

Health & Human Services



## North Dakota Immunization Information System: Looking Up an Immunization Record

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

| North Dako                       | ta Immur | nization Informat      | ion System                             |
|----------------------------------|----------|------------------------|--|
| Help                             |          |                        |  |
| Provider:                        | $\sim$   |                        |  |
| Client                           | Provider | Reminder/Recall        | VFC Vaccine                            |
| • Search                         | Lookup   | Create Reminder-Recall | Vaccine Ordering, Returns and Wastages |
| Vaccine Management               | Reports  |                        |  |
| Lot Management     Vaccine Login | Reports  |                        |  |

- 2.) To search for a client's record:
  - Enter 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
  - Click Search
    - Can also hit *Enter* on the keyboard to start search

|        | Client   | Lookup |   |
|--------|----------|--------|---|
| 5      | Help     |        | The easiest way to                                  |
| Basic  | : Search |        | search for a patient is<br>by using their birthdate |
| Birth: |          |        | their first name                                    |
| First: |          | Last:  |   |

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

| <ul> <li>Last Name: TEST</li> <li>First Name: PATIENT</li> <li>Middle Name: NA</li> <li>Suffix: V</li> <li>Race: UNKNOWN</li> <li>State: NORTH DAKOTA</li> <li>Cliy: GRAND FORKS</li> <li>State: NORTH DAKOTA</li> <li>Zip: 58201</li> <li>Birth Date: 10/10/1977</li> <li>County: GRAND FORKS V</li> <li>Birth Date: 10/10/1977</li> <li>Gender: -SELECT ONE - V</li> <li>Birth State/Country: UNKNOWN</li> <li>Primary Phone: 701-780-5845</li> <li>Phone Number -SELECT ONE - V</li> <li>Birth State/Country: SELECT ONE - V</li> <li>Birth State/Country: SELECT ONE - V</li> <li>Birth State/Country: SELECT ONE - V</li> <li>Birth State/Country: UNKNOWN</li> <li>Primary Phone: 701-780-5845</li> <li>Phone Number -SELECT ONE - V</li> <li>Email Address: Primary Language: -SELECT ONE - V</li> <li>Exclude client from reminder recall</li> <li>Exclude client from reminder recall</li> <li>Exclude client from client De-Duplication</li> </ul> there is a state of the st | atient Information    |                        |                |                        | Last Updated 10/19/20              |
|---|-----------------------|------------------------|----------------|------------------------|------------------------------------|
| • First Name:       PATIENT       PO BOX 56789978         • Middle Name:       NA       Air Force Base         Suffix: <ul> <li>City:</li> <li>GRAND FORKS</li> <li>State:</li> <li>NORTH DAKOTA</li> <li>Zip:</li> <li>S5201</li> <li>County:</li> <li>GRAND FORKS</li> <li>State:</li> <li>NORTH DAKOTA</li> <li>Zip:</li> <li>S5201</li> <li>County:</li> <li>GRAND FORKS</li> <li>State:</li> <li>NORTH DAKOTA</li> <li>Zip:</li> <li>S5201</li> <li>County:</li> <li>GRAND FORKS</li> <li>Sith Date:</li> <li>10/10/1977</li> <li>County:</li> <li>GRAND FORKS</li> <li>Sith Date:</li> <li>10/10/1977</li> <li>County:</li> <li>GRAND FORKS</li> <li>Sith Date:</li> <li>10/10/1977</li> <li>County:</li> <li>GRAND FORKS</li> <li>Sith State/Country:</li> <li>UNKNOWN</li> <li>Sith State/Country:</li> <li>UNKNOWN</li> <li>Sith State/Country:</li> <li>UNKNOWN</li> <li>Sith State/Country:</li> <li>UNKNOWN</li> <li>Primary Phone:</li> <li>701-780-5845</li> <li>Phone Number</li> <li>Select ONE -</li> <li>Primary Language:</li> <li>Select ONE -</li> <li>Seconsible Person</li> <li>Last Name:</li> <li>Paceutons/Comments</li> <li>No Reactions/Comments</li> <li>Save</li> <li>Fields Appearing with an Asterisk (*) Are Require</li> <li>Seconside Appearing with an Aste</li></ul>   | * Last Name:          | TEST                   |                | * Address:             | TEST ADDRESS BROADWAY WAL          |
