



North Dakota Immunization Information System: School Immunization Forecaster

- 1.) Login to the NDIIS
- 2.) Click on the **Search** hyperlink in the Client Box on your home screen
- 3.) Search for your student in the **Client Lookup** window using a combination of first name, last name, and date of birth

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

- 4.) Select the correct student from the generated list by double-clicking their line from the list or by clicking their name on the list once and clicking the **Inquire** button.
- 5.) The system will then open the patient's record to the **Demographics** tab

Demographics Reminder:

Review and update any student information that is no longer correct

STUDENT, TEST X

Help

Demographics | **Immunizations** | Comments | Birth Record | Maintenance

Patient Information Last Updated 01/15/2019

* Last Name: <input type="text" value="STUDENT"/>	* Address: <input type="text" value="123 TEST LN"/>
* First Name: <input type="text" value="TEST"/>	<input type="text"/>
* Middle Name: <input type="text" value="X"/>	<input type="checkbox"/> Air Force Base
Suffix: <input type="text"/>	* City: <input type="text" value="DEVILS LAKE"/>
* Race: <input type="text" value="AMERICAN INDIAN OR ALASKA NAT"/>	* State: <input type="text" value="NORTH DAKOTA"/>
* Ethnicity: <input type="text" value="NOT HISPANIC OR LATINO"/>	* Zip: <input type="text" value="58301"/>
* Birth Date: <input type="text" value="10/12/2005"/>	County: <input type="text" value="RAMSEY"/>
<input type="checkbox"/> Is Multiple Birth (twins, triplets, etc)	* Birth State/Country: <input type="text" value="NORTH DAKOTA"/>
* Gender: <input type="text" value="MALE"/>	* Primary Phone: <input type="text" value="701-555-1212"/>
Alias First Name: <input type="text"/>	* Phone Number Type: <input type="text" value="-- SELECT ONE --"/>
Alias Middle Name: <input type="text"/>	Email Address: <input type="text"/>
Alias Last Name: <input type="text"/>	Primary Language: <input type="text" value="-- SELECT ONE --"/>
	<input type="checkbox"/> Opt client in for text reminder recall
	<input type="checkbox"/> Exclude client from reminder recall
	<input type="checkbox"/> Exclude client from client De-Duplication

Mother Information	Responsible Person
* Last Name: <input type="text" value="STUDENT"/>	Last Name: <input type="text"/>
* First Name: <input type="text" value="MOM"/>	Middle Name: <input type="text"/>
Middle: <input type="text"/>	Relationship to Patient: <input type="text" value="-- SELECT ONE --"/>
Maiden Name: <input type="text"/>	First Name: <input type="text"/>

No Reactions/Comments

6.) To access the Immunization Forecaster, click on the **Immunizations** tab under the patient's name.

STUDENT, TEST X

Help

Demographics | **Immunizations** | Comments | Birth Record | Maintenance

Patient Information

7.) From the student's immunization screen, click the **Forecast** button.

Dose Date	Provider	Lot	Reaction	VFC	Vaccine	Historical	Valid
10/16/2005	1181 - ALTRU HOSPITAL	HBV Pediatric	None	NOT ELIGIBLE	HBV Pediatric	No	Yes
12/16/2005	7007 - JIM TEST	DTAP-HBV-IPV	None	NOT ELIGIBLE	DTaP-HBV-IPV (Pediatrix)	No	Yes Yes Yes
12/16/2005	7007 - JIM TEST	HIB(PRP-OMP) Pedvax	None	NOT ELIGIBLE	HIB (PRP-OMP) PedvaxHIB	No	Yes
12/16/2005	7007 - JIM TEST	PCV7	None	NOT ELIGIBLE	PCV7 (pneumococcal)	No	Yes
02/17/2006	7007 - JIM TEST	DTAP-HBV-IPV	None	NOT ELIGIBLE	DTaP-HBV-IPV (Pediatrix)	No	Yes No Yes
02/17/2006	7007 - JIM TEST	HIB(PRP-OMP) Pedvax	None	NOT ELIGIBLE	HIB (PRP-OMP) PedvaxHIB	No	Yes
02/17/2006	7007 - JIM TEST	PCV7	None	NOT ELIGIBLE	PCV7 (pneumococcal)	No	Yes
04/19/2006	7007 - JIM TEST	DTAP-HBV-IPV	None	NOT ELIGIBLE	DTaP-HBV-IPV (Pediatrix)	No	Yes Yes Yes
04/19/2006	7007 - JIM TEST	INFL (IIV3 W/P)	None	NOT ELIGIBLE	INFL (IIV3 W/P)	No	Yes
04/19/2006	7007 - JIM TEST	PCV7	None	NOT ELIGIBLE	PCV7 (pneumococcal)	No	Yes

Vaccination Exemption Forecast Print Certificate Add Change Delete

8.) The **Immunization Forecast** document will open as a PDF with all school-required immunizations highlighted. The forecaster includes the following information:

- A. Student name, birthdate and age (in days, weeks, and years)
- B. Vaccination Summary – lists all valid doses of vaccine that the student has received
- C. Vaccine Forecast – lists all vaccines that the student is past due and or coming due for, and includes:
 - Vaccine type
 - Dose number in series
 - Recommended date of administration (based on ACIP recommendations)
 - Minimum valid date (earliest date the vaccine can be given and still be counted as a valid dose)
- D. Any comments relating to invalid doses of vaccine in the patient's record and/or vaccine exemption

If there are any exemptions on a patient's record, the Forecaster will not forecast for that particular vaccine

All immunizations are forecasted based on the standard age-based recommendations from the Advisory Committee on Immunization Practices (ACIP). Any immunizations that are past due (i.e., their recommended date is before today's date) will be in red text indicating that the student is not up-to-date with that vaccine.

* This is not an official document of Immunization.

Client Immunization Forecast
Evaluated On 5/15/2023 1:59:38 PM

Name: Test X Student
Birthdate: 10/12/2005
Age: 918 weeks, 211 months, 17 yrs

Vaccination Summary

Vaccine Type	1	2	3	4	5	6	7	8
DTaP	12/16/2005	02/17/2006	04/19/2006	10/22/2009				
Hep A	10/18/2006							
Hep B	10/16/2005	12/16/2005	02/17/2006	04/19/2006				
HIB	12/16/2005	02/17/2006	10/18/2006					
Influenza	04/19/2006	10/18/2006						
MMR	10/18/2006	10/22/2009						
PCV	12/16/2005	02/17/2006	04/19/2006	10/18/2006				
Polio	12/16/2005	02/17/2006	04/19/2006	10/22/2009				
Varicella	10/18/2006							

Vaccination Forecast

Vaccine Type	Dose Number	Recommended Date	Minimum Valid Date
COVID-19	1	04/12/2006	04/12/2006
Hep A	2	04/18/2007	04/18/2007
TDAP	1	10/12/2016	10/12/2016
HPV	1	10/12/2020	10/12/2020
MCV4	1	10/12/2021	10/12/2021
Men B	1	10/12/2021	10/12/2021
Influenza	3	07/01/2022	07/01/2022
Zoster	1	10/12/2055	10/12/2055
PCV	5	10/12/2070	10/12/2070

NOTE: Additional immunizations may be recommended based on your age, health conditions, job, lifestyle, or travel habits. Please talk with your healthcare provider to ask if additional immunizations are needed.

Vaccine Exemptions

- VARICELLA (CHICKENPOX) vaccine refused for reason: History of Disease.Exemption Date:10/22/2006 11:00:00 AM. Exemption Comments:test student exemption

The patient's Immunization Forecast may not be used as an official certificate of immunization!