

# DATIENT IMMUNIZATION RECORDS

- 1. Viewing Patient Records
- 2. Editing Patient Records
- 3. Adding New Patients
- 4. Reporting Administered Immunizations
- 5. Recording Historical Immunizations
- 6. Vaccination Forecasts and Summary





To search for a patient, use the initial of the patient's first name, the patient's date of birth and click Search I. In the example below, we are searching for Minnie Mouse born on January 16, 2011.

epartment of lealth Services	Patient Search			Click <u>here</u> to use the 'advance		
	First Name or Initial:	m	WIC ID:			
n	Last Name or Initial:		SIIS Patient ID / Bar Code:			
e	Birth Date:	01/16/2011	Chart Number.			
out ct IRMS	Family and Address Informatio	on:				
ect Facility	Guardian First Name:		Mother's Maiden Name:			
ect VFC Pin	Street	O P.O. Box:	Street:			
orites	City:		State:	select 💙		
tient arch/Add	Zip Code:		Phone Number:			
note Registry ccinations v/Add ecast amary ec. Dashboard IS	Note: When searching by First a		wildcard character % to replace mul <mark>t</mark> iple charac	cters and _ to replace a single Clear Reset		
note Registry ecinations v/Add ecast ec. Dashboard IS Numbers ers/Transfers ports			wildcard character % to replace multiple charac			
note Registry cinations //Add cast c. Dashboard S Numbers ers/Transfers orts			wildcard character % to replace mul <mark>t</mark> iple charac			
note Registry cinations //Add ccast c. Dashboard S Numbers ers/Transfers orts GA Export orts			wildcard character % to replace multiple charac			
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ote Registry cinations /Add cast mary c. Dashboard S Numbers ers/Transfers orts orts ings A Export orts orts eduled Reports			wildcard character % to replace multiple charac			





If the patient record appears in the search results, simply click the arrow next to the patient name to view/edit the record. If the record does not appear the patient will need to be added to the registry. Please see slide 20 for instructions on adding new patients to ASIIS.

Only users with editing privileges are allowed to add patients to ASIIS.

IDMS	Se harden	KELSEY PISTOTNIK SITE 1 (91116)	. VFC					Date: April 12, 201
artment of	. itori	and r (orrito)						
	tient Se	earch					Click here to u	use the 'advanced' searc
	rst Nam	e or Initial:	m		WIC ID:			1
La	ist Nam	e or Initial:			SIIS Patient	ID / Bar Code:		
Bir	rth Date	ç.	01/16/2011		Chart Numb	er:		
RMS Fam	nily and	Address Inform	ation:					
domy	uardian	First Name:			Mother's Mai	iden Name:		
	reet:		O P.O. Bo	c	Street:			
tes Cit	ty:				State:		select	- 🗸
	p Code:				Phone Num	ber:		j.
raphics								
			st and Last Name, you m	lay use the whiteat	u character % to	replace multiple chai	acters and _ to replac	Le a single character.
nations	Check h	iere if adding a n	ew patient.					
st							Clear	Reset Search
arv								
Jashboard		earch Results ound = 16	Search C	criteria: First Initia	/ Birth Date			
mbers Sel	lect	First Name	Middle Name	10000000000000000000000000000000000000				
			mudie name	Last Name	Birth Date	SIIS Patient ID	Grd First Name	Grd Last Name
ts	->	MARCUS	LE-VELLE NA'RON	BIRDOW	Birth Date 01/16/2011	SIIS Patient ID 5467667	Grd First Name BRITTANY	Grd Last Name GRADY
ts 🗧	~ ~	ALCONTRACT.	the second second second second second			CONTRACT CONTRACTOR OF THE		
ts gs Export	$\equiv$	MARCUS	LE-VELLE NA'RON	BIRDOW	01/16/2011	5467667	BRITTANY	GRADY
ts gs Export ts	3	MARCUS MAKALYNN	LE-VELLE NA'RON ASHLEY	BIRDOW BOWMAN	01/16/2011 01/16/2011	5467667 5459726	BRITTANY ANTHONY	GRADY BOWMAN
ts		MARCUS MAKALYNN MYA	LE-VELLE NA'RON ASHLEY LORRAINE	BIRDOW BOWMAN DAYZIE	01/16/2011 01/16/2011 01/16/2011	5467667 5459726 5467498	BRITTANY ANTHONY NICOLE	GRADY BOWMAN THOMPSON
ts		MARCUS MAKALYNN MYA MACEY	LE-VELLE NA'RON ASHLEY LORRAINE E	BIRDOW BOWMAN DAYZIE DYKMAN	01/16/2011 01/16/2011 01/16/2011 01/16/2011	5467667 5459726 5467498 5468234	BRITTANY ANTHONY NICOLE GARED	GRADY BOWMAN THOMPSON DYKMAN
ts		MARCUS MAKALYNN MYA MACEY MARIAH MEILLENA	LE-VELLE NA'RON ASHLEY LORRAINE E SURI LAKOTA	BIRDOW BOWMAN DAYZIE DYKMAN JOE JOHNSON	01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011	5467667 5459726 5467498 5468234 5467814 5529908	BRITTANY ANTHONY NICOLE GARED AZALEA MONTANA	GRADY BOWMAN THOMPSON DYKMAN RODRIGUEZ JOHNSON
ts		MARCUS MAKALYNN MYA MACEY MARIAH	LE-VELLE NA'RON ASHLEY LORRAINE E SURI LAKOTA RYAN	BIRDOW BOWMAN DAYZIE DYKMAN JOE	01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011	5467667 5459726 5467498 5468234 5468234	BRITTANY ANTHONY NICOLE GARED AZALEA	GRADY BOWMAN THOMPSON DYKMAN RODRIGUEZ
ts gs Export ts uled Reports ueue e Password istration on: 5.12.11.4		MARCUS MAKALYNN MYA MACEY MARIAH MEILLENA MATTHEW	LE-VELLE NA'RON ASHLEY LORRAINE E SURI LAKOTA RYAN ANDREY	BIRDOW BOWMAN DAYZIE DYKMAN JOE JOHNSON LITTLE MADA	01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011	5467667 5459726 5467498 5468234 5467814 5529908 5464764 5467660	BRITTANY ANTHONY NICOLE GARED AZALEA MONTANA SHARON IDALI	GRADY BOWMAN THOMPSON DYKMAN RODRIGUEZ JOHNSON LITTLE BORBON
ts		MARCUS MAKALYNN MYA MACEY MARIAH MEILLENA MATTHEW MAURICIO MCKENZIE	LE-VELLE NA'RON ASHLEY LORRAINE E SURI LAKOTA RYAN	BIRDOW BOWMAN DAYZIE DYKMAN JOE JOHNSON LITTLE MADA MORGAN	01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011	5467667 5459726 5467498 5468234 5467814 5529908 5464764 5467660 5579012	BRITTANY ANTHONY NICOLE GARED AZALEA MONTANA SHARON IDALI ENICA	GRADY BOWMAN THOMPSON DYKMAN RODRIGUEZ JOHNSON LITTLE BORBON MORGAN
ts Export Is uled Reports ueue te Password iistration		MARCUS MAKALYNN MYA MACEY MARIAH MEILLENA MATTHEW MAURICIO MCKENZIE MINNIE	LE-VELLE NA'RON ASHLEY LORRAINE E SURI LAKOTA RYAN ANDREY	BIRDOW BOWMAN DAYZIE DYKMAN JOE JOHNSON LITTLE MADA MORGAN MOUSE	01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011	5467667 5459726 5467498 5468234 5467814 5529908 5464764 5467660	BRITTANY ANTHONY NICOLE GARED AZALEA MONTANA SHARON IDALI ERICA MARY	GRADY BOWMAN THOMPSON DYKMAN RODRIGUEZ JOHNSON LITTLE BORBON MORGAN MOUSE
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ts Export ts ts uled Reports ueue e Password istration		MARCUS MAKALYNN MYA MACEY MARIAH MEILLENA MATTHEW MAURICIO MOKENZIE MINNIE MADELINE MUHAMMAD	LE-VELLE NA'RON ASHLEY LORRAINE E SURI LAKOTA RYAN ANDREY	BIRDOW BOWMAN DAYZIE DYKMAN JOE JOHNSON LITTLE MADA MORGAN MORGAN MOUSE PANCHERI QURESHI	01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011 01/16/2011	5467667 5459726 5467498 5468234 5467814 5529908 5464764 5467660 5579012 6238383 5467672 5467405	BRITTANY ANTHONY NICOLE GARED AZALEA MONTANA SHARON IDALI ENICA MARY NICHOLE NOSHEEN	GRADY BOWMAN THOMPSON DYKMAN RODRIGUEZ JOHNSON LITTLE BORBON MORGAN MOUSE PANCHERI QURESHI
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This is the patient demographic screen. Always verify that the information listed in the patient demographic screen is correct and up to date. If there are any changes that need to be made,

simply click <u>Edit</u>. Only users with editing privileges are allowed to add patients to ASIIS.