| <ul> <li>Middle Name: NA</li> <li>Air Force Base</li> <li>Suffix:  <ul> <li>City:</li> <li>GRAND FORKS</li> <li>State:</li> <li>NORTH DAKOTA </li> </ul> </li> <li>Ethnicity: UNKNOWN <ul> <li>Zip:</li> <li>S8201</li> <li>County:</li> <li>GRAND FORKS </li> </ul> </li> <li>Birth Date: 10/10/1977 <ul> <li>County:</li> <li>GRAND FORKS </li> </ul> </li> <li>Birth Date: 10/10/1977 <ul> <li>County:</li> <li>GRAND FORKS </li> </ul> </li> <li>Birth Date: 10/10/1977 <ul> <li>County:</li> <li>GRAND FORKS </li> </ul> </li> <li>Birth Date: 10/10/1977 <ul> <li>County:</li> <li>GRAND FORKS </li> </ul> </li> <li>Birth Date: 10/10/1977 <ul> <li>County:</li> <li>GRAND FORKS </li> </ul> </li> <li>Birth State/County: UNKNOWN <ul> <li>Primary Phone: 701-780-5845</li> <li>Phone Number - SELECT ONE - </li> <li>Primary Phone: 701-780-5845</li> <li>Phone Number - SELECT ONE - </li> <li>Select ONE - </li> <li>Select ONE - </li> </ul> </li> <li>Alias Middle Name: <ul> <li>Primary Language: - SELECT ONE - </li> <li>Exclude client from reminder recall </li> <li>Exclude client from client De-Duplication</li> </ul> </li> <li>Ather Information <ul> <li>Responsible Person</li> </ul> </li> <li>Last Name: <ul> <li>Relationship to Patient: </li> <li>Middle Name: <ul> <li>Seve</li> </ul> </li> <li>First Name: <ul> <li>No Reactions/Comments</li> </ul> </li> </ul></li></ul>  | * First Name:         | PATIENT                |                |                        | PO BOX 56789978                    |
| Suffix: <ul> <li>City:</li> <li>GRAND FORKS</li> <li>Race:</li> <li>UNKNOWN</li> <li>State:</li> <li>NORTH DAKOTA</li> </ul> Ethnicity:         UNKNOWN <li>Zip:</li> <li>Sezon</li> Birth Date:         10/10/1977              County:         GRAND FORKS           Birth Date:         10/10/1977              County:         GRAND FORKS           Gender:              - SELECT ONE                Birth State/Country:         UNKNOWN           Gender:              - SELECT ONE                Primary Phone:              701-780-5845            Alias First Name:              Primary Phone Number<br>- SELECT ONE                Primary Language: - SELECT ONE             Alias Last Name:              Primary Language: - SELECT ONE                Exclude client from reminder recall            Exclude client from client De-Duplication           Adther Information              Responsible Person                Last Name:             Imiddle Name:             Imiddle Name:             Imiddle Name:               Middle               Middle Name:             No Reactions  | * Middle Name:        | NA                     |                |                        | Air Force Base                     |
| • Race:       UNKNOWN       • State:       NORTH DAKOTA          • Ethnicity:       UNKNOWN       • Zip:       58201         • Birth Date:       10/10/1977       County:       GRAND FORKS          • Birth Date:       10/10/1977       • Birth State/Country:       UNKNOWN         • County:       GRAND FORKS        • Birth State/Country:       UNKNOWN         • Gender:      SELECT ONE -       • Primary Phone:       701-780-5845         Alias First Name:      SELECT ONE -       • Primary Phone:       -SELECT ONE         Alias Middle      SELECT ONE -       • Primary Phone:       -SELECT ONE         Alias Last Name:      SELECT ONE       • SELECT ONE       • SELECT ONE         Alias Last Name:      SELECT ONE       • SELECT ONE       • SELECT ONE         Alias Last Name:      SELECT ONE       • SELECT ONE       • SELECT ONE         • Cother Information       Responsible Person      SELECT ONE       • SELECT ONE         Middle:   | Suffix:               |                        |                | * City:                | GRAND FORKS                        |
