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## Log In

Go to: [www.waiis.wa.gov](http://www.waiis.wa.gov)

- Click **Login** under the main menu
- Enter your **Username** and **Password**. If you forget your password you can select **Forgot Password** and reset via email. You can also contact the Helpdesk via phone or email.
- Click **Login** or press **Enter** on your keyboard.
- The system will take you to the *Choose School* screen.

## Choose a School

If you have access to more than one school you will need to select a school to continue.

- Click on **Click to Select** to open the *Select School* window.
- Type the name of the school or first few letters of the name. If you do not enter a school name clicking *Search* will display a list of all schools in the district.
- Click **Search** or press **Enter** on your keyboard.
- From the list, click on the arrow button to the left of the School Name to select that school.
- The *Select School* window closes and the selected school shows in the *School* field.
- Ignore the *Default Grade* selection/dropdown box.
- Click the **Continue** button.

Select	School Name	Street	City	State	Zip Code	Public School
-->	MAYWOOD HILLS ELEMENTARY	19510 104 AV NE	BOTHELL	WA	98011	Public
-->	MOORLANDS ELEMENTARY	15115 84 AV NE	KENMORE	WA	98028	Public

## Search for a Student

- Using the Navigation Menu, Click **Search/Add** under the Patient menu heading.
- Enter information in the Patient Search fields e.g., student name, birth date, OSPI Student ID. The more information provided the shorter the search results.
- Enter the birth date as a string of numbers; for example, May 8, 2005 = 050805.
- Click **Search** or press **Enter** on your keyboard.
- Select the correct student name by clicking once on the name. This opens **the Patient Demographic** screen.

When searching for students in the IIS, you may see multiple records for the same student. If you see duplicate records, please report them in the IIS. The IIS Team reviews and resolves the duplicate records within a few business days. Reporting duplicate records helps to improve the accuracy of student vaccination records. For more information on reporting duplicate students please review [How to Report Duplicate Patients Quick Reference Guide](#).

**Patient Search** Click here to use the 'advanced' search

First Name or Initial:  ID:   
 Last Name or Initial:  SIIS Patient ID / Bar Code:   
 Birth Date:  Chart Number:

**Family and Address Information:**  
 Guardian First Name:  Mother's Maiden Name:   
 Street:   
 City:  State:   
 Zip Code:  Phone Number:   
 Country:

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and \_ to replace a single character.  
☐ Check here if adding a new patient.

**Patient Search Results**  
 Records Found = 6 Search Criteria: Last Name (Exact)

Show 10 entries

First Name	Middle Name	Last Name	Birth Date	SIIS Patient ID	Grd First Name	Grd Last Name
CAT		DOG	11/11/2011		ARNOLD	SMITH
DOG	DOG	DOG	01/01/2003		33333333	AAADD111
NICE		DOG	10/23/1981			
PLUTO	B	DOG	01/01/2010			
UNDER		DOG	10/10/2015		OVER	
WONDER		DOG	01/11/1970		WANDA	

Showing 1 to 6 of 6 entries

## Add a Student and Attach Them to a School

A student not in the School Module can be added on the *Search/Add* screen under the *Patient* menu heading.

- Enter the student's first, last name and birth date.
  - Check the box **Check here if adding a new patient**.
  - Enter all required fields marked red.
  - Click **Search** or press **Enter** on your keyboard.
  - If the student is not found, click **Add Patient** under *Patient Search Results*.
- 
- The system will open the *Patient Demographics Edit* screen.
  - Enter the **Sex** of the patient using the drop-down list.
  - Enter the OSPI SSID in the **Student ID** Field.
  - Enter the mailing **Address** Note: enter the zip code first to auto populate fields
  - Enter the **Phone Number** and appropriate **Phone Use Code**. Click the **Add** button in the Phone section
  - Enter the name of the **Family Contact**. Click the **Add** button in the Family Contact section
  - Click the + to expand **School** and enter the **School Entry Date**. It cannot be a future date.
  - Enter additional information if available.
  - Click **Save**.

- The system will take you to the *Patient Detail* Screen.
- Select the correct **Grade Level** from the drop-down list.
- Click the checkbox to **Include on Reports**.
- Click the **Update** button.
- You can return to the *Patient Detail* screen by clicking *Demographics* under the Patient menu heading.

**Patient Search** [Click here to use the "advanced" search](#)

First Name or Initial:	Happy	ID:	
Last Name or Initial:	Dog	SIIS Patient ID / Bar Code:	
Birth Date:	05/08/2005	Chart Number:	

**Family and Address Information:**

Guardian First Name:	Woof	Mother's Maiden Name:	Hound
Street:	123 Dogpark Ave		
City:	BOTHELL	State:	WA
Zip Code:	98012	Phone Number:	
Country:	United States		

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and \_ to replace a single character.  
☒ Check here if adding a new patient. (Required fields are highlighted)

Clear Search

**Patient Search Results**

Records Found = 0 Search Criteria: Advanced Search - Add / Edit / View

Show 10 entries Search:

First Name	Middle Name	Last Name	Birth Date	SIIS Patient ID	Grd First Name	Grd Last Name
No data available in table						

Showing 0 to 0 of 0 entries

Before adding, check to make sure the patient you want to add is not listed above or not pending manual review **Add Patient**

