



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Mary T. Bassett, MD, MPH
Commissioner

January 20, 2017

Jane R. Zucker, MD, MSc
Assistant Commissioner
Bureau of Immunization

42-09 28th Street, CN21
Queens, NY 11101-4132

Dear Colleague:

We are sending you this notice to make you aware that parents, guardians, and individuals are now able to access the Citywide Immunization Registry (CIR) via a new public website, [My Vaccine Record](#). From this site, members of the public will be able to view and print their own and/or their children's CIR record. Access is being rolled out initially only for holders of the New York City identification card, IDNYC, which all New York City residents can apply for online at www.nyc.gov/IDNYC.

Individuals will be able to access a child's CIR record only if his or her name is recorded in the CIR as the child's parent, guardian, next of kin or primary contact. Consequently, we urge you to make sure that this information is correct in the CIR. If the parent, guardian, next of kin or primary contact's name does *not* match the information in the CIR, then they will not be able to access the record. Health care providers may add or update this information through their electronic health record, or by entering the "Primary Contact" information in the "Update Patient Info" tab in the CIR's Online Registry web application (www.nyc.gov/health/cir).

Attached is information as to how a member of the public can search for a record in the CIR. This information can also be accessed at www.nyc.gov/health/myvaccinerecord.

For questions on access to *My Vaccine Record* or any other vaccine-related issue, please contact (347) 396-2400 or email nycimmunize@health.nyc.gov. Thank you for keeping NYC children safe from vaccine-preventable diseases.

Sincerely,

A handwritten signature in black ink that reads "Jane R. Zucker".

Jane R. Zucker, MD, MSc

Accessing [My Vaccine Record](#)

Welcome screen

Promoting and Protecting the City's Health

NYC Health

Select Language Text-Size

Home About Accessing Records FAQs Contact Us Search

Welcome Certification 1 Parent / Guardian 2 Search 3 Results 4 Feedback 5

My Vaccine Record

Use this site to look up immunization records for yourself or your child.

- You will need an [IDNYC](#) card to complete your request. [\(more...\)](#)
- If you are searching for a child's record, you must be listed on the birth certificate or your information must have been reported to the New York City (NYC) Health Department by the child's health care provider. [\(more...\)](#)
- If you are searching for your own record, your immunizations must have been reported to the NYC Health Department by your health care provider. [\(more...\)](#)

Most of the records in the Health Department's Citywide Immunization Registry (CIR) are for people born in New York City after 1995.

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Parent/Guardian verification screen:

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Parent/Guardian

[exit session](#)

Please enter **your information below**. Your information will be used to verify your relationship to the child. If your health care providers have not reported your information to the NYC Health Department, you will not be able to retrieve a record.

First Name Last Name Middle Name

Date of Birth IDNYC Card Number [Show Entry](#) [About IDNYC Enrollment](#)

Address

House Number Street Apt. City

State ZIP Code Country

Email Address

Phone Numbers

Home Cell

By checking this box, you are consenting to send your name and date of birth to the New York City Human Resources Administration to verify your IDNYC card. The NYC Health Department will not save your IDNYC card number. If you do not consent or do not have an IDNYC card, you will not be able to proceed with the immunization record search. You may visit [IDNYC](#) or the [My Vaccine Record FAQs](#) for more information if you are unable to proceed.

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Individual Record Search screen:

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Immunization Record Search

exit session

Please enter your information below.

First Name

Date of Birth

IDNYC Card number

Last Name

Sex Assigned at Birth Male Female

Medicaid Number AA#####A (optional)

Middle Name

Showing Show Entry [About IDNYC Enrollment](#)

CIR Number (optional)

Please enter your mother's information:

Mother's First Name

Mother's Date of Birth

Mother's Maiden Name (last name before first marriage)

Please enter the address reported to the health care provider at the time of vaccinations:

House Number

State ZIP Code

Street Address

Phone Number

Apt.

City

If current address is different, please enter ZIP code, if in the U.S.:

If current address is outside of the U.S., please choose the country:

By checking this box, you are consenting to send your name and date of birth to the New York City Human Resources Administration to verify your IDNYC card. The NYC Health Department will not save your IDNYC card number. If you do not consent or do not have an IDNYC card, you will not be able to proceed with the immunization record search. You may visit [IDNYC](#) or the My Vaccine Record [FAQs](#) for more information if you are unable to proceed.

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Results:

Results

exit session

Sign up to receive Immunization messages from the Health Department when this feature becomes available.