alth Services	Patient		1.22	
	First Name:	MINNIE	Race:	
i	Middle Name:		Ethnicity:	
	Last Name:	MOUSE	Language:	
3	Suffix:	and the second second	SSN:	
ut	Birth Date:	01/16/2011	Medicaid:	and the second
t IRMS	Birth File #:		Multiple Birth:	1 of 1
t Facility	Age:	116 weeks, 26 months, 2 yrs	Military:	
t VFC Pin	Block Recall:		Recall Attempts:	0
rites	Sex:	FEMALE	Inactive:	
nt	Mother Maiden Nm:	RAT	VFC status:	AHCCCS
h/Add	·		Vaccine Supply:	PUBLIC
graphics	Cell Phone:			
te Registry	Primary Address			
	Address 1:	1234 N VACCINE WAY	Address 2:	
inations Add	City:	PHOENIX	State:	AZ
1225	Zip Code:	85004	otate.	/AL
ast	Phone Number:	(602)123-4567		
nary	Email	(002)125-4507		
Dashboard		United States	CountyPorists	MARICOPA
10	Country:	United States	County/Parish:	MARICUPA
umbers	Family & Contact	LUADY.	00114	
s/Transfers	Contact 1 First:	MARY	SSN 1:	
rts	Contact 1 Middle:		Contact 2 First	
iqs	Contact 1 Last:	MOUSE	Contact 2 Last:	
	Work Phone:			
Export	Alias			
rts	First Name:		Last Name:	
rts	Secondary Patient Dem	ographics		
duled Reports	Allergies:		Program/Mem.IDs:	
lueue	Monthly Income:		Number In Family:	
ge Password	Association:		High Risk:	
nistration	School			
maaduon	School:			
5 40 44 4	School Entry Date:			
sion: 5.12.11.4	Primary Insurance			
ACaus	Health Plan Name:	MERCY CARE	Medicare ID:	
	Health Plan ID:		Enroll Date:	
STC	Medical Home Facility			
	Physician:		Facility:	
	Admission Date:		District/Region:	
	Next Appt. Date:		Chart Number:	SIISCLIENT6238383
	Medicaid Provider #:		Charthumber.	0100EIEN10230305
	Birth & Death		D. H. (D	
	Birth Facility:	11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date of Death:	
	Birth Country:	United States	Birth State:	
	Record Info			
	SIIS Patient ID:	6238383	IRMS Owner:	91116 - TEST SITE 1
	Entry Date:	04/12/2013 02:25:34 PM	Last Update:	04/12/2013 03:04:46 PM
		(Fr	lit High Risk Categories	Update Progra
			and a stand a s	opudio i rogia





### Fill in the additional information and click save.

Patient Demographics Edit				and to
First Name:	MINNIE		Race:	White Black or African Amer Hispanic
Middle Name:			Ethnicity:	-select-
Last Name:	MOUSE		Language:	select
Suffix:	none	~	SSN:	
Birth Date:	01/16/2011		Medicaid #:	
Birth File #:			Multiple Birth;	selec V ofsele
Sext	FEMALE		Inactive	-select-
Mother Maiden Name:	RAT	_	VFC Status:	AHCCCS
Military;			Block Recall:	
Cell Phone:		1		
Comments:				
Address				
Address 1:	1234 N VACCINE WAY	r:		
Address 2:		100	City:	PHOENIX
Country:	United States	*	State: AZ 🚩	Zip Code: 850
County/Parish:	MARICOPA 🛛 👻		Phone:	(602)123-4567
Email;	1			
Family & Contact Guardian 1 First:	MARY	-	Guardian 1 SSN:	
Guardian 1 Middle:	and a set	-	Guardian 2 First:	
Guardian 1 Last:	MOUSE	_	Guardian 2 Last:	
Guardian Work Phone:				
Alias			all.	
First Name:			Last Name:	
Secondary Patient Demograp	phics			97: 
Allergies:		-	Association:	select
Monthly Income:			Number in Family:	
School		- 24	in the second second	
School: School Entry Date:			Click to select	
Insurance				
Health Plan:	MERCY CARE (Medica	aid) 🗸	Other Health Plan:	MI.
Billing ID:	mento i orine (medio		Enroll Date:	
Medicare Id:				
Medical Home Facility				
Physician:	-select-	~	Facility:	-select-
Admission Date:			District/Region:	
Next Appt. Date:			Chart Number:	SIISCLIENT6238383
Medicaid Provider #:				
Birth & Death				24
Birth Facility:		400	Date of Death:	
		~	Birth State:	





To view the selected patient's immunization record select "View/Add" from the Vaccinations tab located in the navigation bar.

	Logged in: KELSEY PISTOT IRMS: TEST SITE 1 (91116)			Date: April 12, 20
Arizona Department of	Patient Demographic	Master View		
Health Services	Patient			
Health Services	First Name:	MINNIE	Race:	
	Middle Name:		Ethnicity:	
( Main	Last Name:	MOUSE	Language:	
Home	Suffix:		SSN:	
Logout	Birth Date:	01/16/2011	Medicaid:	
Select IRMS	Birth File #:		Multiple Birth:	1 of 1
Select Facility	Age:	116 weeks, 26 months, 2 yrs	Military:	
Select VFC Pin	Block Recall:		Recall Attempts:	0
Favorites	Sex:	FEMALE	Inactive:	
Patient	Mother Maiden Nm:	RAT	VFC status:	AHCCCS
Vaccinations			Vaccine Supply:	PUBLIC
View/Add	Cell Phone:		a de la companya de l	
Forecast	Primary Address			
Summary	Address 1:	1234 N VACCINE WAY	Address 2:	
Exec. Dashboard	City:	PHOENIX	State:	AZ
IRMS	Zip Code:	85004		
Lot Numbers	Phone Number:	(602)123-4567		
	Email			
Orders/Transfers	Country:	United States	County/Parish:	MARICOPA
Reports	Family & Contact			
Settings	Contact 1 First:	MARY	SSN 1:	
CASA Export	Contact 1 Middle:		Contact 2 First:	
Imports	Contact 1 Last:	MOUSE	Contact 2 Last:	
Exports	Work Phone:		17	
Scheduled Reports	Alias			
Job Queue	First Name:		Last Name:	
Change Password	Secondary Patient Dem	ographics		
Administration	Allergies:		Program/Mem.IDs:	
i Help	Monthly Income:		Number In Family:	
	Association:		High Risk:	
Version: 5.12.11.4	School			
	School:			
	School Entry Date:			
STC	Primary Insurance			
	Health Plan Name:	MERCY CARE	Medicare ID:	
	Health Plan ID:		Enroll Date:	
	Medical Home Facility		Enfon Date.	





