

Enter Immunity into the School and Child Care Immunization Module Quick Reference Guide

Why do I need to enter immunity?

The number of students with immunity at your school is reflected in the annual report. For the report to be accurate, students with health care provider documentation of immunity must be entered into the School and Child Care Immunization Module or by providers in Special Considerations. Immunity also impacts other areas of the School and Child Care Immunization Module like the rosters and reports.

How does entered immunity affect other areas of the School and Child Care Immunization Module?

- **Student Roster** – Immunity impacts the student’s immunization compliance status.
- **At-Risk Report** – Students with immunity entered will not show on the At-Risk report for that disease.
- **Action Report** – If a student has immunity entered for all of the diseases in a vaccine, they will not show up on the action report as needing that vaccine.
- **Certificate of Immunization Status (CIS) form** – Immunity entered into the School and Child Care Immunization Module will not impact the status displayed on the validated CIS form. If a vaccine series is incomplete the status will display as Not Complete or Conditional. If desired, you can write the word immune on the CIS and change the status by hand. Immunity entered by providers in Special Considerations does impact the CIS.

What is documentation is required for immunity to be valid?

You must have documentation from a health care provider that the child is immune to the disease. That can be done by provider filling out and signing the immunity section of the CIS, a health care provider signature on a lab report, or a letter from a health care provider stating the child is immune to the disease. Note that a copy of the lab report is no longer required to accompany health care provider documentation of immunity by blood antibody titer.

How do I add immunity to a student’s record?

** You must have parent permission to enter immunization information, including immunity into the School and Child Care Immunization Module. See the [School and Child Care Immunization Module Guidance and Expectations document](#) for more information.**

1. Login to the School and Child Care Immunization Module.
2. Search for and select the student.
3. Select **Demographics** under the *Patient* section of the left-hand menu.
4. Click **Edit**.



Enter Immunity into the School and Child Care Immunization Module Quick Reference Guide

Patient Status
 Patient Status: Inactive

Patient Detail
 First Name: RAJ Street:
 Middle Name: (K) COMP City:
 Last Name: CAT County:
 Birth Date: 10/01/2012 State:
 Multi Birth Indicator: N Zip Code:
 Birth Order: Home Phone:
 Sex: MALE Cell Phone:
 Student ID:
 Guardian Name:

+ Patient Specific Reports

School Reporting
 School: VERY HEALTHY ELEMANTARY Include on Reports:
 Grade Level:
 School Entry Date: 08/01/2018

Cancel **Edit** Update

5. In the Demographic Edit screen click the + in the *Evidence of Immunity* section.

+ School Exemptions by Disease
+ Evidence of Immunity

6. Select the desired **Disease** from the disease dropdown list.

- Family & Contact

First Name: Contact Type: --select--

Address 1: Address 2: City:
 Country: State:
 Phone Number: Equip:
 Email:

First	Last	Type	P
KATHERINE	GRAFF		

+ Alias
 + School
 + School Exemptions by Disease
 - Evidence of Immunity

Disease Name: --select--

Disease Name	Evidence of Immunity

7. Click the **Add** button.

- Evidence of Immunity

Disease Name: Hepatitis B **Add**

8. Click the **Save** button.

- Evidence of Immunity

Disease Name: --select-- **Add**

Disease Name	Evidence of Immunity	
Hepatitis B	Y	Remove

Cancel **Save**



Enter Immunity into the School and Child Care Immunization Module Quick Reference Guide

The system will return you to the Demographic page and display the new immunity.

Patient Status			
State Level:	Active	Organization Level:	Inactive
County Level:	Active (Clallam)		
Patient Detail			
First Name:	INDIE	Street:	332 FALCON AVE
Middle Name:	(K) SCHOOL ENTERED IMMUNITY	City:	SEQUIM
Last Name:	CAT	County:	CLALLAM
Birth Date:	02/01/2015	State:	WASHINGTON
Multi Birth Indicator	N	Zip Code:	98382
Birth Order		Home Phone:	
Sex:	FEMALE	Cell Phone:	
Student ID:			
Guardian Name:	KATHERINE GRAFF		
+ Patient Specific Reports			
School Reporting			
School:	VERY HEALTHY ELEMENTARY	Include on Reports:	<input checked="" type="checkbox"/>
Grade Level:	K		
School Entry Date:			
Evidence of Immunity			
Disease Name	Evidence of Immunity		
Hepatitis B	Y		
			Cancel Edit Update

How do I remove immunity from a student's record?

1. Login to the School and Child Care Immunization Module.
2. Search for the student.
3. Select **Demographics** under the *Patient* section of the left-hand menu.
4. Click **Edit**.
5. In the Demographic Edit screen click the + in the *Evidence of Immunity* section.
6. Click the **Remove** button of the desired immunity.

- Evidence of Immunity			
Disease Name:	--select--		Add
Disease Name	Evidence of Immunity		
Hepatitis B	Y		Remove

7. Click **Save**.

Questions? Contact the School and Child Care Immunization Module Team at

