



New York City Citywide Immunization Registry (CIR): Online Registry - Guide

NYC Department of Health & Mental Hygiene
Bureau of Immunization
2012 August

CIR homepage:

NYC Health NEW YORK CITY DEPARTMENT of HEALTH and MENTAL HYGIENE Sign up for Health Emails

CIR Citywide Immunization Registry

Welcome to the New York Citywide Immunization Registry (CIR). The CIR keeps immunization records for New York City's children.

Our Mission: To improve the immunization status of all NYC children by consolidating immunization information and sharing it with health care providers, families, and agencies concerned with children's health.

Notice

- [2010 Recommendations for Universal Seasonal Influenza Vaccination \(PDF\)](#)
- [Online Registry Quick Guide \(PDF\)](#)
- [Full Guide \(PDF\)](#)
- [Coverage Reminder/Recall Guide \(PDF\)](#)
- **Update your vaccine codes list used to report to the CIR.**
 - [CPT-CIR Vaccine Code list \(PDF\)](#)
 - [ICD-9 Guide for Electronic Reporting \(PDF\)](#)

New in the Online Registry

New features!

- Order VFC Vaccines and Influenza Online
- Receive ordering recommendations and track your VFC vaccine orders
- View [VFC Online Registry Ordering Tool Guide, Quick Guide \(PDF\) and Facts and Questions \(PDF\)](#)
- Produce up-to-date coverage reports
- Print lists, letters and labels to recall or send reminders to patients due shots
- [Remove inactive patients from your MyList.HOGE \(Moved or Gone Elsewhere\) \(PDF\)](#)
- [Instructions \(PDF\)](#) for Windows Vista Users.

STAY CONNECTED

- Twitter
- YouTube
- NYC Knows
- NYC Police Prevention
- Being Healthy NYC
- NYC Green Card
- NYC Quit Smoking
- NYC Condom - Get Some!

TRANSLATE PAGE

CIR Citywide Immunization Registry

nyc.gov/health/cir

- Check for updates on this page.
- Click the "Online Registry GO" icon:



For Online Registry access, contact CIR:

- By phone: (347) 396-2400, or
- Visit:
 - <http://www.nyc.gov/html/doh/html/cir/cir-security-admin-info.shtml>
(for Health Care Providers)
 - <http://www.nyc.gov/html/doh/downloads/pdf/cir/cir-school-access-forms-quickguide.pdf>
(for Schools, Child Care Programs)

Online Registry Access



1. Register with the Citywide Immunization Registry
 - online: <http://www.nyc.gov/html/doh/html/cir/cir-online-form.shtml>
 - or call us at, (347) 396-2400
2. Sign and fax back Online Registry request for access forms:
 - **Site Security Administrator User name and password request form:** <http://www.nyc.gov/html/doh/downloads/pdf/cir/ssa-request-private.pdf>
(Enter pharmacist information on form.)
 - **Confidentiality statement must be completed:** <http://www.nyc.gov/html/doh/downloads/pdf/cir/ssa-confidentiality.pdf>
3. One person per site receives **site security administrator** (SSA) rights (user manager role) designated by person in charge
 - CIR assigns User name and password to your SSA, who then can:
 - Create and manage user accounts for staff; determine security access levels; expire accounts
 - Required form for additional users: <http://www.nyc.gov/html/doh/downloads/pdf/cir/user-confidentiality.pdf>
(This form is for your office use only, and kept on file with the assigned SSA.)

Go to Password Set Up screen from your email account:

Online Registry

Online Registry Password Change

Your new password must contain between 8 and 24 characters, and must include the following categories:

- Uppercase alphabet characters (A-Z)
- Lowercase alphabet characters (a-z)
- Arabic numerals (0-9)

Example: reG1stry

Change Password

New Password: (Required)

Confirm New Password: (Required)

E-mail

E-mail Address: (Required)

Continue →

Click or copy and paste the link from the email message you received from cir-reset@health.nyc.gov.

Be sure to check your email account that you or your Site Security Administrator registered you with for the Online Registry.

You will create a password as shown here on the Password Set Up screen.


Click

IDs and passwords may not be shared. Each individual is required to have a separate password.

Password Set Up Log In screen:



✓ Your password has been changed.




New in the Online Registry

- New features!**
 - Create, Save and Re-Use Online CH205 Form (see attached pdf)
 - [Online CH205 form Guide](#)
 - [Sign up](#) for a webinar and view webinar instructions
- Guides:**
 - [Coverage, Reminder/Recall](#)
 - [QuickGuide](#)
 - [QuickGuide for Users with Read-Only Access](#)
 - [Full Guide](#)
 - [VFC Online Registry Ordering Tool - Guide, FAQs](#)

Notice

- See who is on the [Provider Honor Roll](#).
- Use your EHR system to report immunizations to the CIR. For more information, send us an email at cir@health.nyc.gov, including your facility address, contact information and current EHR, or phone null.
- Frequently requested documents:**
 - [CPT-CIR Vaccine Code list](#)
 - [UPIF Guide for Electronic Reporters](#)

 Welcome!

In proceeding beyond this point, the user:
...acknowledges the possibility that the information contained herein may be incorrect or incomplete.
...acknowledges that the medical decision to immunize or test a child for lead rests with the health care provider, based on the child's current health status and past medical history.
...agrees to look up information only on his/her current patients, and to comply with the restrictions on the disclosure of information from the Online Registry in accordance with [New York City Health Code Section 11.11\(d\)](#) and [New York State Public Health Law 2168](#), subject to civil and/or criminal prosecution, penalties, forfeitures and legal action under [Section 558\(e\) of the City Charter and Section 3.11](#) of the New York City Health Code.


☞ To obtain a User ID and Password, each health care facility or practice must designate a Facility Security Administrator. The Security Administrator must be associated with a licensed physician, physician's assistant or nurse practitioner, and must mail or fax a signed confidentiality statement to the CIR. Call us at null for more information or download the sign up forms from [here](#).

By clicking the button below, you consent to the above.


Online Registry is best viewed using Internet Explorer 8.0 or higher.

The Citywide Immunization Registry
42-09 28th Street, 5th Floor, CN 21, Long Island City, NY 11101-4132
null

Lead Poisoning Prevention Program (LPPP)
253 Broadway, CN 58, New York, NY, 10007
212-BAN-LEAD



After creating your password for the first time, you will see this log in screen this one time.

To enter, scroll down to click 

Bookmark the CIR Homepage for future access to the log in icon:



NEW YORK CITY DEPARTMENT OF HEALTH and MENTAL HYGIENE

Sign up for Health Emails

CIR Citywide Immunization Registry

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Our Mission: To improve the immunization status of all NYC children by consolidating immunization information and sharing it with health care providers, families, and agencies concerned with children's health.

Look up records & report immunizations
Online Registry GO

Contents

- For Providers
- For Parents & Guardians
- Contact CIR

Notice

- 2010 Recommendations for Universal Seasonal Influenza Vaccination (PDF)
- Online Registry Quick Guide (PDF)
- Full Guide (PDF)
- Coverage Reminder/Recall Guide (PDF)
- Update your vaccine codes list used to report to the CIR:
 - CPT-CIR Vaccine Code List (PDF)
 - IEXX Guide for Pediatric Reporters (PDF)

New in the Online Registry

New featured!

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- Receive ordering recommendations and track your VFC vaccine orders
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- Produce up-to-date coverage reports
- Print lists, letters and labels to recall or send reminders to patients due shots
- Remove inactive patients from your Mylist MOQR (Moved or Gone, Retirees) (PDF)
- Introductions (PDF) for Windows Vista Users

STAY CONNECTED

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- NYC Disease Prevention
- Eating Healthy NYC
- NYC Green Card
- NYC Quits Smoking
- NYC Condom - Get Smart

TRANSLATE PAGE

nyc.gov/health/cir

Check for updates on this page.
Click the "Online Registry GO" icon to access the log in page:



See next slide...

After account set up is completed this is the **Log in** screen you will see going forward:

The screenshot shows the 'New in the Online Registry' section with 'New features!' and 'Guides:' lists. A 'Notice' box highlights updates. The login form has 'User ID' and 'Password' fields circled in red. A consent section follows with a 'By clicking the button below, you consent to the above.' statement and 'Cancel' and 'I Consent' buttons. A footer contains contact information for the Citywide Immunization Registry and the Lead Poisoning Prevention Program (LPPP).

New in the Online Registry

- **New features!**
 - Create, Save and Re-Use Online CH205 Forms
 - [Online CH205 Form Guide](#)
 - [Sign up](#) for a webinar and view webinar instructions
- **Guides:**
 - [Coverage, Reminder/Recall](#)
 - [QuickGuide](#)
 - [QuickGuide for Users with Read-Only Access](#)
 - [Full Guide](#)
 - [VFC Online Registry Ordering Tool - Guide, FAQs](#)

Notice

- See who is on the [Provider Honor Roll](#).
- Use your EHR system to report immunizations to the CIR. For more information, send us an email at cir@health.nyc.gov, including your facility address, contact information and current EHR, or phone 347-396-2400.
- **Frequently requested documents:**
 - [CPT-CIR Vaccine Code list](#)
 - [UPIF Guide for Electronic Reporters](#)

Online Registry Welcome! Please enter your User ID and Password

User ID **Password**

In proceeding beyond this point, the user:
...acknowledges the possibility that the information contained herein may be incorrect or incomplete.
...acknowledges that the medical decision to immunize or test a child for lead rests with the health care provider, based on the child's current health status and past medical history.
...agrees to look up information only on his/her current patients, and to comply with the restrictions on the disclosure of information from the Online Registry in accordance with NYC Health Code [Section 11.07\(d\)](#) and [Section 11.08\(b\)](#).

By clicking the button below, you consent to the above.

Cancel X I Consent →

Online Registry is best viewed using Internet Explorer 8.0 or higher.

The Citywide Immunization Registry
42-09 28th Street, 5th Floor, CN 21, Long Island City, NY 11101-4132
347-396-2400

Lead Poisoning Prevention Program (LPPP)
253 Broadway, CN 58, New York, NY, 10007
212-BAN-LEAD

Check notice boxes for updates.




- Enter User ID & Password;
- Click **I Consent** →

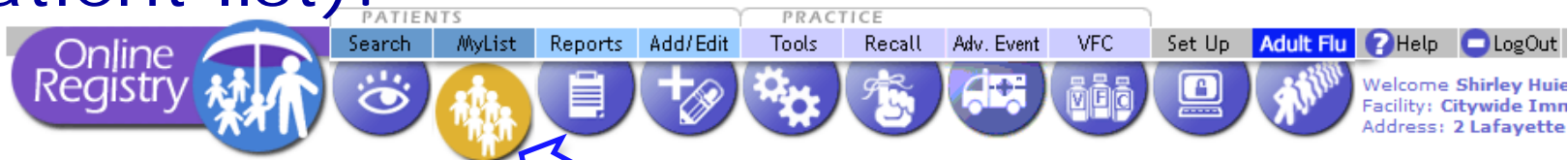


Contact CIR at (347)396-2400 or cir-reset@health.nyc.gov for Online Registry account issues.

MyList (Patient list):

Navigation:

- Menu bar
- Tabs
-  Instruction
-  Tip
-  Alert
- Set Up



My List [Refresh My List](#)

● Each time someone at this facility finds a patient using Search, they are added to MyList. To help manage your list, use the [Refresh MyList](#) feature.

➤ To view a patient record, click on the patient's name. To Remove from List, check one or more boxes and click the "Remove" button at the bottom of the page. (To Remove from List, check one or more boxes and click the "Remove" button at the bottom of the page. They will no longer appear on this page. They will not be deleted from the Registry.)

You may update a patient's status to let CIR know if the patient is no longer being seen at your practice. To update a patient's status, click the status icon in the Active column to the left of the patient's name. Update the information at the bottom of the page that appears.

Specify how you would like to view MyList or change the default settings in Set Up.

Search MyList

First Name OR Last Name...

 [GO](#)

View MyList




Show patients accessed... Show per page... and Jump to...






















ever 10 -- [GO](#)

Tip
You can set your viewing defaults in [Set Up](#)

MyList is searchable by First or Last Name

Sort MyList options:

- Review Status
 -  red=due now
 -  green=up-to-date
 -  Orange=due soon
- Last Name
- Gender
- DOB
- CIR number
- Date Last Accessed

Who's in MyList? Refresh MyList									
<input type="checkbox"/>	Active	Status	Last/First	Gender	DOB	Address	Phone	Last Accessed	
<input type="checkbox"/>	Yes		Mouse, Mickey				718-555-1212	02/04/2010	
<input type="checkbox"/>	Yes		Hule, Shirl	M			212-555-5763	02/04/2010	
<input type="checkbox"/>	No		Aardvark, Aileen	F			212-676-2312	02/04/2010	
<input type="checkbox"/>	Yes		Homer, Freddy	M			212-676-2312	02/02/2010	
<input type="checkbox"/>	Yes		Mouse, Mickey	F			212-676-2312	02/02/2010	
<input type="checkbox"/>	Yes		Explora, Dora	F	10/01/2008	2 Lafayette St, 3A New York, NY 10009		02/02/2010	
<input type="checkbox"/>	Yes		Mcdonald, Ronald				212-676-2323	01/28/2010	
<input type="checkbox"/>	Yes		Doe, Jane	F				01/27/2010	
<input type="checkbox"/>	Yes		Horner, Jack	M				01/27/2010	
<input type="checkbox"/>	Yes		Recall, Recall	F	12/15/2009	, NY		01/27/2010	

You may sort any column by clicking the arrow

Click on name to view a record.

After each successful search or addition of a patient record, the record is saved to MyList.

Searching within MyList:

[My List](#) [Refresh My List](#)

Search to retrieve a patient record and to add it to MyList.

- Each time someone at Citywide Immunization Registry finds a patient using Search, they are added to MyList. To help manage your list, use the [Refresh MyList](#) feature.
- To view a patient record, click on the patient's name.
- To Remove from List, check one or more boxes and click the "Remove" button at the bottom of the page. (The selected patients will no longer appear on this page. They will not be deleted from the Registry.)

You may update a patient's status to let CIR know if the patient is no longer being seen at your practice. Click the Yes/No toggle in the Active column to the left of the patient's name. Update the information at the bottom of "Update Patient Info" screen that appears.

Search MyList

First Name OR Last Name...

[GO](#)

or

View MyList

Show patients accessed... Show per page... and Jump to...

[GO](#)

Tip

You can set your viewing defaults in [Set Up](#)

Who's in MyList? Refresh MyList								
Remove	Active	Status	Last/First	Gender	DOB	Address	Phone	Last Accessed
<input type="checkbox"/>	Yes		Mouse, Mickey	M	03/01/2004	99 Mouse Hole Dr, 9B Brooklyn, NY 10032	718-555-1212	02/04/2010
<input type="checkbox"/>	Yes		Huie, Shirl	M	07/18/2009	2 2nd Queens, NY 11746		02/04/2010
<input type="checkbox"/>	No		Aardvark, Aileen	F	10/10/1990	10-10 Bowery St., 90 New York, NY 10011	212-555-5763	02/04/2010
<input type="checkbox"/>	Yes		Homer, Freddy	M	01/11/1978	131 Main New York, NY 11111		02/04/2010
<input type="checkbox"/>	Yes		Mouse, Mickey	F	05/22/2004	789 Park Ave, 32C New York, NY 10013	212-676-2312	02/02/2010
<input type="checkbox"/>	Yes		Explora, Dora	F	10/01/2008	2 Lafayette St, 3A New York, NY 10009		02/02/2010
<input type="checkbox"/>	Yes		Mcdonald, Ronald	M	01/01/2009	2 Lafayette St, 19 Ny, NY 10007	212-676-2323	01/28/2010
<input type="checkbox"/>	Yes		Doe, Jane	F	10/20/2008	2 Laf New York, NY 10013		01/27/2010
<input type="checkbox"/>	Yes		Horner, Jack	M	08/01/2009	2 Laf New York, NY 10002		01/27/2010
<input type="checkbox"/>	Yes		Recall, Recall	F	12/15/2009	, NY		01/27/2010

Searching for patient in CIR and Lead Registry:

Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit

PRACTICE: Tools, VFC, Set Up, Help, LogOut

Welcome Shirley Huie (Administrator)
Facility: Citywide Immunization Registry (CIR)
Address: 2 Lafayette Street

Search, Advanced Search, Add New Patient

- ➔ Complete all fields below to find a patient's record in the CIR. All fields must match exactly. To search by medical record number, CIR number or other demographics, use [Advanced Search](#).

Search

First Name

Last Name

DOB mmm/dd/yyyy

Gender M F

Clear Continue

⚡ Tip
Find patients previously accessed by users at this facility by searching in [MyList](#)

- Requires unique match on:
 1. First Name
 2. Last Name
 3. DOB
 4. Gender
- Once found, patient is added to **MyList**.

Advanced Search: default option



Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit, Tools, VFC

PRACTICE: Set Up, Help, LogOut

Welcome Shirley Huie (Administrator)
Facility: Citywide Immunization Registry (CIR)
Address: 2 Lafayette Street

Search **Advanced Search** Add New Patient

Please use additional searching criteria by clicking on one of the Advanced Search combinations listed under Tip, below right. You may also enter as much information as possible in order to find a matching patient. If you are still unable to find a match, use [Add New Patient](#) or call the Registry at (212) 676-2323.

Advanced Search

First Name

Last Name

DOB mm/dd/yyyy

Gender M F

+Multiple Birth N Y

A minimum of 2 items must be entered below.
Please enter as much information as possible to help prevent duplicate records.

Alternate First

Middle Name

Alternate Last

Medical Rec. No.

Medicaid No. (AA#####A)

CIR No.

Mom DOB mm/dd/yyyy

Mom First Name

Mom Maiden Name

House No. / St. / Apt. No.

City / State / ZIP NY

Telephone

+Strongly Recommended

Clear Continue

Advanced Search for records in the CIR and Lead Registry:

- The default option is set to allow you to enter as much information as possible to find a matching record, with a minimum of 2 additional pieces of information
- Once found, patient is added to **MyList**
- Call (347) 396-2400, if record is not found, or **Add New Patient** if you are certain patient is not in CIR.

Advanced Search: search combination options



Search **Advanced Search** Add New Patient

Please use additional searching criteria by clicking on one of the Advanced Search combinations listed under Tip, below. You may also enter as much information as possible in order to find a matching patient. If you are still unable to find a patient, use [Add New Patient](#) or call the Registry at (212) 676-2323.

Advanced Search: Medical Record Number

Enter 1 of these:

First Name

Last Name

DOB mm/dd/yyyy

Gender M F

Multiple Birth N Y

Alternate First

Middle Name

Alternate Last

And the highlighted field below:

Medical Rec. No.

Medicaid No. (AA#####)

CIR No.

Mom DOB mm/dd/yyyy

Mom First Name

Mom Maiden Name

House No. / St. / Apt. No.

City / State / ZIP NY

Telephone

Strongly Recommended

Clear Continue

Tip

Use one of these Advanced Search combinations:

- [Medical Record No.](#)
- [Medicaid No.](#)
- [CIR No.](#)
- [Mom's Info](#)
- [Address/Phone](#)

[Reset](#) to remove search combinations

You can set your default Advanced Search preferences in [Set Up](#).

Choose a *search combination* inside the Tip box by clicking on the link:

- Medical record No.
- Medicaid No.
- CIR No.
- Mom's info
- Address/phone

Enter information in the highlighted dark yellow fields.

- Go to **Set Up** to customize search settings.
- Call (347) 396-2400, if record is not found, or use **Add New Patient** if you are certain patient is not in CIR

Add New Patient*:

Online Registry PATIENTS PRACTICE
Search MyList Reports Add/Edit Tools VFC Set Up ? Help LogOut
Welcome Shirley Huie (CITYWIDE IMMUNIZATION REG)

Search Advanced Search **Add New Patient**

Please enter all the information you have for the new patient.
(If you think the patient may already be in the Registry, use [Advanced Search](#). If you still can't find the patient, call (212) 676-2323 before adding a new patient.)

Add New Patient Information

*First Name
*Last Name
*DOB
*Gender M F
†Multiple Birth N Y (one of twins, triplets, etc.)

A minimum of 2 items must be entered below. Please enter as much information as possible to help prevent duplicate records.

Middle Name
Alternate First
Alternate Last
Medical Rec. No.
Medicaid No. (AA####A)

†Mom DOB
†Mom First Name
†Mom Maiden Name
Dad First Name
Dad Last Name
Guardian First Name
Guardian Last Name

†House No. / St. / Apt. No.
†City / State / ZIP NY
†Telephone

*Required
†Strongly Recommended

Clear Continue

Tip
Before a new patient record is created, the Registry will try to find an existing match.
Please enter as much information as possible to help prevent duplicate records.

Required elements:

- First Name
- Last Name
- DOB
- Gender

Strongly Recommended:

- Mom DOB
- Mom First Name
- Mom Maiden Name
- Full Address, or
- Telephone.

You may add a new patient if you believe the patient is not in the CIR. A patient born outside of NYC or has a date of birth > 2006 may not be in the CIR.
Enter as much information as possible to help prevent duplicate records.

*not available to read-only accounts

Add New Patient: confirm match

[Search](#)
[Advanced Search](#)
[Add New Patient](#)

Based on the information you entered, an existing patient was found. If this is the correct patient, you may continue by accepting the record. If this is not the correct patient, then you may add a new patient.

Patient Information		
	You Provided:	We Found:
First Name	WINNIE	WINNIE
Last Name	POOH	POOH
DOB	01/30/2001	01/30/2001
Gender	Male	Female
Multiple Birth		N
Middle Name	THOMAS	T
Alternate First		
Alternate Last		
Medical Rec. No		
Medicaid No		
CIR No.		606111748
Mom DOB	05/30/1987	(field blank in the CIR)
Mom First Name		GOLDILOCKS
Mom Maiden Name		
House No. / St. / Apt. No.		123 HONEY WAY
City / State / ZIP		NEW YORK, NY 10011
Telephone		

Immunization History Please view and compare to your records the immunization history of the patient that was found by clicking [here](#).

Please Choose ONE:

This **is** the patient.

This is **not** the patient. **Add new Patient**

- A possible matching record may be found
1. Compare the information
 2. Compare the vaccination record in CIR with your information
 3. Make a choice
 4. Click

Immunization / Lead Test History - Microsoft Internet Explorer provided by HEALTH

Winnie T Pooh 01/30/2001 F
 606111748 123 Honey Way New York, NY 10011

Scroll down to [Lead Test History](#)

Event	1	2	3	4	5	Next Due
Influenza 3 Events	10/01/2007 Influenza-Intranasal (2 to <49 years) By Sm	11/15/2007 Influenza-Intranasal (2 to <49 years) By Sm	09/15/2008 Influenza-Intranasal (2 to <49 years) By Sm			DUE NOW INFLUENZA
HepB 5 Events	01/31/2001 Hep B Peds <10 yrs 0x 1d	02/07/2001 HepB (COMVAX) 1x 1d	03/12/2001 HepB (COMVAX) 2x 1d	09/11/2001 HepB (COMVAX) 3x 1d	05/18/2007 Disease Immunity Reported (2)	Completed Vaccine Series
Rotavirus 0 Events						Not recommended after 33 weeks
DTP 5 Events	03/12/2001 DTaP 3x 1d	06/10/2001 DTaP 10x 1d	09/10/2001 DTaP 10x 1d	07/16/2002 DTaP 17x 2d	12/24/2008 DTaP (CAPTACEL) 4x 10m	01/01/2012 TDaP
Hb 3 Events	02/07/2001 HepB (COMVAX) 1x 1d	03/12/2001 HepB (COMVAX) 2x 1d	09/11/2001 HepB (COMVAX) 3x 1d			Not generally recommended after 5 years
Pneumo. Conjugate 3 Events	03/12/2001 Pneum Conj (PCV7) 3x 1d	06/10/2001 Pneum Conj (PCV7) 10x 1d	09/11/2001 Pneum Conj (PCV7) 7x 1d			Not generally recommended after 5 years
Polio 4 Events	03/12/2001 IPV 10x 1d	06/10/2001 IPV 10x 1d	09/11/2001 IPV 7x 1d	09/25/2008 IPV 2x 2d		Completed Vaccine Series
MMR 3 Events	03/12/2002 MMR	06/10/2008 MMR	05/18/2007 Disease Immunity Reported			Completed Vaccine

* not available to read-only accounts

View Record: Immunization & Lead Test Records:

To access a patient record click on a name in MyList, or use the Search or Advanced Search to find a record.

