



DOCUMENTING HISTORICAL IMMUNIZATIONS IN THE WA IIS



Office of Immunization

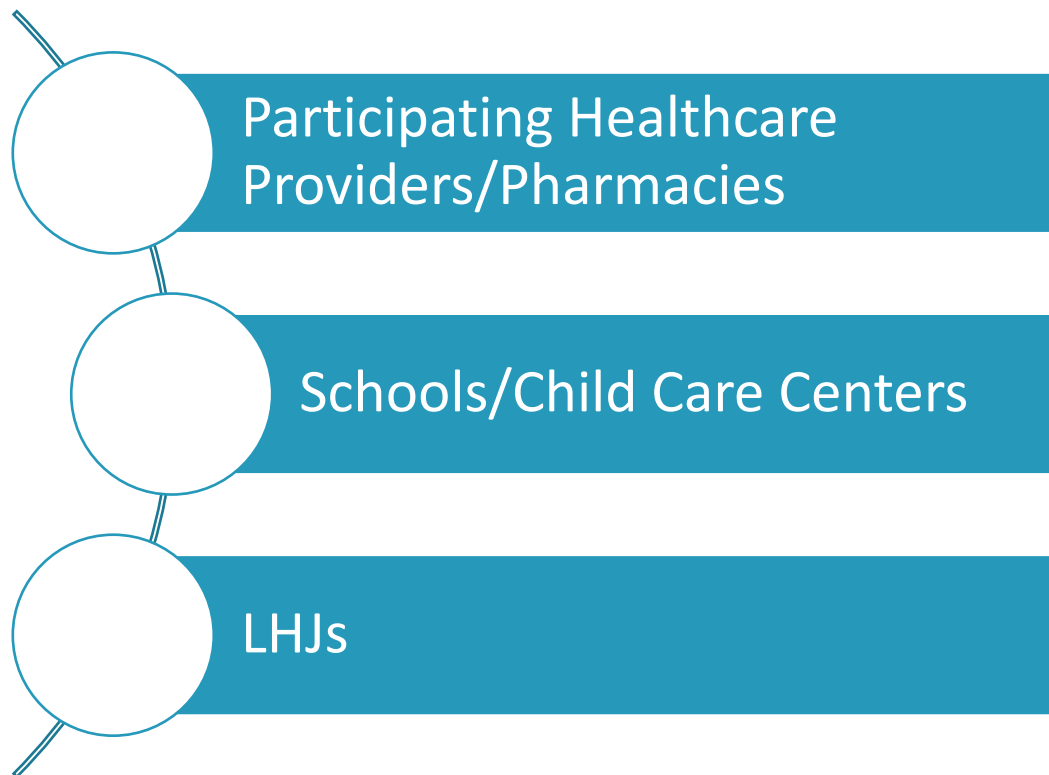
Today's Topics

- **Best Practices: Historical Immunizations**
 - Medically verified historical records
 - Resources for interpreting international immunization records
- **MyIR Resources for clinics**
- **New User Login**

Historical Immunization Records

Patient presents with documentation of immunizations they received, but the records are not found in the WA IIS.

- Records are likely from out of state or out of country.
- Records not administered by your clinic should be documented in the WA IIS as 'historical'.



Historical Immunization Records

- When entering vaccination data directly in the IIS, make sure to choose the 'Add Historical' button as opposed to 'Add Administered'
- If your IIS user account permissions allow, you may edit the record to add additional details about the vaccination if indicated/available, such as administering provider and lot number
- Keep the documentation (or a copy of it) as part of the patient's file/medical record at your facility.
 - If questions arise in the future about a patient's historical vaccine record in the WA IIS, the organization that entered it may be asked to review the record they have on file.
 - The documentation is subject to applicable record retention rules for your organization.

Entering Historical Records in the WA IIS

Search for and Select a patient.

Vaccinations>View/Add>Enter date>**Add Historicals**

Do not take ownership when adding vaccinations.