### This is a screen shot of the Patient Vaccination View/Add screen.

	Logged in: KELSEY PISTOTNIK	VFC					Dat	te: April
ona	IRMS: TEST SITE 1 (91116)							_
artment of	Patient		000 0-0	and ID.	0000000			
Ith Services	Contraction of the August of t	MINNIE MOUSE 01/16/2011	SIIS Pat	ient ID:	6238383 116 weeks 20	6 months, 2 yrs		
		MARY MOUSE	Age: Status:		Active	o monuns, 2 yrs		
	Guaruian.	WART WOUSE	otatus.		Acuve			
	Print Page							
	Vaccination View/Add							
RMS	(*- Historicals , #- Adverse F	Peaction 11 Warning 1	2 Warning 12 M	arning + Unveri	fied Historicals A. C	ompromised Va	ccination )	
Facility	Documented By:select-	and the second	2- maining , :5- n	aming, Onven	ileu matoricaia, - C	omproniiseu va	contation y	
VFC Pin	A second s		~					
tes	Double-click in any date fie	eld below to enter the de	fault date: 04/12/	2013 🔯				
it	Vaccine	1	2	3	4	5	6	~
nations	DTaP	02/14/2012					-	
bb				1				
st	DTaP/Hib/IPV	03/17/2011 *	05/18/2011 *	07/19/2011 *				
ary	Hep A 2 dose - Ped/Adol	01/17/2012 *	08/25/2012 *	-			1	
Dashboard		01/11/2012	00/20/2012					
imbers	Hep B - Ped/Adol - presv. free	01/16/2011 *	03/17/2011 *	07/19/2011 *				
s/Transfers	HIbPRP-OMP	02/14/2012 *	1	1		1	()	
ts		our record		<u> </u>				
qs	Influ split 6-35 mos pres free	10/01/2011 *	02/14/2012 *	10/03/2012 *				
Export	MMR/Varicella	01/17/2012 *						
is			Contraction (Contraction)					
ts	Pneumococcal, PCV-13	03/17/2011 *	05/18/2011 *	07/19/2011 *	01/17/2012 *			
uled Reports	Rotavirus, pentavalent RV5	03/17/2011 *	05/18/2011 *	07/19/2011 *				
ueue								
e Password	DTaP/Hep B/IPV							
istration	DTaP/IPV							
on: 5.12.11.4	HPV, quadrivalent	i						
	HPV, bivalent							
	HibPRP-T					1		
	HIDPRP-1						<u> </u>	
	IPV							
	In the largest \$20, many source from							
	Influ Inact 48+ mos pres free							
	Influenza, intradermal, presv fre	e						
	leftu anlit 20 cena			1				
	Influ split 36+ mos						L	







# ADDING NEW PATIENTS





# To add a patient record, begin by searching for the patient. The most efficient search method is to use the initial of the patient's first name and the patient's date of birth.

By utilizing this method you will help to identify and prevent any duplications or inaccuracies in the patient's record.

Arizona Department of	Logged in: JASON ROGERS IRMS: ABC CLINIC (10146)			Date: May 30, 2012
Health Services	Patient Search			Click here to use the 'advanced' search
	First Name or Initial:	g	WIC ID:	
Main	Last Name or Initial:		SIIS Patient ID / Bar Code:	
Home Logout	Birth Date:	01/01/2000	Chart Number:	
Select IRMS	Family and Address Information	n:		
Select Facility	Guardian First Name:		Mother's Maiden Name:	
Select VFC Pin	Street	O P.O. Box:	Street:	
Favorites Patient	City:		State:	select 💌
Search/Add	Zip Code:		Phone Number:	
Forecast Summary IRMS Facilities Search/Add				





This patient record was not found. The patient will need to be added.

rtment of h Services	Patient Search			Click here to use the 'adv
	First Name or Initial:	g	WIC ID:	
	Last Name or Initial:		SIIS Patient ID / Bar Code:	
	Birth Date:	01/01/2000	Chart Number:	
MS	Family and Address Informatio	on:		
acility	Guardian First Name:		Mother's Maiden Name:	
FC Pin	Street:	O P.O. Box:	Street:	la contra de la co
es	City:		State:	select 💙
ations	Zip Code:		Phone Number:	
Transfers s	Check here if adding a new	patient.		
s xport		patient.		Clear Reset
s xport ler Recall	Check here if adding a new Check here if adding a new Patient Search Results Records Found = 0		rst Name / Last Name (Exact)	Clear Reset
s xport ler Recall	Patient Search Results Records Found = 0	Search Criteria: Fir		
s xport ler Recall led Reports	Patient Search Results Records Found = 0	Search Criteria: Fir	rst Name / Last Name (Exact) Birth Date SIIS Patient ID	
s xport ler Recall led Reports eue	Patient Search Results Records Found = 0	Search Criteria: Fir		
s xport ler Recall led Reports eue Password	Patient Search Results Records Found = 0	Search Criteria: Fir		
s xport ler Recall led Reports eue	Patient Search Results Records Found = 0	Search Criteria: Fir		
s xport ler Recall led Reports eue Password	Patient Search Results Records Found = 0	Search Criteria: Fir		
s xport ler Recall led Reports eue Password stration	Patient Search Results Records Found = 0	Search Criteria: Fir		
s xport ler Recall led Reports eue Password stration	Patient Search Results Records Found = 0	Search Criteria: Fir		
s xport ler Recall led Reports eue Password stration	Patient Search Results Records Found = 0	Search Criteria: Fir		
s xport ler Recall led Reports eue Password stration	Patient Search Results Records Found = 0	Search Criteria: Fir		
s xport ler Recall led Reports eue Password stration	Patient Search Results Records Found = 0	Search Criteria: Fir		





To add a new patient record, complete the fields highlighted in **red**. Click the "Check here if adding a new patient" box and select Search .

Department of Health Services	Patient Search	Click here to use the 'advance		
Currenting	First Name or Initial:	Gimmea	WIC ID:	
Main	Last Name or Initial:	Shot	SIIS Patient ID / Bar Code:	
Home	Birth Date:	01/01/2000	Chart Number:	
Logout Select IRMS	Family and Address Information			
Select Facility	Guardian First Name:	Gotta	Mother's Maiden Name:	Shot
Select VFC Pin	Street:	O P.O. Box: 12345	Street: Valley dr.	
Favorites	City:	Phoenix	State:	AZ 🔽
Patient		85001	Phone Number:	(602)123-4567
Search/Add	Zip Code:	03001		(002/120-4007
Search/Add Demographics Remote Registry Vaccinations IRMS Facilities		nd Last Name, you may use the wild	dcard character % to replace multiple charac	
Demographics Remote Registry /accinations RMS Facilities Physicians & /accinators Lot Numbers Orders/Transfers Reports Settings CASA Export Reminder Recall	Note: When searching by First an	nd Last Name, you may use the wild		cters and _ to replace a single cha (Required fields are high
Demographics Remote Registry /accinations RMS Facilities Physicians & /accinators cot Numbers Orders/Transfers Reports Settings CASA Export Reminder Recall mports Exports	Note: When searching by First an	nd Last Name, you may use the wild		cters and _ to replace a single cha (Required fields are high
Demographics Remote Registry Vaccinations IRMS	Note: When searching by First an	nd Last Name, you may use the wild		cters and _ to replace a single cha (Required fields are high





Verify that the patient record you are attempting to add does not appear in the patient search results.







