

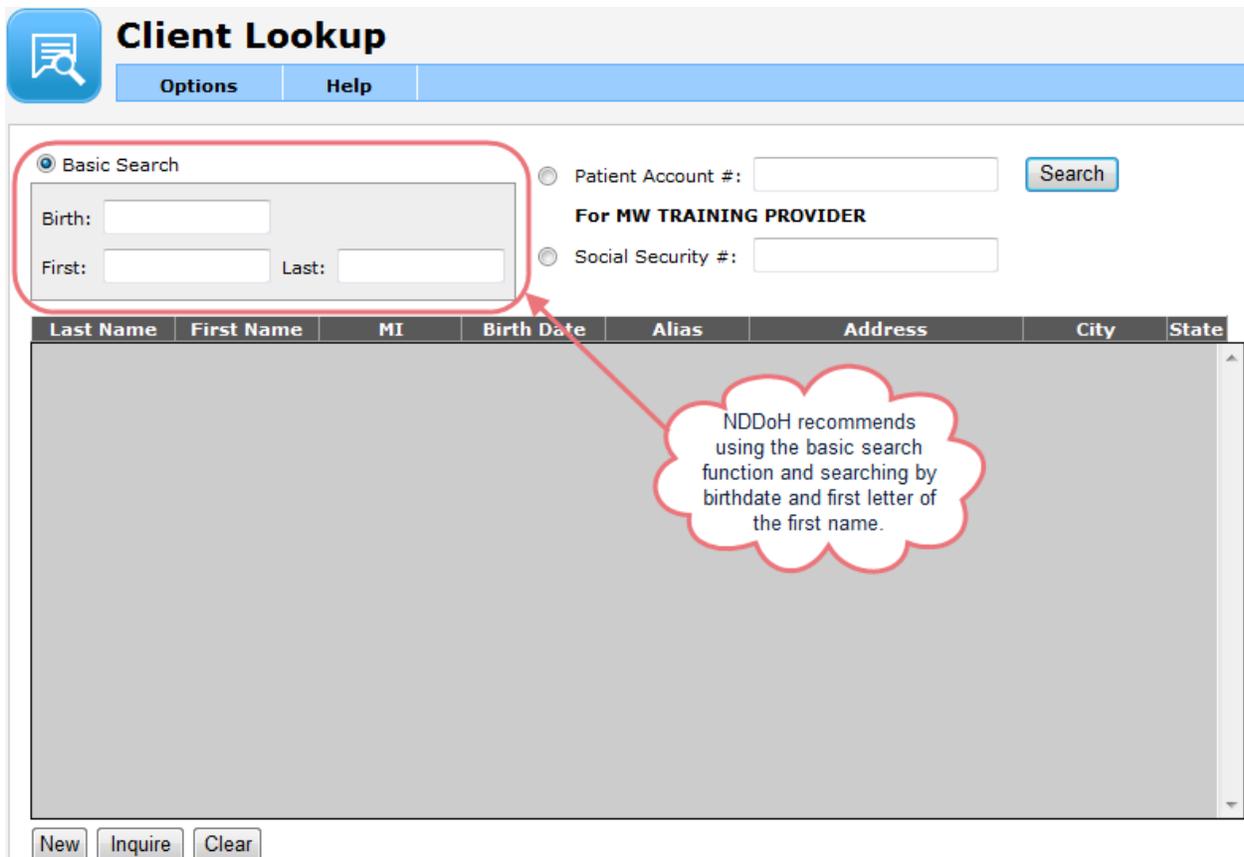
NORTH DAKOTA IMMUNIZATION INFORMATION SYSTEM (NDIIS)

LOOKING UP AN IMMUNIZATION RECORD

1. To access the client lookup page, click the **Search** hyperlink in the *Client* box



2. To search for a client's record:
 - a. enter search criteria in the basic or expanded search fields by clicking in the free-text box and typing in correct information
 - can use keyboard and *tab* through each field
 - b. click 
 - can also hit *Enter* on the keyboard to start search



Client Lookup

Options Help

Basic Search Patient Account #:

Birth:

For MW TRAINING PROVIDER

First: Last: Social Security #:

Last Name	First Name	MI	Birth Date	Alias	Address	City	State
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NDDoH recommends using the basic search function and searching by birthdate and first letter of the first name.