Add Administered Clear Add Historicals

• If a combination vaccine is marked with a 'X', please verify which components of the vaccine are outside the ACIP schedule by viewing the Vaccination Summary .

Historical records will show with a *

Hep B, unspecified formulation	12/04/2000 *	01/25/2001 *	07/26/2001 *
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Edit the record to include additional information

Vaccination/Medicine Detail	
Vaccine:	HPV9 (Gardasil 9)
Date Administered:	01/01/2001
Historical:	Yes
Confidential:	No
Manufacturer:	
Lot Number:	HPV9123
Lot Facility:	
Funding Source:	
Provider Noted on Record:	DOCTOR ABC
Lot Noted on Record:	HPV9123
Manufacturer Noted on Record:	MFCTR

Historical Immunization Records

Historical immunization records in the WA IIS are considered **medically verified**.

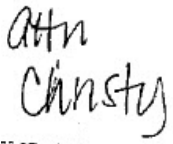


The decision to enter an historical immunization record into the WA IIS is based on the review and clinical judgment of a healthcare provider.

These are NOT considered a **medically verified** records:

- Oral or written report of vaccinations without medical proof
- Lifetime Immunization Records not filled out by and signed by a healthcare provider
- Home vaccine lists, including baby books
- Certificate of Immunization Status (CIS) completed by hand without a healthcare provider signature or without medical records attached

Medically Verified Immunization Records

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

W. _____
 Staff Signature
 Exemption: YES NO
(See 18A.08)

CERTIFICATE OF IMMUNIZATION STATUS

Washington State Law (RCW 26A.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: _____ First Name: _____ Middle Name: _____ Sex: **M** Birthdate: **05/30/2003**
 Parent/Guardian Name: _____ Daytime Phone: _____