### If the patient does not appear in the search results, click Add Patient to proceed.







### Complete the patient demographic form.

Apply Defaults from Personal S Patient Demographics Edit	ettings to this Record			
Patient Demographics Edit				Asian
First Name:	GIMMEA		Race:	American Indian or Alaska N Native Hawaiian or Other Pa
Middle Name:	GOOD		Ethnicity:	Not Hispanic or Latino
Last Name:	SHOT		Language:	ENGLISH
Suffix	none	*	SSN:	123 - 45 - 6789
Birth Date:	01/01/2000		Medicaid #.	
Birth File #:	789456		Multiple Birth:	selec 🗸 ofselec 🗸
Sex:	FEMALE	*	Inactive	select
Mother Maiden Name:			VFC Status:	AHCCCS
Military:			Block Recall:	
				A.
Comments:				
Address				
Address 1:	1234 America Rd.			
Address 2:			City:	PHOENIX
Country:	United States	*	State: AZ	Zip Code: 85007
County/Parish:	MARICOPA V		Phone:	(123)456-7890
Email:	gimmea@vaccines.	com		
Family & Contact	3			
Guardian 1 First:	GOTTA	1	Guardian 1 SSN:	987-65-4321
Guardian 1 Middle:	QUICK		Guardian 2 First:	IWANNA
Guardian 1 Last	SHOT		Guardian 2 Last:	SHOT
Guardian Work Phone:				
Alias				
First Name:			Last Name:	
Secondary Patient Demograph	nics			
	PEANUTS	~	2 2 2	
Allergies:		-	Association:	select
Monthly Income:	100000		Number in Family:	10
School				
School:	AMERISCHOOLS AG	CADEMY (CI	HARTER) Click to select	
School Entry Date:				
Insurance				
Health Plan:		ANI	Other Health Plant	





### After completing the patient demographic form click save at the bottom of the page.

Address 1:	1234 America Rd.								
Address 2:			City:			PHO	ENIX		
Country:	United States	~	State:	AZ	~	Zip Cod	e:	85007	
County/Parish:	MARICOPA 💌		Phone:			(123	)456-78	90	
Email:	gimmea@vaccines.com								
amily & Contact									_
Guardian 1 First	GOTTA		Guardian	1 SSN:		987-	65-4321	Ê	
Guardian 1 Middle:	QUICK		Guardian	2 First:		iWAI	ANA		
Guardian 1 Last.	SHOT		Guardian 2 Last:		SHC	т		Ĩ	
Guardian Work Phone:									
lias									
First Name:			Last Nan	ne:		1			
Secondary Patient Demograp	hics								
Allergies:	PEANUTS		Associati	ion:		se	lect		
						1			
Monthly Income:	100000		Numberi	in Family:		10			
School									
School:	AMERISCHOOLS ACADEM	IY (CH	HARTER)	Click to s	elect				
School Entry Date:									
Insurance									
Health Plan:	YAHOO HEALTH PLAN	*	Other He	alth Plan:					
Billing ID:	12345		Enroll Da	ite:		01/0	1/2012		
Medicare Id:	543210								
Medical Home Facility									
Physician:	select	~	Facility:			-se	lect		
Admission Date:	01/02/2012		District/R	egion:		3			
Next Appt. Date:			Chart Nu	mber:		4567	789		
Medicaid Provider #:	012345								
Birth & Death									
Birth Facility:	HOME	1	Date of D	eath:		1			
Birth Country:	United States	×	Birth Stat			ADIS	ZONA		





### The patient was successfully added to ASIIS.

Patient Demographic	S		
Patient			
First Name:	GIMMEA	Race:	Native Hawaiian or Other Pacific Islander
Middle Name:	GOOD	Ethnicity:	Not Hispanic or Latino
Last Name:	SHOT	Language:	ENGLISH
Suffix:		SSN:	123-45-6789
Birth Date:	01/01/2000	Medicald	
Birth File #:	789456	Multiple Birth:	1 of 1
Ace:	12	Military	
Block Recall		Recall Attempts:	0
Sex	FEMALE	Inactive:	-
Mother Maiden Nm:		VFC status:	AHOGOS
		Vaccine Supply:	PUBLIC
rimary Address		traduite coppiy.	1.00010
Address 1:	1234 AMERICA RD.	Address 2:	
City	PHOENIX	State:	AZ
Zin Code:	85007		
Phone Number	(123)458-7890		
Email	GIMMEA@VACCINES.COM		
Country:	United States	County/Parish:	MARICOPA
amily & Contact	onned otates	County/Fanarc	MANUOFA
Contact 1 First	GOTTA	SSN 1	987-65-4321
Contact 1 Middle:	QUICK	Contact 2 First	IWANNA
Contact 1 Last	SHOT	Contact 2 Last	SHOT
Work Phone:	anut	Contact 2 Cast	anut
Work Phone: Mias			
First Name		Last Name:	
		Last Name:	
Secondary Patient Dem	PEANUTS	Program/Mem.IDs:	
Allergies: Monthly Income:	100000	Number In Family:	10
Association:	100000	High Risk	10
		High Risk	
School			
School:	AMERISCHOOLS ACADEMY (CHAR	(ER)	
School Entry Date:			
Primary Insurance		Medicare ID:	543210
Health Plan Name:	YAHOO HEALTH PLAN		
Health Plan ID:	12345	Enroll Date:	01/01/2012
Medical Home Facility			
Physician:		Facility:	
Admission Date:	01/02/2012	District/Region:	3
Next Appt. Date:		Chart Number:	456789
Medicald Provider #:	012345		
	HOME	Date of Death:	
Birth Facility		Birth State:	ARIZONA
Birth Facility: Birth Country:	United States	Birth State.	
Birth & Death Birth Facility Birth Country: Record Info			
Birth Facility Birth Country:	United States 213334 05/23/2012 11:58:00 AM	IRMS Owner:	10086 - ARIZONA VEC PROGRAM APPROVING IRMS 05/30/2012 12:31:08 PM







# Reporting Administered Immunizations in ASIIS





## REPORTING ADMINISTERED IMMUNIZATIONS IN ASIIS

Administered vaccinations are vaccinations that were administered by your practice. Vaccinations administered by your practice <u>must</u> be entered into ASIIS as an administered dose.

### This process will ensure that lot numbers are decremented from your inventory in ASIIS.





To add an administered vaccination select "*View/Add*" from the **Vaccinations** tab located in the navigation bar.

Arizona	IRMS: ABC CLINIC (10146)			
Department of	Patient Demographic	S		
Health Services	Patient			
Childhild	First Name:	GIMMEA	Race:	
	Middle Name:	GOOD	Ethnicity:	
Main	Last Name:	SHOT	Language:	
Home	Suffix:		SSN:	
Logout	Birth Date:	01/01/2000	Medicaid:	
Select IRMS	Birth File #:		Multiple Birth:	1 of 1
Select Facility	Age:	12	Military:	
Select VFC Pin	Block Recall:		Recall Attempts:	0
Favorites	Sex:	FEMALE	Inactive:	
Patient	Mother Maiden Nm:	SHOT	VFC status:	AHCCCS
Search/Add			Vaccine Supply:	PUBLIC
Demographics	Primary Address			
Remote Registry	Address 1:	P.O. BOX 12345	Address 2:	VALLEY DR.
Vaccinations	City:	PHOENIX	State:	AZ
View/Add	Zip Code:	85001		LEARNES.
Forecast	Phone Number:	(602)123-4567		
Summary	Email	A		
IRMS	Country:	United States	County/Parish:	MARICOPA
	Family & Contact		e s anny r an ann	
Facilities	Contact 1 First	GOTTA	SSN 1:	
Physicians &	Contact 1 Middle:		Contact 2 First	
Vaccinators	Contact 1 Last		Contact 2 Last	
Lot Numbers	Work Phone:		Conduct Look.	-
Orders/Transfers	Alias			
Reports	First Name:		Last Name:	
Settings	Secondary Patient Demo	paraphics	Lastivanie.	
CASA Export	Allergies:	ographico	Program/Mem.IDs:	
Reminder Recall	Monthly Income:		Number In Family:	10
Imports	Association:		High Risk:	10
A DEAD ADDRESS AND ADDRESS ADDR	School		nigii risk.	
Exports	School:			
Scheduled Reports				
Job Queue	School Entry Date: Primary Insurance			
Change Password	Health Plan Name:	YALLOO LIEAL TU BLAN	Medicare ID:	
Administration		YAHOO HEALTH PLAN		
Help	Health Plan ID:		Enroll Date:	
Version: 5.12.2.0	Medical Home Facility			
	Physician:		Facility:	
	Admission Date:		District/Region:	
STC	Next Appt. Date:		Chart Number:	
	Medicaid Provider #:			





# Enter the date that the vaccine was administered as shown below. To report multiple vaccinations, simply enter the date of administration next to each vaccine that was administered.