**Patient Demographics Edit**

**Patient**

First Name:	HAPPY	
Middle Name:		
Last Name:	DOG	
Suffix:	--none--	
Birth Date:	05/08/2005	
Sex:	MALE	
Student ID:	9999999	

**Address**

Address 1:	123 DOGPARK AVE	City:	BOTHELL
Address 2:		State:	WA
Country:	United States	Zip Code:	98012
County/Parish:	SNOHOMISH	Email:	

**Phone Number(s)**

Phone Number	Extension	Phone Use Code	Equipment Type	Primary
--select--		--select--		<input type="radio"/>

**Family & Contact**

First Name:		Middle Name:		Last Name:	
Contact Type:	--select--	Guardian?	<input type="checkbox"/>		
Address 1:		City:			
Address 2:		State:	--select--	Zip Code:	
Country:	United States	Email:			
Phone:					

**School**

School:	MAYWOOD HILLS ELEMENTARY
School Entry Date:	03/15/2015

Cancel Save

**Patient record updated successfully**

**Patient Detail**

First Name:	HAPPY	Street:	123 DOGPARK AVE
Middle Name:		City:	BOTHELL
Last Name:	DOG	County:	SNOHOMISH
Birth Date:	05/08/2005	State:	WASHINGTON
Multi Birth Indicator:	N	Zip Code:	98012
Birth Order:		Home Phone:	
Sex:	MALE	Cell Phone:	
Student ID:	9999999		
Guardian Name:			
Inactive:			

**+ Patient Specific Reports**

**School Reporting**

School:	MAYWOOD HILLS ELEMENTARY	Include on Reports:	<input checked="" type="checkbox"/>
Grade Level:	6th Grade		
School Entry Date:	03/15/2015		

Cancel Edit Update

## View/Export the Student Roster

- Click on **Roster** under the Schools menu heading.
- You can select the **Grade** using the dropdown list. Not selecting a grade will show all students in the roster.
- Select the desired **Series** using the dropdown list to apply compliance rules to the Roster. You are required to select a Series to view the Roster.
- Select the desired sort using the **Sort By** dropdown list.
- Click the **View Roster** button.
- You can download the roster as a .csv file by clicking the **Export Roster** button.

## Edit the Roster

**\*\*To keep the Roster up to date students must be added and removed as students enroll and withdraw\*\***

### Add A Student

- Click the **Add New Students** button to go to the Patient Search/Add Screen

### Remove a Student

- Check the box in the **Remove** column next to the student you wish to remove.
- Click the **Save Roster Updates** button.
- Click **OK** on the popup window asking if you are sure you want to delete.

### Change a Student's Grade Level

- Select the desired grade from the dropdown list next to the student's name in the **Move To** column.
- Click the **Save Roster Updates** button.

## Change the Grade of All Students on the Roster

**\*\*Do at the End of Each School Year\*\***

### Remove all Students in the highest grade: graduating or moving to the next school, ex. 12<sup>th</sup> grade

- Click the **Select All** button. All of the student's Remove boxes will be checked.
- Click the **Save Roster Updates** button.

### Change the Grade of All Remaining Students on the Roster

- Select the desired grade from the dropdown list box next to **Move To**. Start with the highest grade level, ex. Move 11<sup>th</sup> grade to 12<sup>th</sup> grade
- Click the **Save Roster Updates** button.

## Vaccination Summary Page

After selecting a student, click on **Summary** under the **Vaccinations** menu heading. This view-only page will display the following sections:

### Vaccination Summary

Lists a student's vaccines grouped by vaccine type. Immunizations marked with a red **X** are considered invalid. Click on the vaccine date for more detail, including the provider who gave the vaccine.

### Invalid Vaccinations

Lists the reason a vaccine dose marked with a red **X** is invalid.

### Vaccine Deferrals

Notes the deferrals entered by the healthcare provider about deferred.

### Vaccine Contraindications/Exemptions/Precautions

Notes the information entered by the healthcare provider. Some detail information may not display due to patient confidentiality. Exemptions entered in the School Module do not display here.

### Vaccination Forecast

Lists vaccinations still needed and when they are due. Definitions of the Forecast Status can be found on the **Forecast** page under Vaccinations on the main menu.

Patient					
Name:	MOLLY THE CAT	SIS Patient ID:	5428455		
Date of Birth:	10/01/2010	Age:	30% weeks, 70 months, 5 yrs		
Guardian:		Status:	Active		

Vaccination Summary					
Vaccinations outside the ACIP schedule are marked with an <b>X</b> .					
Vaccine	1	2	3	4	5
DTaP/DTaP-IP	10/01/2010 6 weeks	02/01/2011 4 months	06/01/2011 8 months	09/05/2012 23 months	10/01/2015 5 years
OPV/IPV	10/01/2010 6 weeks	02/01/2011 4 months	06/01/2011 8 months	09/05/2012 23 months	10/01/2015 5 years
MMR	X 10/01/2011 12 months	10/01/2015 5 years			
Hib	02/01/2011 4 months				
Hep A	09/05/2012 23 months				
Hep B - 3 Dose	10/01/2010 0 days	12/01/2010 8 weeks	06/01/2011 8 months		
Varicella	X 09/15/2011 11 months	10/01/2015 5 years			
Influenza	09/05/2012 23 months				

Invalid Vaccinations	
Invalid Vaccinations	Reason
MMR	Live vaccines not administered on same date must be separated by 28 days.
VARICELLA	Minimum age for this dose not met.