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

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

X _____ Date: _____
 Signature of Parent or Guardian

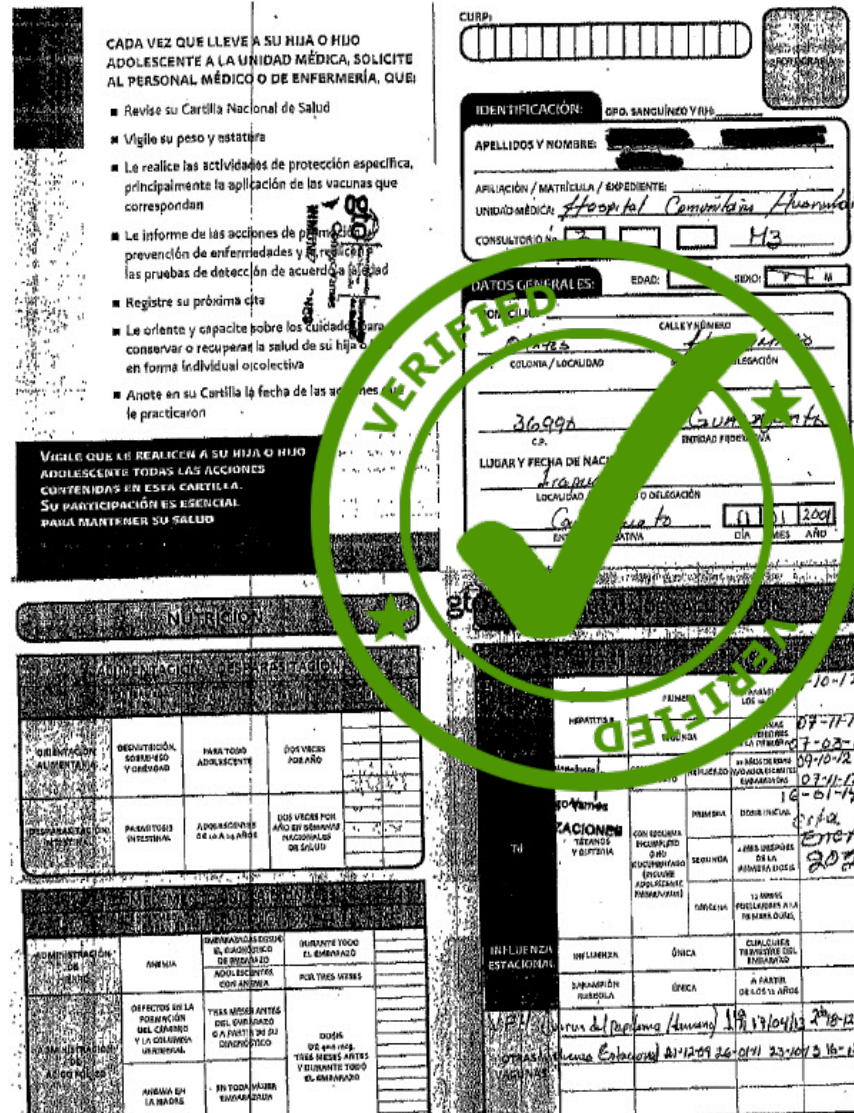
Historical Immunization Records

The following *are* considered **medically verified records**:

- A hardcopy Certificate of Immunization Status (CIS) verified for accuracy with a unique healthcare provider or clinic stamp, or handwritten CIS with provider signature
- Immunization records from a provider, clinic or hospital EHR with a unique healthcare provider, clinic or hospital logo, header, stamp, or handwritten provider signature
- Official CIS or immunization record from another U.S. territory or state's IIS
- Official lifetime immunization record from WA or another state with a unique healthcare provider or clinic stamp, or handwritten provider signature
- An immigration form or lifetime immunization record from another country with a clinic or healthcare provider stamp, or handwritten signature

Medically Verified Immunization Records

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



CADA VEZ QUE LLEVE A SU HIJA O HIJO ADOLESCENTE A LA UNIDAD MÉDICA, SOLICITE AL PERSONAL MÉDICO O DE ENFERMERÍA, QUE:

- Revise su Cartilla Nacional de Salud
- Vigile su peso y estatura
- Le realice las actividades de protección específica, principalmente la aplicación de las vacunas que correspondan
- Le informe de las acciones de promoción de la prevención de enfermedades y de aplicación de las pruebas de detección de acuerdo a la edad
- Registre su próxima cita
- Le oriente y capacite sobre los cuidados para conservar o recuperar la salud de su hijo o hija en forma individual o colectiva
- Anote en su Cartilla la fecha de las acciones que le practique

VERIFIQUE QUE SE REALICEN A SU HIJA O HIJO ADOLESCENTE TODAS LAS ACCIONES CONTENIDAS EN ESTA CARTILLA. SU PARTICIPACIÓN ES ESENCIAL PARA MANTENER SU SALUD

IDENTIFICACIÓN: **GRUPO SANGUÍNEO Y RHD**

APellidos y Nombre: [Redacted]

Afiliación / Matrícula / Expediente:

Unidad Médica: Hospital Comunitario Humanitas

Consultorio N.º: 13

DATOS GENERALES: **EDAD:** [Redacted] **SEXO:** [Redacted]

DIRECCIÓN: CALLE Y NÚMERO [Redacted]
COLONIA / LOCALIDAD [Redacted] DELEGACIÓN [Redacted]

LUGAR Y FECHA DE NACIMIENTO: [Redacted] [Redacted] 13/01/2009
ESTADO / LOCALIDAD / DELEGACIÓN [Redacted] DÍA MES AÑO

ORIENTACIÓN ALIMENTARIA	IDENTIFICACIÓN SOBRESEDO Y ORDEBONO	PARA TODOS ADOLESCENTES	DESDE LAS VECES POR AÑO
PREPARACIONES	PARASITOSIS INTESTINAL	ADQUISICIONES DE LA A LA MADRE	DESDE LAS VECES POR AÑO EN SERVICIOS NACIONALES DE SALUD