	Logged in: JASON ROGERS						Dat	e: May 23, 20
Arizona	IRMS: ABC CLINIC (10146)							
Department of	Patient							
Health Services	Name: Date of Birth:	GIMMEA SHOT			SIIS Patient ID:		213334	
<	Guardian:	01/01/2000 GOTTA			Age: Status:		12 yrs Active	
🖌 Main	Guardian.	GOTTA		10	status.		Active	
Home	Print Page							
Logout	Vaccination View/Add							
Select IRMS	(*- Historicals , #- Adverse Read	tion I- Warning +- Unv	erified Historica	Is ^ - Comp	romised Vaccination	C - Confidential S	Services )	
Select Facility	Documented By: -select- V							
Select VFC Pin		1	lesses and	12 🔯				
Favorites	Double-click in any date field b	elow to enter the default	date: 05/23/20	12				
Patient Search/Add	Vaccine	1	2	3	4	5	6	~
Demographics	DTaP	05/23/2012						
Remote Registry								
Vaccinations	DTaP/Hep B/IPV			L]				
View/Add	Hep A 2 dose - Ped/Adol			1				
Forecast				i				
Summary	Hep B Ped/Adol - Preserv Free							
IRMS	HibPRP-OMP							
Facilities								
Physicians &	HibPRP-T			l]				
Vaccinators	HPV, quadrivalent							
Lot Numbers								
Orders/Transfers	Influenza split, 6-35 mos.							
Reports	influ split 36+ mos							
Settings								
CASA Export	Influenza Nasal Spray							
Reminder Recall	IPV							
Imports								
Exports Scheduled Reports	Mening. (MCV4P)							
Job Queue	MMR							
Change Password								
Administration	Pneumococcal, PCV-13			l]				
i Help	Rotavirus, pentavalent RV5							
Version: 5.12.2.0	Tdap							
000	Varicella							
SIC	DTaP/Hib/IPV							





### Once all of the administration dates have been inputted for all the vaccinations, scroll down and

xports	Mening. (MCV4P)						
Scheduled Reports	MMR			1			
Change Password	Pneumococcal, PCV-13						
Administration	Rotavirus, pentavalent RV5						
lelp Version: 5.12.2.0							
	Tdap						
STC	Varicella					ļ	
	DTaP/Hib/IPV						
	DTaP/IPV						
	Rotavirus, monovalent RV1						
	Novel H1N1,Nasal			1			
	Novel H1N1, Presv Free, 6-35 Mos						
	Novel H1N1.All Formulations						
	select						
	select						
	select						~
		<					>
(	Add Administered		[	Clear		A	dd Historica
	<ul> <li>X indicates a vaccination outside the</li> <li>** indicates a historical vaccination.</li> <li>** indicates a reaction to the vaccination</li> <li>** indicates that a vaccination is unve</li> <li>If a combination vaccine is marked w Summary.</li> <li>blue: indicates a vaccination adminis</li> <li>*T indicates an inappropriately adminiseries.</li> <li>**, yellow highlight indicates a comp</li> <li>*C indicates that this vaccine was giv</li> </ul>	ion given. rified (in other words, ith a X, please verify w tered or recorded in yo stered vaccination who promised vaccinations	information about t which components our facility. ere revaccination is s.	the vaccination was of the vaccine are o s not required; how	utside the ACIP schedi	ule by viewing the may still be requir	ed in the
		Contraindication					Deferra
		Contraindication	2				



select Add Administered



#### Enter the eligibility status of the patient and click **Continue**.







To attach the administered vaccine information to the patient record click in the 'Manufacturer' text box or on the 'click to select' link to enter manufacturer information.

This process will ensure that the Lot number is decremented from your inventory in ASIIS.

Department of Health Services	Name: Date of Birth: Guardian:	GIMMEA SHOT 01/01/2000 GOTTA	SIIS Patie Age: Status:	ent ID:	213334 12 yrs Active
Main Home Logout Select IRMS Select Facility	Vaccination Detail Add	Journa.	00005.		Acare.
Select VFC Pin	Vaccine 1:	DTaP			
Favorites	Date Administered:	05/23/2012			
Patient	Historical:	OYES ONO			
Search/Add	Confidential:	OYES ONO			
Demographics	Manufacturer:		Click to sele		
Remote Registry Vaccinations	Lot Number:				
View/Add	Lot Facility:				
Forecast	-				
Summary	Publicly Supplied:				
IRMS	Facility:	select 💌			
Facilities	Vaccinator:	select 💌			
Physicians &	Anatomical Site:	select 💌			
Vaccinators Lot Numbers	Anatomical Route:	select			
Orders/Transfers	Dose Size:	Full 💌			
Reports	Volume (CC):	100.0			
Settings	VFC Status:	AHCCCS			
CASA Export	1	'VFC Status' will be	ignored if lot number is	not VFC eligible.	
Reminder Recall	District/Region:				
Imports	VIS Publications Dates:	1. 2	. 3.	4.	
Exports	Date VIS Form Given:	05/23/2012			
Scheduled Reports	Comments:				
Job Queue	No. of the second secon				
Change Password Administration					Cancel
Help					Conter J Co
Version: 5.12.2.0					





The 'Select Lot Number' box will appear upon clicking on the manufacturer text box or on the 'click to select' link. The box will display all of the lot numbers that are listed in your ASIIS inventory for that particular vaccine. To attach the lot number to the patient, click the arrow next to the vaccine that was administered. VFC providers are required to attach the administered lot number information to the patient record.

Note: The lot number must be in your ASIIS inventory to be selected.

	Logged in: JASON ROGERS IRMS: ABC CLINIC (10146)			Date: May 3
Arizona Department of	Patient			
Health Services	Name:	GIMMEA GOOD SHOT	SIIS Patient ID:	213334
Health Services	Date of Birth:	01/01/2000	Age:	12 yrs
10/100 I	Guardian:	GOTTA QUICK SHOT	Status:	Active
lain				
ome				
ogout elect IRMS				
elect Facility	Vaccination Detail Add			
elect VFC Pin	Vaccine 1:	DTaP		
avorites	Date Administered:	05/30/2012		
atient	Historical:	OYES ONO		
earch/Add	Confidential:			
emographics		OYES ONO		
emote Registry	Manufacturer:		Click to select	
accinations	Lot Number:	A CARLER AND A CAR	and the second second second	
iew/Add	Lot Facility: C Selec	t Lot Number - Windows Internet Explore	er provided by AZDHS	
precast	Colored I	Lot Number		
ummary	Fublicity Supplied. Select	Manufacturer   Lot Number   Facility   Pub.	Supplied Expiration Date Doses Availat	de Dose Volume
RMS	Eacility:	GLAXOSMITHKLINE SAMPLELOT	Y 06/01/2013 9	
acilitie <del>s</del>	Vaccinator:			
hysicians &	Anatomical Site:			Cancel Clear
accinators	Anatomical Route:			
ot Numbers	Dose Size:			
rders/Transfers				
eports	Volume (CC):			
ettings	VFC Status:			
ASA Export				
eminder Recall	District/Region:			
nports	VIS Publications D			
xports	Date VIS Form Give			
cheduled Reports	Comments:			
ob Queue	Comments.			
hange Password				
dministration				
elp				_
Version: 5.12.2.0				1000
100 100 100				1 A A A A A A A A A A A A A A A A A A A





Once the vaccine has been selected, ASIIS will automatically populate the appropriate vaccine information as shown below. Once all fields have been completed click <u>Save</u>. <u>This process will effectively decrement this dose from your inventory.</u>

Department of Health Services	Patient Name: Date of Birth: Guardian:	GIMMEA SHOT 01/01/2000 GOTTA	SIIS Pati Age: Status:	ent ID:	213334 12 yrs Active
Main Home Logout Select IRMS					
Select Facility	Vaccination Detail Add Vaccine 1:	DTaP			
Select VFC Pin	Date Administered:	05/23/2012			
Favorites Patient	Historical:	OYES ONO			
Search/Add	Confidential:				
Demographics	Manufacturer:	GLAXOSMITHKLINE	Olialista a als		
Remote Registry				ect	
Vaccinations	Lot Number:	SAMPLELOT			
View/Add Forecast	Lot Facility:				
Summary	Publicly Supplied:	Y 🧲			
IRMS	Facility:	select 🐱			
Facilities	Vaccinator:	SMITH, AMY 🔽			
Physicians &	Anatomical Site:	Left Arm 💉			
Vaccinators	Anatomical Route:	Intramuscular 😪			
Lot Numbers	Dose Size:	Full			
Orders/Transfers Reports	Volume (CC):	100.0			
Settings	VFC Status:	AHCCCS			
CASA Export		'VFC Status' will be ig	gnored if lot number is	s not VFC eligible.	
Reminder Recall	District/Region:				
Imports	VIS Publications Dates:	1. 2.	3.	4.	
Exports	Date VIS Form Given:	05/23/2012			
Scheduled Reports Job Queue	Comments:				
Change Password					
Administration					Cancel
Help					
Version: 5.12.2.0					





Once the administered vaccine has been successfully recorded, you will be directed to the <u>Vaccination View/Add</u> screen. The vaccination date will appear in <u>blue</u> as seen below. To view/edit the vaccination details simply click the date of the vaccination.