Vaccine Deferrals	
Vaccine	Date

Vaccine Contraindications / Exemptions / Precautions	
Contraindications	
Exemptions	
Precautions	

Vaccination Forecast					
The forecast automatically switches to the accelerated schedule when a patient is behind schedule.					
Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status
MMR	2	10/29/2015	10/29/2015	10/01/2017	Due Now
VARICELLA	2	12/04/2015	12/04/2015	10/01/2017	Due Now
MENINGOCOCCAL	1	10/01/2021	10/01/2020	10/01/2023	Up to Date
Tdap	8	10/01/2021	10/01/2021	10/01/2023	Up to Date

## Search for Immunization Records from a different State

- After selecting a patient from the **Patient Search/Add** screen, click **Remote Registry** under the **Patient** menu heading.
- Select the desired **State Name** from the **Remote Connection** dropdown list.
- Click the **Query** button.
- Currently WAIS connects to the Arizona and Louisiana IIS

Remote Registry Connections	
Remote Connection	Louisiana
Query	Send Update

## Vaccination View/Add Page

After selecting a student, click on **View/Add** under the **Vaccinations** menu heading. This page will display the following areas:

### Vaccination View/Add

Lists all vaccinations administered and fields to enter additional doses. Immunizations entered in the School Module will have a red **S** after the immunization date. Only medically verified immunization records may be entered on this page. For more information about entering immunization dates see the *Add Missing Immunization* section below.

### Vaccine Contraindications/Exemptions/Precautions and Forecast

Notes detail entered by the healthcare provider as well as the Vaccination Forecast. Exemptions entered in the School Module do not display here.

The screenshot displays the 'Vaccination View/Add' interface. At the top, it shows patient information: Name (David The Cat), Date of Birth (11/10/2008), Sex (Male), Age (9 yrs), and Status (Active). Below this is a 'Vaccination View/Add' section with a table of administered vaccines. The table has columns for Vaccine, Date, and Status. Vaccines listed include DTaP, Hib, Polio, MMR, and others. A 'Vaccine Contraindications/Exemptions/Precautions' section is at the bottom, featuring a table with columns for Vaccine, Contraindication, Facility Where Documented, Date, and Permanent Unvaccinated. The table is currently empty.

## Add a Missing Immunization

### Important:

- ✓ Only medically verified immunization records may be entered into the School Module. Follow the guidelines in the next column to determine if an immunization record is a valid medically verified record (see Appendix A for samples). The ultimate decision to enter an immunization record is based on the School Nurse's best clinical judgment.
- ✓ Due to FERPA rules, parent consent must be obtained prior to entering the dates into the School Module. Use the Certificate of Immunization Status (CIS) to document parent consent.

The following are examples of medically verified immunization records that may be entered into the IIS (see Appendix A for samples):

- Immunization records printed from a clinic or hospital Electronic Health Record.
- Immunization record or official CIS printed from another state's immunization registry.
- Official lifetime immunization record from WA or another state with a unique healthcare provider or clinic stamp, or another form of written healthcare provider documentation, such as a provider signature.
- For foreign students: translated official immunization record such as an immigration form or lifetime immunization record from another country with a clinic or healthcare provider stamp.
- CIS: handwritten immunizations can be accepted only if verified with a unique healthcare provider or clinic stamp, or another form of written healthcare provider documentation, such as a provider signature.



# SCHOOL MODULE TRAINING GUIDE

## To Enter a Date

- After selecting a student, click on **View/Add** under the *Vaccination* menu heading.
- Click into the **Box** next to the appropriate vaccine brand. If the specific vaccine name is not specified on the student's immunization record use the *Default Vaccine to enter* specified in the next column. Additional vaccines can be found in the dropdown list at the bottom of the *Vaccine View/Add* section.

Vaccine	Default vaccine to enter
DTaP	DTaP unspecified
DT	DT (pediatric)
Hep A	Hep A 2 dose – Ped/Adol (Havrix, Vaqta)
Hep B	Hep B Ped/Adol – Preserv Free (Engerix, Recombivax)
Hib	Hib--PRP-OMP (PedvaxHib) PRP-T (ActHib, Hiberix, OmniHib)
Flu	Influ split 6-35 mos pres free (Fluzone PF.25mL syringe) Influ split 36+ mos (Fluzone)
MMR	MMR (MMRII) MMR/Varicella (ProQuad)
Pneumococcal	Pneumococcal(PCV) Pneumococcal, PCV-13 (Prevnar13)
Td	Td Adult, Preserv Free (Tenivac, Td-Merck, Td-MassBio)
Tdap	Tdap (Boostrix,Adacel)
Varicella	Varicella (Varivax) MMR/Varicella (ProQuad)

influenza, live, intranasal

--select--

- Type the date as a string of numbers; for example, May 8, 2005 = 050805, or double click to use the **Default Date** at the top of the *Vaccination View/Add* section. The Default Date can be changed to any desired date.
- Click the **Add Historicals** button list at the bottom of the *Vaccine View/Add* section. You can add multiple dates in the vaccine fields before clicking the button. Remember to do this to save your work.
- Immunizations entered in the School Module will have a red **S** after the immunization date. Immunizations marked with a red **X** are considered invalid. Click on the vaccine date for more detail.