ADMINISTRACIÓN DE LA MATERNA	ANEMIA	EMBARAZO: COMO EL BIOMÉTRICO DE 20 SEMANAS	PRESENTE TODO EL EMBARAZO O POR TRES MESES
DEFECTOS DE LA POSICIÓN DEL CERVICU Y LA COLABORACIÓN MATERNA	TRES MESES ANTES DEL QUE COMIENZA LA GESTACIÓN	DESDE LAS VECES POR AÑO EN SERVICIOS NACIONALES DE SALUD	TRES MESES ANTES Y DURANTE TODO EL EMBARAZO
MABAMA EN LA MADRE	EN TODAS LAS EMBARAZOS		

HERPES	CIEN	UNICAMENTE	UNICAMENTE
CON SEGURO DE RECUPERADO O NO	UNICAMENTE	UNICAMENTE	UNICAMENTE

INFLUENZA ESTACIONAL	UNICAMENTE	UNICAMENTE	UNICAMENTE
UNICAMENTE	UNICAMENTE	UNICAMENTE	UNICAMENTE

VERIFIED

Medically Verified Immunization Records

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
 509-342-3960

October 30, 2014
 Page 1

Patient Information

For: [REDACTED]

*Immunization Record-2011

CONFIDENTIAL - Do not re-release without proper authorization

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	03/15/2007	05/22/2007	07/19/2007	05/08/2008	05/08/2011	
Diphtheria, Tetanus, Pertussis						
HIB Haemophilus influenzae Type b	03/15/2007	05/24/2007	07/19/2007	04/11/2008		XXXXXXXXXX
IPV	03/15/2007	05/24/2007	07/19/2007		05/08/2011	
Inactivated Poliovirus						
MMR Measles, Mumps, Rubella	05/06/2008	02/02/2011		XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Varicella Vartivax	#1 given 05/06/2008	#2 given 02/02/2011		XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Pneumococ	03/15/2007			06/06/2008		
Hep A Hepatitis A				XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Tetanus Booster Date and Type of Last:	Last Two Vax: 11/11/2009	Last Two Vax: Flu Historical (11/11/2009)	H1N1 #1 Date of Last:	Pneumovax Date of Last:	Meningococcal Vaccine Given:	
Tdap Given: Tdap: may be due	Pneumovax #2 Date of Last:		H1N1 #2 Date of Last:		Meningococcal	
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



Medically Verified Immunization Records

Immunization Record
printed from the WA IIS or
the IIS of another state

Use required on or after July 1, 2010.

Tennessee Department of Health



CERTIFICATE OF IMMUNIZATION

TEMPORARY NEW 7 GRADE, 13 YEARS OLD, 01/15/2002

Child's Name (Last name, first name, middle) _____ Birthdate (mm/dd/yy) 01/15/2002

Parent/Guardian Name (Last name, first name, middle) _____

Phone (please include area code xxx-xxx-xxxx) _____

Address _____ TENNESSEE 37076

City _____

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

Unless specifically exempted by law, Tennessee requires a certificate on file for each child attending in any school or child care facility in Tennessee. Detailed instructions for this form and explanations 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/CED/required.html>) and on the Tennessee Immunization System Web Immunization System.

VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	Age (Y)	Age (Y)	Age (Y)	Age (Y)
Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)										
Child Care Entry (<5 years)										
Pneumococcal (PCV)										
Child Care Entry (<5 years)										
Diphtheria, Tetanus, and Pertussis	09/22/2015	10/24/2014								
Poliovirus	10/24/2014	09/22/2015								
Hepatitis B	10/24/2014	09/22/2015								
Check here if 11-15 years 2-dose schedule used										
Hepatitis A										
Child Care Entry (<5 years) Kaiser Permanente Effective 7/2014										
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	09/22/2015									
Section 2b. Recommended Vaccines (Documentation Optional)										
Rotavirus										
Influenza										
Meningococcal										
HPV										

Section 3. Provider Assessment (select one)

A) Temporary Certificate - Expires 12/17/2015
 Expiration date one month after date next catch-up immunization is due —

B) Up to Date for Child Care Entry and <18 Months of Age
 Only if requirements incomplete, but up to date for age. Expires at 18 months of age.