Text Messages: Yes No Cell Number

Email Messages: Yes No Email Address

This report contains Immunization data that have been reported to the Health Department's Citywide Immunization Registry (CIR). Review this report with your health care provider for completeness and accuracy. Records may be updated by completing and mailing the Immunization Record Enrollment or Update form (PDF) .

save
Print

NYC
Health
Bureau of Immunization

CIR
ID:
Name:
DOB:
Age:
Sex Assigned

CIR Citywide
Immunization
Registry

42-09 28th Street, 5th Floor, CN 21
Long Island City, NY 11101-4132
email: cir-records@health.nyc.gov
www.nyc.gov/health/cir

Immunization History
Date 09/16/2016 02:41 PM

Vaccine	Vaccine Name	Date of Vaccination	Next
Influenza			DUE NOW Influenza
	Influenza, injectable	10/05/2009	
	Influenza, injectable	11/04/2009	
	Influenza, injectable	10/29/2010	
	Influenza, intranasal	10/16/2012	
	Influenza, intranasal	10/25/2013	
	Influenza, intranasal	11/04/2014	
	Influenza, IV4, P-free	11/05/2015	
HepB			Completed Vaccine Series
	Hep B, pediatric	01/14/2009	
	Hep B, pediatric	03/11/2009	
	Hep B, pediatric	05/12/2009	
Rotavirus			Completed Vaccine Series

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Sample printed record:



CIR ID:
Name:
DOB:
Age:
Sex Assigned |



42-09 28th Street, 5th Floor, CN 21
Long Island City, NY 11101-4132
email: cir-records@health.nyc.gov
www.nyc.gov/health/cir

Immunization History

Date 09/16/2016 02:41 PM

Vaccine	Vaccine Name	Date of Vaccination	Next
Influenza DUE NOW Influenza			
	Influenza, injectable	10/05/2009	
	Influenza, injectable	11/04/2009	
	Influenza, injectable	10/29/2010	
	Influenza, intranasal	10/16/2012	
	Influenza, intranasal	10/25/2013	
	Influenza, intranasal	11/04/2014	
	Influenza, IIV4, P-free	11/05/2015	
HepB Completed Vaccine Series			
	Hep B, pediatric	01/14/2009	
	Hep B, pediatric	03/11/2009	
	Hep B, pediatric	05/12/2009	
Rotavirus Completed Vaccine Series			
	Rotavirus (RotaTeq)	12/05/2008	
	Rotavirus (RotaTeq)	02/11/2009	
	Rotavirus (RotaTeq)	04/07/2009	
DTP DUE 10/03/2019 Tdap			
	DTaP	12/05/2008	
	DTaP	02/11/2009	
	DTaP	04/07/2009	
	DTaP	01/12/2010	
	DTaP	10/16/2012	
Hib Completed Vaccine Series			
	Hib (ActHIB)	12/05/2008	
	Hib (ActHIB)	02/11/2009	
	Hib (ActHIB)	05/12/2009	
	Hib (ActHIB)	11/04/2009	

DOB
Recommended for high risk groups
12/05/2008
02/11/2009
04/07/2009
01/12/2010
03/24/2011
Completed Vaccine Series
01/14/2009
03/11/2009
04/07/2009
05/12/2009
10/25/2013
Completed Vaccine Series

MMR	10/05/2009
MMR	10/16/2012
Varicella Completed Vaccine Series	
Varicella (chickenpox)	10/05/2009
Varicella (chickenpox)	10/25/2013
HepA Completed Vaccine Series	
Hep A, pediatric, 2-dose	01/12/2010
Hep A, pediatric, 2-dose	10/29/2010
Meningococcal (MenACWY)	DUE 10/03/2019 MenACWY NOS
Human Papillomavirus	DUE 10/03/2019 HPV
Adult Pneumococcal (PCV & PPSV)	Not recommended
Other	
H1N1	11/09/2009

Due Dates and Recommendations, attached to end of report:

CIR ID

Name

DOB

Due Dates and Recommendations:

Vaccine	Next Due/Recommendation
Influenza	DUE NOW Influenza
HepB	Completed Vaccine Series
Rotavirus	Completed Vaccine Series
DTP	DUE 10/03/2019 Tdap
Hib	Completed Vaccine Series
Pediatric Pneumococcal (PCV & PPSV)	Recommended for high risk groups
Polio	Completed Vaccine Series
MMR	Completed Vaccine Series
Varicella	Completed Vaccine Series
HepA	Completed Vaccine Series
Meningococcal (MenACWY)	DUE 10/03/2019 MenACWY NOS
Human Papillomavirus	DUE 10/03/2019 HPV
Adult Pneumococcal (PCV & PPSV)	Not recommended