VIEW | PRINT | BME

**Vaccination View/Add**

(\* - Historicals , #- Adverse Reaction , !1- Warning , !2- Warning , !3- Warning , S- Unverified Historical Services )

Double-click in any date field below to enter the default date: 08/18/2016

Vaccine	1	2	3
DTaP	09/25/2012		
DTaP-Hep B-IPV (Pediarix)	12/01/2010 S	06/01/2011 S	
DTaP-Hib-IPV (Pentacel)	02/01/2011 S		

ADD HISTORICALS

P schedule by viewing the Vaccination



## Delete an Immunization

Immunization dates can only be deleted if you entered the date.

- After selecting a student, click on **View/Add** under the *Vaccinations* menu heading.
- Click on the **Immunization Date** entered in error. The system will open the *Vaccination/Medicine Detail* page.
- Click the **Delete Record** button. The system opens a second *Vaccination Detail* screen.
- Click the **Delete Record** button to delete the record.
- Click **Cancel** to return to the previous screen without deleting the record.

Patient			
Name:	MOLLY THE CAT	SIIS Patient ID:	5408455
Date of Birth:	10/01/2010	Age:	306 weeks, 70 months, 5 yrs
Guardian:		Status:	Active
Vaccination/Medicine Detail			
Vaccine:	MMR		
Date Administered:	10/01/2011		
Invalid Vaccination:	Invalid MMR: Live vaccines not administered on same date must be separated by 28 days.		
Historical:	Yes		
Confidential:	No		
Provider Noted on Record:	No		
Lot Noted on Record:			
Manufacturer Noted on Record:			
Manufacturer:			
Lot Number:			
Lot Facility:			
Funding Source:			
Vaccinator:			
Organization (IRMS):	1043 - NORTHSHORE SCHOOL DISTRICT		
Facility:			
Anatomical Site:			
Anatomical Route:	Full		
Dose Size:			
Volume (CC):			
VFC Status:	VFC eligible— Medicaid/Medicaid Managed Care		
Revaccination Reason:			
Adverse Reaction:			
District/Region:			
Dates of VIS Publications:			
Date VIS Form Given:			
Ordering Provider:			
Comments:			
Entered By:	KATHERINE GRAFF		
Entry Date:	08/17/2016 01:03:16 PM		
Last Updated By:	KATHERINE GRAFF		
Last Update:	08/17/2016 01:03:16 PM		
<input type="button" value="Cancel"/> <input type="button" value="Delete Record"/>			
<p>Dates of VIS Publications:</p> <p>Date VIS Form Given:</p> <p>Ordering Provider:</p> <p>Comments:</p> <p style="text-align: right;"><input type="button" value="Cancel"/> <input type="button" value="Delete Record"/></p> <p>If you are sure you wish to delete this vaccination, click 'Delete'. If you do not want to delete this vaccination, press 'Cancel'.</p>			

## Chickenpox History

Only healthcare provider verified history of disease may be entered.

An exception is noted in the [Individual Vaccine Requirements Summary](#) document.

### Add Chickenpox History

- After selecting a student, click on **View/Add** under the *Vaccinations* menu heading.
- Click the **Add Chickenpox History** button.

### Delete Chickenpox History

- After selecting a student, click on **View/Add** under the *Vaccinations* menu heading.
- Click the **Delete Chickenpox History** button.

Add Chickenpox History

Vaccine Contraindications / Exemptions / Precautions

Contraindications

Exemptions

Precautions

- ✓ Medical, Personal and Religious Exemptions require both parent/guardian and healthcare provider signatures on the Certificate of Exemption Form.
- ✓ Religious Membership Exemptions require only a parent/guardian signature on the second page of the Certificate of Exemption Form.

- After selecting a student, select ***Patient Demographics*** under the *Patient* main heading.
- Click the **Edit** button.
- The system will open the *Patient Demographics Edit* page.
- Click the + to expand ***School Exemptions by Disease***.
- Click the desired ***Vaccine*** from the *Vaccine dropdown list*.
- Type the date of the parent/guardian signature on the Certificate of Exemption in the ***Date Requested*** field.
- If it is a Medical Exemption check the ***Permanent*** box OR type the exemption expiration date in the ***Temporary Until*** field.
- Click the **Add** button.
- Click the **Save** button.

- Click the + to expand ***School Exemptions by Disease.***
- Click the ***Remove*** button of the desired exemption series.
- Click the ***Save*** button.

- Click **Edit School** under *Schools* on the Main Menu.
- Click the **Arrow** button next to the desired school.
- Use the **Right** and **Left Arrow** buttons to move grades between the *Available Grade Level* and *School's Grade Levels* lists.
- Click the **Save** button.