C) Complete for Child Care / Pre-School*
 Fulfills all requirements for child care / pre-school or pre-K under 5 years of age. —

D) Complete K-6th Grade*
 Fulfills requirements, Kindergarten through 6th grade.

E) Complete 7th Grade or Higher
 Fulfills requirements, 7th grade or higher.

*If age 4 years and fulfills requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.

Section 4. (Required) Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider (MD, DO, PA, Advanced Practice Nurse or Health Department):

8TH STREET MEDICAL CENTER
 215 8TH STREET
 CLARKSVILLE, TENNESSEE
 37040
 (931)542-0610

Validated by the TN State Immunization Information System

09 22 2015
 MM | DD | YYYY

Certified by (Signature/Stamp) or TennIS _____ Date of Issue _____

Certificate ID: 9149811711442927169884

PH-4160 (Rev. 4/15) RDA-NA

Medically Verified Immunization Records

Written
Immunization
Record from a
healthcare provider
or clinic

Vaccine Administration Record
For Children and Youth

Patient Name: _____
Birthdate: _____ 5/2/00

Before administering any vaccines, give the general population an appropriate review of Vaccine Information Statements (VISes) and make sure they understand the risks and benefits of the vaccine(s). Update the patient's personal record or provide a new one whenever you administer a vaccine.

Vaccine	Trade Name (generic approximation)	Date given (month/day/yr)	Route	Site given (RA, LA, RT, LT)	Vaccine	Vaccine Information Statement	Signature of vaccinator
Hepatitis B (e.g., HepB, HBVaxPro, DTPa-HepB-IPV)			IM				
Diphtheria, Tetanus, Pertussis (e.g., DTaP, DT, DTPa-PHa, DTPa-HepB-IPV, TD)	DTaP	10/04	IM	LA	DTaP-IPV		[Signature]
Haemophilus influenzae type b (e.g., Hib, Hib-5, Hib-4, DTPa-Hib)			IM				
Polio (e.g., IPV, DTPa-HepB-IPV)	IPV	10/04	IM-SC	LT	IPV		[Signature]
Pneumococcal conjugate (PCVs)							
Measles, Mumps, Rubella (MMR)	MMR	10/04	SC	RT	MMR		[Signature]
Varicella (V)			SC				
Hepatitis A** (H1A)	H1A	5/11/05	IM		H1A		[Signature]
Hepatitis A** (H2A)	H2A	5/11/05	IM		H2A		[Signature]
Other**							
Other**							

Signature: [Signature] Signature: _____
 Signature: [Signature] Signature: _____
 Signature: [Signature] Signature: _____

Historical Immunization Records

[Documenting Historical Vaccinations in the WAIS](#)

Resources for translations of vaccine records:

- [Quick Chart of Vaccine-Preventable Disease Terms in Multiple Languages \(immunize.org\)](#)
- [Translation of Vaccine-Related Terms Into English \(dallascounty.org\)](#)
- <https://www.chop.edu/news/news-views-interpreting-foreign-immunization-records-and-immunizing-newly-immigrated>
- [vaxref - MN Dept. of Health \(state.mn.us\)](#)
- [Ukrainian & Russian Vaccination Records Translation Guide \(PDF\)](#)
- [Ukrainian Vaccination Records Webinar Recording | Slides \(PDF\) | Transcript \(PDF\)](#)

Historical Immunization Records

Additional Resources:

Google image translate feature -

<https://support.google.com/translate/answer/6142483?hl=en&co=GENIE.Platform%3DDesktop>

[Understanding Immunization Records from Outside the United States](#)

[Polio Vaccine Documentation in the WAIS](#)

[The use and significance of vaccination cards - PMC](#)

[Acceptable Versions of a Certificate of Immunization Status](#)

[CIS-PrintingInstructions.pdf](#)

Historical Immunization Records

- Email IIS.Training@Doh.wa.gov to request corrections to records entered by another facility.
- [Vaccine Records Update Request](#) – Name and DOB update requests can be made by the patient.
- For historical vaccine documentation questions, email ImmuneNurses@doh.wa.gov.
- Any documentation or changes you make to a patient record should be completed in your EMR if you submit vaccination data through an HL7 interface connection.