Verify patient name, DOB, address

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

Printer-Friendly Format

First: **Winnie** Middle: **Pooh** Last: **M** DOB: **11/05/1997** Gender: **M**
 127926900 One Treehouse Lane (Age: 12/4m) New York, NY 10007

Scroll down to [Lead Test History](#)

Event	1	2	3	4	5	6	Next Due
H1N1 Influenza 1 Event/s	12/20/2009 H1N1-09, Nasal 12/ 1m						Completed Vaccine Series
Influenza 1 Event/s	12/20/2009 Influenza-Injectable 12/ 1m						09/01/2010 INFLUENZA
HepB 4 Event/s	11/05/1997 HepB (-<20 yrs 3-0094) 0w 0d	01/14/1998 HepB (-<20 yrs 3-0094) 10w 0d	04/05/1998 HepB (-<20 yrs 3-0094) 21w 4d	04/30/2003 DTaP/HepB/IPV (Pediatric) 5y 5m			Completed Vaccine Series
Rotavirus 0 Event/s							Not recommended after weeks
DTP 6 Event/s	01/14/1998 DTP 10w 0d	04/05/1998 DTP 21w 4d	07/15/1998 DTP 3m 1w	03/08/1999 DTaP 16m 0w	04/21/2003 DT (-< 7 yrs.) 5y 5m	04/30/2003 DTaP/HepB/IPV (Pediatric) 5y 5m	DUE NOW T
Hib 5 Event/s	01/14/1998 Hib NOS 10w 0d	04/05/1998 Hib NOS 21w 4d	07/15/1998 Hib NOS 3m 1w	03/08/1999 Hib NOS 16m 0w	04/21/2003 Hib NOS 5y 5m		Completed V
Pneumo. Conjugate 1 Event/s	02/03/2004 Pneumococcal conjugate (Prevnar) 5y 2m						Not generally at/after 5 years
Polio 4 Event/s	01/14/1998 OPV 10w 0d	04/05/1998 OPV 21w 4d	07/15/1998 OPV 3m 1w	04/30/2003 DTaP/HepB/IPV (Pediatric) 5y 5m			Completed Vaccine Series
MMR 2 Event/s	03/08/1999 MMR 15m 0w	08/11/2003 MMR 5y 8m					Completed Vaccine Series
Varicella 2 Event/s	03/08/1999 Varicella 15m 0w	08/11/2003 Varicella 5y 8m					Completed Vaccine Series
HepA 0 Event/s							
Meningococcal 0 Event/s							
Human Papillomavirus 0 Event/s							
Pneumo. Polysaccharide 0 Event/s							
Other Vaccines 0 Event/s							

Immunization Recommendations

- Sample footnotes:
- 1 This immunization event occurred prior to the recommended age or recommended interval for this dose.
 - 2 This immunization event was an extra dose since it occurred after this series was completed.
 - 3 The age of this patient exceeds the max age of the series based on the current immunization schedule.

Lead Test Record:



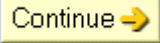
Lead Recommendations based on latest test results are found below the immunization record.

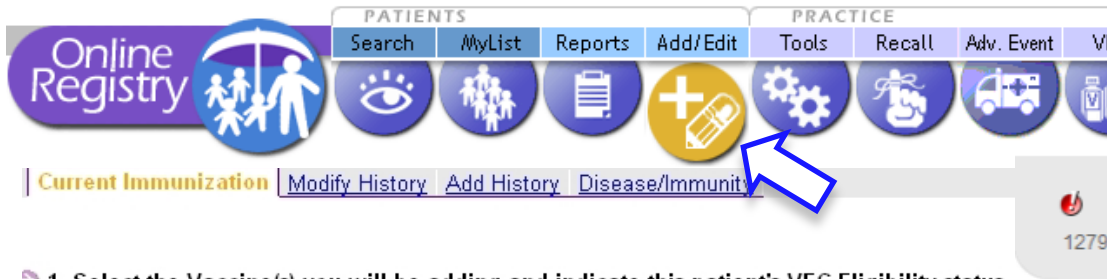
Lead Test History

More useful lead information is available in the [Tools](#) section.

Event		Date	Test Type	BLL	Recommendation
Lead Tests 5 Events	5	09/17/2005	Venous	6µg/dl	▶ Test all children at age 1 & age 2. If exposure likely, consider retesting within 3 months. Annually assess all children up to age 6 for risk of exposure & test those children found to be at risk. Provide risk reduction education to prevent exposure. Provide nutrition education to promote adequate intake of Ca, Fe & Vitamin C.
	4	03/16/2005	Venous	9µg/dl	
	3	08/17/2004	Venous	7µg/dl	
	2	06/02/2004	Unknown	6µg/dl	
	1	07/28/2003	Venous	3µg/dl	

Add Current Immunization* :

1. Select vaccine(s)
2. Edit date if needed
3. Select patient's VFC Eligibility Status.
4. Click  .



1. Select the Vaccine(s) you will be adding and indicate this patient's VFC Eligibility status.
2. Add information for each Vaccine, then click the "Continue" button at the bottom of the page.
3. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click "Cancel" to return to the patient record.)

This patient is 19 years of age or older. To report immunizations other than H1N1 Influenza, please obtain consent for your records. Click [here](#) for more information about CIR reporting requirements and a sample consent form.

Select Vaccines

- For a combination vaccine, only select one of the appropriate series. To add more than one event per vaccine series, click the [Add History](#) tab above.

H1N1 Influenza	Choose Vaccine Type
Influenza	Choose Vaccine Type
HepB	H1N1-09, Injectable
Rotavirus	H1N1-09, NOS
DTP	H1N1-09, Nasal
Hib	H1N1-09, Preservative Free
Pneumo. Conjugate	Choose Vaccine Type
Polio	Choose Vaccine Type
MMR	Choose Vaccine Type
Varicella	Choose Vaccine Type
HepA	Choose Vaccine Type
Meningococcal	Choose Vaccine Type
Human Papilloma Virus	Choose Vaccine Type
Pneumo. Polysaccharide	Choose Vaccine Type
Other	Choose Vaccine Type

Tip: Can't find what you looking for? Check this category.

For combination vaccines, choose only **one** vaccine category

Click [consent form](#) link for a sample consent form for reporting immunizations given to patients > 19 yrs old

Which default date do you want to use?

- Today
 Another Date -->
- None (enter dates individually)


Indicate Patient's VFC Eligibility

- This is required to generate VFC Doses

Select Patient's Current VFC Eligibility Status


* not available to read-only accounts

Reporting Adult Patients – sample voluntary consent form to participate in CIR



New York City Department of Health
and Mental Hygiene
Thomas P.letter, M.D., M.P.H.
Commissioner

Phone: (347) 396-2400
Fax: (347) 396-2559



CIR Citywide
Immunization
Registry

We help you call the shots!
www.nyc.gov/health/cir

Consent for Participation in Citywide Immunization Registry (CIR)
Required for Individuals 19 Years of Age and Older

The New York Citywide Immunization Registry (CIR) is a confidential, computerized system that allows authorized users access to a person's immunization records. Strict federal and state laws protect the privacy of personal information in the system. Here are some benefits of participating in the CIR:

- Your health care provider can use the CIR to ensure that you receive all needed immunizations, as well as other recommended medical treatment.
- The CIR provides a permanent and easily accessible record of your immunizations.

Participation in the CIR is voluntary for people 19 and older, so you will not be enrolled unless you complete this consent form. If you want to participate, please carefully read the statement below and sign in the space provided. For additional information about this consent, please call (347) 396-2400.

Declaration of Consent

I give my consent for _____ (name of doctor or organization) to release my immunization(s) and identifying information to the New York Citywide Immunization Registry (CIR). I understand the purpose of the CIR is to assist in my medical care and to record the immunizations that I have had or will receive in the future. My immunization information may potentially be used by the Department of Health for quality improvement purposes, epidemiologic research, and disease control purposes. Information used for quality improvement or any research purposes will have my personal identifying information removed.

The immunization information in the CIR may be released to the following: myself, my health maintenance organization, the state and local health departments, the school that I am registered to attend, and authorized medical providers that deliver my medical care.

I understand that there will be no effect on my treatment, payment, or enrollment for benefits if I choose not to enroll in the CIR. This consent may be withdrawn at any time by using the form provided. Information about immunizations received by the CIR with my consent will remain in the CIR if I later choose to withdraw my consent. However, future immunizations will not be recorded in the CIR.

Print Name	Date of Birth
Signature	Date

Citywide Immunization Registry • 4209, 28th Street, 5th Fl., CN 21 • Long Island City, New York 11101-4132

ConsentAbove192011A.pdf

This sample consent form may be used in its entirety or you may incorporate it into your practice for patients who are 19 years of age and above.

A blank electronic copy can be found in the Help section under Reporting requirements.

Please keep signed originals at your site. There is no need to send signed forms to DOHMH.

Add Current Immunization:



5. Edit date if needed
6. Select if given by your practice or some other source
7. Choose manufacturer and Lot from your list or Add a new lot and lot information
8. Click , or .

Online Registry PATIENTS | PRACTICE

Search | MyList | Reports | Add/Edit | Tools | Recall

Current Immunization | [Modify History](#) | [Add History](#)

CIR ID: 2345

1. Select the Vaccine(s) you will be adding and indicate this patient's VFC Eligibility status.
2. **Add information for each Vaccine, then click the "Continue" button at the bottom**
3. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page to return to the patient record.)

Tip: To manage the "My Lot List" selections used on this page, go to Set Up.

DTP: DTaP/HepB/IPV (Pediarix) Vaccine Event Information

Date: / / (mm/dd/yyyy) **5**

Given by this practice? Another? **6**

Select from List: (optional) **7**

--or--

[Add a new Lot to your list](#) (optional)

Other: Influenza Vaccine Event Information

Date: / / (mm/dd/yyyy)

Given by this practice? Another?

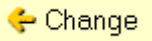
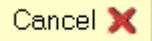
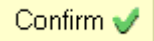
Select from List: (optional)

--or--

[Add a new Lot to your list](#) (optional)

Patient's Current VFC Eligibility Status: MEDICAID **8**

Add Current Immunization: 9. Review

10. Click ,  , or  .



Online Registry PATIENTS Search MyList Reports Add/Edit Tools Recall Adv. Event VFC Set Up **Adult Flu**

Current Immunization [Modify History](#) [Add History](#)

CIR ID: 234514124 First: MIGHTY Last: MOUSE DOB: 01/20/2003 Gender: F

1. Select the Vaccine(s) you will be adding and indicate this patient's VFC Eligibility status.
2. Add information for each Vaccine, then click the "Continue" button at the bottom of the page.
3. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click "Cancel" to return to the patient record.)

Vaccine Series	Event Information
Multi-Group	Date: 11/29/2005 Vaccine Name: DTaP/HepB/IPV (Pediarix) Given by: This Practice Lot Number: Not reported Manufacturer: Not reported Expiration Date: Not reported VFC/non-VFC Supplied: Not reported
Other	Date: 11/29/2005 Vaccine Name: Influenza Given by: This Practice Lot Number: Not reported Manufacturer: Not reported Expiration Date: Not reported VFC/non-VFC Supplied: Not reported

 Patient's Current VFC Eligibility Status: MEDICAID

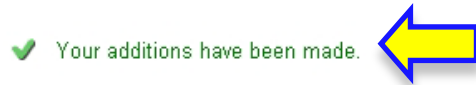
Note: The program will give a red warning message if an immunization you are trying to add is similar to one that already exists in the system, but you will still be able to add the immunization.

Add Current Immunization confirmation message



After choosing "confirm", a green message appears:

✔ Your additions have been made.
View the updated record.

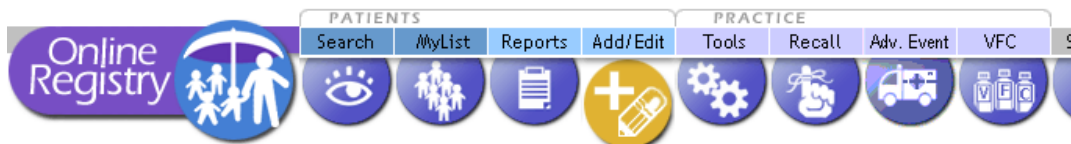


Scroll down to [Medication History](#) or [Lead Test History](#)

Immunization History

Event	1	2	3	4	5
H1N1 Influenza 3 Event/s	09/15/2009 1 H1N1-09, Injectable 41y 2m	09/16/2009 1 H1N1-09, Injectable 41y 2m	09/17/2009 1 H1N1-09, Injectable 41y 2m		
Influenza 1 Event/s	09/17/2009 Influenza-injectable 41y 2m				
HepB 0 Event/s					
Rotavirus 0 Event/s					
DTP 0 Event/s					
Hib 0 Event/s					
Pneumo. Conjugate 1 Event/s	09/17/2009 2 Pneumococcal conjugate (Pevnar) 41y 2m				
Polio 0 Event/s					
MMR 0 Event/s					
Varicella 0 Event/s					
HepA 0 Event/s					

Add Immunization History:



[Current Immunization](#) [Modify History](#) [Add History](#)

1. Add immunization history information below, then click "Continue" button at the bottom of the page. Note: If entering a combination vaccine, add it to only one of the appropriate series.
2. Check the new entries (highlighted) for accuracy, then click the "Confirm" button at the bottom of the page.

Clear Continue

Immunization History

Event	1	2	3
HepB 4 event(s)	HepB (<20 yrs 3-dose) Date: 7/2/2004 0w 0d	DTaP/HepB/IPV (Pediarix) Date: 9/3/2004 9w 0d	DTaP/HepB/IPV (Pediarix) Date: 11/3/2004 17w 5d
DTP 2 event(s)	DTaP/HepB/IPV (Pediarix) Date: 9/3/2004 9w 0d	DTaP/HepB/IPV (Pediarix) Date: 11/3/2004 17w 5d	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) Choose Vaccine <input type="button" value="▼"/> This Practice? <input checked="" type="radio"/> Another? <input type="radio"/> Lot: <input type="text"/> My Lot List... <input type="button" value="▼"/>
Hib 1 event(s)	Hib-PRP-OMP (PedvaxHIB) Date: 9/2/2004 8w 6d	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) Choose Vaccine <input type="button" value="▼"/> This Practice? <input checked="" type="radio"/> Another? <input type="radio"/> Lot: <input type="text"/> My Lot List... <input type="button" value="▼"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) Choose Vaccine <input type="button" value="▼"/> This Practice? <input checked="" type="radio"/> Another? <input type="radio"/> Lot: <input type="text"/> My Lot List... <input type="button" value="▼"/>
Polio 2 event(s)	DTaP/HepB/IPV (Pediarix) Date: 9/3/2004 9w 0d	DTaP/HepB/IPV (Pediarix) Date: 11/3/2004	Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) Choose Vaccine <input type="button" value="▼"/> This Practice? <input checked="" type="radio"/>

For each immunization event you want to add:

1. Enter date
2. Choose specific vaccine
3. Select if given by your practice or some other source
4. Choose lot info or add lot in Set Up (optional)
5. Choose or

Note: Patient's VFC eligibility status is not reportable in this screen.

Add Immunization History:

Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit, Tools, Recall, Adv. Event, VFC

PRACTICE: Tools, Recall, Adv. Event, VFC

Current Immunization | **Add History** | Modify History | Add Lead Test | Disease/Immunity

First: **Mighty**
234514124 2 Lafayette, Ny, NY 10013

Vaccine Series	Event Information
HepB	Date: 12/04/2005 Vaccine Name: Hep B Peds <20 yrs Given by: This Practice Lot Number: 123111 Manufacturer: ARMOUR Expiration Date: 12/2009 VFC/non-VFC Supplied: VFC

Warning: a similar immunization already exists.

Patient's Current VFC Eligibility Status: Not Reported

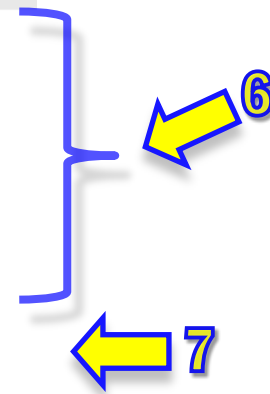
Change | Cancel | Confirm

6. Review your entries

7. Choose Change, Cancel, or Confirm

8. After choosing "confirm", a green message appears:

Your additions have been made.



Note: The program will give a red warning message if an immunization you are trying to add is similar to one that already exists in the system, but you will still be able to add the immunization.

Modify History* :

1. Check the immunization event(s) to Modify or Delete
2. Click **Continue** → .

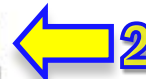
Current Immunization **Modify History** Add History



Use this page to provide or update a patient's immunization record and other information. Your modifications will be sent to CIR staff for review.

1. Select the Immunization Events you wish to modify or delete.
2. Make changes to Immunization Events you selected, double-check, then click the "Confirm" button.
3. Make other changes (optional).

Continue →



Immunization History

Event	1	2	3
HepB 3 event/s	1/1/2006 HepB (<20 yrs 3-dose) 0w 0d Given by another practice <input type="checkbox"/> Modify or Delete	7/1/2006 HepB (<20 yrs 3-dose) 6m 0w Given by this practice <input type="checkbox"/> Modify or Delete	8/16/2007 HepB (<20 yrs 3-dose) 19m 2w Given by this practice <input type="checkbox"/> Modify or Delete
Rotavirus 1 event/s	1/1/2007 Rotavirus pentavalent (RotaTeq) 12m 0w Given by this practice <input type="checkbox"/> Modify or Delete		
DTP 2 event/s	7/2/2007 DTaP 18m 0w Given by this practice <input type="checkbox"/> Modify or Delete	9/17/2007 DTaP (DAPTACEL) 20m 2w Given by this practice <input type="checkbox"/> Modify or Delete	
Hib 1 event/s	7/2/2007 Hib NOS 18m 0w Given by this practice <input type="checkbox"/> Modify or Delete		
Pneumo. Conjugate 2 event/s	6/10/2007 Pneumococcal conjugate (Prennar) 17m 1w Given by this practice <input type="checkbox"/> Modify or Delete	10/22/2007 Pneumococcal conjugate (Prennar) 21m 3w Given by this practice <input type="checkbox"/> Modify or Delete	
Polio	7/1/2006	6/10/2007	9/17/2007



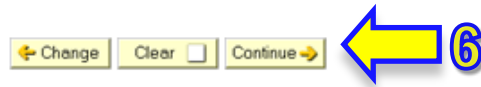
Modify History:

4. Enter corrections or choose Delete event
5. Add lot info or go to Set Up (optional)
6. Choose , or .



[Current Immunization](#) |
 [Modify History](#) |
 [Add History](#) |
 [Add Lead Test](#) |
 [Disease/Immunity](#)

1. Select the Immunization Events you wish to modify or delete.
2. Make changes to Immunization Events you selected, double-check, then click the "Continue" button.
3. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click "Cancel" to return to the patient record.)



Immunization History

Event	1	2	3	4	5
Influenza 3 event/s	03/12/2008 Influenza-injectable. 24w 6d Given by another practice Lot No: Not reported Exp. Date: Not reported Manufact: Not reported	11/20/2008 Influenza-injectable. 14m 0w Given by this practice Lot No: Not reported Exp. Date: Not reported Manufact: Not reported	02/10/2011 Influenza NOS 3y 4m Given by this practice Lot No: Not reported Exp. Date: Not reported Manufact: Not reported		
HepB 5 event/s	11/09/2007 DTaP/HepB/IPV (Pediarix) 7w 1d Given by another practice Lot No: Not reported Exp. Date: Not reported Manufact: Not reported	01/19/2008 DTaP/HepB/IPV (Pediarix) 17w 2d Given by another practice Lot No: Not reported Exp. Date: Not reported Manufact: Not reported	<input checked="" type="radio"/> Modify Event or <input type="radio"/> Delete Event 02 / 20 / 2008 (mm/dd/yyyy) <input checked="" type="radio"/> Given by this practice? <input type="radio"/> Another? Hib/HepB (COMVAX) Lot: All (0/0) Exp. (0/0) (0/0)	<input type="radio"/> Modify Event or <input checked="" type="radio"/> Delete Event 03 / 20 / 2008 (mm/dd/yyyy) <input checked="" type="radio"/> Given by this practice? <input type="radio"/> Another? HepB NOS Lot: My Lot List...	<input type="radio"/> Modify Event or <input checked="" type="radio"/> Delete Event 05 / 20 / 2008 (mm/dd/yyyy) <input type="radio"/> Given by this practice? <input checked="" type="radio"/> Another? DTaP/HepB/IPV (Pediarix) Lot: My Lot List...
Rotavirus 2 event/s	11/09/2007 Rotavirus RV5 (RotaTeq, 3 dose) 7w 1d Given by another practice Lot No: Not reported Exp. Date: Not reported Manufact: Not reported	01/19/2008 Rotavirus RV5 (RotaTeq, 3 dose) 17w 2d Given by another practice Lot No: Not reported Exp. Date: Not reported Manufact: Not reported			
DTP 3 event/s	11/09/2007 DTaP/HepB/IPV (Pediarix) 7w 1d Given by another practice	01/19/2008 DTaP/HepB/IPV (Pediarix) 17w 2d Given by another practice	05/20/2008 DTaP/HepB/IPV (Pediarix) 8m 0w Given by another practice Lot No: Not reported Exp. Date: Not reported		



Modify History:

[Current Immunization](#) |
 [Modify History](#) |
 [Add History](#) |
 [Add Lead Test](#) |
 [Disease/Immunity](#)

1. Select the Immunization Events you wish to modify or delete.
2. Make changes to Immunization Events you selected, double-check, then click the "Continue" button.
3. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click "Cancel" to return to the patient record.)

Vaccine Group	Existing Event Information	
HepB	Date: 02/20/2008	Lot Number: Not reported
	Vaccine Name: Hep B Peds <20 yrs	Manufacturer: Not reported
	Given by: This Practice	Expiration Date: Not reported
VFC/non-VFC Supplied: Not reported		
You are requesting to UPDATE this event.		
	Date: 02/24/2008	Lot Number: Not reported
	Vaccine Name: Hib/HepB (COMVAX)	Manufacturer: Not reported
	Given by: This Practice	Expiration Date: Not reported
VFC/non-VFC Supplied: Not reported		
HepB	Date: 03/20/2008	Lot Number: Not reported
	Vaccine Name: HepB NOS	Manufacturer: Not reported
	Given by: This Practice	Expiration Date: Not reported
VFC/non-VFC Supplied: Not reported		
You are requesting to DELETE this event.		
HepB	Date: 05/20/2008	Lot Number: Not reported
	Vaccine Name: DTaP/HepB/IPV (Pediarix)	Manufacturer: Not reported
	Given by: Another Practice	Expiration Date: Not reported
VFC/non-VFC Supplied: Not reported		
You are requesting to DELETE this event. (This request will be sent to the CIR for review.)		
Hib	Date: 02/20/2008	Lot Number: Not reported
	Vaccine Name: Hib-PRP-OMP (PedvaxHIB)	Manufacturer: Not reported
	Given by: Another Practice	Expiration Date: Not reported
VFC/non-VFC Supplied: Not reported		
You are requesting to UPDATE this event. (This request will be sent to the CIR for review.)		
	Date: 02/24/2008	Lot Number: Not reported
	Vaccine Name: Hib/HepB (COMVAX)	Manufacturer: Not reported
	Given by: Another Practice	Expiration Date: Not reported
VFC/non-VFC Supplied: Not reported		

7. Review your entries

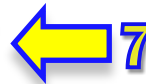
8. Choose or

9. After your confirmation, a green message appears:

ü Your additions have been made.

