



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.

Demographics | Immunizations | Comments | Maintenance

Patient Information Last Updated 10/19/2012

* Last Name:	TEST	* Address:	TEST ADDRESS BROADWAY WALK
* First Name:	PATIENT		PO BOX 56789978
* Middle Name:	NA	<input type="checkbox"/> Air Force Base	
Suffix:		* City:	GRAND FORKS
* Race:	UNKNOWN	* State:	NORTH DAKOTA
* Ethnicity:	UNKNOWN	* Zip:	58201
* Birth Date:	10/10/1977	County:	GRAND FORKS
<input type="checkbox"/> Is Multiple Birth (twins, triplets, etc)		* Birth State/Country:	UNKNOWN
* Gender:	-- SELECT ONE --	* Primary Phone:	701-780-5845
Alias First Name:		* Phone Number Type:	-- SELECT ONE --
Alias Middle Name:		Email Address:	
Alias Last Name:		Primary Language:	-- SELECT ONE --
		<input type="checkbox"/> Exclude client from reminder recall	
		<input type="checkbox"/> Exclude client from client De-Duplication	

Mother Information

Last Name:	
First Name:	
Middle:	
Maiden Name:	

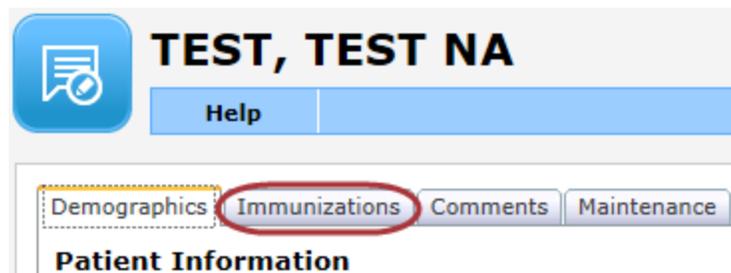
Responsible Person

Last Name:		Relationship to Patient:
Middle Name:		-- SELECT ONE --
First Name:		

No Reactions/Comments

Save 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 web interface for a client named 'ACCOUNT, TEST A'. The 'Immunizations' tab is active, displaying a table of vaccination records. Below the table, the 'Print Certificate' button is highlighted with a red circle.

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

Buttons at the bottom: Vaccination Exemption, Contraindications, Forecast, **Print Certificate** (circled), Add, Change, Delete.

6.) A box will pop up asking if Flu, COVID19, or Mpox vaccines should be excluded from the printed certificate. The box defaults to "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 those vaccines will not print on the certificate.

The dialog box is titled 'NDIIS' and asks 'Exclude the following vaccines from this Certificate of Immunization?'. It has four radio button options: FLU, Covid19, Mpox, and None. The 'None' option is selected. A 'Submit' button is located at the bottom right.

NDIIS

Exclude the following vaccines from this Certificate of Immunization?

FLU Covid19 Mpox None

7.) The certificate will open as a PDF document and is a complete record of all vaccinations (both valid and invalid doses) recorded for the client in the NDIIS and not selected for exclusion from the previous step.

The official certificate of immunization includes the following:

- a. the North Dakota state seal
- b. client's name and birthdate
- c. vaccine name, date of administration, lot number, manufacturer, and if the dose is valid or invalid according to the routine immunization schedule
 - if a valid lot number or vaccine manufacturer were not documented in the dose record in the NDIIIS, the certificate will display "NA"
 - 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 NDIIIS but will not print on the immunization certificate
- d. signature of the Immunization Director for the North Dakota Department of Health & Human Services
- e. date the certificate was printed



CERTIFICATE OF IMMUNIZATION
NORTH DAKOTA DEPARTMENT OF HEALTH
AND HUMAN SERVICES

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

Name: TEST A ACCOUNT

Birth Date: 05/15/2014

Vaccine	Date	Lot Number	Manufacturer	Valid
DTP/DT/DTAP				
DTAP (unspecified)	06/26/2014	NA	NA	YES
DTAP (unspecified)	07/24/2014	NA	NA	YES
DTAP (unspecified)	08/21/2014	NA	NA	YES
Tdap/Td				
Td-2 (adult P/F)	11/30/2021	NA	NA	YES
Tdap	03/21/2022	NA	NA	NO

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

Molly Howell

 Molly Howell, Immunization Director
 North Dakota Department of Health & Human Services

05/12/2023

 Date:

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