- * Rows marked with an asterisk are vaccine doses that are invalid and do not count toward series completion according to national immunization guidelines. Reasons may include: the vaccine was an extra dose, it was given too early before the recommended age, or the vaccine is not licensed for the age of the patient.
- * This report contains immunization data that have been reported to the CIR. Individuals may have received vaccine doses that are not contained in this report.
- * Review this report with your health care provider for completeness and accuracy. If you have questions about the immunization record, contact your health care provider.
- * Brand names shown are used for identification purposes only, not as endorsement.
- * To update your records, complete the Immunization Record Enrollment or Update form. Visit nyc.gov/health and search "Immunization Record Enrollment or Update form" or call 311 for a hard copy.

Next Due/Vaccination Recommendation Definitions:

Completed Series:	All recommended doses of this vaccine series have been administered.
Date:	The next dose of vaccine is due on the date shown.
Disease History:	History of disease was documented by the individual's health care provider.
DUE NOW:	A dose of vaccine is due now.
Immunity Documented:	Proof of immunity was documented by the individual's health care provider.
Not recommended:	The vaccine is not recommended based on the individual's current age.
Not generally recommended after age:	The vaccine is not generally recommended based on the individual's current age unless the individual is in a high-risk group. Talk to your health care provider to determine if you are in a high-risk group.
Recommended for high-risk groups:	The vaccine is recommended only if the individual is in a high-risk group. Talk to your health care provider to determine if you are in a high-risk group.

Abbreviations:

ID: Intradermal
IM: Intramuscular
IV: Intravenous
P-Free: Preservative free
SC: Subcutaneous

Update Patient Information Screen in Online Registry

Online Registry

SearchMyListReportsAdd/EditToolsRecallAdv. EventVFCSet UpAdult

[View Record](#) | [Print Reports](#) | [Request Fax](#) | [Pre-completed Forms and Referrals](#) | [Update Patient Info](#)

First: Middle: Last: DOB: Gender:
Mickey Mouse **11/01/2007** **M**
679273312 2 Lafayette St (Age: 8y 11m)
New York, NY 10007

Please note we are requesting new additional patient information: Cell/mobile phone number and email address. Please update all information. The information will be used to populate your reports and forms.

Patient Information

First Name	<input type="text" value="MICKEY"/>	Alternate First †	<input type="text"/>	Is patient active? <ul style="list-style-type: none"><input checked="" type="radio"/> Yes, patient is currently in my practice<input type="radio"/> No (select reason)<ul style="list-style-type: none"><input type="radio"/> Not in my practice (Gone elsewhere)<input type="radio"/> Not in NYC (Moved)<input type="radio"/> Patient deceased
Middle Name	<input type="text"/>			
Last Name	<input type="text" value="MOUSE"/>	Alternate Last †	<input type="text"/>	
DOB	<input type="text" value="11"/> <input type="text" value="01"/> <input type="text" value="2007"/>			
Gender	<input checked="" type="radio"/> M <input type="radio"/> F			
House No. / Street / Apt. No.	<input type="text" value="2"/> <input type="text" value="LAFAYETTE ST"/>			
City / State / ZIP	<input type="text" value="NEW YORK"/> <input type="text" value="NY"/> <input type="text" value="10007"/>			
Medical Rec. No.	<input type="text"/>	Medicaid No. (AA*****A) †	<input type="text"/>	
Mom DOB †	<input type="text"/> <input type="text"/> <input type="text"/> <small>mm/dd/yyyy</small>			
Mom First Name †	<input type="text"/>	Mom Maiden Name †	<input type="text"/>	
Primary Contact	First Name <input type="text" value="DAFFY"/>	Last Name <input type="text"/>	Relationship <input type="text" value="Mother"/>	
Home Phone	<input type="text" value="(212) 222-1212"/>	<input type="checkbox"/> Cell/Mobile & Home Phone are the same <small>Selecting checkbox will copy the Cell/Mobile Phone number and the Home Phone number to both fields.</small>	Patient's status is set to accept text messages: † Yes <input checked="" type="radio"/> No <input type="radio"/> <small>If you change the patient's status for receiving text messages, all other patients with the same cell/mobile number will automatically be set to the same status. All patients are opted in by default to receive text messages.</small>	
NEW Cell/Mobile	<input type="text" value="(222) 222-2222"/>			
NEW Email	<input type="text" value="mmouse@testing.org"/>			

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