**+ School**

— School Exemptions by Disease

**Medical Exemptions:**

**Vaccine:** --select-- **Temporary Until:** [ ]  
**Date Requested:** [ ] **Permanent:** ☐

[Add]

---

**Vaccine:** [ ] **Date Requested:** [ ] **Temporary Until:** [ ] **Permanent:** [ ]

**Religious Exemptions:**

**Vaccine:** --select-- **Date Requested:** [ ]

[Add]

Vaccine:	Date Requested:		
MMR	08/19/2016	Edit	Remove
Hep B, adolescent or pediatric	08/19/2016	Edit	Remove
Td (adult), adsorbed	08/19/2016	Edit	Remove
IPV	08/19/2016	Edit	Remove
DTap	08/19/2016	Edit	Remove
varicella	08/19/2016	Edit	Remove
DT (pediatric)	08/19/2016	Edit	Remove
Tdap	08/19/2016	Edit	Remove

**Religious Membership Exemptions:**

**Vaccine:** --select-- **Date Requested:** [ ]


[Add]

**Vaccine:** [ ] **Date Requested:** [ ]

[Add] [Cancel] [Save]

**Search Results**

**Select** School Name


 **VERY HEALTHY ELEMMENTARY**


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**Grade Levels**

**Available Grade Levels**

- Preschool
- 7th Grade
- 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12th Grade
- Other





**School's Grade Levels**

- Kindergarten Roundup
- Kindergarten
- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade
- 6th Grade

**Cancel** **Save**

## School Reports

To be accurate all reports that calculate compliance need to be run with the appropriate grade or age series selected. The following reports are not relevant to Washington state School Module users:

- School Immunization Report, First Time Enterer
- First Time Enterers Action Report
- Summary of School Enterers Data
- Patient Detail

## To access School Reports

- Select **School Reports** under **Reports** on the Main Menu.
- Click on the desired **Report Name** to open the report parameters.
- Some reports can be scheduled to run at a specific time, ex. after hours

## At Risk Report

This report lists students by grade who are “at risk” for a specific vaccine preventable disease. These are students who are *Out of Compliance* or *Conditional* or have an *Exemption* for the vaccine selected.

- Select the School by clicking on the **click to select** link
- Choose **Grade Level** and **Vaccine** you wish to screen.
- Click on **Create Report**.

## Action Report

This report lists students in *Out of Compliance* or *Conditional Status*

- Select the **Series** rules to apply with the *dropdown list*.
- Click the **Select** button under the *Grade Levels* column to open the grade list then click the **Boxes** next to the *Grade Level* to check or uncheck the desired grade levels.
- Click the **Arrow** button under *Select* to run the report.

**School Nurse At Risk Report**

School: VERY HEALTHY ELEMENTARY  
Grade: 1st Grade  
Vaccine Name: DTaP/DTaP-IPV

Report Date: February 14, 2018

First Name	Last Name	Student ID	DOB	Status	Exemption	Temp Exemption Exp Date
AJICE	CAT	CAT1	12/01/2010	Out Of Compliance		
MOLLY	CAT	CAT12	10/01/2010	Out Of Compliance		
EBONY	CAT	CAT7	10/10/2010	Compliant	Medical Exemption	

**School Nurse Action Report**

School: VERY HEALTHY ELEMENTARY  
Grade: 6th Grade  
Series Name: SY 2016-17 GRADE 6-12  
Legend: 0=Not Found 1=Not Found 2=Not Found 3=Not Found 4=Not Found 5=Not Found 6=Not Found 7=Not Found 8=Not Found 9=Not Found

Report Date: August 18, 2018

Student	SSS ID	Grade Level	Physician Name	Exemption on File?	Vaccine Family	Date	Recommended Date	Minimum Valid Date	Status	Temp Exemption Exp Date
COREY CAT	305780	6th Grade				10/12/2015	10/12/2015	10/12/2015	Conditional	
SUSIE CAT	424870	6th Grade				12/12/2015	12/12/2015	12/12/2015	Conditional	

Grade Level	Total Patients	Total Vaccinations
6th Grade	2	2
<b>Grand Totals</b>	<b>2</b>	<b>2</b>

## Action Report Notice/Letter

This report produces a letter, one per student based upon the parameters selected. The following letters are available:

- **Conditional Letter:** Letter to parent/guardian stating that student is in 30 day conditional status.
- **Healthcare Provider Letter:** Letter to healthcare provider asking they enter immunizations into the IIS or send of list of immunizations to the School Nurse.
- **Missing Immunizations Letter:** Letter to parent/guardian of student out of compliance listing the missing immunizations.
- **Parent Letter Record Request:** Letter to parent/guardian requesting immunizations record or healthcare provider information.
- **Tdap Letter:** Letter to parent/guardian of students missing a Tdap immunization.

## To Run the Letters

- Select the **Series** with the *dropdown* list.
- Select the desired **Letter** from the Message *dropdown* list.
- Click the **Select** button under the *Grade Levels* column to open the grade list then click the **Boxes** next to the *Grade Level* to check or uncheck the desired grade levels.
- Click the **Arrow** button under *Select* to run the report.

## Action Report Notice/Letter Messages

This screen allows the user to edit the text of the letters above. *Note: as of 09/15/2016 this screen is not working. IIS staff are working to resolve the problem.*

- Click the **Arrow** button under *Select* for the desired report.
- Type text in the edit boxes.
- Click the **Save** button.

