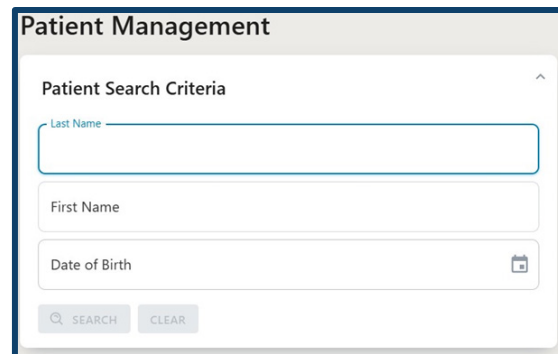
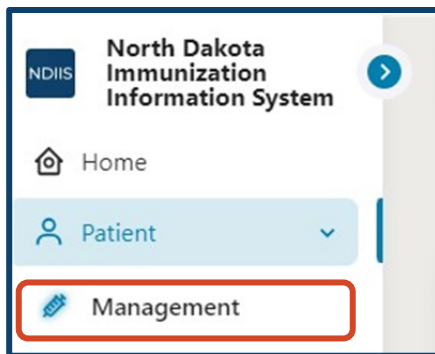


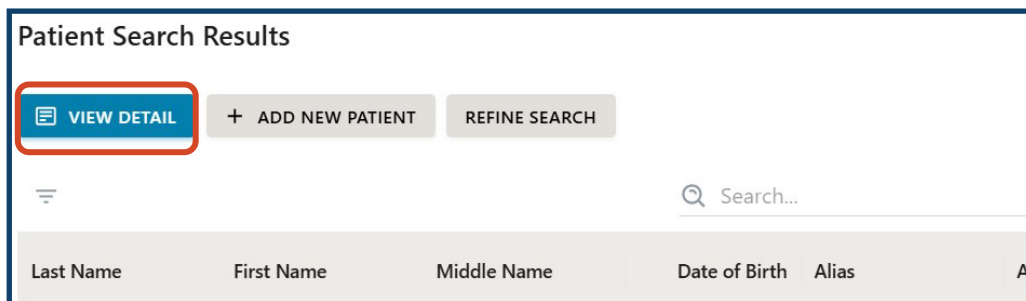
Printing a Certificate of Immunization

Getting Started

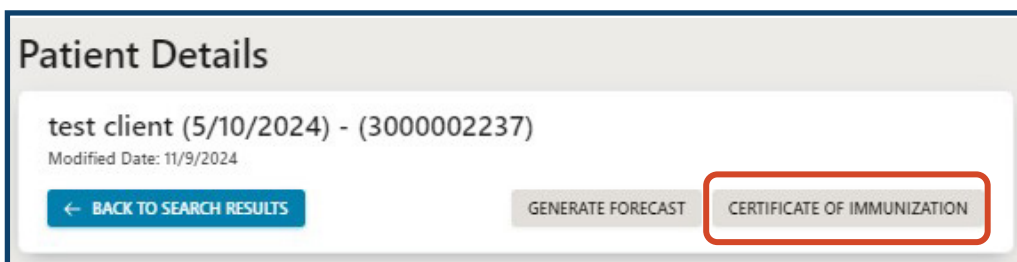
1. In the NDIIS Main Menu select Patient drop-down and click Management. This will open the Patient Search Criteria module.
 - Best practice for patient search is to enter the birthdate and the first letter of the patient's first name.



2. Select the patient record from the list of possible matches by clicking on the record to highlight it. Then click the View Detail button to open the patient's record to their Core Demographics.



3. The Certificate of Immunization can be viewed and printed from the Patient Details header by clicking the Certificate of Immunization button.



4. A pop-up will appear asking if Influenza, COVID19, or Mpox immunizations should be excluded from the printed certificate. The default is "None" and if left unchanged all immunizations in the record will print on the certificate. One or more of the options can be selected, and if selected, those doses will not print on the certificate. Click OK to print the certificate after selection is complete.



5. The certificate will open as a PDF document and is a complete record of all immunizations (both valid and invalid doses) recorded for the patient in the NDIIS.

Official ND Certificate of Immunization

- North Dakota State Seal
- Patient's name and birthdate
- Immunization name, date of administration, lot number, manufacturer, and if the dose is valid or invalid according to the routine, age-based immunization schedule.
 - If a valid lot number or vaccine manufacturer were not documented in the NDIIS, the certificate will display "NA"
 - Combination vaccines will show up in the section for each of the individual vaccine components.
- Signature of the Immunization Director for the North Dakota Department of Health and Human Services
- Date the certificate was printed
- Does not contain exemptions.



CERTIFICATE OF IMMUNIZATION

NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES

This is an official document of immunization for the individual named below.

Name: AWAI AWAI

Birth Date: 01/01/1999

Vaccine	Date	Lot Number	Manufacturer	Valid
COVID19				
COVID19 (Janssen)	06/10/2023	NA	Unknown manufacturer	Yes
HEPATITIS A				
HAV Adult	06/11/2024	NA	Unknown manufacturer	Yes
HEPATITIS B				
HBV Adult	11/13/2023	NA	Unknown manufacturer	Yes
HBV Adult	12/13/2023	NA	Unknown manufacturer	Yes
HBV Adult (Heplisav)	06/24/2024	NA	Unknown manufacturer	Yes
INFLUENZA				
INFL (unspecified)	06/11/2024	NA	Unknown manufacturer	Yes
MMR				
MMR	11/13/2023	NA	Unknown manufacturer	Yes
MMR	12/13/2023	NA	Unknown manufacturer	Yes
POLIO				
IPV	04/30/2024	NA	Unknown manufacturer	Yes
IPV	06/11/2024	NA	Unknown manufacturer	Yes
IPV	05/07/2025	Y1A201M	Sanofi Pasteur	Yes
TDAP/TD				
Td (unspecified)	11/13/2023	NA	Unknown manufacturer	Yes
Td (unspecified)	12/13/2023	NA	Unknown manufacturer	Yes
Tdap	06/11/2024	NA	Unknown manufacturer	Yes
VARICELLA (CHICKENPOX)				
VARICELLA (CHICKENPOX)	06/24/2024	NA	Unknown manufacturer	Yes
VARICELLA (CHICKENPOX)	05/07/2025	Y017063	Merck and Co. Inc.	Yes

I hereby certify that the above named individual has received the above indicated immunizations according to the North Dakota Immunization Information System.

Mary Woinarowicz, Immunization Director
North Dakota Department of Health & Human Services

03/19/2026

Date:

*NA indicates there is no documented value in the dose record.