In some cases, you may receive the message:

Your modifications have been submitted for review. Not all of your requested updates may be reflected immediately in the Online Registry.



Add Disease History/Immunity*:



1. Enter date (*month, year*) of occurrence for Varicella disease or the date (*month, day, year*) of positive Varicella IgG test.

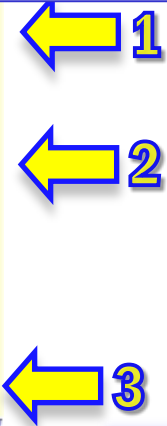
● Use this page to review or indicate disease immunity. When complete, you may return to the patient's [immunization and lead history](#).

Report Immunity

Immunity	Immunity by:	Test/Disease Date:
<input checked="" type="radio"/> Varicella:	<input type="text" value="-----"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) When reporting Varicella disease and exact date is unavailable, estimate month and year.
<input checked="" type="radio"/> Laboratory Test Demonstrating Immunity:	<input type="checkbox"/> Hepatitis A IgG <input type="checkbox"/> Hepatitis B anti-HBs (Hepatitis B surface antibody) <input type="checkbox"/> Measles IgG <input type="checkbox"/> Mumps IgG <input type="checkbox"/> Rubella IgG	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)

2. Enter date (*month, day, year*) of blood test demonstrating immunity for:

- Hepatitis A IgG
- Hepatitis B anti HBs
- Measles IgG.
- Mumps IgG
- Rubella IgG



3. Click

Immunity Reported

Disease	Immunity by:	Test/Disease Date	Reported On
Hepatitis A	Titer	10/10/2008	11/20/2008 edit / delete
Varicella	History	11/01/2007	11/21/2008 edit / delete



4. Once the information is added it will be listed on the patient's record and listed in the Immunity Reported section.

Add Lead Test: Step 1- for lead results analyzed by a commercial lab...*



● Use this page to report lead test results.

➤ **1. Enter information about the analyzing facility and the provider.**

2. Enter/update information about the patient.
3. Enter information about the blood lead test result.
4. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click "Cancel" to return to the patient record.)

a. Select the second button for tests analyzed by a commercial laboratory (e.g. Quest, LabCorp)

b. Select the commercial laboratory that analyzed the test from the dropdown.

Specify Laboratory Information

- Laboratory Type:
- Point of Care Testing Device
 - Laboratory (Internal/External)

Specify Laboratory

- Select a laboratory name from the dropdown. If laboratory is not on the list, select 'Other/Unknown'.
- Select laboratory name:
QUEST DIAGNOSTICS INCORPORATED (TETERBORO)

c. Select Authorizing Provider, or enter other provider information.

Specify Authorizing Provider Information

- Select the Authorizing Provider or specify some Other Responsible Individual who shall be contacted there be any questions regarding this report:
- JACQUELIN EHRlich (License# 198692)
 - or --
 - Other Responsible Individual:

Cancel Continue

Add Lead Test: Step 1- for lead results analyzed by a "Point of Care Testing Device" ...

Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit, Tools, VFC, Set Up, ? Help, LogOut

PRACTICE: [Icons]

Welcome **Andrew Faciano**
Facility: **Lead Poisoning Prevention Prog (Provider)**
Address: **253 Broadway**

[Current Immunization](#) [Modify History](#) [Add History](#) **Add Lead Test** [Disease/Immunity](#)

a. Select the first button for tests analyzed by a "Point of Care Testing Device"

b. Select the commercial laboratory that analyzed the test from the dropdown.

c. Select Authorizing Provider, or enter other provider information.

CIR ID: 127926336 First: MINNIE Middle: MOUSE Last: 10/17/1997 Gender: F

● Use this page to report lead test results.

➤ **1. Enter information about the analyzing facility and the provider.**
2. Enter/update information about the patient.
3. Enter information about the blood lead test result.
4. Check for accuracy, then click the "Confirm" or "Change" button at the bottom (return to the patient record.)

Specify Laboratory Information

➤ Laboratory Type:

Point of Care Testing Device
 Laboratory (Internal/External)

Select Facility where LeadCare Device is Located

➤ Select a facility from the dropdown. If your facility is not on the list, select 'Other facility not listed' and call (212) 676-6352 to add your facility to the list.

Select facility where LeadCare device is located: OTHER FACILITY NOT LISTED

Specify Authorizing Provider Information

➤ Select the Authorizing Provider or specify some Other Responsible Individual who shall be contacted there be any questions regarding this report:

JACQUELIN EHRlich (Licen
-- or --
 Other Responsible Individual:
First Name: Last Name: License#:

Cancel X Continue →

Add Lead Test: Step 2 – patient information

Online Registry PATIENTS PRACTICE

Search MyList Reports Add/Edit Tools VFC Set Up Help LogOut

Welcome **Andrew Faciano**
Facility: **Lead Poisoning Prevention Prog (Provider)**
Address: **253 Broadway**

[Current Immunization](#) [Modify History](#) [Add History](#) **Add Lead Test** [Disease/Immunity](#)

CIR ID: 127926336 First: **MINNIE** Middle: Last: **MOUSE** DOB: **10/17/1997** Gender: **F**
(Age: 12y 1m)

1. Enter information about the analyzing facility and the provider.
- **2. Enter/update information about the patient.**
3. Enter information about the blood lead test result.
4. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click "Cancel" to return to the patient record.)

Laboratory/Provider Information

Laboratory Type: Point of Care Testing Device
Facility: OTHER FACILITY NOT LISTED
Provider: JACQUELIN EHRLICH (License# 198692)

Specify Patient Contact Information

➤ Enter or correct the patient's current contact information:

House No. / St / Apt. No.
City / State / ZIP
Telephone (10 digits: nnnnnnnnnn)



2. Enter or correct patient's current contact information

Add Lead Test: Step 3 – test information



[Current Immunization](#) [Modify History](#) [Add History](#) [Add Lead Test](#) [Disease/Immunity](#)

CIR ID: 127926336 First: **MINNIE** Middle: Last: **MOUSE** DOB: **10/17/1997** Gender: **F**
(Age: 12y 1m)

1. Enter information about the analyzing facility and the provider.
2. Enter/update information about the patient.
- 3. Enter information about the blood lead test result.**
4. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click "Cancel" to return to the patient record.)

Laboratory/Provider Information

Laboratory Type: Point of Care Testing Device
Facility: OTHER FACILITY NOT LISTED
Provider: JACQUELIN EHRlich (License# 198692)

Patient Contact Information

House No. / St / Apt.: 6 WEST 6TH STREET
City / State / ZIP: NEW YORK NY 11111
Telephone: 718-555-1212

Enter Blood Lead Test Result

Enter patient's blood lead test result:

Blood Lead Level: µg/dL
Specimen collection method:
 Venous
 Fingerstick
 Filter paper
 Unknown
Date of Collection: (m/m/d/d/yyyy)
Date of Analysis: (m/m/d/d/yyyy)
Accession number:



- Enter test information
- **Accession number** (also called specimen number or sample number) is included on laboratory reports
- Point-of-care device users should assign their own accession numbers for each sample they analyze.

[← Change](#) [Cancel X](#) [Continue →](#)

Add Lead Test: Step 4 – review



Online Registry PATIENTS PRACTICE
Search MyList Reports Add/Edit Tools VFC Set Up ? Help LogOut
Welcome **Andrew Faciano**
Facility: **Lead Poisoning Prevention Prog (Provider)**
Address: **253 Broadway**

[Current Immunization](#) [Modify History](#) [Add History](#) **Add Lead Test** [Disease/Immunity](#)

CIR ID: 127926336 First: **MINNIE** Middle: Last: **MOUSE** DOB: **10/17/1997** Gender: **F**
(Age: 12y 1m)

1. Enter information about the analyzing facility and the provider.
2. Enter/update information about the patient.
3. Enter information about the blood lead test result.
- 4. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click "Cancel" to return to the patient record.)

4. Review all information

Laboratory/Provider Information

Laboratory Type: Point of Care Testing Device
Facility: OTHER FACILITY NOT LISTED
Provider: JACQUELIN EHRLICH (License# 198692)

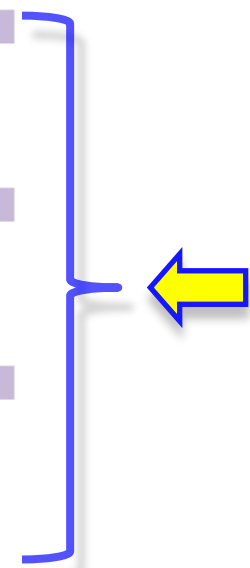
Patient Contact Information

House No. / St / Apt.: 6 WEST 6TH STREET
City / State / ZIP: NEW YORK NY 11111
Telephone: 718-555-1212

Blood Lead Test Result

Blood lead level: 4
Specimen collection method: Venous
Date of Collection: 12/01/2009
Date of Analysis: 12/01/2009
Accession number: 12-01-2009-001

[← Change](#) [Cancel X](#) [Confirm ✓](#)



Add Lead Test: Step 5 – confirmation message, report additional tests

Online Registry

PATIENTS Search MyList Reports Add/Edit **PRACTICE** Tools VFC Set Up ? Help LogOut

Welcome **Andrew Faciano**
Facility: **Lead Poisoning Prevention Prog (Provider)**
Address: **253 Broadway**

[Current Immunization](#) [Modify History](#) [Add History](#) **Add Lead Test** [Disease/Immunity](#)

Printer-Friendly Format

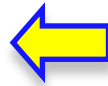
CIR ID: 127926336 First: **MINNIE** Middle: Last: **MOUSE** DOB: **10/17/1997** Gender: **F**
(Age: 12y 1m)

✓ Thank you. The blood lead test result you reported has been submitted for review and may not be immediately reflected in the Online Registry.

Attention: Blood Lead Level is 4

[Enter another blood lead test result for this patient.](#)

[Enter blood lead test results for another patient.](#)



If you have more tests to report, click one of the links.

The Citywide Immunization Registry

125 Worth Street, CN 64R, New York, NY 10013 (212) 676-2323

Lead Poisoning Prevention Program (LPPP)

253 Broadway, CN 58, New York, NY, 10007 212-BAN-LEAD

Add Lead Test: Step 6 – follow recommendations

Recommendations are listed in the Tools section

Current Immunization | Modify History | Add History | **Add Lead Test** | Disease | Community

Printer-Friendly Format

CIR ID: 127926336 | First: MINNIE | Middle: | Last: MOUSE | DOB: 10/17/1997 | Gender: F
(Age: 12y 1m)

✓ Thank you. The blood lead test result you reported has been submitted for review and may not be immediately reflected in the Online Registry.

Attention: Blood Lead Level is 15

Blood lead levels GTE 5 $\mu\text{g}/\text{dL}$ require follow up.

Recommended Management of Children Based on Blood Lead Levels

BLL($\mu\text{g}/\text{dL}$)	Recommended Action
5 - 9	<ul style="list-style-type: none"> Recognize that a BLL of 5-9$\mu\text{g}/\text{dL}$ may indicate lead exposure. Provide educational messages. (See City Health Information, 2007: 26(3): 16.) Evaluate for adequate intake of calcium, iron, and vitamin C.* If initial positive test is a fingerstick specimen, confirm with a venous specimen within time frame specified in the Follow-up Blood Lead Test Schedules for Children Table. Monitor BLLs by retesting as per follow-up schedule in the Follow-up Blood Lead Test Schedules for Children Table.
10 - 14	<p>All actions for BLLs 5-9$\mu\text{g}/\text{dL}$, plus:</p> <ul style="list-style-type: none"> Report BLL to NYC DOHMH within 24 hours by fax (212) 676-6326. Laboratory requisition forms must include: <ul style="list-style-type: none"> Patient's complete name, date of birth, complete address (including apartment number), and phone number. Health care provider name and phone number. Type of sample (venous or fingerstick) and date of collection. DOHMH will send educational information to the family and health care provider.
15 - 44	<p>All actions for BLLs 5-14$\mu\text{g}/\text{dL}$, plus:</p> <ul style="list-style-type: none"> Provide a complete medical evaluation including a detailed environmental history, thorough developmental and nutritional assessment, and physical exam. Evaluate for iron deficiency anemia, often associated with lead poisoning. Consider abdominal x-ray if paint chip or other lead solid ingestion suspected; if radio-opaque particles found or recent ingestion witnessed, use cathartic. Consider monitoring erythrocyte protoporphyrin levels (EP) for BLL $\geq 25\mu\text{g}/\text{dL}$ to help assess timing of exposure.** Monitor development even after BLLs decrease. Consider this child at higher risk for developmental delays and behavior problems. DOHMH will: <ul style="list-style-type: none"> Inspect the child's home to identify potential lead sources.

Print official immunization reports:

The screenshot shows the 'Online Registry' interface. At the top, there are navigation tabs for 'PATIENTS' (Search, MyList, Reports, Add) and 'PRACTICE' (Tools, VFC). Below these are several icons representing different functions. A blue arrow points to the 'Print Reports' link in the navigation bar. Below the navigation bar, there is a section for selecting the type of report to print. The 'Public Report' option is selected, and its description is shown. Below that, the 'Provider Report' option is selected, and its description is shown. At the bottom right, there are 'Clear' and 'Continue' buttons, with a yellow arrow pointing to the 'Continue' button. The footer contains contact information for 'The Citywide Immunization Registry' and the 'Lead Poisoning Prevention Program (LPPP)'.

Online Registry

PATIENTS: Search, MyList, Reports, Add

PRACTICE: Tools, VFC

View Record | **Print Reports** | Request Fax | Pre-completed Forms | Update Patient Address

● Use this page to customize a report.

Select the type of report you would like to print.

Public Report
An official document for use by parents, guardians and individuals. Includes:
• Only those vaccination events considered valid.
• Last lead test date.

Provider Report
Select the data you would like to appear in your printed report:

Immunization History
 Filtered Report Includes only those vaccination events considered valid.
 Unfiltered Report Includes every vaccination event reported for the patient, valid and invalid.

Lead Test History: Includes lead test dates, test type, and latest blood lead level recommendation.

Clear Continue →

The Citywide Immunization Registry
125 Worth Street, CN 64R, New York, NY 10013 (212) 676-2323

Lead Poisoning Prevention Program (LPPP)
253 Broadway, CN 58, New York, NY, 10007 212-BAN-LEAD

Choose either:

Public report

-or-

Provider report

- Filtered- valid events only, or
- Unfiltered- both valid and invalid events

Print Reports: for Provider...

CIR ID: 345688200

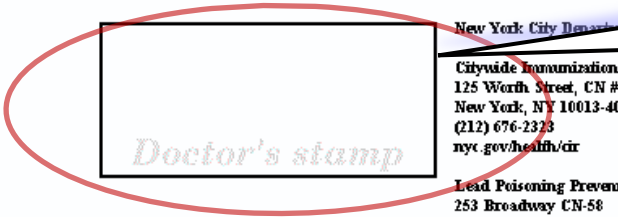
Name: DUCK, DONALD

DOB: 04/15/2000

Age: 4y 2m

Gender: M

Date: Tue Jul 13 20:34:41 EDT 2004



New York City Department of Health

Citywide Immunization Registry
125 Worth Street, CN #64R
New York, NY 10013-4089
(212) 676-2373
nyc.gov/health/cir

Lead Poisoning Prevention Program
253 Broadway CN-58
New York, NY 10007
(212) BAN-LEAD

Doctor's stamp placed here for an official copy.

Provider Report shows age at immunization, intervals between doses, and comments.

Immunization History

Dose	Vaccine	Date	Age	Interval	Comments
HepB					
1	HepB	04/15/2000	0w 0d	0	
2	HepB	06/15/2000	8w 5d	61	
3	HepB	02/19/2004	3y 10m	1344	
	DTaP/HepB/IPV	04/22/2004	4y 0m		This immunization event was an extra dose since it occurred after this series was completed.
DTP					
1	DTaP	06/15/2000	8w 5d	0	
2	DTaP/HepB/IPV	04/22/2004	4y 0m	1407	Also displayed in another vaccine series.
Hib					
1	Hib-unspecified	06/15/2000	8w 5d	0	
2	Hib-unspecified	06/15/2002	2y 2m	730	
Polio					
1	IPV	06/15/2000	8w 5d	0	
2	IPV	08/10/2000	16w 5d	56	
3	IPV	04/15/2001	12m 0w	248	
4	DTaP/HepB/IPV	04/22/2004	4y 0m	1103	Also displayed in another vaccine series.
MMR					
1	MMR	04/17/2002	2y 0m	0	
Varicella					
1	Varicella	04/17/2003	3y 0m	0	
Pneumococcal					
1	Pneumococcal NOS	01/15/2004	3y 9m	0	

Print Reports: for Public...

CIR ID: 345688200
Name: DUCK, DONALD
DOB: 04/15/2000
Age: 4y 2m
Gender: M
Date: Tue Jul 13 20:33:13 EDT 2004



New York City Department of Health
Citywide Immunization Registry
 125 Worth Street, CN #64R
 New York, NY 10013-4089
 (212) 676-2323
nyc.gov/health/cir
Lead Poisoning Prevention Program
 253 Broadway CN-58
 New York, NY 10007
 (212) BAN-LEAD

Doctor's stamp placed here for an official copy.

Public Report shows valid immunizations only .

Immunization History

Series	Type	Immunization Date
HepB	HepB	04/15/2000
	HepB	06/15/2000
	HepB	02/19/2004
DTP	DTaP	06/15/2000
	DTaP/HepB/IPV	04/22/2004
Hib	Hib-unspecified	06/15/2000
	Hib-unspecified	06/15/2002
Polio	IPV	06/15/2000
	IPV	08/10/2000
	IPV	04/15/2001
	DTaP/HepB/IPV	04/22/2004
MMR	MMR	04/17/2002
Varicella	Varicella	04/17/2003
Pneumococcal	Pneumococcal NOS	01/15/2004

Lead Test History

Last Test Date	Note

Fax Reports:

Online Registry

PATIENTS Search MyList Reports Add **PRACTICE** Tools VFC Set Up ? Help LogOut

View Record Print Reports **Request Fax** Pre-completed Forms Update Patient Address

CIR ID: 127926336 First: MINNIE Last: MOUSE DOB: 10/17/1997 Gender: F

Use this page to send a fax from the CIR server. Faxes are sent in the order that requests are received, so there may be a short delay.

Send report via fax to:

Name: SHIRLEY HUIE Fax Number: 2126762314

Select the type of report you would like to print.

Public Report An official document for use by parents, guardians and individuals. Includes:
• Only those vaccination events considered valid.
• Last lead test date.

Provider Report Select the data you would like to appear in your printed report:

Immunization History

Filtered Report Includes only those vaccination events considered valid.

Unfiltered Report Includes every vaccination event reported for the patient, valid and invalid.

Lead Test History: Includes lead test dates, test type, and latest blood lead level recommendation.

Clear Continue

The Citywide Immunization Registry
125 North Street, C.N. 64R, New York, NY 10013 (212) 676-2323

Lead Poisoning Prevention Program (LPPP)
253 Broadway, C.N. 68, New York, NY, 10007 212-BAN-LEAD

Type in recipient's name and fax number. Available only within local New York City area codes.

Pre-completed Forms: Child & Adolescent Health Examination (CH205) form



Online Registry
Search
MyList
Reports
Add/Edit
Tools
Recall
Adv. Event
VFC
Set Up
Adult Flu
Help
LogOut

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




Welcome Shirley Huie (Admin Facility) Bureau of Day Care 1
Address: 2 Lafayette St

584805036
First: Anth
11 25
Valle

Use this page to generate forms that are pre-completed with information from the Registry. Forms which do not use the Child & Adolescent Health Examination Form cannot be saved to the Registry. Forms which do use the Child & Adolescent Health Examination Form can be saved to the Registry. Please call CIR at (212) 676-2323 if you are experiencing any difficulties with these forms.

NOTE: The pre-completed forms are provided in Adobe Acrobat PDF format. For best results, you may need to download or update your current version of Adobe Reader (we recommend 7.0 or greater), which can be found [here](#) (opens new window). Then, click on "Get Adobe Reader."

Create Forms Which Do Not Use the Child & Adolescent Health Examination Form

- 
[Early Intervention Form \(English\)](#)
 This form comes completed with patient demographics and provider contact information. The highlighted areas on the form are editable. (opens in new window) For more information about the Early Intervention Program, please click [here](#)
- 
[Early Intervention Form \(Spanish\)](#)
 This form comes completed with patient demographics and provider contact information. The highlighted areas on the form are editable. (opens in new window) For more information about the Early Intervention Program, please click [here](#).
- 
[WIC Medical Referral Form for Infants and Children \(revised 10/08\)](#)
 This form comes completed with patient demographics, provider contact information and immunization history. The immunizations displayed include only events which are considered valid according to the New York City Childhood Immunization Schedule. The highlighted areas on the form are editable. (opens in new window)

You may access pre-completed forms for Early Intervention and for WIC Medical Referrals.

Create Forms Using the Child & Adolescent Health Examination Form (CH205 form)

Use Registry data (Patient Information, Immunizations, and Lead Tests) to create Child & Adolescent Health Examination Forms (CH205 form). The immunizations displayed include only events which are considered valid according to the New York City Childhood Immunization Schedule. The CH205 form replaces the School 2115 form. Please view the [CH205 letter](#) and you may attach it to the CH205 form for submission.

OPTION 1 NEW! You now have a new option to create, save and re-use CH205 forms by clicking on the 'Create New Form and Save' button below. Using this option will save the form in the Registry. If you have previously created and saved a form, a list will appear below and you may choose a form in the list as a starting point.

Create New Form and Save →

OPTION 2 Choose to create a form without saving it by clicking on the 'Create New Form without Saving' button below. Using this option will NOT save the form in the Registry. The highlighted areas on the form are editable.

Create New Form Without Saving →

For CH25 Forms, you may choose to

Create New Form and Save →

or

Create New Form Without Saving →

Note: You may need to download or update your Adobe Reader (we recommend 7.0 or greater).

Select & search for organization(s) requesting form:


Ascertain from the child's parent/guardian the organization type(s) requesting the form, and if it is a child care center, note the name and/or address.

1. Begin new form:

- a. Select the organization types requesting the form.

Steps (b) through (e) pertain only to forms needed by child care centers.

- b. Specify if child is attending a "Center-Based" or "School-Aged/Home-Based/Other" facility

- c. Next, search for the center. You may enter a partial name or street name. Click on the  button.

Online Registry

View Record | Print Reports | Request Fax | Pre-completed Forms | Update Patient Info

1. Begin New Form
2. Verify Patient Information
3. Verify Immunization Data
4. Verify Lead Test Data
5. Enter / update examination data
6. Confirm and submit / print

Select the form(s) you want to create.
(check all that apply)

School

Camp

Early Intervention (medical form)

Child Care

Please indicate which type(s) of child care facilities the child will be enrolling in:

Center-Based School-Aged/Home-Based/Other

Tip
[What is a Center-Based child care facility?](#)
[What is a School-Aged, Home-Based, or facility?](#)

All Center-Based child care facilities the child is enrolling in must be selected. It is very important to the Bureau of Child Care that the correct child care facilities are selected before proceeding to the next step.

Search for child care facilities:
Note: Wild card searches are permitted on Center Name and Street Name.