| • Ethnicity:       UNKNOWN       • Zip:       58201         • Birth Date:       10/10/1977       County:       GRAND FORKS       •         • Is Multiple Birth (twins, triplets, etc)       • Birth State/Country:       UNKNOWN       •         • Gender:      SELECT ONE ♥       • Primary Phone:       701-780-5845         • Alias First Name:       • Phone Number      SELECT ONE ♥         • Alias Middle       • Phone Number      SELECT ONE ♥         Name:       • Primary Language:      SELECT ONE ♥         • Alias Last Name:       • Primary Language:      SELECT ONE ♥         • Cudde client from reminder recall       • Exclude client from reminder recall       • Exclude client from client De-Duplication         • Athene:       • SELECT ONE ♥       • Exclude client from client De-Duplication       • SELECT ONE ♥         • Middle:       • Information       Responsible Person       • SELECT ONE ♥         • Middle:       • Selections/Comments       • No Reactions/Comments       • No Reactions/Comments         Save       Fields Appearing with an Asterisk (*) Are Required       • Asterisk (*) Are Required  | * Race:               | UNKNOWN                | $\sim$         | * State:               | NORTH DAKOTA                       |
| <ul> <li>Birth Date: 10/10/1977</li> <li>Is Multiple Birth (twins, triplets, etc)</li> <li>Gender: -SELECT ONE </li> <li>Alias First Name: -SELECT ONE </li> <li>Primary Phone: 701-780-5845</li> <li>Phone Number -SELECT ONE </li> <li>Primary Phone: -SELECT ONE </li> <li>Phone Number -SELECT ONE </li> <li>Primary Language: -SELECT ONE </li> <li>Exclude client from reminder recall</li> <li>Exclude client from client De-Duplication</li> </ul> Adther Information Responsible Person Last Name:   | * Ethnicity:          | UNKNOWN                | $\sim$         | * Zip:                 | 58201                              |
| Is Multiple Birth (twins, triplets, etc) • Birth State/Country: UNKNOWN   * Gender:SELECT ONE ``   Alias First Name:SELECT ONE ``   Alias MiddleSELECT ONE ``   Name:SELECT ONE ``   Alias Last Name:SELECT ONE ``   Alias Last Name:SELECT ONE ``   Birth State/Country: UNKNOWN ``   Alias First Name:SELECT ONE ``   Cather Information Responsible Person   Last Name:SELECT ONE ``   Hiddle:SELECT ONE ``   First Name:SELECT ONE ``   Middle Name:SELECT ONE ``   No Reactions/CommentsSELECT ONE ``   Save Fields Appearing with an Asterisk (*) Are Required  | * Birth Date:         | 10/10/1977             |                | County:                | GRAND FORKS                        |
| Gender: -SELECT ONE ✓     Alias First Name:     Alias Middle     Name:     Alias Last Name:     Alias Last Name:     Constraints     Alias Last Name:     Constraints     Alias Last Name:     Constraints     Constr       | 🗌 Is Multiple Birth   | (twins, triplets, etc) |                | * Birth State/Country: | UNKNOWN V                          |
| Alias First Name:   Alias Middle   Name:   Alias Last Name:   Alias Last Name:   Primary Language:   - SELECT ONE \scale   Email Address:   Primary Language:   - SELECT ONE \scale   Exclude client from reminder recall   Exclude client from client De-Duplication     Mother Information   Responsible Person   Last Name:   First Name:   Middle:   Middle:   Maiden Name:   Save   Fields Appearing with an Asterisk (*) Are Required to the prime of the pri  | * Gender:             | SELECT ONE V           |                | * Primary Phone:       | 701-780-5845                       |
| Alias Middle       Ivpe:         Name:       Email Address:         Alias Last Name:       Primary Language:         Exclude client from reminder recall         Exclude client from client De-Duplication         Mother Information         Last Name:         First Name:         Middle:         Middle:         Maiden Name:         No Reactions/Comments         Save  | Alias First Name:     |                        |                | * Phone Number         | SELECT ONE V                       |
| Alias Last Name: Primary Language: - SELECT ONE    Exclude client from reminder recall   Exclude client from client De-Duplication     Mother Information   Responsible Person   Last Name:   First Name:   Middle:   Middle:   Maiden Name:   No Reactions/Comments   Fields Appearing with an Asterisk (*) Are Required   | Alias Middle<br>Name: |                        |                | Email Address:         |                                    |
| Image: Save   | Alias Last Name:      |                        |                | Primary Language:      | SELECT ONE V                       |