3. The registry will return a list of up to 100 possible matches
4. To view a record from the list of possible matches:
 - a. highlight the correct person from the list and click **Inquire** or
 - b. double-click the name from the list
5. The system will open the record on the **Demographics** folder
 - a. All required fields will be marked by an asterisk (*) and must be filled in before new information can be saved
 - b. Be sure to verify the client demographics at every visit



TESTER, ADDISON M

Help

Demographics Immunizations Comments Maintenance

Patient Information

Last Updated 05/25/2010

* Last Name: TESTER	* Address: 95 LIND LANE	Apt:
* First Name: ADDISON		
* Middle Name: M		<input type="checkbox"/> Air
Suffix:	Force Base	
* Race: WHITE	* City: HARWOOD	
* Ethnicity: NOT HISPANIC OR LATINO	* State: NORTH DAKOTA	
* Birth Date: 03/24/2010	* Zip: 58042	
<input type="checkbox"/> Is Multiple Birth (twins, triplets, etc)	County: CASS	
SSN: _____	* Birth State/Country: NORTH DAKOTA	
* Gender: FEMALE	* Primary Phone: 701-219-4426	
Alias:	Work Phone: _____	Ext:
Patient Acct #:	Email Address:	
	<input type="checkbox"/> Exclude client from reminder recall	

Mother Information

*Last Name: TESTER

*First Name: LINDSEY

Middle:

Maiden Name: HENDERSON

Parent/Guardian Information

Last Name: TESTER

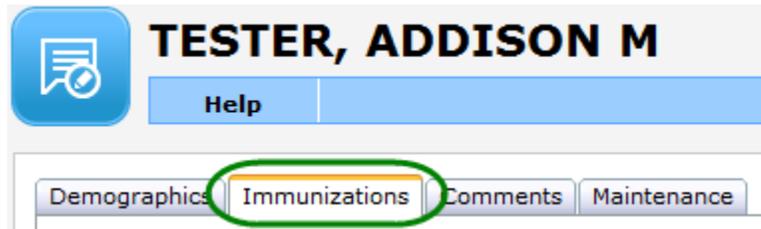
First Name: LINDSEY

No Reactions/Comments

Save

Fields Appearing with an Asterisk (*) Are Required.

6. To access their immunization record, click on the **Immunizations** tab



7. The **Immunization** tab holds all of the client's immunization information including:

- Dose Date (date vaccine was administered)
- Provider who administered vaccine
- Lot number of vaccine administered
- Reaction – if the patient had any type of reaction to that dose of vaccine
- VFC eligibility
- Vaccine name
- Historical – if this was an administered dose or entered from another record as part of the client's historical vaccinations
- Valid dose – was the dose valid according to ACIP recommendations

Dose Date	Provider	Lot	Reaction	VFC	Vaccine	Historical	Valid
03/24/2010	1093 - SANFORD MEDICAL CENTER	HBV/PreservativeFree	NONE	NOT ELIGIBLE	HEPB (Preservative Free)	Yes	Yes
05/24/2010	4895 - SANFORD SW PEDIATRICS	DTAP-HIB-IPV	NONE	NOT ELIGIBLE	DTaP-Hib-IPV (Pentacel)	Yes	Yes Yes Y
05/24/2010	4895 - SANFORD SW PEDIATRICS	HBV/PreservativeFree	NONE	NOT ELIGIBLE	HEPB (Preservative Free)	Yes	Yes
05/24/2010	4895 - SANFORD SW PEDIATRICS	PCV13	NONE	NOT ELIGIBLE	PCV13 (PNEUMOCOCCAL)	Yes	Yes
05/24/2010	4895 - SANFORD SW PEDIATRICS	ROTAVIRUS (3 DOSE)	NONE	NOT ELIGIBLE	ROTAVIRUS (3 dose)	Yes	Yes
07/27/2010	4895 - SANFORD SW PEDIATRICS	DTAP-HIB-IPV	NONE	NOT ELIGIBLE	DTaP-Hib-IPV (Pentacel)	Yes	Yes Yes Y
07/27/2010	4895 - SANFORD SW PEDIATRICS	PCV13	NONE	NOT ELIGIBLE	PCV13 (PNEUMOCOCCAL)	Yes	Yes