**Action Report Notice/Letter**

Select School

Search Criteria:

State: WASHINGTON

County: --select--

School District: NORTHSHORE SCHOOL DISTRICT

Type: ☒ All ☐ Public Only ☐ Private Only

Name: FERNWOOD ELEMENTARY 88757

Series: SY2016-17 GRADE K-5

Message: Missing Immunizations Letter

Back Search

**Search Results**

Select	School Name	Street	City	State	Zip Code	Public School	Grade Levels
<input checked="" type="checkbox"/>	FERNWOOD ELEMENTARY	3933 JEWELL RD	BOTHELL	WA	98012	Public	Select
<input checked="" type="checkbox"/>	Use for K Roundup Forecasting Only						
<input checked="" type="checkbox"/>	Kindergarten						
<input checked="" type="checkbox"/>	1st Grade						
<input checked="" type="checkbox"/>	2nd Grade						
<input checked="" type="checkbox"/>	3rd Grade						
<input checked="" type="checkbox"/>	4th Grade						
<input checked="" type="checkbox"/>	5th Grade						
<input type="checkbox"/>	6th Grade						

Regarding:  
MAX CAT  
98976TH  
BOTHELL  
WA - 98012

Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Status
POLIO	1	01/15/2008	12/27/2007	Conditional
HEP-B 3 DOSE	1	11/15/2007	11/15/2007	Conditional
MMR	1	11/15/2008	11/15/2008	Conditional
VARICELLA	1	11/15/2008	11/15/2008	Conditional

Dear Parent or Guardian:

Washington State law requires all children to be properly immunized to attend or continue attending school. According to our records above, your child did not get the required vaccinations to attend school.

**Action Report Notice/Letter Messages**

Select	Message Title	Last Revision Date
<input checked="" type="checkbox"/>	Conditional Letter	05/26/2016
<input checked="" type="checkbox"/>	HCP Letter for Medical Records	12/30/2015
<input checked="" type="checkbox"/>	Missing Immunizations Letter	10/16/2014
<input checked="" type="checkbox"/>	Parent Letter Record Request	10/16/2014
<input checked="" type="checkbox"/>	SPS - Missing Immunizations	07/16/2014
<input checked="" type="checkbox"/>	Tdap Letter	10/16/2014

Back Add

## Certificate of Immunization Status (CIS)

This report will produce a Certificate of Immunization Status Report (CIS) for the student selected from the Search/Add screen.

- Select the **Certificate Type**
  - *Childcare* for preschool aged children
  - *School* for K-12 and
- Select the **Series**
  - For *Childcare* select the age that is the closest to the child without exceeding the current age, ex. For a 4 month old child select CHILD CARE BY 3 MONTHS
  - For *School* select the grade range and school year
- Click **Create PDF**

A CIS can also be printed from the:

### Demographics page

- Click **Demographics** under *Patient* on the Main Menu.
- Click the + sign to the left of *Patient Specific Reports* at the bottom of the *Patient Detail* section.
- Select **Certificate of Immunization Status (CIS)** from the list.

### Vaccination View/Add page

- Click **View/Add** under *Vaccinations* on the Main Menu.
- Click the + sign to the left of *Patient Specific Reports* at the bottom of the *Patient* section.
- Select **Certificate of Immunization Status (CIS)** from the list.

## Additional Resources

Additional resources for the School Module and CIS are available at: [www.doh.wa.gov/schoolmodule](http://www.doh.wa.gov/schoolmodule)

Contact us at: [SchoolModule@doh.wa.gov](mailto:SchoolModule@doh.wa.gov)



Official lifetime immunization record from WA or another state with a unique healthcare provider or clinic stamp, or another form of written healthcare provider documentation, such as a provider signature



Hepatitis B (Hep B)		
Dose #	Date Given	Physician/Clinic
1	1/25/00	Dr. Carter's clinic
2	4/10/00	Dr. Carter's clinic
3	10/12/00	Dr. Carter's clinic
Diphtheria, Tetanus, Pertussis (DTaP)		
Dose #	Date Given	Physician/Clinic
1	5/11/00	Dr. Carter's clinic
2	10/12/00	Dr. Carter's clinic
3	10/30/03	Dr. Carter's clinic
4	3/13/05	Dr. Heitink's clinic
5	/ /	
	/ /	
Tetanus diphtheria (Td)	/ /	
	/ /	
	/ /	
Booster Dose Every Ten Years	/ /	
	/ /	
	/ /	

Haemophilus influenzae type b (Hib)		
Dose #	Date Given	Physician/Clinic
1	5/11/00	Dr. Carter's clinic
2	10/12/00	Dr. Carter's clinic
3	10/30/03	Dr. Carter's clinic
4	1/1/05	

Polio				
Dose #	IPV	OPV	Date Given	Physician/Clinic
1	✓		4/10/00	Dr. Carter's clinic
2	✓		10/12/00	Dr. Carter's clinic
3	✓		10/30/03	Dr. Carter's clinic
4	✓		3/3/05	Dr. Hechink's clinic
			1/1/05	
			1/1/05	
			1/1/05	

Pneumococcal Conjugate (PCV)		
Dose #	Date Given	Physician/Clinic
1	8/2/01	Dr. Carter's clinic
2	1/1/05	
3	1/1/05	
4	1/1/05	

Measles, Mumps, Rubella (MMR)			
Type of Vaccine	Dose #	Date Given	Physician/Clinic
MMR	1	8/2/01	Dr. Carter's Clinic
MMR	2	3/3/05	MARK A. HOFFMAN MD
MMR		/ /	
Measles		/ /	
Mumps		/ /	
Rubella		/ /	
<b>Varicella (Var)</b>			
Dose #	Date Given	Physician/Clinic	
1	8/2/01	Dr. Carter's Clinic	
	/ /		
<b>Hepatitis A (Hep A)</b>			
Dose #	Date Given	Physician/Clinic	
1	/ /		
2	/ /		
Allergies/Vaccine Reactions:			