Arizona	Logged in: JASON ROGERS IRMS: ABC CLINIC (10146)						Dat	e: May 23, 2
Department of	Patient							
Health Services	Name:	GIMMEA SHOT	r.	SIIS	Patient ID:		213334	
Meanin Services	Date of Birth:	01/01/2000		Age			12 yrs	
Main	Guardian:	GOTTA		Stat	us:		Active	
Home								
Logout	Print Page							
Select IRMS	Vaccination View/Add							
Select Facility	(*- Historicals , #- Adverse Rea		nverified Historical	s , ^ - Comprom	ised Vaccination ,	C - Confidential S	Services)	
Select VFC Pin	Documented By:select 🗸							
Favorites	Double-click in any date field b	elow to enter the defau	It date: 05/23/20	12 🔟				
Patient	Vaccine	1	2	3	4	5	6	~
Search/Add	and the second se		2		4	5	0	
Demographics	DTaP	05/23/2012						
Remote Registry	DTaP/Hep B/IPV					1		
Vaccinations								
View/Add	Hep A 2 dose - Ped/Adol							
Forecast	Hep B Ped/Adol - Preserv Free							
Summary	http://www.commune.com/							
IRMS	HibPRP-OMP							
Facilities	HIBPRP-T	4		1				
Physicians &	nioRE-1							
Vaccinators	HPV, quadrivalent							
Lot Numbers								
Orders/Transfers	Influenza split, 6-35 mos.			<u> </u>	L	- <u>-</u>		
Reports	Influ split 36+ mos							
Settings							-	
CASA Export	Influenza Nasal Spray		·					
Reminder Recall	IPV							
Imports								
Exports	Mening. (MCV4P)							
Scheduled Reports	MMR							
Job Queue								
Change Password	Pneumococcal, PCV-13				1			
Administration Telp	Rotavirus, pentavalent RV5							
Version: 5.12.2.0	Tdap							
ŠŤČ	Varicella							
	DTaP/Hib/IPV							





### This is the **<u>Vaccination Detail</u>** screen. You can view the vaccine information here.

Health Services	Patient Name:	GIMMEA SHOT	SIIS Patient ID:	213334	
	Date of Birth:	01/01/2000	Age:	12 yrs	
(Main Home	Guardian:	GOTTA	Status:	Active	
Logout					
Select IRMS	Vaccination Detail	07.0			
Select Facility	Vaccine:	DTaP			
Select VFC Pin	Date Administered:	05/23/2012			
Favorites	Warning Group 2 Indicator:		ministered at >= 7 years of age.		
Patient	Historical:	No			
Search/Add	Confidential:	No			
Demographics	Manufacturer.	GLAXOSMITHKLINE			
Remote Registry	Lot Number:	SAMPLELOT			
Vaccinations	Lot Facility:	Yes			
View/Add	Publicly Supplied: Vaccinator:	SMITH, AMY			
Forecast	IRMS:	10146 - ABC CLINIC			
Summary	Facility:	10140 - ABC CEINIC			
IRMS	Anatomical Site:	Left Arm			
	Anatomical Route:	Intramuscular			
Facilities	Dose Size:	Full			
Physicians &	Volume (CC):	100.0			
Vaccinators	VFC Status:	AHCCCS			
Lot Numbers	Revaccination Reason:				
Orders/Transfers	Adverse Reaction:				
Reports	District/Region:				
Settings	Dates of VIS Publications:				
CASA Export	Date VIS Form Given:	05/23/2012			
Reminder Recall	Comments:				
Imports				Cancel Edit Record Delete R	la a a cal
Exports					ecolu
Scheduled Reports				Add/Edit Adverse Read	ctions
Job Queue					
Change Password					
Change Password Administration					





Before the administered dose was added to ASIIS, the quantity on hand for SAMPLELOT DTaP was 10. Because all of the vaccine information was attached the administered dose, it was decremented (subtracted) from the ASIIS inventory. The quantity on hand for SAMPLELOT DTaP is now 9, as shown below. Click on 'Reconciliation' under Lot Numbers in the Navigation Bar to access this screen.

Department of		10146) with dark gray sha	ding. Private	lots display v	vith light gra	ay shading.			_	
Health Services	Reconcile Inve Vaccine	Lot Number	Exp Date	Quantity on Hand	Physical Inventory	Adjustment (+/-)	Reason	Publ	icInactive	Ad Ro
Main	DTaP	PRIVATESAMPLE	05/28/2012	10	and a descent of the	0.0	No Reason Required 🐱	N		+
lome .ogout	<b>—</b> DTаР	SAMPLELOT	06/01/2013	9		0.0	No Reason Required 🐱	Y		+
elect IRMS	DTaP	TESTDTAP	01/18/2012	5		0.0	No Reason Required ×	Y		+
Select Facility Select VFC Pin	Hep A 2 dose - Ped/Adol	THISISATESTLOT		10		0.0	No Reason Required V	Ŷ		+
avorites Patient	IPV	SAMPLELOT	07/30/2013	20		0.0	No Reason Required 💙	Y		+
Bearch/Add	Varicella	SAMPLEVAR	07/01/2013	10		0.0	No Reason Required 💙	Y		+
orecast Summary RM S actilities Physicians & /accinators Lot Numbers Reconciliation Bearch/Add Bearch Results Detail Correct Decrementing Drders/Transfers Reports Settings CASA Export Reminder Recall										





### **RECORDING HISTORICAL VACCINATION RECORDS IN ASIIS**

### Historical vaccinations are vaccinations that were NOT administered by

your practice









#### Use " [Add Historicals] " if your practice DID NOT administer the vaccine to the patient.

To enter a vaccination that was not administered by your practice, enter the date in an empty box next to the

appropriate vaccine and click " [Add Historicals]". (You must first select a patient to access this screen.)

Demographics	DTaP	05/23/2012			10
Remote Registry	DTaP/Hep B//PV	04/21/2012			
View/Add Forecast	Hep A 2 cose - Ped/Adol				
Summary	Hep & Ped Adol - Preserv Free				
Facilities	HIDPRP-OMP				
Physicians & Vaccinators	HIDPRP-T				
Lot Numbers	HPV, quadrivalent				S
Orders/Transfers	Influenza split, 6-35 mos.				
Reports Settings	Influ split 36+ mos				
CASA Export	Influenza Nasal Spray				
Reminder Recall	IPV				
Exports	Mening (MCV4P)				
Scheduled Reports	MMB				
Job Queue Change Password					
Administration	Pneumocoocal_PCV-13				
Help	Rotavirus, pentavalent RV5				
Version: 5.12.2.0	Tdap				
646	Varicella				
SIC	DTaP/HIb/IPV				
	DTaP/IPV				
	Rotavirus, monovalient RV1				
	Novel H1N1,Nasal				0
	Novel H1N1, Presy Free, 6-35 Mos				
	Novel H1N1,All Formulations				
	select				
	select 🗙				
	select 💌				
		CHER !!			100
	Add Administered		Clear		Add Historicals
	• 🔀 indicates a vaccination outside	No. 4 C10	interesting the description		
	<ul> <li>X indicates a vaccination outside</li> <li>Indicates a historical vaccination</li> </ul>		raconaton is required.		
	<ul> <li># indicates a reaction to the vaco</li> </ul>				
	<ul> <li>"+" indicates that a vaccination is up</li> </ul>				
	<ul> <li>If a combination vaccine is marked</li> </ul>	d with a 🗙, please verify wh	hich components of the vaccine	are outside the ACIP schedule	by viewing the
	Vaccination Summary.		• C==		





# Once the historical record is successfully recorded, the date will appear in **blue** letters with an asterisk as shown below.