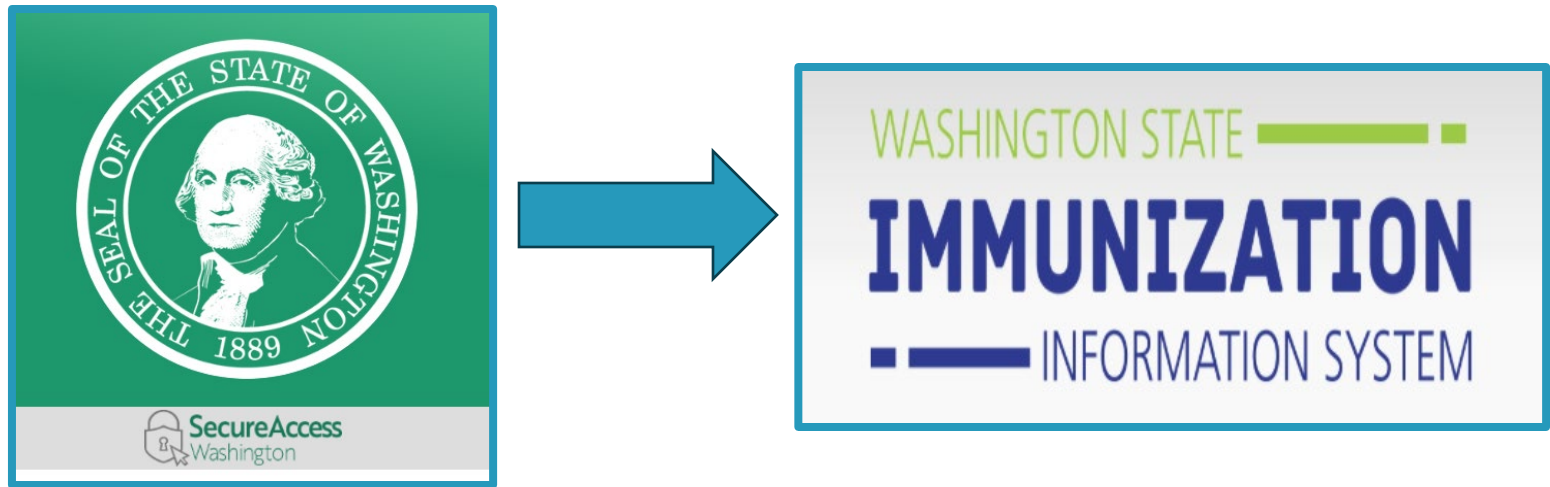
MyIR

- Consumer application that assists people in WA with accessing their personal immunization records
- Vaccine records accessed pull data from the WA IIS
- Available in English & Spanish
- [MyIRMobile.com](https://myirmobile.com)

Now available to order:
[Poster/Handout](#)



New User Login



1. Log into SAW account / Create a SAW account - [IIS Login FAQ](#)
2. [Add WAIS as a service in SAW](#)
3. Access WAIS through SAW
4. Log into WAIS (username and password may be different than SAW)

IIS Training Resources

IIS Training Resources

[IIS Training Materials Portal](#)

[IIS Webinars](#)

[Request IIS Training](#)

IIS Questions & Assistance

Contact the Help Desk

- 1-800-325-5599
- WAIISSHelpDesk@doh.wa.gov

Contact the WA IIS Training team: IIS.Training@doh.wa.gov





DOH 348-1091

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.