Official lifetime immunization record from another country with a unique healthcare provider or clinic stamp or provider signature; or official immigration immunization records

[illegible]

# SCHOOL MODULE TRAINING GUIDE



Immunization Record printed from a healthcare provider, clinic or hospital's Electronic Health Record

## ROCKWOOD

Rockwood Clinic- Medical Records  
400 East Fifth Avenue PO Box 3649 Spokane, WA 99220-3649  
509-342-3900

October 30, 2014  
Page 1

### Patient Information

For: [REDACTED] MRN: 002124181 DOB: 01/18/2007

**CONFIDENTIAL** - Do not re-release  
without proper authorization

### \*Immunization Record-2011

Immunization Record for: [REDACTED]

Vaccine	1	2	3	4	5	6
HepB Hepatitis B	01/18/2007	03/16/2007	05/24/2007	07/19/2007		
DTP Diphtheria, Tetanus, Pertussis	03/15/2007	05/24/2007	07/19/2007	05/06/2008	02/02/2011	
HIB Haemophilus influenzae Type b	03/15/2007	05/24/2007	07/19/2007	04/14/2010		XXXXXXXXXX
IPV Inactivated Poliovirus	03/15/2007	05/24/2007	07/19/2007	02/02/2011		
MMR Measles, Mumps, Rubella	05/06/2008	02/02/2011		XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Varicella Varivax	#1 given 05/06/2008	#2 given 02/02/2011		XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Pneumococcal	03/15/2007	05/24/2007	07/19/2007	05/06/2008		
Hep A Hepatitis A				XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Tetanus Booster Date and Type of Last:	Flu Shot Date of Last Flu Vax: 11/11/2009	Last Two (2) Documented Flu Vax: Flu-Historical (11/11/2009)	H1N1 #1 Date of Last:  H1N1 #2 Date of Last:	Pneumovax Date of Last:	Meningococcal Vaccine Given:	
Tdap Given: Tdap: may be due					Meningococcal #2	
Other Vaccines						
HPV	Vaccine/ Date of Last:	Vaccine/ Date of Last:	Vaccine/ Date of Last:	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Rotavirus	Vaccine/ Date of Last:	Vaccine/ Date of Last:	Vaccine/ Date of Last:	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Zostavax	Vaccine/ Date of Last:	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX



Written Immunization Record from a healthcare provider or clinic

### Vaccine Administration Record For Children and Youth

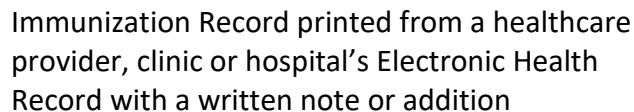
Patient Name: [REDACTED]  
Birthdate: [REDACTED]

Before administering any vaccine, give the person/parent an appropriate copy of Vaccine Information Statement (VIS) and read and have them understand the risks and benefits of the vaccine(s). Update the person's personal record or provide a new one, as required, per Washington's vaccine.

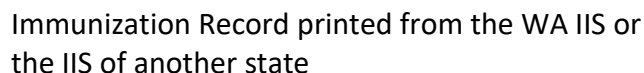
Vaccine	Type of Vaccine (e.g., injectable, oral)	Date given (month/year)	Route	Site given (RA, LA, RT, LT)	Vaccine lot #	Vaccine Information Statement (VIS) #	Signature of vaccinator
Hepatitis B (e.g., HepB, HBsAg, HBV, DTaP-HepB-IPV)			IM				
DTPa Diphtheria, Tetanus, Pertussis (e.g., DTaP, DTaP-IPV, DTaP-HepB, DTaP-HepB-IPV)			IM				
Haemophilus influenzae type b (e.g., Hib, Hib-IPV, DTaP-Hib)			IM				
Polio (e.g., IPV, DTaP-IPV)			IM				
Pneumococcal conjugate (PCV)			IM				
Measles, Mumps, Rubella (MMR)			IM				
MMR-2 (e.g., MMR-2, MMR-2-IPV)			IM				
Hepatitis A (HepA)			IM				
Tdap (e.g., Tdap, Tdap-IPV)			IM				
Other							

Signature: [REDACTED] Signature: [REDACTED]  
Signature: [REDACTED] Signature: [REDACTED]  
Signature: [REDACTED] Signature: [REDACTED]






Hep B 4-2-04 Mark Last # 1022 N Exp 3-06  
Given @ Lalo Arambury Medical  
Center



**Tennessee Department of Health**

# CERTIFICATE OF IMMUNIZATION




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**TEMPORARY NEW 7 GRADE, 13 YEARS OLD.**

Child's Name (Last name, first name, middle) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Birthdate (month/day/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name (Last name, first name, middle)  
(154)789-5623  
Phone (please include area code xxx-xxx-xxxx)

1212 OLD HICKORY BLVD.  
Address  
**HERMISTE**, **TENNESSEE 37076**  
City State Zip Code

**Section 1a. Religious Exemption ————**

☐ Check here if religious exemption to immunization selected by parent/guardian.