#### Entering records as historical will not decrement lot numbers from your inventory in ASIIS.

IRMS: ABC CLINIC (10146)						
Patient				Designed ID		
Name: Date of Birth:	GIMMEA SHO 01/01/2000	21	SUS	Patient ID:		21333 12 yrs
Guardian;	GOTTA		Statu			Active
	00112		Otate	· •• ·		
Print Page						
Vaccination View/Add		M				
(*- Historicals , #- Adverse Read		Unverified Historic	cala , 1 - Compro	omised Vaccinatio	on , C - Confiden	tial Services
Documented By:select 💉		22				
Double-click in any date field be						
Vaccine	1	2	3	4	5	6
DTaP	05/23/2012					
DTaP(Hep B/IPV	04/21/2012 *					1
Hep A 2 dose - Ped/Adol						1
to construct the second				(i = 1		
Hep 5 Ped Adol - Preserv Free						
HIDPRP-OMP				15 A		
HIDPRP-T			i i	10 - 20		
HPV, quadrivalent						
				- () - (		
Influenza split, 6-35 mos.						
influ split 36+ mos						
Influenza Nasal Spray						
PV		6 8				
Mening (MCV4P)						
MMR		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -				1
Pneumococcal, PCV-13						
Rotavirus, pentavalent RV5						
таар						
Varicella						
DTaP/HIb/IPV						1
DTaP//PV			0 4			
Rotavirus, monovalent RV1						
Novel H1N1,Nasal						
Novel H1N1 Presv Free, 6-35 Mos						
Novel H1N1 All Formulations						
select 💉						
select						





# **Vaccination Forecasts and Summary**







To view the vaccination forecast for the selected patient simply select '*Forecast*' from the **Vaccinations** tab in the navigation bar.

	Logged in: KELSEY PISTOTNI IRMS: TEST SITE 1 (91116)							e: April 12
Arizona	Patient							
Department of	Name:	MINNIE MOUSE	SIIS Pat	ient ID:	6238383			
Health Services	Date of Birth:	01/16/2011	Age:			26 months, 2 yrs		
3.00	Guardian:	MARY MOUSE	Status:		Active			
Aain 🛛								
avorites	Print Page							
atient	Vaccination View/Add							
earch/Add	(*- Historicals , #- Adverse	Reaction , !1- Warning , !	2- Warning , I3- W	arning , +- Unverif	ied Historicals , ^ - 0	Compromised Va	iccination )	
emographics emote Registry	Documented By:selec	t 💙						
accinations	Double-click in any date fi	eld below to enter the de	fault date: 04/12	2013				
ew/Add	Vaccine	1	2	3	4	5	6	
orecast	Constants				4			
ummary	DTaP/Hib/IPV	03/17/2011 *	05/18/2011 *	07/19/2011 *				
xec. Dashboard	Hep A 2 dose - Ped/Adol	01/17/2012 *	08/25/2012 *					
RMS			Concernent of					
ot Numbers	Hep B - Ped/Adol - presv. free	01/16/2011 *	03/17/2011 *	07/19/2011 *				
Orders/Transfers	HibPRP-OMP	02/14/2012 *						
Reports								
Settings	Influ split 6-35 mos pres free	10/01/2011 *	02/14/2012 *	10/03/2012 *		ļ]		
ASA Export	MMR/Varicella	01/17/2012 *						
mports	Pneumococcal, PCV-13	03/17/2011 *	05/18/2011 *	07/19/2011 *	01/17/2012 *			
xports Scheduled Reports	Priedmococcal, PCV-13	03/17/2011	05/16/2011	07/19/2011	01111/2012			
ob Queue	Rotavirus, pentavalent RV5	03/17/2011 *	05/18/2011 *	07/19/2011 *				
hange Password	DTaP	1		-			1	
Administration								
lelp	DTaP/Hep B/IPV							
Version: 5.12.11.4	DTaP/IPV							
Cache ?								
000	HPV, quadrivalent							
STC	HPV, bivalent							
	HibPRP-T							
	HIDPKP-1							
	IPV							
	Influ Inact 48+ mos pres free							
	and added to a most press ande						1	
	Influenza, intradermal, presv fr	ree						
	Influ split 36+ mos	· · · · · · · · · · · · · · · · · · ·					r i	
	Influ split 36+ mos pres free							
	Influenza Nasal Spray					1 I	[ ]	