Center Name: Permit #:

Building #: Street Name:

Note: At least one of the above fields is required when searching with the following constraints:

Zip: Borough: Neighborhood:

Choose center and add additional centers:

- Child Care
- ⦿ Please indicate which type(s) of child care facilities the child will be enrolling in:
- Center-Based School-Aged/Home-Based/Other
- ⦿ All Center-Based child care facilities the child is enrolling in must be selected. It is very important to the Bureau of Child Care that the correct child care facilities are selected before proceeding to the next step.

• Facilities:

Center Name	Permit #	Address	Zip	Borough	Neighborhood(s)
<input type="checkbox"/> LITTLE STARS SCHOOL, INC.	5414	4063 EDSON AVENUE	10466	BRONX	Eastchester, Edenwald, Wakefield
<input type="checkbox"/> LITTLE ANGELS HOLY SPIRIT HEAD START & UPK	5076	1960 UNIVERSITY AVENUE	10453	BRONX	Morris Heights
<input type="checkbox"/> LITTLE ANGELS DAY CARE	8329	1802 MATTHEWS AVENUE	10462	BRONX	Parkchester, Pelham Parkway, Unionport, Van Nest
<input type="checkbox"/> LITTLE ANGELS HEAD START / U P K	5159	2331 UNIVERSITY AVENUE	10468	BRONX	Fordham, University Heights
<input type="checkbox"/> LITTLE ANGELS ST. NICHOLAS OF TOLENTINE HEAD START / UPK	4918	2331 UNIVERSITY AVENUE	10468	BRONX	Fordham, University Heights
<input type="checkbox"/> LITTLE PEOPLES DAY CARE	5644	1600 SEDGWICK AVENUE	10453	BRONX	Morris Heights
<input type="checkbox"/> LITTLE SHEPHERDS COMMUNITY	7610	2260 ANDREWS	10468	BRONX	Fordham, University Heights

Not Yet Determined

d. Select the center, click 

You will see a green confirmation message of the center(s) selected.

e. If you want to add additional centers, choose the option, *"No, - I want to search and add child care facilities."*

This will take you back to the previous screen to resume searching.

If you are done selecting centers, choose "Yes."

If you cannot find the child care center, or if the center is not yet determined, you may check the "Not Yet Determined" box.

✔ You have selected the following Child Care Facilities:

- LITTLE SCHOLARS DAY CARE CENTER at 1709-11 RALPH AVENUE, BROOKLYN, 11236
- SMARTER TODDLER NURSERY & PRESCHOOL at 100A WEST 89 STREET, MANHATTAN, 10024

⦿ It is very important to the Bureau of Child Care that the correct child care facilities are selected before proceeding to

Have you selected all of the child care facilities this child is enrolling in?

- Yes
- No - I want to search and add child care facilities.



Child care facility definitions:



Listed under  Tip

What is a Center-Based child care facility?

Group child care facilities: Child care centers of 7 or more children which are located in an institutional setting. Regulated under the New York City Health Code.



Tip

[What is a Center-Based child care facility?](#)

[What is a School-Aged, Home-Based, or Other child care facility?](#)

What is a School-Aged, Home-Based, or Other child care facility?

- Group family child care: Child care homes of 6-12 children in the home of an unrelated family. Regulated under the New York State Department of Social Services.
- Family child care: Child care homes of not more than 3-6 children in the home of an unrelated family. Regulated under the New York State Department of Social Services.
- School-age program: School-age child care means care provided on a regular basis to seven or more school-age children under 13 years of age. Regulated under the New York State Department of Social Services

Note: If the child is eight years old or above, the Child Care Centers will not be shown in the Online Registry.

Verify patient information:



Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit, Tools, Recall, Adv. Event, VFC, Set Up, Adult Flu

View Record | Print Reports | Request Fax | Pre-completed Forms | Update Patient Info

1. Begin New Form
2. **Verify Patient Information**
3. Verify Immunization Data
4. Verify Lead Test Data
5. Enter / update examination data
6. Confirm and submit / print

This is an opportunity to update or correct patient demographic information in the CIR. In order to proceed, the patient address must be completed correctly, at minimum, before proceeding to the next screen. Any additional information you update will become part of registry data.

The following demographic information from this screen will automatically appear on the School Form: First Name, Middle Name, Last Name, DOB, Gender, and Address data.

Patient Information

First Name	LOUISA
Last Name	ALCOTT
DOB	02 / 01 / 2003 mm/dd/yyyy
Gender	<input type="radio"/> M <input checked="" type="radio"/> F
Alternate First	
Middle Name	MAY
Alternate Last	
Medical Rec. No.	
Medicaid No. (A*****)	
Mom DOB	
Mom First Name	
Mom Maiden Name	
House No. / St. / Apt. No.	13 DOWNING ST
City / State / ZIP	BROOKLYN NY 11215
Telephone	2126762312

Change Cancel X Clear Continue

The next steps provide opportunities to update:

- Patient Information
- Immunization History
- Lead Test History Results

You may click through these steps if the record is up to date.



Patient Info

Verify and update the immunization history:

This child is not up to date on immunizations. Please review the child's immunization history below and administer the necessary immunizations to bring the child up to date.

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

This child is not up to date on immunizations. Please review the child's immunization history below and administer the necessary immunizations to bring the child up to date.

1. Begin New Form
2. Verify Patient Information
- 3. Verify Immunization Data**
4. Verify Lead Test Data
5. Enter / update immunization data
6. Confirm and submit / print

The following immunization information will be used on your Child Care Form. Please make sure it is accurate. Use [Add/Edit](#) above to report additional or edit existing immunizations, or click Continue.

Immunization History

Event	1	2	3	4	5
Influenza 3 Event/s	11/04/2009 Influenza-injectable. 13m 0w	10/29/2010 Influenza-injectable. 2y 0m	11/05/2010 Influenza-intranasal 2y 1m		
HepB 3 Event/s	01/14/2009 Hep B Peds <20 yrs 14w 5d	03/11/2009 Hep B Peds <20 yrs 22w 5d	05/12/2009 Hep B Peds <20 yrs 7m 1w		
Rotavirus 3 Event/s	12/05/2008 Rotavirus RV5 (RotaTeq, 3 dose) 9w 0d	02/11/2009 Rotavirus RV5 (RotaTeq, 3 dose) 18w 5d	04/07/2009 Rotavirus RV5 (RotaTeq, 3 dose) 0m 0w		
DTP 4 Event/s	12/05/2008 DTaP (DAPTACEL) 9w 0d	02/11/2009 DTaP (DAPTACEL) 18w 5d	04/07/2009 DTaP (DAPTACEL) 0m 0w	01/12/2010 DTaP (DAPTACEL) 15m 1w	
Hib 4 Event/s	12/05/2008 Hib-PRP-T (ActHib; Hiberix) 9w 0d	02/11/2009 Hib-PRP-T (ActHib; Hiberix) 18w 5d	05/12/2009 Hib-PRP-T (ActHib; Hiberix) 7m 1w	11/08/2009 Hib-PRP-T (ActHib; Hiberix) 13m 0w	
Pneumo. Conjugate 5 Event/s	12/05/2008	02/11/2009	04/07/2009	01/12/2010	11/10/2010

Immunization History – Click link to Add/Edit

Verify and update lead test history:



- ⚠ This child is Non-Compliant for admission to child care because the child is not up to date on lead blood tests. Please review the child's lead blood test history below and administer the necessary lead blood tests to bring the child up to date.

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

59

1. Begin New Form
2. Verify Patient Information
3. Verify Immunization Data
- 4. Verify Lead Test Data**
5. Enter / update examination data
6. Confirm and submit / print

Some of the following lead test information may be used on your Child Care Form.

If there are lead blood tests missing from the table below or you would like to report additional lead blood tests, you can report them to the Lead Poisoning Prevention Program by clicking [here](#).



Lead Test History

Lead Test History

Event	Date
Lead test d	

[Current Immunization](#) [Modify History](#) [Add History](#) [Add Lead Test](#) [Disease/Immunity](#)

Use this page to report lead test results. Click here for full [instructions](#).

- 1. Enter information about the analyzing facility and the provider.**
 2. Enter/update information about the patient.
 3. Enter information about the blood lead test result.
 4. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click return to the patient record.)

Specify Laboratory Information

Laboratory Type: Point of Care Testing Device Laboratory (Internal/External)

Specify Authorizing Provider Information

Select the Authorizing Provider or specify some Other Responsible Individual who shall be contacted there be any questions regarding this report: JANE ZUCKER (License# 168661) - or - Other Responsible Individual:

Follow online instructions if you are reporting Lead Test History results. These test results you report will be submitted for review and will not be immediately reflected in the Online Registry.

Enter or update the health examination information:

The Online CH205 form is the same as the paper form, formatted for online data entry.

Complete the health examination data.

Note special instructions in the left column.

The date of the form is a required field in the final section of the form.



PROVIDER TO FILL IN INFORMATION GIVEN BY PARENT/GUARDIAN

Student ID Number (0-99): _____

Hispanic/Latino? Yes No

Race (check all that apply): American Indian Asian Black White Native Hawaiian/Pacific Islander Other _____

Child Care: Name: ALL SEASONS DAY NURSERY/PARTY TODD
Number: _____

Health Insurance (including Medicaid)? Yes No

Parent/Guardian Foster Parent

Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER

Birth History (Age 0-6 yrs): Uncomplicated Premature _____ weeks gestation Complicated by: _____

Allergies: None epiprescribed Drugs _____ Foods _____ Other _____

Does the child/adolescent have a past or present medical history of the following?
 Asthma (check severity and attach MD Rx and Inhalation Plan): _____
 Attention Deficit/Hyperactivity Disorder Orthopedic injury/disability _____
 Chronic or recurrent otitis media Seizure disorder _____
 Congenital or acquired heart disorder Speech, hearing, or visual impairment _____
 Developmental learning problem Tuberculosis (earr infection or disease) _____
 Diabetes (attach MD Rx) Other (specify) _____

Explain all checked items: _____

Medications (attach MD Rx if school medication needed): None Yes _____
 Dietary Restrictions: None Yes _____

PHYSICAL EXAMINATION

Height: _____ cm (_____ in) (_____ wt)
 Weight: _____ kg (_____ wt)
 BMI: _____ (_____ wt)
 Head Circumference (age <=2 yrs): _____ cm (_____ wt)
 Blood Pressure (age >=3 yrs): _____ / _____

GENERAL APPEARANCE

	Normal/abnormal	Normal/abnormal
HEENT	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Dental	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Skin <input type="checkbox"/> Abnormal
Neck	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Neurological <input type="checkbox"/> Abnormal
Lymph nodes	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Back/spine <input type="checkbox"/> Abnormal
Lungs	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Psychosocial Development <input type="checkbox"/> Abnormal
Cardiovascular	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Language <input type="checkbox"/> Abnormal
Abdomen	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Behavior <input type="checkbox"/> Abnormal
Genitourinary	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	

Describe abnormalities: _____

DEVELOPMENTAL (Age 0-6 yrs)

Within normal limits

Follow-up suggested, specify below:

Cognitive (e.g., play skills) _____

Communication/Language _____

Social/Emotional _____

Adaptive Self-Help _____

Motor _____

SCREENING TESTS

Test	Date Done	Result
Lead Risk Assessment (Annual) Age 0-6 yrs	_____	<input type="checkbox"/> In Risk (do BLL) <input type="checkbox"/> Not at Risk
Hearing Test (Data must be filled in for compliance with Child Care rules)	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Vision Test (Data must be filled in for compliance with Child Care rules)	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Hemoglobin or Hematocrit (Age 9-12 mo)	_____	_____ g/dL _____ %
Tuberculosis (Only required for students arriving from a foreign country or high school who have not previously attended any NYC public or private school)	_____	<input type="checkbox"/> Indicated <input type="checkbox"/> Not Indicated
PPD (Mantoux) placed	_____	<input type="checkbox"/> Neg <input type="checkbox"/> Pos
PPD (Mantoux) read	_____	<input type="checkbox"/> Neg <input type="checkbox"/> Pos
Influenza Test	_____	<input type="checkbox"/> Neg <input type="checkbox"/> Pos
Chastity (if PPD or Influenza positive)	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Not Indicated <input type="checkbox"/> Abnormal
Vision (required for new school entrants and children age 6-7 yrs)	_____	_____ Right <input type="checkbox"/> _____ Left <input type="checkbox"/> Strabismic <input type="checkbox"/> No <input type="checkbox"/> Yes

RECOMMENDATIONS

Full Physical Activity Full Diet Restrictions Ready

Follow-up Needed: No Yes

Referral(s): None Early Intervention Special Education Dental Vision Other _____

ASSESSMENT

Well Child (V202) Diagnose Problems (flag)

ICD-9 Code: _____

HEALTHCARE INFORMATION

Date: _____

Health Care Provider Name and Degree: JANE ZUCKER MD

Provider License No. and State: NY

Facility Name: Citywide Immunization Registry


National Provider Identifier (NPI): _____

Address/City/State/Zip: 49-09 24th Street, 5th Floor Long Island C NY 11101

Telephone: (212) 266-6400

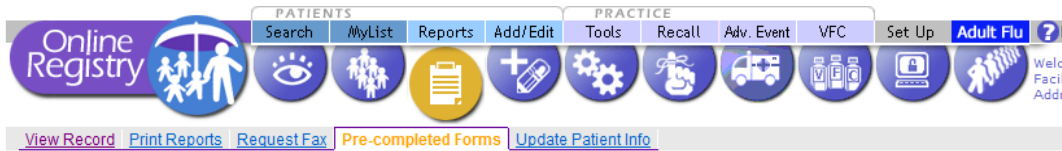
Fax: (212) 266-2552

Buttons: Change Cancel X Clear Continue

- Click continue, and note any error messages
- Make corrections, review form and
- Click  to complete the process.

View, print, or fax the CH205 form:

- Click on the form icon to view, print or fax the form.
- A separate page may be generated listing warnings and errors regarding information required by the DOHMH Day Care Program.



✓ The following form(s) have been created and submitted to the Registry: Child Care, Camp, School. You can view, print, or fax your form(s) below. The PDF form(s) are not editable. However, you may click [here](#) to use a previously created form as a starting point and modify it, which will then be saved as a new copy of the form.

Form Type	View/Print Form	Fax form (optional)
Child Care		Fax this form? <input checked="" type="radio"/> Yes <input type="radio"/> No Fax To (Name): <input type="text"/> Fax #: <input type="text"/>
Camp		Fax this form? <input checked="" type="radio"/> Yes <input type="radio"/> No Fax To (Name): <input type="text"/> Fax #: <input type="text"/>
School		Fax this form? <input checked="" type="radio"/> Yes <input type="radio"/> No Fax To (Name): <input type="text"/> Fax #: <input type="text"/>

[Fax Selected Forms](#)

Please continue to give the parent/guardian a copy of the completed CH205 form to take to his/her child's Child Care Center, or other facility.

The data that is entered on an Online Registry CH205 form for a Child Care Center is submitted to the DOHMH Bureau of Child Care.

Access completed and saved forms:



Online Registry
Search
MyList
Reports
Add/Edit
Tools
Recall
Adv. Event
VFC
Set Up
Adult Flu
Help
LogOut

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

- Use this page to generate forms that are pre-completed with information from the Registry. Forms which do not use the Child & Adolescent Health Examination Form cannot be saved to the Registry. Forms which do use the Child & Adolescent Health Examination Form can be saved to the Registry. Please call CIR at (212) 676-2323 if you are experiencing any difficulties with these forms.

NOTE: The pre-completed forms are provided in Adobe Acrobat PDF format. For best results, you may need to download or update your current version of Adobe Reader (we recommend 7.0 or greater), which can be found [here](#) (opens new window). Then, click on "Get Adobe Reader."

Create Forms Which Do Not Use the Child & Adolescent Health Examination Form

[Early Intervention Form \(English\)](#)
 This form comes completed with patient demographics and provider contact information. The highlighted areas on the form are editable. (opens in new window) For more information about the Early Intervention Program, please click [here](#).

[Early Intervention Form \(Spanish\)](#)
 This form comes completed with patient demographics and provider contact information. The highlighted areas on the form are editable. (opens in new window) For more information about the Early Intervention Program, please click [here](#).

[WIC Medical Referral Form for Infants and Children \(revised 10/08\)](#)
 This form comes completed with patient demographics, provider contact information and immunization history. The immunizations displayed include only events which are considered valid according to the New York City Childhood Immunization Schedule. The highlighted areas on the form are editable. (opens in new window)

Create Forms Using the Child & Adolescent Health Examination Form

Use Registry data (Patient Information, Immunizations, and Lead Tests) to create Child & Adolescent Health Examination Forms. Create a new form by clicking on the 'Create New Form' button below or by choosing a form from the list of previously created forms below as a starting point. Forms created here will be saved to the Registry.

Create New Form

-- OR --

Previously Created Forms (4 forms)

Date/Time Created	Form Type	View/Print/Fax	Create New Form Based on This One
11/16/2010 6:35 PM	Child Care Form	View/Print/Fax	Begin New Form using this data
11/16/2010 6:34 PM	Camp Form	View/Print/Fax	Begin New Form using this data
11/16/2010 6:19 PM	Child Care Form	View/Print/Fax	Begin New Form using this data
11/16/2010 6:16 PM	Child Care Form	View/Print/Fax	Begin New Form using this data



Parents/guardians may return to your practice to request another CH205 form for new enrollment or to replace a lost form. It will now be convenient to:

- Click link to print/fax a saved static form.
- Click link to re-use a saved form and update any information as needed.

Only your authorized online registry users at your facility may access your facility's completed forms.


Read-Only Access:


[View Record](#) [Newborn Hearing Screening](#) [Print Reports](#) [Request Fax](#) [Pre-completed Forms](#)


- Use this page to generate forms that are pre-completed with information from the Registry. Forms which do not use the Child Adolescent Health Examination Form cannot be saved to the Registry. Forms which do use the Child & Adolescent Health Examination Form can be saved to the Registry. Please call CIR at 347-396-2400 if you are experiencing any difficulties with these forms.

NOTE: The pre-completed forms are provided in Adobe Acrobat PDF format. For best results, you may need to download or update your current version of Adobe Reader (we recommend 7.0 or greater), which can be found [here](#) (opens new window). Then, click on the [Download Adobe Reader](#) link.


Create Forms Which Do Not Use the Child & Adolescent Health Examination Form

 [Early Intervention Form \(English\)](#) This form comes completed with patient demographics and provider contact information. The highlighted areas on the form are editable. (opens in new window) For more information about the Early Intervention Program, please click [here](#).

 [Early Intervention Form \(Spanish\)](#) This form comes completed with patient demographics and provider contact information. The highlighted areas on the form are editable. (opens in new window) For more information about the Early Intervention Program, please click [here](#).

 [WIC Medical Referral Form for Infants and Children \(revised 10/08\)](#) This form comes completed with patient demographics and provider contact information and immunization history. The immunizations displayed include only events which are valid according to the New York City Childhood Immunization Schedule. The highlighted areas on the form are editable. (opens in new window)

Create Forms Using the Child & Adolescent Health Examination Form (CH205 form)

 [Health Examination Form \(CH205\)](#) This form comes completed with patient demographics, immunization history and lead test history. The immunizations displayed include only events which are considered valid according to the New York City Childhood Immunization Schedule. This form is not editable. It replaces the School 211S form. Please view the [CH205 letter](#) and you may use this form for submission.

Below is a list of previously created forms which you may View/Print/Fax.

Previously Created Forms (3 forms)

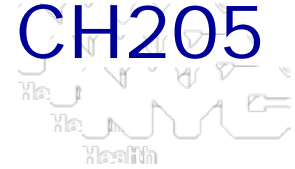
Date/Time Created	Form Type	View/Print/Fax
1/11/2012 3:12 PM	School Form	View/Print/Fax
1/11/2012 3:12 PM	Child Care Form	View/Print/Fax

Users with Read-Only access:

- Click the "Health Examination Form (CH205)" link.
- A pre-completed form with the immunization history, lead test history and child's demographic information will be generated.
- The CH205 form may be printed from the browser menu options, and the form will not be saved in the Online Registry.
- Read-Only Access users are not enabled to edit CH205 forms online.

At facilities that have users with immunization editing status, Read-Only users may view, print or fax previously saved forms created by those users with editing capabilities.

Additional tips on completing the Online CH205 data entry form:



- Fill out the form as you normally would fill out the paper form.
- If you chose “Child Care center” as the organization type and searched for and found the center, you will see the name filled in on the form.
- If you chose an organization other than a Child Care center, you may type in the name.
- You may fill in the parent/guardian information. If you enter this information, it will be saved on the form and you would not need to type this in again on future forms.
- You do not need to fill in the OSIIS number.
- Some items if checked will expand, requesting additional input.
- The text boxes have a limited number of characters that you may enter. It is limited so that the text you type will fit inside the boxes on the paper form. You may add an addendum and attach it to the form when you print it out to give to the parent/guardian.

Additional tips on re-using saved CH205 forms:



- If you are re-using the form for a child care center, the system will remember all the previous centers that your practice associated with the patient and present you with these choices first.
- If you entered parent/guardian information, it will be saved on the form and you would not need to type this in again on future forms.
- If you choose to re-use a form, you will be taken through a few screens to update patient demographics and then you will see the previously saved health exam data.
- Only your authorized online registry users at your facility may access your facility's completed forms.

Overview of Recall/Reminder features:



1. Refresh MyList (located in the MyList screen).

This feature retrieves patients you immunized in the past who are in the CIR, but may not already be on **MyList**.

2. View and edit a patient's last valid address and phone number reported by a practice.

3. Update patient's status –

Choose active or inactive (a.k.a. **M**oved **o**r **G**one **E**lsewhere –**MOGE**).

2. Report options:

a) Coverage (located in Tools screen): Currently there are 4 standard report options that calculate Up-to-Date percentages for 7-11 month olds, 19-35 month olds, 24-35 month olds, or 11–18 year olds.

b) Recall (located in Recall screen):

Custom Recall –used to see who has vaccine **Due Now**:

(1) enter age ranges of your choice;

(2) choose to recall patients who are missing any age-appropriate immunization, any specified vaccine series, and /or # of specified valid doses

Standard Recall – used to see who in MyList is **Due Now**.

c) Reminder (located in Recall screen): same as Recall, but used to see who is due immunizations within 28 days, or **Due Soon**.

Both coverage and recall reports can be used to produce a recall list, or to produce letters and address labels. Reports can be saved.



- The coverage or recall/reminder reports are only as good as the information (immunizations and addresses) your practice reported to the CIR.

Use the Online Registry features to help you update your records in CIR.

MyList (Patient list): Who's in MyList?



Click on the link to see "[Who's in MyList?](#)"

Search MyList OR View MyList

First Name OR Last Name...

