IPV (Pentacel) | 05/01/2009 | YES |
| DTaP-Hib-IPV (Pentacel) | 11/02/2009 | YES | DTaP-Hib-IPV (Pentacel) | 11/02/2009 | YES |
| OPV/IPV | | | HEPATITIS B | | |
| DTaP-Hib-IPV (Pentacel) | 12/31/2008 | YES | HEP B (Preservative Free) | 11/01/2008 | YES |
| DTaP-Hib-IPV (Pentacel) | 02/27/2009 | YES | HBVP | 12/31/2008 | YES |
| DTaP-Hib-IPV (Pentacel) | 05/01/2009 | YES | HEP B (Preservative Free) | 05/01/2009 | YES |
| DTaP-Hib-IPV (Pentacel) | 11/02/2009 | YES | | | |
| ROTA VIRUS | | | HAV | | |
| ROTA VIRUS (3 dose) | 12/31/2008 | YES | HAV (2 doses) | 11/02/2009 | YES |
| ROTA VIRUS (3 dose) | 02/27/2009 | YES | HAV (2 doses) | 05/03/2010 | YES |
| ROTA VIRUS (3 dose) | 05/01/2009 | YES | | | |
| MMR | | | VARICELLA | | |
| MMR | 11/02/2009 | YES | CHICKENPOX | 11/02/2009 | YES |

c

d

Fill out one below.

To the best of my knowledge, this person has received the immunizations required for age 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 _____

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 _____

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

(Please check one.) Religious Philosophical Moral

(Parent/Guardian) Date _____