**1b. Health Examination Documentation (if required)**

☐ This child has been examined: MM/DD/YY \_\_\_\_/\_\_\_\_/\_\_\_\_

Certified by (Signature/Stamp) \_\_\_\_\_

**1c. Check If needed**

☐ Dental Screening  
☐ Vision Screening

I have specifically exempted my Tennessee law requires a certificate or letter for each child at attendance in any school or child care facility in Tennessee; localized instructions for this form and explanation of requirements are in "Instructions for Completion of Immunization Certificates" and the "Official Immunization Schedule" at the Tennessee Department of Health website (<http://health.state.tn.us/CID/informed.htm>) and on the Tennessee Web Immunization System.

VACCINE	DATe M/M/D/YYYY	DATe M/M/D/YYYY	DATe M/M/D/YYYY	DATe M/M/D/YYYY	DATe M/M/D/YYYY	DATe M/M/D/YYYY	Required (%)	School Entry (%)	Entry (%)	Other (%)	Mental Illness (%)
<b>Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)</b>											
<b>tib</b> (Child Care Only (<5 years))											
Pneumococcal (PCV) One Shot (Age 1-5 years)											
DTP, DTap, DT,Td	09/22/2015	10/24/2014									
Poliomyelitis	10/24/2014	09/22/2015									
<input checked="" type="checkbox"/> Hepatitis B First shot 1st-15 weeks, 2-dose childhood (ages)	10/24/2014	09/22/2015									
<input type="checkbox"/> Hepatitis A Child Care Effective 7/2015 Kingergarten Effective 7/2011											
Measles	10/24/2014	09/22/2015									
Mumps	10/24/2014	09/22/2015									
Rubella	10/24/2014	09/22/2015									
Varicella	10/24/2014	09/22/2015									
Tdap Booster 7th Grade Entry Only	08/22/2015										
<b>Section 2b. Recommended Vaccines (Documentation Optional)</b>											
Rotavirus											
Influenza											
Meningococcal											
HPV											
<b>Section 3. Provider Assessment (select one), not valid if blank:</b>											
<input checked="" type="radio"/> A) Temporary Certificate - Expires 12/17/2015 Expiration date one month after date next catch-up immunisation is due.....											
<input type="radio"/> B) Up to Date for Child Care Entry and <18 Months of Age Once all recommended vaccines, last up-to-date for entry before age of 18 months of age.....											
<input type="radio"/> C) Complete for Child Care / Pre-School Fulfills all requirements for child-care (see school or pre-K under 5 years of age....)											
<input type="radio"/> D) Complete K-6th Grade Fulfills recommendations, kindergarten through sixth grade.....											
<input type="radio"/> E) Complete 7th Grade or Higher Fulfills requirements, 7th grade or higher .....											
*For 4 doses and fully requirements for the School and Kindergarten grades, WHOI allows us send it.											
<b>Section 4. (Required) Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider (MD, DO, PA, Advanced Practice Nurse or Health Department):</b> STEPHANIE MEDICAL CENTER 215 ST STREET CLARKSVILLE, TENNESSEE 37040 (931)-942-1810											
Validated by The TN State Immunization Information System											
Certified by (Signature/Stamp) or TMISMS <span style="float: right;"><b>BB   DE   TNSHS</b> Date of Issuance</span>											

PHS-101 (Rev. X/03)



# SCHOOL MODULE TRAINING GUIDE



A CIS with either typed or written dates **is NOT** medically verified *unless* it has a healthcare provider stamp of signature

*Ann Christy*

Staff Signature  
Exemption: YES ☐ NO ☐  
(Date Here)

### CERTIFICATE OF IMMUNIZATION STATUS

Washington State Law (RCW 28A.210.150) requires that all children have a completed Certificate of Immunization Status on file at the school, preschool or a child care facility that they attend.

Child's Last Name: [Redacted] First Name: [Redacted] Middle Name: [Redacted] Sex: **M** Age: **5-7**  
Birthdate: **05/30/2003**

Parent/Guardian Name: [Redacted] Contact Phone: [Redacted]

Immunization	Type of Vaccine	Dose	Date Given	Month	Day	Year
<b>HEP B</b> (HBV) Hepatitis B	Hep B	1	08	04	2003	
	Hep B	2	08	04	2004	
		3	11	18	07	
		4				
<b>DTaP/OTaP</b> <b>DT</b>	DTaP	1	08	04	2003	
	DTaP	2	10	23	2003	
	DTaP	3	01	16	2004	
	DTaP	4	08	04	2004	
Diphtheria, Tetanus, Pertussis		5	11	18	07	
<b>Td/Tdap</b>		1				
		2				
		3				
		4				
<b>HIB</b> Hemophilus influenzae B	Hib	1	08	04	2003	
	Hib	2	10	23	2003	
	Hib	3	01	16	2004	
	Hib	4	08	04	2004	
<b>POLIO</b> OPV (by mouth) IPV (by injection)	IPV	1	08	04	2003	
	IPV	2	10	23	2003	
	IPV	3	01	16	2004	
		4	11	18	07	
		5				

Immunization	Type of Vaccine	Dose	Date Given	Month	Day	Year
<b>MMR</b> Measles (Rubella) Mumps & Polio	MMR	1	08	04	2004	
	MMR	2	11	18	07	
	MMR					
	MMR					
<b>VARICELLA</b> (Chickenpox)	VACCINE	1	08	04	2004	
	VACCINE	2	11	18	07	
	DISEASE	YES				
	DISEASE	NO				

OTHER VACCINES

→ I certify that the information provided here is correct and verifiable ←

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Guardian

DOH 348-013(X) Revised January 2005