Show patients accessed... Show per page... and Jump to

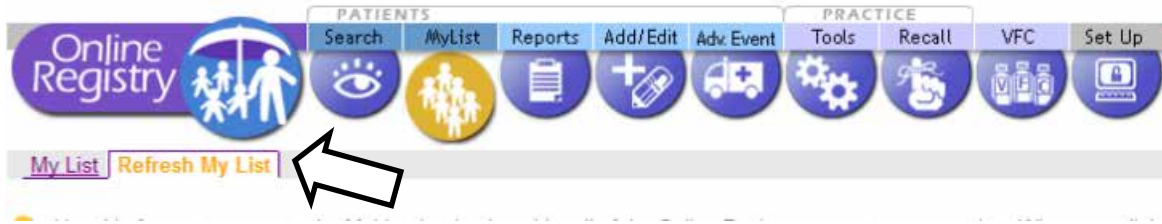
Who's in MyList? Refresh MyList

Remove	Active	Status	Last/First	Gender	DOB	Address	Phone	Last Accessed
<input type="checkbox"/>	Yes		Mouse, Mickey	M	03/01/2004	99 Mouse Hole Dr, 9B Brooklyn, NY 10032	718-555-1212	02/04/2010
<input type="checkbox"/>	Yes		Hule, Shirl	M	07/18/2009	2 2nd Queens, NY 11746		02/04/2010
<input type="checkbox"/>	No		Aardvark, Aileen	F	10/10/1990	10-10 Bowery St., 90 New York, NY 10011	212-555-5763	02/04/2010
<input type="checkbox"/>	Yes		Homer, Freddy	M	01/11/1978	131 Main New York, NY 11111		02/04/2010
<input type="checkbox"/>	Yes		Mouse, Mickey	F	05/22/2004	789 Park Ave, 32C New York, NY 10013	212-676-2312	02/02/2010
<input type="checkbox"/>	Yes		Explora, Dora	F	10/01/2008	2 Lafayette St, 3A New York, NY 10009		02/02/2010
<input type="checkbox"/>	Yes		Mcdonald, Ronald	M	01/01/2009	2 Lafayette St, 19 Ny, NY 10007	212-676-2323	01/28/2010
<input type="checkbox"/>	Yes		Doe, Jane	F	10/20/2008	2 Laf New York, NY 10013		01/27/2010
<input type="checkbox"/>	Yes		Horner, Jack	M	08/01/2009	2 Laf New York, NY 10002		01/27/2010
<input type="checkbox"/>	Yes		Recall, Recall	F	12/15/2009	, NY		01/27/2010

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About Refresh MyList (practice list) *



- **MyList**- Historically the user built the MyList for the practice as patients were looked up one by one in the Online Registry.
- The new **Refresh MyList** feature (**located in the MyList screen**) supplements MyList.
 - particularly important for those practices who reported immunizations given in the past by paper and/electronic methods to the CIR and did/do not use the Online Registry to look up or report all of their immunizations.
- **Refresh MyList creates a new MyList** by:
 - Retrieving (or removing) patients you immunized in the past who are in the CIR, but may not already be on MyList.
 - You may choose the time periods: within 1 year...5 years, ever.
 - Retrieving (or removing) patients you looked up in the Online Registry but may not have been immunized yet at your practice.
 - You may choose the time periods: within 1 year...5 years, ever.
 - After **refreshing MyList**, it will contain **only** the patients who meet the criteria you selected.

About Refresh MyList (cont'd.)



- Please remember that **MyList** is shared by all of the Online Registry users at your **practice**. **Any changes you make will affect all of your users!**
- You may want to consider designating one person at your practice to update MyList and run reports.
- Please contact the CIR at (347) 396-2400 if you have duplicate/fragmented CIR records that need to be merged.
- Please review your records and let us know if you do not see records you reported in the CIR.
- Agencies and organizations that use the Online Registry for looking up patient records only and do not report immunizations may not need to use this feature.



- Use this feature to recreate the MyList that is shared by all of the Online Registry users at your practice. When you click the "Continue" button at the bottom of the screen, the MyList for your Practice will be recreated and will contain **only** the patients who meet the criteria that you select below.

Refresh My List

Include Patients who:

Have been looked up at this practice: [dropdown]

Have received an immunization at this practice: [dropdown]

Please note after refreshing MyList:

- Any patients who are looked up by users at this practice will be added to the MyList.
- Any patients who are manually removed by users will be removed from the MyList.

ever
within 1 year
within 2 years
within 3 years
within 4 years
within 5 years

Cancel X Continue →

Refresh MyList examples

Example: Choose patients in CIR who:

- have received an immunization at your practice in the last 3 years, and
- have been looked up by your practice in the past year.

Example Results:

- 2,395 patients will be added to **MyList**
- 14 patients will be removed from **MyList**.

Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit, Adv. Event

PRACTICE: Tools, Recall, VFC, Set Up

MyList Refresh My List

Use this feature to recreate the MyList that is shared by all of the Online Registry users at your practice. When you click the "Continue" button at the bottom of the screen, the MyList for your Practice will be recreated and will contain **only** the patients who meet the criteria that you select below.

Refresh My List

Include Patients who:

- Have been looked up at this practice: within 1 year
- Have received an immunization at this practice: within 3 years

Please note after refreshing MyList:

- Any patients who are looked up by users at this practice, will be added to the MyList.
- Any patients who are manually removed by users at this practice, will be removed from the MyList.

Cancel X Continue →

Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit, Adv. Event

PRACTICE: Tools, Recall, VFC, Set Up

MyList Refresh My List

Use this feature to recreate the MyList that is shared by all of the Online Registry users at your practice. When you click the "Continue" button at the bottom of the screen, the MyList for your Practice will be recreated and will contain **only** the patients who meet the criteria that you select below.

Refresh My List

Include Patients who:

- Have been looked up at this practice: within 1 year
- Have received an immunization at this practice: within 3 years

Number of patients who would be added by this operation: 2,395

Number of patients who would be removed by this operation: 14

Please note after refreshing MyList:

- Any patients who are looked up by users at this practice, will be added to the MyList.
- Any patients who are manually removed by users at this practice, will be removed from the MyList.

← Change Cancel X Confirm ✓

MyList (patient list): Active Status & Remove features



[My List](#) [Refresh My List](#)

You may update a patient's status to let CIR know if the patient is no longer being seen (a.k.a., Moved or Gone Elsewhere (MOGE) status) at your practice:

1) Click [Yes/No](#) in the **Active** column.

2) **Update Patient Info** screen will appear (see next slide). Make your choice.

3) You must do two things to **remove** a patient from **MyList** and from your practice.

a) Update the Active Status to "No."

b) **Remove** the patient from **MyList** by checking the box in the Remove column.

Click [Remove](#) Record is removed from **MyList**, but remains in CIR.

Who's in MyList? [Refresh MyList](#)

Remove	Active	Status	Last/First	Gender	DOB	Address	Phone	Last Accessed
<input type="checkbox"/>	Yes		Mouse, Mickey	M	03/01/2004	99 Mouse Hole Dr, 9B Brooklyn, NY 10032	718-555-1212	02/04/2010
<input type="checkbox"/>	Yes		Hule, Shir	M	07/18/2009	2 2nd Queens, NY 11746		02/04/2010
<input type="checkbox"/>	No		Aardvark, Aileen	F	10/10/1990	10-10 Bowery St., 90 New York, NY 10011	212-555-5763	02/04/2010
<input type="checkbox"/>	Yes		Homer, Freddy	M	01/11/1978	131 Main New York, NY 11111		02/04/2010
<input type="checkbox"/>	Yes		Mouse, Mickey	F	05/22/2004	789 Park Ave, 32C New York, NY 10013	212-676-2312	02/02/2010
<input type="checkbox"/>	Yes		Explora, Dora	F	10/01/2008	2 Lafayette St, 3A New York, NY 10009		02/02/2010
<input type="checkbox"/>	Yes		Mcdonald, Ronald	M	01/01/2009	2 Lafayette St, 19 Ny, NY 10007	212-676-2323	01/28/2010
<input type="checkbox"/>	Yes		Doe, Jane	F	10/20/2008	2 Laf New York, NY 10013		01/27/2010
<input type="checkbox"/>	Yes		Horner, Jack	M	08/01/2009	2 Laf New York, NY 10002		01/27/2010
<input type="checkbox"/>	Yes		Recall, Recall	F	12/15/2009	, NY		01/27/2010

[Remove](#)

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Update Patient Info: address, phone, MOGE status*



- Update patient information, address, phone number.
- Note: Information reported by Vital Records may not be edited online.
- Please send a copy of the revised birth certificate by fax to (347) 396-2559, or call us at (347) 396-2400.
- Mark if MOGE (Moved or Gone Elsewhere).

MOGE choices:

- Not in my practice
- Not in NYC (moved)
- Patient deceased.

Please enter the fields your practice has not recently updated.

Patient Information

First Name	MINNIE
Last Name	MOUSE
DOB	10 / 03 / 2008
Gender	<input checked="" type="radio"/> M <input type="radio"/> F
Alternate First	
Middle Name	
Alternate Last	
Medical Rec. No.	
Medicaid No. (A*****)	
Mom DOB	
Mom First Name	
Mom Maiden Name	
House No. / St. / Apt. No.	
City / State / ZIP	NEW YORK NY
Telephone	
Is patient active?	<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

† These fields were reported by Vital Records and may not be edited online. If you believe these fields are incorrect, please fax a copy of the revised birth certificate to 212-676-2314, or contact CIR staff at 212-676-2323.

Clear [] Continue []

Tip
Click below for
[Criteria of Moved or Gone Elsewhere \(MOGE\)](#)

Criteria of Moved or Gone Elsewhere (MOGE)

The following describes the criteria which should be used to consider a child a MOGE:

- There is documentation in the chart that the child moved to another city/state and/or transferred to another health care provider. [or](#)
- The child has not returned to the practice in over one year and there are 3 documented contact attempts (by letter or by phone) with no response. If there are phone call attempts with no direct contact, there should be at least one letter sent. [or](#)
- There is a “returned to sender” follow-up letter in chart, and it was sent after the last visit. Keep in mind that a letter may be returned because the facility failed to update the patient’s information. Therefore, a child with a returned letter may be considered a MOGE if the returned letter was sent and received 6 months after the last visit. If the last visit to the practice was just recently made (< 6 months) and the provider received a “returned to sender” follow-up letter and there is no other type of follow-up attempt, the child should be kept in the practice’s MyList. [or](#)
- If the provider has obtained records from the CIR, and the CIR record indicates additional vaccination dates after the child’s last visit to the practice, this may mean that the child transferred care to another provider in New York City. If the additional dates in the CIR record are at least 6 months after the last visit, then the child can be considered a MOGE. If the CIR record indicates additional vaccination dates < 6 months after the last visit and the provider never attempted to contact the child, then the child should be kept in the practice’s MyList.

Tools: Coverage Report



To start a Coverage Report, click "Create New Coverage Report [Standard](#)"

[Coverage Report](#) [Immunization Schedule](#) [Lead Guidelines](#)

This page shows Coverage Reports you have created in the last year. Click on a Coverage Report to view it or use it to create a Recall List for patients who need immunizations.

Create New Coverage Report: [Standard](#)

[Refresh](#)

Recent Coverage Reports (1 Report)							
	Type	Name	Patients	UTD%	Coverage Status as of:	Date Created	Report Status
<input type="checkbox"/>	Standard Coverage Report	"HUIE_20100108_01"	240	35.8%	01/08/2010	01/08/2010 5:10 PM	Done

Please view the user guide:

"Coverage, Reminder / Recall Guide "

for detailed instructions.

Coverage Report: choose a report to use

Online Registry

PATIENTS Search MyList Reports Add/Edit Adv. Event **PRACTICE** Tools Recall

Coverage Report Immunization Schedule Lead Guidelines

Use this page to find out which patients are up to date and optionally create a Recall List for patients

The patients that will be included are all the patients in "My List" [Who's in MyList?](#) [Refresh MyList](#)

Standard Coverage Report

Report to Use

7-11 month olds with...
3 DTP,
2 Polio,
2 Hib,
2 HepB,
3 Pneumococcal

19-35 month olds with...
4 DTP,
3 Polio,
1 MMR,
3 HepB,
3 Hib,
1 Varicella,
4 Pneumococcal

24-35 month olds with...
4 DTP,
3 Polio,
1 MMR,
3 HepB,
3 Hib,
1 Varicella,
4 Pneumococcal

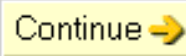
11-18 year olds with...
1 MCV,
1 Tdap,
3 HPV (for females only)

Review date (date as of which age will be calculated and report will be run.)

01/27/2010 (mm/dd/yyyy)

Report Name for identification later: UTD_20100127_01

Cancel X Clear Clear Continue →

- Choose a Report to Use.
- Enter the review date.
The most commonly used review date is the default date, which is today's date.
- Rename file if desired.
- Click 

This report is used for standard epidemiological reports, and does not include all recommended immunizations for that age.

Standard Up-To-Date Measures

7- 11 months

19-35 months

24-35 months

7-11 month olds with...
3 DTP,
3 Polio,
2 Hib,
2 HepB,
3 Pneumococcal

•DOHMH

19-35 month olds with...
4 DTP,
3 Polio,
1 MMR,
3 HepB,
3 Hib,
1 Varicella,
4 Pneumococcal

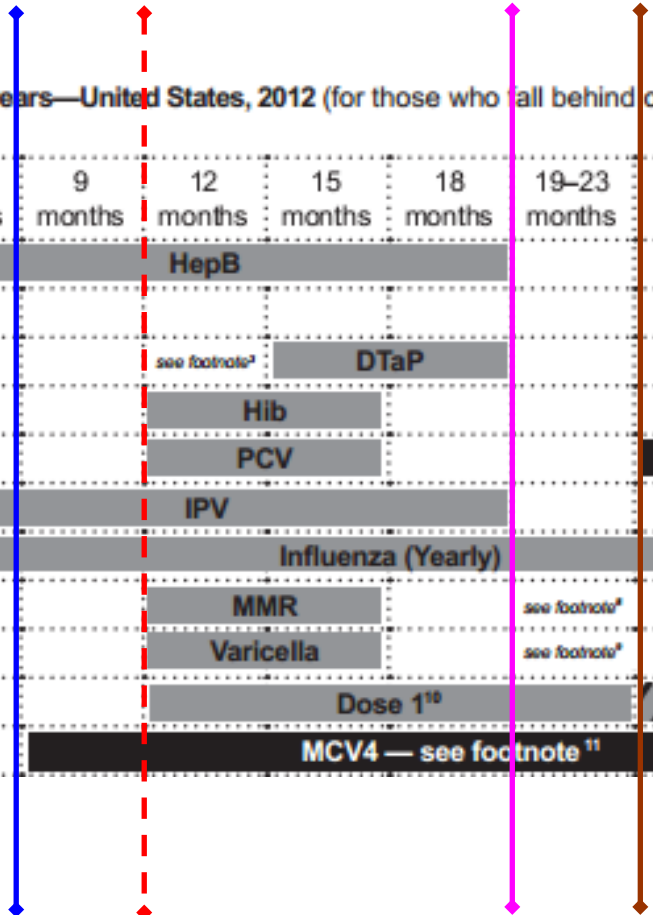
• DOHMH
• Assessment
• BOI Quarterly reports
• CDC; NIS

24-35 month olds with...
4 DTP,
3 Polio,
1 MMR,
3 HepB,
3 Hib,
1 Varicella,
4 Pneumococcal

•DOHMH
• Assessment
• BOI Quarterly reports

FIGURE 1: Recommended immunization schedule for persons aged 0 through 6 years—United States, 2012 (for those who fall behind or start late, see the catch-up schedule [Figure 3])

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years	
Hepatitis B ¹	Hep B		HepB					HepB						Range of recommended ages for all children
Rotavirus ²				RV	RV	RV ²								
Diphtheria, tetanus, pertussis ³				DTaP	DTaP	DTaP	see footnote ²		DTaP				DTaP	
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴		Hib						Range of recommended ages for certain high-risk groups
Pneumococcal ⁵				PCV	PCV	PCV		PCV				PPSV		Range of recommended ages for certain high-risk groups
Inactivated poliovirus ⁶				IPV	IPV			IPV					IPV	
Influenza ⁷									Influenza (Yearly)					
Measles, mumps, rubella ⁸								MMR			see footnote ⁸		MMR	Range of recommended ages for all children and certain high-risk groups
Varicella ⁹								Varicella			see footnote ⁹		Varicella	
Hepatitis A ¹⁰									Dose 1 ¹⁰				HepA Series	
Meningococcal ¹¹														



1 year

Coverage Report: view report status and results

- ✓ Your Coverage Report is being processed. Most Coverage Reports can be processed in a few seconds, but others take longer. You can find your Coverage Report in [Recent Coverage Reports](#)



- d. A confirmation message appears.
- e. The processed Recall file will be found in the [Recent Coverage Reports](#) list. The Report Status (right column) will change from "Processing..." to "Done." *Please be patient. Some reports take more time. You may return to this page later. If you see the record processing counter is not changing, click "Refresh."*
- f. To view results, click on "[Done](#)" in the Report Status column.



[Coverage Report](#) [Immunization Schedule](#) [Lead Guidelines](#)



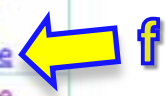
This page shows Coverage Reports you have created in the last year. Click on a Coverage Report to view it or use it to create a Recall List for patients who need immunizations.

Create New Coverage Report: [Standard](#)

[Refresh](#)

Recent Coverage Reports (2 Reports)							
	Type	Name	Patients	UTD%	Coverage Status as of:	Date Created	Report Status
<input type="checkbox"/>	Standard Coverage Report	"UTD_20100127_01"	6	0.0%	01/27/2010	01/27/2010 3:28 PM	Done
<input type="checkbox"/>	Standard Coverage Report	"HUIE_20100108_01"	240	35.8%	01/08/2010	01/08/2010 5:10 PM	Done

[Delete](#)



Coverage Report: view results and begin a recall



[Coverage Report](#) [Immunization Schedule](#) [Lead Guidelines](#)

This page lists the results of your Coverage report.

Standard Coverage Report: UTD_20100127_01

0 of 6 patients are up to date (0.0%).

Based on MyList with
an age range of:
19mo - 35mo

Doses:
DTP 4
Polio 3
MMR 1
HepB 3
Hib 3
Var. 1
Pneum.4

As Of:
01/27/2010

Create Recall List



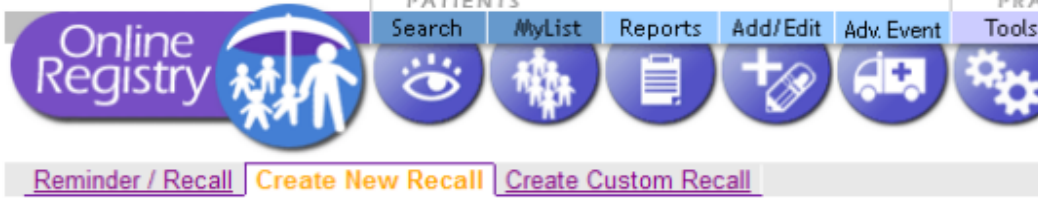
6 of 6 patients are not up to date (100.0%)

Last/First	Gender	DOB
Mouse, Minnie	F	05/26/2008
Huie, Sherl	F	03/01/2008
Duck, Daffy	M	07/07/2007
Duck, Daffy	F	03/02/2008
Papadouka, Vikki	F	09/20/2007
Poppins, Mary	F	10/01/2007

g. You may take the results to produce a Recall List or Labels and Letters.

Click on 

Recall from Coverage Report: Review each record



- Our records show that these patients may need the vaccines as shown. To recall patients based on up to date rates, use the [Coverage Report Tool](#).

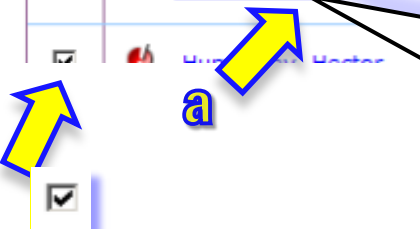
To recall patients, first review the records and add any immunizations that were to the CIR.

1. Mark the patients who need Reminder / Recall Letters, then click Continue.
2. Select to make Labels & Letters or make a List.
3. Select or compose a Message.
4. Confirm and retrieve your Recall PDF.

- Review each record Due Now
 - Update immunization records by clicking on the [Add Imms](#) link in the *Update* column on the right.
 - Update address and phone by clicking on the [Edit Addr/Ph](#) link in the *Update* column on the right.
- Mark the patients you wish to recall in the left column.
- Click

Who's in Recall List? Currently showing patients from the selected Coverage Report.

	Status	Last/First	Gender	DOB	Last Accessed	Last Recall	Missing	Address	Phone	Update?
<input type="checkbox"/>										
<input checked="" type="checkbox"/>		Papadouka, Vikki	F	09/20/2007	12/11/2009	02/05/2010	H1N1-1, Influenza-3, Hib-3			Edit Addr/Ph Add Imms*
<input checked="" type="checkbox"/>		Poppins, Mary	F	10/01/2007	12/10/2009	02/05/2010	H1N1-2, Influenza-1, HepB-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1, MMR-1, Varicella-1	2 Laf New York, NY 10013	222-222-2222	Edit Addr/Ph Add Imms*
<input checked="" type="checkbox"/>		Huy, Victor	M				H1N1-2, Influenza-1, HepB-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1, MMR-1	123 Wall St, 2		Edit Addr/Ph*



Click on the patient name to view the record in CIR



Update Patient Immunizations



626921987 2 Lar (Page: 0/1/0) New York, NY 10002

1. Add immunization history information below, then click "Continue" button at the bottom of the page. Note: If entering a combination vaccine, add it to only one of the appropriate series.
2. Check the new entries (highlighted) for accuracy; then click the "Confirm" button at the bottom of the page.

Clear Continue

Event	1	2	3
H1N1 Influenza 2 event(s)	H1N1-09, Preservative Free Date: 9/8/2009 5w 3d	H1N1-09, Injectable Date: 1/1/2010 21w 6d	Date: []/[]/[] (mm/dd/yyyy) Choose Vaccine This Practice? <input type="radio"/> Another? <input type="radio"/> Lot: [My Lot List...]
Influenza 1 event(s)	Influenza-injectable Date: 1/1/2010 21w 6d	Date: []/[]/[] (mm/dd/yyyy) Choose Vaccine This Practice? <input type="radio"/> Another? <input type="radio"/> Lot: [My Lot List...]	Date: []/[]/[] (mm/dd/yyyy) Choose Vaccine This Practice? <input type="radio"/> Another? <input type="radio"/> Lot: [My Lot List...]
HepB 0 event(s)	Date: []/[]/[] (mm/dd/yyyy) Choose Vaccine This Practice? <input type="radio"/> Another? <input type="radio"/> Lot: [My Lot List...]	Date: []/[]/[] (mm/dd/yyyy) Choose Vaccine This Practice? <input type="radio"/> Another? <input type="radio"/> Lot: [My Lot List...]	Date: []/[]/[] (mm/dd/yyyy) Choose Vaccine This Practice? <input type="radio"/> Another? <input type="radio"/> Lot: [My Lot List...]

Local intranet 100%

Update Patient Info: address, phone, MOGE status



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

Please enter the fields your practice has not recently updated.

Patient Information

First Name	<input type="text" value="MINNIE"/>
Last Name	<input type="text" value="MOUSE"/>
DOB	<input type="text" value="10"/> <input type="text" value="03"/> <input type="text" value="2008"/>
Gender	<input checked="" type="radio"/> M <input type="radio"/> F
Alternate First	<input type="text"/>
Middle Name	<input type="text"/>
Alternate Last	<input type="text"/>
Medical Rec. No.	<input type="text"/>
Medicaid No. (A*****)	<input type="text"/>
Mom DOB	<input type="text"/> <input type="text"/> <input type="text"/>
Mom First Name	<input type="text"/>
Mom Maiden Name	<input type="text"/>
House No. / St. / Apt. No.	<input type="text"/>
City / State / ZIP	<input type="text" value="NEW YORK"/> <input type="text" value="NY"/> <input type="text"/>
Telephone	<input type="text"/>
Is patient active?	<input checked="" type="radio"/> Yes, patient is currently in my practice <input type="radio"/> No (select reason) <input type="radio"/> Not in my practice (Gone elsewhere) <input type="radio"/> Not in NYC (Moved) <input type="radio"/> Patient deceased

† These fields were reported by Vital Records and may not be edited online. If you believe these fields are incorrect, please fax a copy of the revised birth certificate to 212-676-2314, or contact CIR staff at 212-676-2323.