| Exclude client from client De-Duplication     Mother Information     Last Name:     First Name:     Middle:   Middle:   Maiden Name:     No Reactions/Comments      Fields Appearing with an Asterisk (*) Are Required  |                       |                        |                | Exclude client from    | n reminder recall                  |
| Mother Information     Responsible Person       Last Name:  |                       |                        |                | Exclude client fron    | n client De-Duplication            |
| Last Name:  | Aothor Information    |                        | Pocnoncible D  | arcon                  |                                    |
| Last Name:  |                       |                        |                |                        |                                    |
| First Name:   Middle:   Maiden Name:   First Name:   No Reactions/Comments  | Last Name:            |                        | Last Name:     |                        | Relationship to Patient:           |
| Middle:   | First Name:           |                        | Middle Name:   |                        | SELECT ONE V                       |
| Maiden Name:       No Reactions/Comments         Save       Fields Appearing with an Asterisk (*) Are Require   | Middle:               |                        | First Name:    |                        |                                    |
| Save Fields Appearing with an Asterisk (*) Are Require  | Maiden Name:          |                        | No Reactions/C | Comments               |                                    |
| Save Fields Appearing with an Asterisk (*) Are Require  |                       |                        |                |                        |                                    |
|   | Save                  |                        |                | Fields Appearing       | g with an Asterisk (*) Are Require |
|   |                       |                        |                |                        |                                    |
|   |                       |                        |                |                        |                                    |
|   |                       |                        |                |                        |                                    |
|   |                       |                        |                |                        |                                    |

6.) To access the patient's immunization record, click on the **Immunizations** tab.



7.) The **Immunization** tab contains 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 status
- Vaccine name
- Historical if this dose was administered, or entered from another record as part of the patient's historical vaccinations
- Valid dose was the dose valid according to ACIP recommendations

| Dose<br>Date | F         | Provider   |   | Lot   | R | Reaction | VFC      | Vaccine               | Hi  | istorica | al Vali |
|--------------|-----------|------------|---|-------|---|----------|----------|-----------------------|-----|----------|---------|
| .0/05/2011   | 0000 - TE | ST PROVIDE | R | PCV13 |   | None     | MEDICAID | PCV13<br>(pneumococca | al) | No       | Yes     |
|              |           |            |   |       |   |          |          |                       |     |          |         |
|              |           |            |   |       |   |          |          |                       |     |          |         |
|              |           |            |   |       |   |          |          |                       |     |          |         |
|              |           |            |   |       |   |          |          |                       |     |          |         |
|              |           |            |   |       |   |          |          |                       |     |          |         |
|              |           |            |   |       |   |          |          |                       |     |          |         |
|              |           |            |   |       |   |          |          |                       |     |          |         |
|              |           |            |   |       |   |          |          |                       |     | 0        |         |