# The <u>Vaccination Forecast</u> identifies the recommended vaccination schedule for the selected patient.

Department of	the second second second second	Patient MINNIE MOUSE			0000000		
Health Services	Name: MINNIE Date of Birth: 01/16/2 Guardian: MARY M			SIIS Patient ID: Age:	6238383 116 weeks, 26 months, 2 yrs		
				Status:	Active		
lain	ouddan.	AND STATE IN	OUDE	otatus.	//ouvo		
avorites							
atient	Vaccination Fore	cast					
earch/Add	The forecast automa	atically switches	to the accelerated	schedule when a patient is b	ehind schedule.		
emographics	Vaccine	Fomily	Dose	Recommended	Minimum	Overdue	Status
emote Registry	vacune	Family	Dose	Date	Valid Date	Date	Status
accinations	DTaP/I	DT/Td	4	01/19/2012	01/19/2012	08/16/2012	Past Due
ew/Add	FLU		4	10/01/2013	10/01/2013	10/31/2013	Up to Date
recast	MM	IR	2	01/16/2015	02/14/2012	01/16/2018	Up to Date
Immary	POLIO		4	01/16/2015	01/16/2015	01/16/2018	Up to Date
cec. Dashboard	VARIC	ELLA	2	01/16/2015	04/17/2012	01/16/2018	Up to Date
MS	HPV		1	01/16/2022	01/16/2020	01/16/2024	Up to Date
UND CIVI	MENINGOCOCCAL		1	01/16/2022	01/16/2022	01/16/2024	Up to Date
	MENINGO	COCCAL	19 B	OWNERE			
ot Numbers	MENINGO	COCCAL	9	o in tore de			
ot Numbers rders/Transfers	* DTaP or DT should	be given to patie		of age. One dose of Tdap sh	ould be administered to u	ınderimmunized <mark>c</mark> hild	ren 7 years of age a
ot Numbers rders/Transfers eports	* DTaP or DT should older or as a booster	be given to patie dose. Td should	d be administered	of age. One dose of Tdap sh when appropriate.			ren 7 years of age a
ot Numbers rders/Transfers eports ettings	* DTaP or DT should older or as a booster	be given to patie dose. Td should	d be administered	of age. One dose of Tdap sh			ren 7 years of age a
ot Numbers rders/Transfers eports ettings ASA Export	* DTaP or DT should older or as a booster ** If an adolescent ha	be given to patie dose. Td should as already begur	d be administered the routine 3 dos	of age. One dose of Tdap sh when appropriate. e Hep-B sche <mark>dule, they shoul</mark>	id not be changed to the :	2 dose schedule.	
ot Numbers rders/Transfers eports ettings ASA Export 1ports	* DTaP or DT should older or as a booster ** If an adolescent ha <b>Due Now</b> As of toda	be given to patie dose. Td should as already begur ay's date, the pat	d be administered 1 the routine 3 dos ient's age falls be	of age. One dose of Tdap sh when appropriate. e Hep-B schedule, they shoul ween the recommended min	id not be changed to the :	2 dose schedule.	
ot Numbers rders/Transfers eports ettings ASA Export nports cports	* DTaP or DT should older or as a booster ** If an adolescent ha <b>Due Now</b> As of toda the absolute minimu	be given to patie dose. Td should as already begur ay's date, the pat m interval has be	d be administered i the routine 3 dos ient's age falls be een met since the	of age. One dose of Tdap sho when appropriate. e Hep-B schedule, they shoul ween the recommended min last dose.	id not be changed to the : imum age and the recom	2 dose schedule. Imended maximum ag	
ot Numbers rders/Transfers eports ettings ASA Export aports kports cheduled Reports	* DTaP or DT should older or as a booster ** If an adolescent ha Due Now As of toda the absolute minimu Past Due As of toda	be given to patie dose. Td should as already begur ay's date, the pat m interval has be ay's date, the rec	d be administered in the routine 3 dos ient's age falls be een met since the commended maxir	of age. One dose of Tdap sho when appropriate. e Hep-B schedule, they shoul ween the recommended min last dose. num age or the recommende	id not be changed to the : imum age and the recom	2 dose schedule. Imended maximum ag	
ot Numbers rders/Transfers eports ettings ASA Export oports cports cheduled Reports ob Queue	* DTaP or DT should older or as a booster ** If an adolescent ha Due Now As of toda the absolute minimu Past Due As of toda Up to Date As of toda	be given to patie dose. Td should as already begur ay's date, the pat m interval has be ay's date, the rec day's date, the pat	d be administered in the routine 3 dos ient's age falls be een met since the commended maxin atient is not due of	of age. One dose of Tdap sho when appropriate. e Hep-B schedule, they shoul ween the recommended min last dose. num age or the recommende past due.	id not be changed to the : imum age and the recom d maximum date for this	2 dose schedule. Imended maximum a <u>(</u> dose has passed.	ge for this dose and
ot Numbers rders/Transfers eports ettings ASA Export oports cheduled Reports ob Queue hange Password	* DTaP or DT should older or as a booster ** If an adolescent ha Due Now As of toda the absolute minimu Past Due As of toda Up to Date As of toda	be given to patie dose. Td should as already begur ay's date, the pat m interval has be ay's date, the rec day's date, the pat	d be administered in the routine 3 dos ient's age falls be een met since the commended maxin atient is not due of	of age. One dose of Tdap sho when appropriate. e Hep-B schedule, they shoul ween the recommended min last dose. num age or the recommende	id not be changed to the : imum age and the recom d maximum date for this	2 dose schedule. Imended maximum a <u>(</u> dose has passed.	ge for this dose and
ot Numbers rders/Transfers eports ettings ASA Export oports cheduled Reports ob Queue hange Password dministration	* DTaP or DT should older or as a booster ** If an adolescent ha Due Now As of toda the absolute minimu Past Due As of toda Up to Date As of toda Optional This vacci	be given to patie dose. Td should as already begur ay's date, the pat m interval has be ay's date, the rec day's date, the pat	d be administered in the routine 3 dos ient's age falls be een met since the commended maxin atient is not due of	of age. One dose of Tdap sho when appropriate. e Hep-B schedule, they shoul ween the recommended min last dose. num age or the recommende past due.	id not be changed to the : imum age and the recom d maximum date for this	2 dose schedule. Imended maximum a <u>(</u> dose has passed.	ge for this dose and
ot Numbers rders/Transfers eports ettings ASA Export oports cports cheduled Reports ob Queue	* DTaP or DT should older or as a booster ** If an adolescent ha Due Now As of toda the absolute minimu Past Due As of toda Up to Date As of toda Optional This vacci	be given to patie dose. Td should as already begur ay's date, the pat m interval has be ay's date, the rec day's date, the pat	d be administered in the routine 3 dos ient's age falls be een met since the commended maxin atient is not due of	of age. One dose of Tdap sho when appropriate. e Hep-B schedule, they shoul ween the recommended min last dose. num age or the recommende past due.	id not be changed to the : imum age and the recom d maximum date for this	2 dose schedule. Imended maximum a <u>(</u> dose has passed.	ge for this dose and





# To view the vaccination summary for the selected patient simply select 'Summary' from the Vaccinations tab in the navigation bar.

	Logged in: KELSEY PISTOTNIK IRMS: TEST SITE 1 (91116)							
rizona	Patient							
Department of				SIIS Patient ID: 62383				
Health Services	Date of Birth:	01/16/2011	Age:		116 weeks,	116 weeks, 26 months, 2 yrs		
	Guardian:	MARY MOUSE	Status:		Active			
ain								
avorites	Print Page							
atient earch/Add	Vaccination View/Add							
emographics	(*- Historicals , #- Adverse Reaction , !1- Warning , !2- Warning , !3- Warning , +- Unverified Historicals , ^- Compromised Vaccination )							
emote Registry	Documented By:select V							
accinations	Double-click in any date fie	eld below to enter the de	fault date: 04/12/	2013				
ew/Add	Vaccine	1	2	3	4	5	6	198
precast	DTaP/Hib/IPV		~					
ummary 🧲	DTaP/HID/IPV	03/17/2011 *	05/18/2011 *	07/19/2011 *				
xec. Dashboard	Hep A 2 dose - Ped/Adol	01/17/2012 *	08/25/2012 *					
RMS								
ot Numbers	Hep B - Ped/Adol - presv. free	01/16/2011 *	03/17/2011 *	07/19/2011 *				
Orders/Transfers	HibPRP-OMP	02/14/2012 *						
Reports	Influ split 6-35 mos pres free	100010011		10000000				
Settings	innu spik 0-35 nos pres nee	10/01/2011 *	02/14/2012 *	10/03/2012 *		ļ]	L]	
CASA Export	MMR/Varicella	01/17/2012 *						
mports	Pneumococcal, PCV-13	03/17/2011 *	05/18/2011 *	07/19/2011 *	01/17/2012 *			
xports Scheduled Reports	Fileaniococcai, PCV-13	03/17/2011	03/10/2011	07/18/2011	01/1//2012			
ob Queue	Rotavirus, pentavalent RV5	03/17/2011 *	05/18/2011 *	07/19/2011 *				
hange Password	DTaP							
dministration								
elp	DTaP/Hep B/IPV							
Version: 5.12.11.4	DTaP/IPV							
Cache ?								
000	HPV, quadrivalent							
STC	HPV, bivalent							
	HibPRP-T							
	IPV							
	Influ Inact 48+ mos pres free							
	inno mact 46+ mos pres nee						<u> </u>	
	Influenza, intradermal, presv fre	e 🗌						
	Influ split 36+ mos						r1	
	inne apir oor moa							
	Influ split 36+ mos pres free							
	Influenza Nasal Spray							





# The <u>Vaccination Summary</u> report provides an overview of the selected patient's immunization record.

t of vices	Patient Name: Date of Birth: Guardian:	MINNIE MOUSE 01/16/2011 MARY MOUSE	SIIS Patient ID: Age: Status:	6238383 116 weeks, 26 months, 2 yrs Active						
		Vaccination Summary Vaccinations outside the ACIP schedule are marked with an %.								
	Vaccinations outside the	Acii Scredule are marked with	2	3	4	567				
1	DTaP/DTP/Td	03/17/2011 8 weeks	05/18/2011 4 months	07/19/2011 6 months						
	OPV/IPV	03/17/2011 8 weeks	05/18/2011 4 months	07/19/2011 6 months						
i	MMR	01/17/2012 12 months								
	Hib	03/17/2011 8 weeks	05/18/2011 4 months	07/19/2011 6 months	02/14/2012 12 months					
	Нер А	01/17/2012 12 months	08/25/2012 19 months							
	Hep B - 3 Dos	0 days	03/17/2011 8 weeks	07/19/2011 6 months						
	Varicella	01/17/2012 12 months								
	Rotavirus	03/17/2011 8 weeks	05/18/2011 4 months	07/19/2011 6 months						
	Influenza	10/01/2011 8 months	02/14/2012 12 months	10/03/2012 20 months						
	Pneumo (PCV	) 03/17/2011 8 weeks	05/18/2011 4 months	07/19/2011 6 months	01/17/2012 12 months					
	Invalid Vaccinations									
		Invalid Vaccinations		Date	Reas	on				
		invalid vaccinations								





# You are done!

Please register that you have completed this training module by completing the training registration form at <u>http://www.surveymonkey.com/s/CXL2RPY</u>. You will be asked to provide your name, the module you completed, the date on which you completed the module, and a work email address.