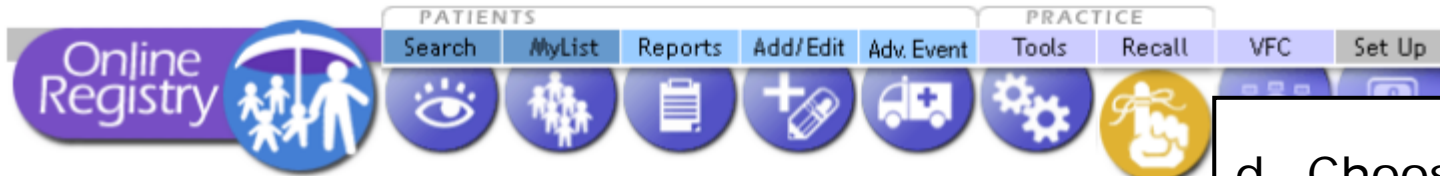
- Update patient information, address, phone number.
- Please note: Information reported by Vital Records may not be edited online.
- You may send a copy of the revised birth certificate by fax to (347) 396-2559, or call us at (347) 396-2559.
- Mark if MOGE (Moved or Gone Elsewhere).

MOGE choices:

- Not in my practice
- Not in NYC (moved)
- Patient deceased.

Tip
Click below for [Criteria of Moved or Gone Elsewhere \(MOGE\)](#)

Recall from Coverage Report: choose *List* or *Labels & Letters*



[Reminder / Recall](#) [Create New Recall](#) [Create Custom Recall](#)

1. Mark the patients who need Reminder / Recall Letters, then click Continue.
2. Select to make **Labels & Letters** or make a **List**.
3. Select or compose a Message.
4. Confirm and retrieve your Recall PDF.

NOTE: To create accurate recall letters, report all patient immunizations to the registry before continuing.

Select your preferred method:

- Create a **List** of names, addresses, phone numbers and immunizations
 - Your PDF document will contain a list of names, addresses, phone numbers and the immunizations that are past due or due soon for selected patients.
- Create **Labels and Letters** to print and mail
 - Your PDF document will contain (1) address labels and (2) a Recall/Reminder message of your choice with the immunizations that are past due or due soon for each patient.

[← Change](#) [Cancel X](#) [Continue →](#)

d. Choose to make either:
a *List*
or
Labels & Letters

Click [Continue →](#)

Recall from Coverage Report: *select default or create custom message, or get a list*



[Reminder / Recall](#) [Create New Recall](#) [Create Custom Recall](#)

1. Mark the patients who need Reminder / Recall Letters, then click Continue.
2. Select to make Labels & Letters or make a List.
- **3. Select or compose a Message.**
4. Confirm and retrieve your Recall PDF.

NOTE: To create accurate recall letters, report all patient immunizations to the registry before continuing.

Select Message:

Use default message.

- If selected, this message will be printed for each patient on your recall list:

Our records show that your child may need the following vaccines:

[Note: Patients due immunizations will be displayed here.]

Please call our office at to schedule an appointment at your earliest convenience.

Thank you,

Use custom message.

- If selected, the message you type to the right will be printed for each patient on your recall list:

Enter the message of your choice in the field below:

[Note: Patients due immunizations will be displayed below your message.]

No message, just a list.

- If selected, only a list of names in your recall list will be printed.

e. Choose an option:

- Default letter
- Custom message
- or
- List of names includes: address, phone and doses that are due now.

Click

Recall from Coverage Report: confirm, name report



[Reminder / Recall](#) [Create New Recall](#) [Create Custom Recall](#)

1. Mark the patients who need Reminder / Recall Letters, then click Continue.
2. Select to make Labels & Letters or make a List.
3. Select or compose a Message.
4. Confirm and retrieve your Recall PDF.

NOTE: To create accurate recall letters, report all patient immunizations to the registry before continuing.

You have selected Labels & Letters for 5 patients using a Default message..

Note: The addresses you see below will be used. Please update now if necessary.

Reminder / Recall List

Status	Last/First	Gender	DOB	Last Accessed	Last Recall	Missing	Address	Phone	Update?
These patients have immunizations that are DUE NOW									
	Papadouka, Vikki	F	09/20/2007	12/11/2009	02/05/2010	H1N1-1, Influenza-3, Hib-3			Edit Addr/Ph* Add Imms*
	Poppins, Mary	F	10/01/2007	12/10/2009	02/05/2010	H1N1-2, Influenza-1, HepB-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1, MMR-1, Varicella-1	2 Laf New York, NY 10013	222-222-2222	Edit Addr/Ph* Add Imms*
	Humphrey, Hector	M	07/07/2007	12/10/2009	02/05/2010	H1N1-2, Influenza-1, HepB-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1, MMR-1, Varicella-1	123 Wall St, 2 New York, NY 10022		Edit Addr/Ph* Add Imms*
	Gadalla, Joanna	F	05/26/2008	06/08/2009	02/05/2010	H1N1-1, Influenza-1, DTP-4, Hib-4, Pneumo Conj-4, Polio-3, HepA-1			Edit Addr/Ph* Add Imms*
	Narayananaiyava, Shyri	F	03/02/2008	06/08/2009	02/05/2010	H1N1-1, Influenza-1, DTP-4, Polio-3, HepA-1			Edit Addr/Ph* Add Imms*

- f. Confirm list.
- g. Accept or rename your *List* or *Labels & Letters* file.

Click

Please be patient. Processing the records takes time.



List Name for identification later:



Recall from Coverage Report: List or Labels & Letters

✓ Your Recall PDF file is being processed. Most Recalls can be processed in a few seconds, but others take longer. You can find your Recall in [Recent Recalls](#)

- h. A confirmation message appears
- i. The processed Recall file will be found in the **Reminder/Recall** tab. The Report Status will change from "Processing..." to "Done."
Please be patient. Processing the records takes time.
- j. To view results, click on "[Done](#)" in the Status column.

Reminder / Recall [Create New Recall](#) [Create Custom Recall](#)

● This page shows lists you have created in the last year.

Create a new [Standard](#) | [Custom](#) Reminder/Recall.

[Refresh](#)

Delete	List Name	Status	Patients	Based On	Type	Date Created
<input type="checkbox"/>	"HUIE 20100205 04"					
<input type="checkbox"/>	"recall 20100203 01"	Done	5	Recall	Labels & Letters	02/03/2010 3:16 PM
<input type="checkbox"/>	"LYONS 20100127 01 H1N1"	Done	7	Recall	Labels & Letters	01/27/2010 4:06 PM
<input type="checkbox"/>	"HUIE 20100126 01"	Done	9	Recall	Labels & Letters	01/26/2010 2:21 PM
<input type="checkbox"/>	"LYONS 20100126 01"	Done	0	Recall	Labels & Letters	01/26/2010 2:08 PM
<input type="checkbox"/>						01/26/2010 1:41

Output: List or Letters & Labels

The image displays three screenshots of a software interface, each showing a different output option. A yellow arrow points from the 'List' label to the first screenshot. Another yellow arrow points from the 'Letter: default or customized' label to the second screenshot. A third yellow arrow points from the 'Address labels' label to the third screenshot.

List

- JANE DOE
2 Laf
New York, NY 10013
646-555-5555
Due Now: H1N1-2, Influenza-1, HepB-1, DTP-1, Varicella-1, HepA-1
- DORA EXPLORA
2 Lafayette St, 3A
New York, NY 10009
212-555-5555
Due Now: Influenza-2, HepB-1, DTP-1, Hib-1, HepA-1
- JACK HORNER
2 Laf
New York, NY 10002
917-555-5555
Due Now: H1N1-1, Influenza-1, HepB-1, DTP-1
- RONALD MCDONALD

Letter: default or customized

Our records show that your child may need the following vaccines:

Patient Name: JANE DOE
Immunizations Due Now: H1N1-2, Influenza-1, HepB-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1, MMR-1, Varicella-1, HepA-1

Please call our office at 212-676-2312 to schedule an appointment at your earliest convenience.

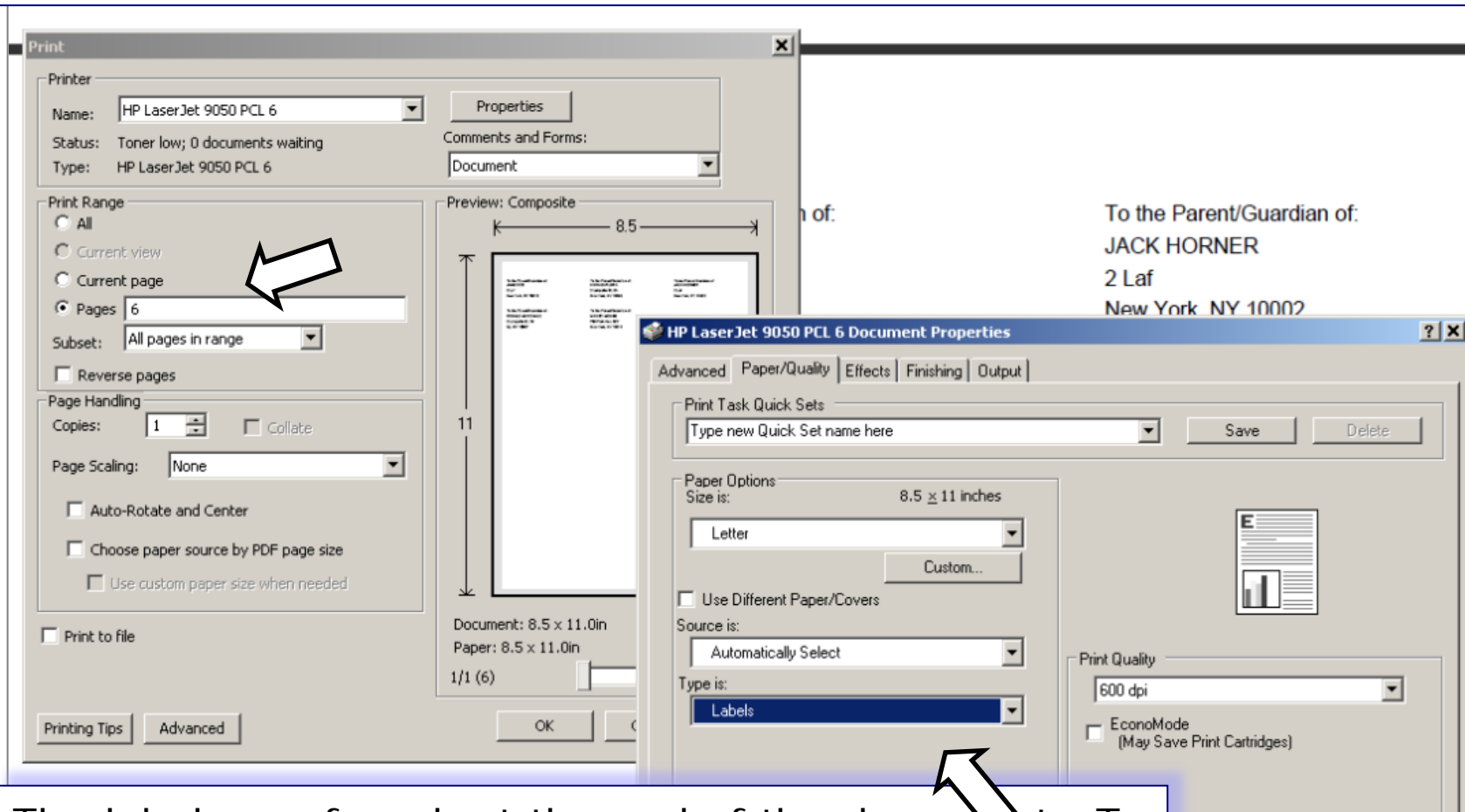
Thank you,

Address labels

To the Parent/Guardian of: JANE DOE 2 Laf New York, NY 10013	To the Parent/Guardian of: DORA EXPLORA 2 Lafayette St, 3A New York, NY 10009	To the Parent/Guardian of: JACK HORNER 2 Laf New York, NY 10002
To the Parent/Guardian of: RONALD MCDONALD 2 Lafayette St, 19 Ny, NY 10007	To the Parent/Guardian of: MICKEY MOUSE 789 Park Ave, 32C New York, NY 10013	

Output: Printing Labels & Letters

You may use paper preprinted with your office letterhead to print the letters.
To print labels, use standard address labels, 1" x 2-5/8"



The labels are found at the end of the document. To print labels only, enter the range of pages to print in Print Range.

In Printer Properties, under "Type is:" choose "Labels."

Recall: "Due Now"



Reminder / Recall [Create New Recall](#) [Create Custom Recall](#) [Refresh](#)

This page shows lists you have created in the last year.
Create a new [Standard](#) | [Custom](#) Reminder/Recall.

Delete	List Name	Status	Patients	Based On	Type	Date Created
<input type="checkbox"/>	"HUIE 20100126 01"	Done	39	Recall	Labels & Letters	01/26/2010 2:21 PM
<input type="checkbox"/>	"LYONS 20100126 01"	Done	10	Recall	Labels & Letters	01/26/2010 2:08 PM
<input type="checkbox"/>	"EMMONS 20100126 01"	Done	9	Recall	List	01/26/2010 1:41 PM
<input type="checkbox"/>	"HUIE 20100115 01"	Done	1	Reminder	Labels & Letters	01/15/2010 1:45 PM
<input type="checkbox"/>	"HUIE_20100114_02"	Pending Review	16	Recall		01/14/2010 2:17 PM
<input type="checkbox"/>	"7 months to 11 months- Jan 8, 2010 - Shirley Huie "	Done	16	Recall	List	01/08/2010 6:01 PM
<input type="checkbox"/>	"HUIE 20100105 01"	Done	10	Recall	List	01/05/2010 4:59 PM

Please view the user guide:

“Coverage, Reminder / Recall Guide ”
for detailed instructions.

- a. To start a new **Recall** list, click the [Standard](#) or [Custom](#) Reminder/Recall option.

Recall: choose options for a customized recall report



Reminder / Recall Create New Recall **Create Custom Recall**

➤ The Registry will find the patients that fit the criteria you chose and save them in a list with the name you choose.

➤ **1. Select criteria for the Custom Reminder/Recall List.**

2. Confirm criteria for the Custom Reminder/Recall List, and accept or change List Name.
3. Please wait while your list is being generated. Once the Status of the list changes to "Pending Review" click to review the list.
4. Review patients, update addresses and immunizations.
5. Select to make Labels & Letters or make a List.
6. Select or compose a Message.
7. Confirm and retrieve your Recall PDF.

NOTE: The patients that will be included are all patients in My List.

Create Custom Reminder/Recall List

Specific Age

- 7-11 month olds
- 19-35 month olds
- 24-35 month olds
- 11-18 year olds

Age Range

From ≥ 0 mo

To < 0 mo

DOB Range

Include patients born between

____ / ____ / ____

and

____ / ____ / ____

For immunization series: Include patients who are missing:

- Any age appropriate immunization
- Any age appropriate immunization from the series below only:
 - H1N1
 - Influenza
 - HepB
 - Rotavirus
 - DTaP
 - Hib
 - Pneumo. Conjugate
 - Polio
 - MMR
 - Varicella
 - HepA
 - Meningococcal
 - Human Papilloma Virus
 - Pneumo. Polysaccharide
 - Tdap
- Include patients who do not have the # of specified valid doses from the series chosen below:

--	H1N1	--	MMR
--	Influenza	--	Varicella
--	HepB	--	HepA
--	Rotavirus	--	Meningococcal
--	DTaP	--	Human Papilloma Virus
--	Hib	--	Pneumo. Polysaccharide
--	Pneumo. Conjugate	--	Tdap
--	Polio		

Cancel X Clear Clear Continue →

Users can either recall patients in MyList who are Due Now or use the **Custom Recall**.

- In **Custom Recall**, choose one of the three age range choices in the left column.
- Next, choose one of the three choices in the right column to include patients to recall who are:
 - missing age-appropriate immunizations, or
 - missing any age-appropriate immunizations from a specified vaccine series, or
 - missing a specified # of valid doses from specified series.

Custom Recall - Example 1



[Reminder / Recall](#) [Create New Recall](#) [Create Custom Recall](#)

➤ The Registry will find the patients that fit the criteria you chose and save them in a list with the name you choose.

➤ **1. Select criteria for the Custom Reminder/Recall List.**

2. Confirm criteria for the Custom Reminder/Recall List, and accept or change List Name.
3. Please wait while your list is being generated. Once the Status of the list changes to "Pending Review" click to review the list.
4. Review patients, update addresses and immunizations.
5. Select to make Labels & Letters or make a List.
6. Select or compose a Message.
7. Confirm and retrieve your Recall PDF.

NOTE: The patients that will be included are all patients in My List.

Create Custom Reminder/Recall List

Specific Age

7-11 month olds

19-35 month olds

24-35 month olds

11-18 year olds

Age Range

From ≥ 0 mo

To < 0 mo

DOB Range

Include patients born between

and

For immunization series: Include patients who are missing:

Any age appropriate immunization

Any age appropriate immunization from the series below only:

<input type="checkbox"/> H1N1	<input type="checkbox"/> MMR
<input type="checkbox"/> Influenza	<input type="checkbox"/> Varicella
<input type="checkbox"/> HepB	<input type="checkbox"/> HepA
<input type="checkbox"/> Rotavirus	<input type="checkbox"/> Meningococcal
<input type="checkbox"/> DTaP	<input type="checkbox"/> Human Papilloma Virus
<input type="checkbox"/> Hib	<input type="checkbox"/> Pneumo. Polysaccharide
<input type="checkbox"/> Pneumo. Conjugate	<input type="checkbox"/> Tdap
<input type="checkbox"/> Polio	

Include patients who do not have the # of specified valid doses from the series chosen below:

--0-- H1N1	--0-- MMR
--0-- Influenza	--0-- Varicella
--0-- HepB	--0-- HepA
--0-- Rotavirus	--0-- Meningococcal
--0-- DTaP	--0-- Human Papilloma Virus
--0-- Hib	--0-- Pneumo. Polysaccharide
--0-- Pneumo. Conjugate	--0-- Tdap
--0-- Polio	

Cancel X Clear Continue ➔

Example 1:

To recall patients who are missing a Hib, you may choose, for example,

- 24-35 month age range, and
- "any age appropriate immunization from the series," and choose "Hib."

Results will include patients missing the correct number of age-appropriate doses of Hib.

Results will also list other vaccines missing for this group of patients.

Custom Recall – Example 2



[Reminder / Recall](#) [Create New Recall](#) [Create Custom Recall](#)

- The Registry will find the patients that fit the criteria you chose and save them in a list with the name you choose.
- **1. Select criteria for the Custom Reminder/Recall List.**
 2. Confirm criteria for the Custom Reminder/Recall List, and accept or change List Name.
 3. Please wait while your list is being generated. Once the Status of the list changes to "Pending Review" click to review the list.
 4. Review patients, update addresses and immunizations.
 5. Select to make Labels & Letters or make a List.
 6. Select or compose a Message.
 7. Confirm and retrieve your Recall PDF.

NOTE: The patients that will be included are all patients in My List.

Create Custom Reminder/Recall List

Specific Age

7-11 month olds

19-35 month olds

24-35 month olds

11-18 year olds **a**

Age Range

From ≥ 0 mo

To < 0 mo

DOB Range

Include patients born between

____ / ____ / ____

and

____ / ____ / ____

For immunization series: Include patients who are missing:

Any age appropriate immunization

Any age appropriate immunization from the series below only:

<input type="checkbox"/> H1N1	<input type="checkbox"/> MMR
<input type="checkbox"/> Influenza	<input type="checkbox"/> Varicella
<input type="checkbox"/> HepB	<input type="checkbox"/> HepA
<input type="checkbox"/> Rotavirus	<input type="checkbox"/> Meningococcal
<input type="checkbox"/> DTaP	<input type="checkbox"/> Human Papilloma Virus
<input type="checkbox"/> Hib	<input type="checkbox"/> Pneumo. Polysaccharide
<input type="checkbox"/> Pneumo. Conjugate	<input type="checkbox"/> Tdap
<input type="checkbox"/> Polio	

Include patients who do not have the # of specified valid doses from the series chosen below:

--0-- H1N1	--0-- MMR
--0-- Influenza	--0-- Varicella
--0-- HepB	--0-- HepA
--0-- Rotavirus	--0-- Meningococcal
--0-- DTaP	--0-- Human Papilloma Virus
--0-- Hib	--0-- Pneumo. Polysaccharide
--0-- Pneumo. Conjugate	--0-- Tdap
--0-- Polio	

Cancel **X** Clear Continue **➔**

Example 2:

To recall patients who need the third HPV, you may choose, for example,

- 11-18 year olds, and
- "include patients who do not have the # of specified valid doses from the series chosen below," and choose "3 HPV."

Results will include patients missing their 1st, 2nd, or 3rd dose of HPV.

Results will also list other vaccines missing for this group of patients.

Custom Recall- review each record



Reminder / Recall [Create New Recall](#) [Create Custom Recall](#)

- Our records show that these patients may need the vaccines as shown. To recall patients based on up to date rates, use the [Coverage Report Tool](#).
- To recall patients, first review the records and add any immunizations that were given but not recorded.

 1. Select criteria for the Custom Reminder/Recall List.
 2. Confirm criteria for the Custom Reminder/Recall List, and accept or change List Name.
 3. Please wait while your list is being generated. Once the Status of the list changes to "Ready" review the list.
 4. Review patients, update addresses and immunizations.
 5. Select to make Labels & Letters or make a List.
 6. Select or compose a Message.
 7. Confirm and retrieve your Recall PDF.

- c. Review each record Due Now
- d. Update immunization records by clicking on the [Add Imms](#) link in the *Update* column on the right.
- e. Update address and phone by clicking on the [Edit Addr/Ph](#) link in the *Update* column on the right.
- Mark the patients you wish to recall in the left column.

Click

Who's in Recall List? Currently showing patients who meet the selected custom recall criteria.

	Status	Last/First	Gender	DOB	Last Accessed	Last Recall	Missing	Address	Phone	Update?
<input checked="" type="checkbox"/>		Papadouka, Vikki	F	09/20/2007	12/11/2009	02/03/2010	H1N1-1, Influenza-3, Hib-3			Edit Addr/Ph Add Imms
<input checked="" type="checkbox"/>		Poppins, Mary				3/2010	H1N1-2, Influenza-1, HepB-1, DTP-1, Hib-1, 2 Laf Pneumo Conj-1, Polio-1, MMR-1, Varicella-1	New York, NY 10013 2222	222-222-	Edit Addr/Ph Add Imms

Click on the patient name to view the record in CIR



Custom Recall – List, Labels & Letters



[Reminder / Recall](#) [Create New Recall](#) [Create Custom Recall](#)

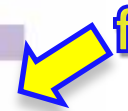
1. Select criteria for the Custom Reminder/Recall List.
2. Confirm criteria for the Custom Reminder/Recall List, and accept or change List Name.
3. Please wait while your list is being generated. Once the Status of the list changes to "Pending Review" review the list.
4. Review patients, update addresses and immunizations.
5. **Select to make Labels & Letters or make a List.**
6. Select or compose a Message
7. Confirm and retrieve your Recall PDF.

NOTE: To create accurate recall letters, report all patient immunizations to the registry before continuing.

Select your preferred method:

- Create a **List** of names, addresses, phone numbers and immunizations
- Your PDF document will contain a list of names, addresses, phone numbers and the immunizations that are past due or due soon for selected patients.

- Create **Labels and Letters** to print and mail
- Your PDF document will contain (1) address labels and (2) a Recall/Reminder message of your choice with the immunizations that are past due or due soon for each patient.



[← Change](#) [Cancel X](#) [Continue →](#)

f. Choose to make either:
a *List*
or
Labels & Letters

Click [Continue →](#)

Please go to slide 70 to 74 for the remaining steps, including printing instructions, or view the user guide: "[Coverage, Reminder / Recall Guide](#)" for detailed instructions.

Reminder: "Due Soon"



Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit, Adv. Event, Tools, Rec

PRACTICE: [Icons]

Reminder / Recall | **Create New Recall** | Create Custom Recall

Our records show that these patients may need the vaccines as shown. To recall patients based on up to date rates, use the [Coverage Report Tool](#).


To recall patients, first review the records and add any immunizations that were given but not reported.

1. Mark the patients who need Reminder / Recall Letters, then click Select.
2. Select to make Labels & Letters or make a List.
3. Select or compose a Message.
4. Confirm and retrieve your Recall PDF.

NOTE: To create accurate recall letters, support all patient immunizations to the registry before continuing.

For reminder letters, click [here](#).




To create a list, or labels & letters for patients Due Soon, click, "For **reminder letters**, click [here](#)."

 Orange status circle indicates there is a vaccine that is Due Soon (within a month).



Follow the instructions.

For this group of patients the output will show both vaccines that are Due Soon and Due Now.

Currently showing patients in MyList who are DUE SOON. [Who's in MyList?](#) [Refresh MyList](#)

	Status	Last/First	Gender	DOB	Last Accessed	Last Recall	Missing	Address	Phone	Update?
<input type="checkbox"/>		Recall, Recall	F	12/15/2009	01/27/2010		HepB-2, Rotavirus-1, DTP-1, Hib-1, Pneumo Conj-1, Polio-1	, NY		Edit Addr/Ph* Add Imms*
<input type="checkbox"/>		Lin, Steven	M	12/04/2009	01/15/2010	01/15/2010		2 Lafayette Ny, NY 10007	212-676-2323	Edit Addr/Ph* Add Imms*
<input type="checkbox"/>		Huie, Sherl	F	03/01/2008	01/05/2010		Pneumo Conj-2	, NY		Edit Addr/Ph* Add Imms*

1-3 of 3 records

Cancel  Continue 

Please see the user guide: "Coverage, Reminder / Recall Guide" for detailed instructions.

Reporting Adverse Events*

- Report adverse events that occur after vaccine administration.
- Report is sent to directly VAERS.

The screenshot shows the Online Registry interface. At the top, there are navigation tabs for PATIENTS and PRACTICE, and a menu with options like Search, MyList, Reports, Add/Edit, Tools, Recall, Adv. Event, VFC, Set Up, Adult Flu, Help, and LogOut. Below the menu, there are several icons representing different functions. A red circle highlights the 'Report Adverse Event to Vaccination' icon, with an arrow pointing to it. Below the icons, there are two links: 'Report Adverse Event to Vaccination' (highlighted in red) and 'Report Adverse Event to Medication'. Below these links, there is a section with instructions and a 'Cancel' button. Below the instructions, there is a table titled 'Select a Vaccination Date to use on the VAERS report (optional):' with columns for various dates and rows for different vaccines.

How do I report an adverse event using the Online Registry?

There are three options:

- Look up an existing patient in the CIR
- Add a new patient into the registry
- Add an adverse event report without choosing patient or adding a new patient. But, note for this option, a patient record will not be created nor saved in the CIR, and will not be saved to MyList.

Click on "instructions" for more details.

Select a Vaccination Date to use on the VAERS report (optional):											
Vaccination Dates:											
	10/05/2008	12/05/2008	01/14/2009	02/11/2009	03/11/2009	04/07/2009	05/12/2009	10/05/2009	11/04/2009	11/08/2009	11/0
Influenza									Influenza-injectable		
HepB			Hep B Peds <20 yrs		Hep B Peds <20 yrs		Hep B Peds <20 yrs				
Rotavirus		RotaTeq, 3 dose		RotaTeq, 3 dose		RotaTeq, 3 dose					
DTP		DTaP (DAPTACEL)		DTaP (DAPTACEL)		DTaP (DAPTACEL)					
Hib		Hib-PRP-T (ActHib; Hiberix)		Hib-PRP-T (ActHib; Hiberix)			Hib-PRP-T (ActHib; Hiberix)			Hib-PRP-T (ActHib; Hiberix)	
Pneumo Conjugate		Pneum Conj (PCV7)		Pneum Conj (PCV7)		Pneum Conj (PCV7)					
Polio			IPV		IPV	IPV	IPV				
MMR	MMR							MMR			
Varicella	Varicella							Varicella			
HepA											
Meningococcal											
Human Papillomavirus											
Pneumo. Polysaccharide											

*not available to read-only accounts

Reporting Adverse Events: Patient already exists in CIR



[Report Adverse Event to Vaccination](#) [Report Adverse Event to Medication](#) [VAERS Log](#)

● The Registry can pre-populate a Vaccine Event Adverse Event Report System (VAERS) form and transmit it to the CDC for the patient listed above. Click here for a one page [instruction](#).

○ The table below shows all immunization dates reported to the Registry. (If this is not up to date, please update the patient's record using [Current Immunization](#) or [Add History](#) then return to the VAERS page.)

Select a Vaccination Date to use on the VAERS report (optional):

Vaccination Dates:

	10/05/2008	12/05/2008	01/14/2009	02/11/2009	03/11/2009	04/07/2009	05/12/2009	10/05/2009	11/04/2009
Influenza									Influenza-Injectable
HepB			Hep B Peds <20 yrs		Hep B Peds <20 yrs		Hep B Peds <20 yrs		
Rotavirus		RotaTeq, 3 dose		RotaTeq, 3 dose		RotaTeq, 3 dose			
DTP		DTaP (DAPTACEL)		DTaP (DAPTACEL)		DTaP (DAPTACEL)			
Hib		Hib-PRP-T (ActHib, Hiberix)		Hib-PRP-T (ActHib, Hiberix)			Hib-PRP-T (ActHib, Hiberix)		
Pneumo. Conjugate		Pneum Conj (PCV7)		Pneum Conj (PCV7)		Pneum Conj (PCV7)			
Polio			IPV		IPV	IPV	IPV		
MMR	MMR							MMR	
Varicella	Varicella							Varicella	
HepA									
Meningococcal									
Human Papillomavirus									
Pneumo. Polysaccharide									

1. Look up or select the patient in the CIR using either patient "Search" or "MyList"
2. Click the "Adv.Event" tab
3. Select the vaccination which you wish to associate with the adverse event
4. Click "continue."
5. The Adverse Event Reporting form will be prefilled with information on the patient, the reporter, the vaccinator, and vaccination history
6. Complete the Adverse Event Reporting form by completing:
 - a. Date of adverse event
 - b. Type of adverse event
 - c. Description of adverse event
 - d. Outcome
7. Click "continue"
8. Confirm to submit the report
9. Print a copy for your records.

Reporting Adverse Events: New Patient, not in CIR



1. Select the "Adv.Event" tab

The information you enter below will be used to send a VAERS form to the CDC.



- Use a separate form for each patient. Complete the form to the best of your ability. Items 3, 4, 7, 8, 10, 11, and 13 are considered essential and should be completed whenever possible. Parents/Guardians may need to consult the facility where the vaccine was administered for some of the information (such as manufacturer, lot number or laboratory data.)
- Refer to the [Table of Reportable Events Following Vaccination](#) for events mandated for reporting by law. Reporting for other serious events thought to be related, but not on the Table, is encouraged.
- Health care providers other than the vaccine administrator treating a patient for a suspected adverse event should notify the vaccine administrator and provide the information about the adverse event to allow the vaccine administrator to complete the VAERS form to meet the vaccine administrator's legal responsibility.
- These data will be used to increase understanding of adverse events following vaccination and will become part of the CDC Privacy Act System 09-20-0136, "Epidemiologic Studies and Surveillance of Disease Problems." Information identifying the person who received the vaccine or that person's legal representative will not be made available to the public, but may be available to the vaccinee or legal representative.

2a. Add a new patient into the registry

- For option 2a, patient information will now be saved in the CIR
- Once you add the new patient you can then enter the adverse event

- or -

Information from the Registry has been used to pre-populate this section.

If there is missing data, please use [Update Patient Info](#) and then return to the VAERS form. (Information entered on the VAERS form will not be saved in the Registry.)

Patient Name:
Last: LYONS
First: DAVE MI:
Address: 12-24 PARK AVE.
3-B
City: NEW YORK
State: NY ZIP: 10002
Phone No: 212 555 8888

Vaccine Administered by (Name):
Last:
First: MI:

Responsible Physician (Name):
Last: ZUCKER
First: JANE MI:R
Facility Name: Citywide Immunization Registry
Facility Address: 2 Lafayette Street
10002

2b. Add an adverse event report without a patient

- For option 2b, no information will be prefilled in the Adverse Event Reporting form. The patient record will not be save in CIR, and will not be saved in MyList
- If you select "Continue without a patient" then the Adverse Event Reporting form will not be prefilled. It will be blank and you will need to fill in all the fields.

3. Complete the Adverse Event Reporting form

- a. Fill out the form as completely as possible
- b. Fully describe the adverse event
- c. Print a copy for your records.

Report Adverse Events Online Registry form:



Information from the Registry has been used to pre-populate this section.

If there is missing data please use [Update Patient Info](#) and then return to the VAERS form. (Information entered on the VAERS form will not be saved in the Registry.)

Information from the Registry has been used to pre-populate this section.

Please modify the name and address if this is not the physician responsible for the patient's care.

Information from the Registry has been used to pre-populate this section.

Confirmation of receipt for this report will be sent by regular mail from the CDC to the person and address listed here.

WARNING: To be used by the person completing the form (e.g. parents/guardians, vaccine manufacturer/distributors, vaccine administrators, the person completing the form on behalf of the patient, or the health professional who administered the vaccine).

Information from the Registry has been used to pre-populate this section.

NOTE: Question 7B is for NYCDOHMH and does not appear on CDC form.

WARNING: Describe the suspected adverse event. Such things as temperature, local and general signs and symptoms, time course, durations of symptoms, diagnosis, treatment and recovery should be noted.

1-8: 1. State Where Vaccine Was Administered: NY
 2. County or Country where administered:
 3. Date of Birth (mm / dd / yyyy): 02 / 01 / 2008
 4. Patient Age at Vaccination (yy / mm): 1 / 3
 5. Sex: Female
 6. Date Form Completed (mm / dd / yyyy): 07 / 17 / 2012

7-8: 7. Describe adverse event(s) (symptoms, signs, time course) and treatment, if any. (You may enter as necessary in this area.)

7b. Which of the following best characterizes the adverse event?

8. Check all appropriate:

Patient Died - date (mm / dd / yyyy) / /
 Lifethreatening
 Required emergency room/doctor visit
 Required hospitalization
 Resulted in prolongation of hospitalization
 None of the above

8. Patient recovered: ---

Check "YES" if the patient's health condition is the same as it was prior to the vaccine, "NO" if pre-vaccination state of health, or "UNKNOWN" if the patient's condition is not known.

10. Date of vaccination:
 Date: (mm / dd / yyyy) 05 / 11 / 2009 Time: (hours : minutes) :

11. Adverse event onset:
 Date: (mm / dd / yyyy) / / Time: (hours : minutes) :

12. Relevant diagnostic tests/laboratory data:

13. Enter all vaccines given on date listed in no. 10

Vaccine 1: Hib-PRP-T (ActHib; Hiberix) Manufacturer:
 Lot Number: Site:

Vaccine 2: IPV Manufacturer:
 Lot Number: Site:

Vaccine 3: Pneum Conj (PCV13) Manufacturer:
 Lot Number: Site:

Vaccine 4: HepA-ped/adol 2-dose Manufacturer:

VFC Practice Tools- Overview*



Under the VFC section, you will find these tabs:

1. Ordering publicly-funded VFC vaccine
2. Order Influenza vaccine
3. Track your vaccine orders
4. Download frequently requested VFC forms:
 - Provider Enrollment & Information & Update Form
 - Eligibility Screening Form
 - Provider Vaccine Order Form
 - Flu Vaccine Order Form (updated annually)
 - Program Expired/Spoiled Vaccines Return Form
5. Generate Doses Administered Aggregate Reports
6. Generate VFC Eligibility Report
7. VFC Re-enrollment (updated annually)

VFC Practice Tools – Order VFC Vaccines

Online Registry

Search MyList Reports Add/Edit Tools Recall Adv. Event VFC Set Up Adult

Order VFC Vaccine Order Influenza Vaccine Vaccine Order Tracking Other VFC Forms Doses Administered VFC Eligibility

Using this online ordering tool, you will be able to order vaccines supplied by the Vaccines For Children (VFC) program. **Note: This tool does NOT support ordering influenza vaccine. Please click on the [Order Influenza Vaccine](#) tab to enter influenza vaccine orders.** For more information about EOQ and complete instructions on how to place a VFC order online, click [here](#). Based on your order history we have:

- Calculated an order frequency
- Calculated recommendations for the vaccine order you are about to place based on your VFC vaccine inventory needs and a five week safety stock.
- Implemented a storage space check to make sure your refrigerator and/or freezer space is adequate for your recommended order.

This page displays the historical order assessment, order history, order frequency, and the date range for the next VFC vaccine order for your facility.

1. Review vaccine order history.
2. Confirm, enter or update the following information:
 - Shipping and storage details
 - Refrigerator and freezer temperatures
 - Storage space used for VFC vaccines
3. Enter current VFC vaccine inventory
4. Enter VFC order quantities
5. Confirm order
6. Receive confirmation number

VFC Provider

VFC PIN: VFCCIR

Provider Name: CITY IMMUNIZATION REGISTRY

Vaccine Ordering Details

Historical Order Assessment: **On Target**

Order History: Order By Date (0)

Order Frequency: Quarterly

Date Range for Next Order: (n/a)

Continue

Ordering publicly-funded VFC vaccine is a simple **6-step** process:

1. Review vaccine order history
 2. Confirm, enter or update the following information:
 - Shipping and storage details
 - Refrigerator and freezer temperatures
 - Storage used for VFC vaccines
 3. Enter current VFC vaccine inventory
 - 3a. Enter replenished vaccine inventory
 4. Enter VFC order quantities
 5. Confirm order
 6. Receive confirmation number.
- Orders may be tracked by clicking on the "Vaccine Order Tracking" tab.

- For more detailed instruction, please see the **Online Registry Vaccine Management: Ordering and Reporting** guide: <http://www.nyc.gov/html/doh/downloads/pdf/imm/how-to-report-guide.pdf>

VFC Practice Tools – Place, monitor, modify influenza vaccines orders

Online Registry

PATIENTS PRACTICE

Search MyList Reports Add/Edit Tools Recall Adv. Event VFC Set Up Adult P

Order VFC Vaccine **Order Influenza Vaccine** Vaccine Order Tracking Other VFC Forms Doses Administered VFC Eligibility

Using this tool you will be able to monitor and modify your Influenza vaccine orders supplied by the VFC Program. Vaccines are distributed as they become available, you may receive partial shipments to ensure that all providers receive vaccine.

2010 - 2011 Influenza Vaccine Recommendations for Children

- All children 6 months through 18 years of age should receive an annual influenza vaccination. Prioritize children 6 - 59 months with chronic medical conditions.
- Vaccinate all children < 9 years of age with 2 doses of influenza during the first season they are vaccinated to ensure maximum protection.
- For the 2010-11 influenza season, children ages 6 months through 8 years who did not receive at least 1 dose of an influenza vaccine should receive 2 doses of a 2010-11 seasonal influenza vaccine, regardless of previous influenza vaccination history.
- Children ages 6 months through 8 years for whom the 2009-10 seasonal vaccine or influenza A(H1N1) monovalent vaccine has been administered should receive two doses of a 2010-2011 seasonal influenza vaccine.
- Use preservative-free presentations for children 6 months to < 3 years of age.

Shipping Information

VFC PIN: VFCCIR

Provider Name: CITY IMMUNIZATION REGISTRY

VFC Primary Contact: MELISSA

Address: 2 LAFAYETTE STREET

City/State/ZIP: NEW YORK NY 10007

Phone/Ext: (555) 555-5555

Fax: (555) 555-5555

E-mail: 12345@12345

Shipping Hours: M, T, W, TH, F ; MTWTHF 9 TO 5

Edit Shipping Information

Influenza Vaccine Shipping History

Ordering, or pre-booking influenza vaccine is a separate process from ordering all other VFC vaccines.

1. Review and update shipping details
2. Read the *Influenza Vaccine Recommendation for Children*
3. Place your order, click **Submit**
4. Receive confirmation number
5. A copy of the order will be emailed to the address on record
6. Orders may be later modified in the "revised order screen."
7. Remaining orders may be canceled by clicking on the 'Cancel All Remaining Orders' button.

Orders may be tracked by clicking on the "Vaccine Order Tracking" tab.

- For more detailed instruction, please see the ***Online Vaccine Ordering Tools Guide***:
<http://www.nyc.gov/html/doh/downloads/pdf/cir/vfc-olot-guide.pdf>

VFC Practice Tools – Track influenza vaccines orders

The screenshot shows the 'Online Registry' interface with a navigation bar containing 'PATIENTS' and 'PRACTICE' sections. The 'PRACTICE' section includes tabs for 'Tools', 'Recall', 'Adv. Event', 'VFC', and 'Set Up'. The 'VFC' tab is active, and the 'Vaccine Order Tracking' sub-tab is selected. Below the navigation bar, there are instructions and a 'Filter By' section with date and vaccine type filters. A table header is visible at the bottom, and a message states 'No VFC vaccine order items found for the entered criteria.'

Use this page to track VFC vaccine orders placed by your practice. Filter orders by VFC Process Date or Vaccine Type.

The 'VFC Process Date' is the date on which the VFC program processed your order, which may be up to two business days after your VFC vaccine order was received by the VFC program. Shipping may take up to 14 business days from the time the order is received by the Centers of Disease Control (CDC). We are working with the CDC to give you timely information about your order; please be advised the 'Ship Date' information on this screen may not be up-to-date. Please e-mail nycimmunize@health.nyc.gov with your CIR facility code and/or VFC PIN if you have questions.

Filter By

Start Date: End Date:

Vaccine Type:

VFC Process Date	Vaccine Type	Brand	Unit Presentation	Doses to CDC	Status	Ship Date	Doses Shipped	Tracking ID
------------------	--------------	-------	-------------------	--------------	--------	-----------	---------------	-------------

No VFC vaccine order items found for the entered criteria.

All vaccine orders can be tracked by going to the 'Vaccine Order Tracking' tab.

Use the "Filter by" feature to locate your orders by date or by vaccine type.

- For more detailed instruction, please see the **Online Vaccine Ordering Tools Guide**: <http://www.nyc.gov/html/doh/downloads/pdf/cir/vfc-olot-guide.pdf>

VFC Practice Tools – Generate Doses Administered Summary Report

Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit

PRACTICE: Tools, Recall, Adv. Event, VFC, Set Up, Adult Flu, Help, LogOut

Order VFC Vaccine | Order Influenza Vaccine | Vaccine Order Tracking | Other VFC Forms | **Doses Administered** | VFC Eligibility Report | 2010 VFC Re-enrollment

Welcome Shirley Huie
Facility: Jane Zucker (Pr
Address: 2 Lafayette St

- The [Doses Administered Summary Report](#) shows the number of vaccines you reported giving to patients based on their VFC and CHPlusB eligibility. To specify which age ranges and other eligibility types to include, use the [Doses Administered Detailed Report](#).

Doses Administered Report: Summary

Summary Detailed

Date Range
(mm / dd / yyyy)

From: 01 / 01 / 2010

To: 12 / 31 / 2010

Clear Continue →

Tip

You can specify Age Ranges and Eligibility Types using the [Doses Administered Detailed Report](#).

Set or change your default Doses Administered Report in [Set Up](#).

Enter a date range.
Click

VFC Practice Tools – Generate Doses Administered Summary Report: Results



✔ Your report appears below.
[← Start Over](#) [← Detailed Report](#)

Doses Administered Report : Summary				
Processed On: 04/28/2011 13:10	Date Range: From: 01/01/2010 To: 12/31/2010	Eligibility Type: VFC, CHPlusB, Private, Unknown	Age Range(s): All	Facility:

Eligibility Reported As:	VFC		CHPlusB		Private	Unknown	Total
	eligible	all	eligible	all			
NOS Vaccines							
DTaP NOS	0	0	0	117	0	117	
HepA-pediatric NOS	1*	0	0	253	0	254	
HepB NOS	0	0	0	2	0	2	
Hib NOS	29*	0	4*	8	0	46	
Human Papillomavirus NOS	0	0	0	0	0	0	
Influenza NOS	0	0	0	1	0	1	
IG NOS	0	0	0	0	0	0	
Meningococcal NOS	0	0	0	0	0	0	
Pneumococcal NOS	0	0	0	0	0	0	
Polio NOS	0	0	0	5	0	5	
Rotavirus NOS	0	0	0	3	0	3	
Subtotals	30	0	4	389	0	428	
Vaccines							
Anthrax	0	0	0	0	0	0	
BCG	0	0	0	0	0	0	
Botulinum Antitoxin	0	0	0	0	0	0	
Cholera	0	0	0	0	0	0	
CMV-IGIV	0	0	0	0	0	0	
Diphtheria Antitoxin	0	0	0	0	0	0	
Typing-specific var							
Varicella	211	0	48	121	0	307	687
VZIG	0	0	0	0	0	0	0
Yellow Fever	0	0	0	0	0	0	0
Zoster (shingles)	0	0	0	0	0	0	0
Subtotals	3724	0	715	1712	0	2196	8347
Other Vaccines							
DTP	0	0	0	0	0	2	2
DTP/Hib	0	0	0	0	0	0	0
Hib-PRP-D (ProHIBit)	0	0	0	0	0	0	0
Influenza-whole	0	0	0	0	0	40	40
OPV	0	0	0	0	0	0	0
Pertussis	0	0	0	0	0	0	0
Rotavirus	0	0	0	0	0	0	0
Rubella/Mumps	0	0	0	0	0	0	0
Subtotals	0	0	0	0	0	42	42
Grand Totals	3754	0	719	1717	0	2627	8817

Tip
 NOS = Not Otherwise Specified
 These vaccines were reported to the registry, but lacked specificity regarding the vaccine type. This may have been because the vaccines were transcribed from a yellow card.
 To make reports accurate, always report specific vaccine types when they are known.
 Since vaccine types are required to properly VFC and CHPlusB orders, vaccines reported as NOS could result in a reduction of VFC and CHPlusB doses delivered to you.

Tip
 These vaccines are no longer available in the US but are shown here because your practice reported them.

* These vaccine were reported as given to a VFC-eligible or CHPlusB-eligible child, but the vaccine is not provided through the VFC program.



VFC Practice Tools – Generate Doses Administered Detailed Report



PATIENTS
PRACTICE

[Search](#)
[MyList](#)
[Reports](#)
[Add/Edit](#)
[Tools](#)
[Recall](#)
[Adv. Event](#)
[VFC](#)
[Set Up](#)

[Order VFC Vaccine](#)
[Order Influenza Vaccine](#)
[Vaccine Order Tracking](#)
[Other VFC Forms](#)
[Doses Administered](#)
[VFC Eligibility Report](#)
[201](#)

- The [Doses Administered Summary Report](#) shows the number of vaccines you reported giving to patients based on their VFC and CHPlusB eligibi specify which age ranges and other eligibility types to include, use the [Doses Administered Detailed Report](#).

Summary
Detailed

Doses Administered Report: Detailed

Eligibility Type	Date Range <small>(mm / dd / yyyy)</small>	Age Range(s)
<input checked="" type="checkbox"/> VFC Eligible	From: 1 / 1 / 2010	<input checked="" type="checkbox"/> <1 <input checked="" type="checkbox"/> 11-12
<input checked="" type="checkbox"/> CHPlusB Eligible	To: 12 / 31 / 2010	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 13-18
<input checked="" type="checkbox"/> Privately Provided		<input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 19-24
<input checked="" type="checkbox"/> Unknown / Unreported		<input checked="" type="checkbox"/> 3-5 <input checked="" type="checkbox"/> 25-44
		<input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 45-64
		<input checked="" type="checkbox"/> 7-10 <input type="checkbox"/> 65+

Clear
Continue →

- Enter a date range.
- Check or uncheck **Eligibility Types**
- Choose Age Ranges
- Click Continue →

VFC Practice Tools – Generate Doses Administered Detailed Report: Results



✓ Your report appears below.
[←←Start Over](#) [←←Summary Report](#)

Doses Administered Report : Detailed				
Processed On: 04/28/2011 13:30	Date Range: From: 01/01/2010 To: 12/31/2010	Eligibility Type: VFC, CHPlusB, Private, Unknown	Age Range(s): All	Page: 1 of 1

Eligibility Reported As:	Age Range	VFC	CHPlusB	Private	Unknown	Total
		eligible all	eligible all			
NOS Vaccines	<1	0	0	0	29	117
	1	0	0	0	47	
	2	0	0	0	8	
	3-5	0	0	0	33	
	6	0	0	0	0	
	7-10	0	0	0	0	
DTaP NOS	11-12	0	0	0	0	117
	13-18	0	0	0	0	
	19-24	0	0	0	0	
	25-44	0	0	0	0	
	45-64	0	0	0	0	
	65+	0	0	0	0	
	<1	0	0	0	0	254
HepA-pediatric NOS	1	0	0	0	26	
	2	0	0	0	52	
	3-5	0	0	0	61	
	6	0	0	0	9	
	7-10	0	0	0	37	
	11-12	0	0	0	18	254
	13-18	1*	0	0	48	
	19-24	0	0	0	2	
	25-44	0	0	0	0	
	45-64	0	0	0	0	
	65+	0	0	0	0	
	<1	0	0	0	2	2
HepB NOS	1	0	0	0	0	
	2	0	0	0	0	
	3-5	0	0	0	0	
	6	0	0	0	0	
	7-10	0	0	0	0	
	11-12	0	0	0	0	2
	13-18	0	0	0	0	
	19-24	0	0	0	0	
	25-44	0	0	0	0	
	45-64	0	0	0	0	
	65+	0	0	0	0	
	<1	14*	0	3	8	42
	1	11*	2*	1	0	
	19-24	0	0	0	0	
	25-44	0	0	0	0	
	45-64	0	0	0	0	
	65+	0	0	0	0	
Subtotals		0	0	0	42	42
Grand Totals		3754	719	1717	2627	8817

Tip
 NOS = Not Otherwise Specified
 These vaccines were reported to the registry, but lacked specificity regarding the vaccine type. This may have been because the vaccines were transcribed from a yellow card.
 To make reports accurate, always report specific vaccine types when they are known.
 Since vaccine types are required to prepare VFC and CHP orders, vaccines reported as NOS could result in a reduction of VFC and CHP doses delivered to you.



* These vaccine were reported as given to a VFC-eligible or CHPlusB-eligible child, but the vaccine is not provided through the VFC program.

Report adult influenza vaccinations



Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit

PRACTICE: Tools, Recall, Adv. Event, VFC, Set Up, **Adult Flu**, Help, LogOut

Welcome Shirley Huie (SSA)
Facility: CIR Guest (Provider)
Address: 42-09 28th Street

Vaccine

- This page is for the quick entry of adult influenza immunizations. Click [here](#) for more information about CIR reporting requirements.
- For the most recent guidance regarding influenza vaccine, click [here](#).

Click [here](#) (opens new window) for Vaccine Information Statements (VISs).

For patients under 19 years of age, you may either use this quick entry screen to report last season's H1N1 vaccinations or the current season's influenza vaccinations, or use the [Search](#) or [MyList](#) screen to look up patients and report vaccinations.

- * - Required Fields
- † - Recommended Fields

Quick-Add Adult Patients and Influenza / H1N1 Vaccination

Patient Information:

First Name:* Middle Name:† Last Name:*

Gender:* Male Female DOB:* (mm/dd/yyyy)

Patient's Address and Phone:

Building #:* Street:* Apartment/Suite #:†

City:* Please Select... State:* NY Zip:*

Phone:† (10 digits: nnnnnnnnnn)

We are asking for your address so we can locate your record more easily when you return for additional vaccinations.

Vaccine Information:

Vaccination Date:* 07/16/2012 (mm/dd/yyyy)

Vaccine Administered:* Select Vaccine...

Lot:† Select Lot... [Add New Lot to List](#)

Clear Continue

Tip

You are required to obtain voluntary written consent from individuals 19 years and older in order to report vaccinations to the CIR.
Click [here](#) for a sample consent form that may be printed and used. ([en Español](#)) This form will remain in your files; do not send to the CIR.

Click link in the tip box for a sample consent form for reporting immunizations given to patients >19 yrs old.

Set Up: Customize settings:

The screenshot shows the 'Set Up' page for 'Adult Flu' in the Online Registry. The navigation bar includes 'PATIENTS' (Search, MyList, Reports, Add/Edit) and 'PRACTICE' (Tools, Recall, Adv. Event, VFC). The 'Set Up' menu is active, showing 'Adult Flu' and a 'Help' icon. Below the navigation bar, there are links for 'Default Settings', 'Manage Vaccine Lots', 'Change Password', 'Manage Users', 'Create SSA', and 'Change My Contact Info'. An arrow points to the 'Set Up' icon in the navigation bar. The main content area is titled 'Update Settings' and contains three sections: 'Search' (with options for Simple Search and Advanced Search, and filters for Medical Record No., Medicaid, CIR No., Mom DOB, Other Demographics, and Show All Fields), 'MyList' (with a dropdown for 'Show 50 patients per page' and a dropdown for 'Sort by... Last Accessed'), and 'Doses Administered Report' (with options for Summary Report and Detailed Report). The 'Initial Screen' section has a dropdown for 'After login, go to this page: My List'. A 'Continue' button is at the bottom right.

Customize your default views

Set Up: Manage Vaccine Lots



Online Registry
PATIENTS
Search
MyList
Reports
Add/Edit
PRACTICE
Tools
VFC
Set Up
? Help
LogOut

Welcome **Melissa Mickle**
(Citywide Immunization Registry2)

[Default Settings](#)
[Manage Vaccine Lots](#)
[Change Password](#)

The lots you add to this list will appear in the Add Immunization pick lists, making it faster and easier to report immunizations.

Add New Lot

[Continue →](#)



Click [Continue →](#) to add a new lot.

View / Remove Vaccine Lots

Check the boxes next to the lots you wish to delete from this list, then click "Remove" at the bottom of the page.

HepB: HepB (<20 yrs 3-dose)

remove <input type="checkbox"/>	Exp. 05/2008	VFC	SANOFI PASTEUR	Lot: DS1234
remove <input type="checkbox"/>	Exp. 10/2008	Private	(n/a)	Lot: HEPB111
remove <input type="checkbox"/>	Exp. 02/2008	Private	CONNAUGHT	Lot: HEP879
remove <input type="checkbox"/>	Exp. 08/2008	VFC	GREER	Lot: 33241
remove <input type="checkbox"/>	Exp. 12/2009	VFC	BIOPORT CORPORATION	Lot: 213123
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: HEP1
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: H12
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: A2
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	SANOFI PASTEUR	Lot: DFWDFA
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: A1
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: H11
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: HEP3
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: HEP4
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: HEP2

Previously entered vaccine lots are listed.

HepB: HepB NOS

remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: NOS1
remove <input type="checkbox"/>	Exp. (n/a)	(n/a)	(n/a)	Lot: H1

DTP: DTP

Set Up: Manage Vaccine Lots - Add New Lot



Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit

PRACTICE: Tools, VFC, Set Up

Welcome **Melissa Mickle**
(Citywide Immunization Registry2)

Default Settings **Manage Vaccine Lots** Change Password Manage

- Use this page to add a vaccine lot to your list. Keeping your lots current helps you manage your vaccine stock and makes reporting faster and easier. For best use of the Manage Lot set up, enter all data below.

Add New Lot

Select a Vaccine Type, enter Lot Number, Manufacturer, Expiration Date, and indicate VFC or Non-VFC.

Select Vaccine Type (Required)

Lot Number (Required)

Select Manufacturer

Exp. Date (mm/YYYY)

VFC funded CHPlusB funded Privately purchased

Vaccine lots entered here will appear in a drop down list as a vaccine lot choice on the reporting screens.

Enter vaccine type, lot, manufacturer and funding type.

Cancel Clear Continue

Add new Online Registry users: (instructions in text)

1. The Security Administrator logs on to the Online Registry using his/her User ID & password.
2. Go to the [Set Up](#) icon.
3. Click on the tab [Manage Users](#).
4. Click the yellow "Continue" button under [Add a New User](#).
5. Fill out the information. ***You must enter a valid e-mail address for the new user.***
6. For [Security Group](#), Select "Normal" if you want your user to **Add/Edit** immunizations. Select, "Read Only," if your user will only be viewing patient immunization records and printing reports.
7. [Authorizing provider](#) information should already be filled in. Please contact us at 347-396-2400 to change the Authorizing Provider.
8. Click "Continue" and the following note in green will appear at the top of the page:

User ID xxx was created. Please have the user check his/her email to set the password for his/her new Online Registry account. Please be aware: (a) that there may be a delay of up to an hour for receipt of the email; and, (b) that the email will expire after 4 days, whereupon the account will need to be set up again.
9. The e-mail you need to look for will be sent from: cir-reset@health.nyc.gov.
10. Please instruct users that passwords must contain characters from each of the three categories listed below, and must be at least 8 characters long:
 - a. Uppercase alphabet characters (A-Z)
 - b. Lowercase alphabet characters (a-z)
 - c. Arabic numerals (0-9)

Add new Online Registry users: (screenshots)

1. The Security Administrator logs on to the Online Registry using his/her User ID & password.

The screenshot displays the Online Registry interface. At the top, there is a navigation bar with tabs for PATIENTS (Search, MyList, Reports, Add/Edit) and PRACTICE (Tools, VFC, Set Up, Help, LogOut). Below the navigation bar, a welcome message reads: "Welcome Shirley Huie (Administrator) Facility: CIR Guest (Provider) Address: 2 Lafayette Street". A secondary navigation bar contains links: Default Settings, Manage Vaccine Lots, Change Password, Manage Users (highlighted in orange), and Change My Contact Info. Below this, a message states: "The following people are registered users for your facility." There are two main sections: "Add New User" with a "Continue" button, and "View/Modify Users" with a note: "To change a user's record, click on the User ID or Name below." At the bottom, the user's facility and role are listed: "Facility: CIR Guest Security Administrator: HUIE, SHIRLEY". A table header is visible at the bottom with columns: User ID, User Name, Security Group, Expiration Date, and Authorizing Provider. Four yellow arrows with numbers 2, 3, and 4 point to the Set Up icon, the Manage Users tab, and the Continue button, respectively.

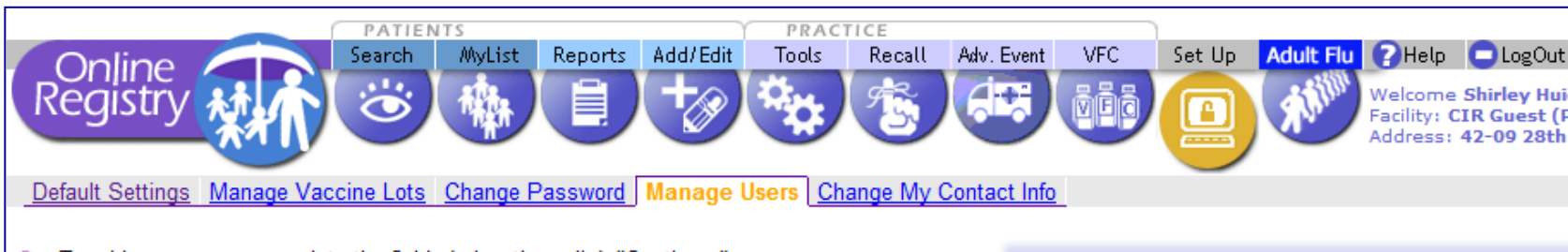
2. Go to the [Set Up](#) icon.
3. Click on the tab [Manage Users](#).
4. Click the "Continue" button under "Add a New User."

Add new Online Registry users (cont'd.)



5. Type in **Required** information.

You must enter a valid e-mail address for the new user.



To add a new user, complete the fields below then click "Continue."

User Information

5 → (Required)

Last Name: (Required)

Address:

Title:

Department:

Phone:

Ext:

Fax:

E-mail: (Required)

Security

6 → Security Group:

Provider

7 → Authorizing Provider:

Cancel Clear Continue

Click

6. Choose **Security Group**:

Normal = enables user to add/edit immunizations;

Read-only = enables user to view records, but not add/edit immunizations.

7. **Authorizing Provider**

information should already be filled in. Please contact us at 347-396-2400 to change the Authorizing Provider.

Add new Online Registry users (cont'd.)

8. The green confirmation message will appear at the top of the page:

The screenshot shows the 'Manage Users' page in the Online Registry. At the top, there are navigation tabs for 'PATIENTS' (Search, MyList, Reports, Add/Edit) and 'PRACTICE' (Tools, Recall, Adv. Event, VFC, Set Up, Adult Fl). Below the navigation is a menu with 'Manage Users' highlighted. A green confirmation message states: 'User shuie1 was created. Please have the user check his/her email to set the password for his/her new Online Registry account. Please be aware: (a) that there may be a delay of up to an hour for receipt of the email; and (b) that the email will expire after 4 days, whereupon the account will need to be set up again.' Below the message are sections for 'Add New User' (with a 'Continue' button) and 'View/Modify Users' (with instructions to click on User ID or Name). At the bottom, a table lists users with columns for User ID, User Name, Security Group, Deactivated Date, and Authorizing Provider.

User ID	User Name	Security Group	Deactivated Date	Authorizing Provider
shuie1	HUIE, SHIRLEY	Normal		ZUCKER, JANE

9. The e-mail you need to look for will be sent from:
cir-reset@health.nyc.gov.

Scroll down page to find a new assigned User ID, User Name, and Security Group level.

10. Please instruct users that passwords must contain characters from each of the three categories listed below, and must be at least 8 characters long:

- a. Uppercase alphabet characters (A-Z)
- b. Lowercase alphabet characters (a-z)
- c. Arabic numerals (0-9)

Reset an existing user's password



1. The Security Administrator logs on to the Online Registry using his/her User ID & password.
2. Go to the [Set Up](#) icon.
3. Click on the tab [Manage Users](#).
4. Scroll down. Click on a User ID or Name whose password needs to be reset.
5. Click on "Reset Password" located under the Password section.
6. Click "Continue" and the following note in green will appear at the top of the page:

Password reset initiated for User Id xxxxx. Please have the user check his/her email to reset the password for his/her Online Registry account. Please be aware: (a) that there may be a delay of up to an hour for receipt of the email; and, (b) that the email will expire after 4 days, whereupon the account will need to be reset again.

Modify Online Registry user: (instructions in text)



1. The Security Administrator logs on to the Online Registry using his/her User ID & password.
2. Go to the [Set Up](#) icon.
3. Click on the tab [Manage Users](#).
4. Scroll down. Click on a User ID or Name to be modified.
5. To **modify a user's record**: Edit the information. ***You must enter a valid e-mail address if it has not been entered already.***
6. For [Security Group](#), Select "Normal" if you want your user to **Add/Edit** immunizations. Select, "Read Only," if your user will only be viewing patient immunization records and printing reports.
7. [Authorizing provider](#) information should already be filled in and may not be edited online at this time. Please contact us at 347-396-2400 to change the Authorizing Provider.
8. Click "Continue" and the following note in green will appear at the top of the page:
The user record has been updated.
9. To **deactivate users**, click on the user's name and click on "No" for Active User.

Modify Online Registry users: (screenshots)



1. The Security Administrator logs on to the Online Registry using his/her User ID & password.

The screenshot shows the Online Registry interface. At the top, there is a navigation bar with tabs for PATIENTS (Search, MyList, Reports, Add/Edit) and PRACTICE (Tools, VFC). A 'Set Up' icon is highlighted in yellow. Below the navigation bar, a welcome message reads: 'Welcome Shirley Huie (Administrator) Facility: CIR Guest (Provider) Address: 2 Lafayette Street'. A secondary menu contains links for Default Settings, Manage Vaccine Lots, Change Password, Manage Users (highlighted in yellow), and Change My Contact Info. Below this, a message states: 'The following people are registered users for your facility.' There are two main sections: 'Add New User' with a 'Continue' button, and 'View/Modify Users' with a note: 'To change a user's record, click on the User ID or Name below.' The current user information is: Facility: CIR Guest, Security Administrator: HUIE, SHIRLEY. A table lists the registered users:

User ID	User Name	Security Group	Expiration Date	Authorizing Provider
shuie1	HUIE, SHIRLEY	Normal		ZUCKER, JANE

2. Go to the [Set Up](#) icon.
3. Click on the tab [Manage Users](#).
4. Scroll down. Click on a User ID or Name to be modified.

Modify Online Registry users: (cont'd.)



5. Edit the information. *You must enter a valid e-mail address if it has not been entered already.*

Online Registry

PATIENTS: Search, MyList, Reports, Add/Edit, Tools, Recall, Adv. Event, VFC, Set Up, Adult Flu, Help, LogOut

PRACTICE

Welcome Shirley Huie (SSA)
Facility: CIR Guest (Provid)
Address: 42-09 28th Street

Default Settings | Manage Vaccine Lots | Change Password | **Manage Users** | Change My Contact Info

To change a user's record, modify the fields below then click "Continue."

User Information

UserID: shuie1

Active User? YES: NO:

First Name: SHIRLEY (Required)

Last Name: HUIE (Required)

Address:

Title:

Department:

Phone:

Ext:

Fax:

E-mail: shuie@health.nyc.gov (Required)

Security

Security Group: Normal

Password

[Reset Password](#)

Provider

Authorizing Provider: ZUCKER, JANE -- 168661

Cancel X | Clear | Continue →

6. Choose Security Group:

Normal = enables user to add/edit immunizations;

Read-only = enables user to view records, but not add/edit immunizations.

7. Authorizing Provider information should already be filled in and may not be edited online at this time. Please contact us at 347-396-2400 to change the Authorizing Provider.

Click **Continue** when you are finished

Modify Online Registry users: (cont'd.)



8. The green confirmation message will appear at the top of the page:

✓ The user record has been updated.

Add New User

➔ [Continue →](#)

View/Modify Users

➔ To change a user's record, click on the User ID or Name below.

Facility: Citywide Immunization Registry
Security Administrator: HUIE, SHIRLEY

User ID	User Name	Security Group	Expiration Date	Authorizing Provider
shuie1	HUIE, SHIRLEY	Normal		ZUCKER, JANE

Help:



Online Registry PATIENTS Search MyList Reports Add/Edit PRACTICE Tools Recall Adv. Event VFC Set Up Adult ? Help LogOut

Welcome Shirley Huie (SSA)
Facility: Citywide Immunization Registry (CIR)
Address: 42-09 28th Street

Help

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- [My List](#)

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Frequently Asked Questions

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- [Who do I contact if I have questions about reporting?](#)
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- [What Lead Test information is available?](#)
- [What records are in the Registry?](#)

Contacting

LPPP mailing address:

New York City
Lead Poisoning
253 Broadway,
New York, NY 10013

Phone: 212-BAN-LEAD

Fax: 212-676-6326

CIR mailing address:

New York City Department of Health and Mental Hygiene
Citywide Immunization Registry
42-09 28th Street, 5th Floor, CN 21
Long Island City, NY 11101-4132

Phone: 347-396-2400

Fax: 347-396-2559

[Full User Guide](#)

[Coverage, Reminder/Recall Guide](#)

[Online CH205 Form Guide](#)

[VFC Online Registry Ordering Tool Guide](#)

- Help by Feature
- Help by FAQs
- Contact Information
- User Guides

Citywide Immunization Registry (CIR)



- Started in 1997
- Vital records (birth certificates) loaded twice a week
 - All NYC births from 1996 forward
 - ~125,000 births annually
- Mandatory reporting of immunizations administered to individuals 0-18 years
 - City Health Code, State Law
 - Expanded to include adolescents in 2005
 - Voluntary reporting for adults
- >1,800 pediatric provider sites
 - ~ 85% participate in Vaccines for Children (VFC) program
- 93% of providers report regularly
 - All reporting electronically: Online Registry, batch file transfer, HL7 Web service (real-time, bi-directional)
- Contains > 4.8 million people; > 62 million immunizations

CIR Access



Limited to health care providers, parents, legal guardians or custodians, authorized agencies (i.e., MCOs, WIC, schools, child care)


- Online Registry - 24/7 self-service:
 - look-up immunization records and view lead test histories
 - print or fax a record
 - print pre-completed forms:
 - § CH205: schools/daycare/afterschool/day camp,
 - § Early Intervention Program Referral form,
 - § WIC
 - Use MyList and/or Reminder/Recall to keep track
- Fax, mail in, or telephone (M-F , 9 am - 5 pm) a request to CIR
- HL7 Web Service - real-time data query
- Batch file data exchange

CIR access for parents, legal guardians and individuals



Short, signed application required to obtain a record:

- Telephone to request application: 347-396-2400
- Download forms from www.nyc.gov/health/cir
- Go to the Parents & Guardians page



**Citywide
Immunization
Registry**
We help you call the shots!
www.nyc.gov/health/cir

NYC Health
New York City Department of Health and Mental Hygiene
Thomas F. Kelly, M.D., M.P.H., Commissioner
Phone: (347) 396-2400
Fax: (347) 396-2559

Immunization Record Request Application

PLEASE PRINT CLEARLY.

Applicant's Information

Last Name: _____

First Name: _____ Middle Name: _____

Sex: Male Female

Date of Birth: mm/dd/yyyy Medicaid Number (if applicable): _____
month day year

STREET ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

APPLICANT'S PHONE: _____

FAX TO: _____ Please provide fax number if requesting record by fax.

NAME OF HOSPITAL WHERE APPLICANT WAS BORN _____

NAME OF HEALTH CARE PROVIDER

HEALTH CARE PROVIDER'S PHONE: _____

Mother's Maiden Name (name before marriage):

Last Name: _____ First: _____

Mother's Date of Birth: _____
month day year

Parent Information (if applicant is a minor)

Relationship to Child: Mother Father Guardian Other _____
(please describe, e.g. grandparent)

LAST NAME _____ FIRST NAME _____

This is to certify that I am the parent, guardian, custodian, or other such person in parental relationship to the child listed above, or the individual to whom the record relates. I understand that all information submitted to the Citywide Immunization Registry will be kept confidential in accordance with section 1111(d) of the NYC Health Code and New York State Public Health Law 2168.

Signature of Applicant _____ Date _____

For Official Use Only:

Date Form Received: ____/____/____

Status of Request

Record Sent

Record Not Found

Record Found, no imm.

Form Incomplete

Staff Initials: _____

TO REQUEST AN IMMUNIZATION RECORD BY MAIL OR FAX:

(1) Complete the *Immunization Record Request Application*.

(2) Attach a clear copy of a valid photo ID, such as driver's license or passport.

(3) Mail or fax both the completed application & copy of ID.

MAIL:
 NYC Dept. of Health and Mental Hygiene – Citywide Immunization Registry
 42-09 28th Street, 5th Fl., CN 12 Long Island City, NY 11101-4182

FAX:
 (347) 396-2559

Once the completed form is received you will be sent a response, usually within seven business days by mail, or two business days by fax.

TO REQUEST AN IMMUNIZATION RECORD IN PERSON:
 You may visit us, Monday to Friday between 9:00 a.m. – 5:00 p.m. to obtain a record the same day. Please bring a valid photo ID, such as driver's license or passport.

BEFORE YOUR VISIT, CALL:
 (347) 396-2400

NYC DOHMH-- Bureau of Immunization
 Two Gotham Center
 42-09 28th Street
 Long Island City, NY 11101

Nearest subways:
 N, Q, or R to Queensboro Plaza;
 E, M or R to Queens Plaza;
 E, G or M to 23rd Street/Ely Avenue;
 7 to 45th Road/Courthouse Square

ImmRecReqEng2011Nov.doc

Contact Information

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