



# New York's Citywide Immunization Registry (CIR):

## An Introduction to the CIR and Online Registry



NYC Department of Health & Mental Hygiene  
May 2007

# Overview of presentation

- Immunization registries
- New York Citywide Immunization Registry (CIR)
- CIR Access
- Online Registry features

# What are Immunization Registries?

- Databases which contain children's records with immunizations administered by providers in a certain geographical area, usually population-based
- Aggregate immunizations given over different visits and often by different providers into one record
- Usually maintained by state or local health departments
- Used by providers as a clinical record aid and for decision support
- Used by health departments as a public health tool to aid surveillance and activities, such as emergency preparedness

# How do Registries help improve immunization coverage & practice?

68.9% coverage rate for 4:3:1:3:3:1 for NYC (NIS Q2/05-Q2/06)

## Barriers

- *1 in 4 children visit more than 1 provider before the age of 2*
- *Records can be incomplete or unavailable* →
- *Missed opportunities, over-immunizing*
- *Immunization schedule is complex and often changes* →

## Solutions

- ✓ Make consolidated, centralized immunization records available at time of visit
- ✓ Provide decision support—recommend when vaccines are due
- ✓ Measure vaccination coverage levels
- ✓ Offer reminder/recall functionality for the providers, health plans, other agencies

# National Immunization Registry picture

1993:

- CDC provided planning grants to develop immunization registries in every state.

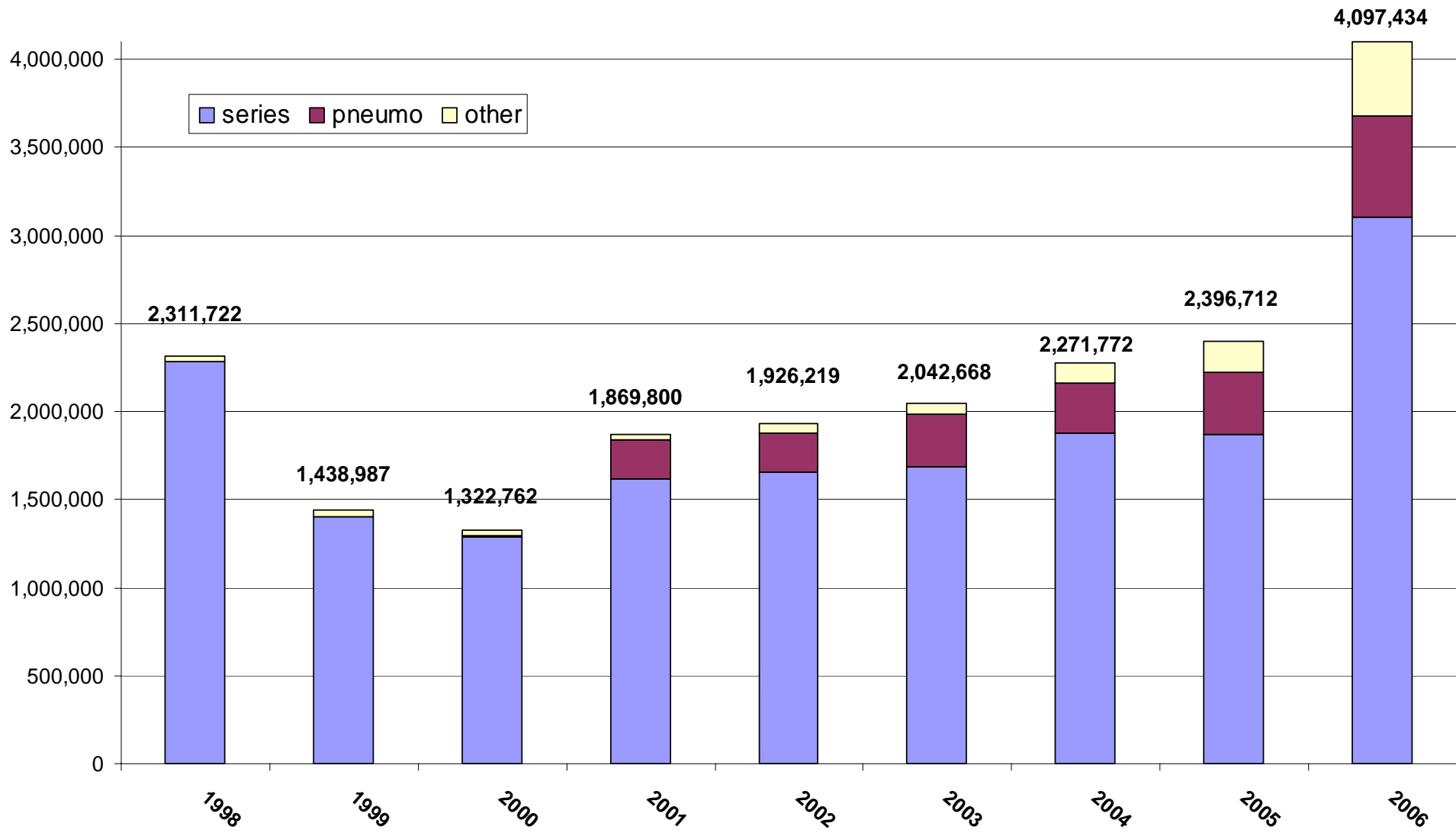
As of 2005:

- 52 states and cities have registries
- 56% of children < 6 years have 2 or more immunizations in a registry
  - Healthy People 2010 objective: 95%
  - NYC CIR is at ~85%

# CIR profile

- NYC Health Code requires reporting to CIR by all immunizing providers:
  - 1997: children < 8 years of age
  - 2005: children and adolescents < 19 years of age
  - > 1,600 pediatric provider facilities and offices
  - ~75% report regularly
- Reporting methods: electronic files, paper, on-line
- Birth certificates loaded weekly (~2,400/wk)
- Integrated with Lead Registry
- 3 million children's records; 28 million immunizations

# Number of immunizations added to CIR for children < 8 years of age



# CIR access for providers and other agencies

- telephone or fax in a request to CIR:
  - CIR staff looks up records and sends via fax to provider's office (~2,500 requests/mo.)
- use Online Registry - on your own, 24/7:
  - look-up immunization records, report, and view lead test histories (~45,000 requests/mo.)
  - print or fax an official record for provider or public
  - print pre-completed WIC, 211S, After-school/Day camp forms, Day Care



# CIR collaboration with CMHs and EHR

~35 Community Health Centers or FQHC groups

Current: Immunization extract file from EPIC, following CIR UPIF specifications (electronic batch file reporting)

Plan: Build Real-time, bilateral communication between CIR and electronic health records (EHRs) - eCW, EPIC, other EHRs

# CIR as a conduit to report to VAERS

[My Reporting Record](#) | 
 [Up-To-Date](#) | 
 [Immunization Schedule](#) | 
 [Lead Guidelines](#) | 
 [Report Adverse Event \(VAERS\)](#) | 
 [AE Log](#)

 
 CIR ID: 123123 | 
 First: George | 
 Last: Spelvin | 
 DOB: 1/1/2000 | 
 Gender: M

- The Registry can pre-populate a Vaccine Event Adverse Event Report System (VAERS) form and transmit it to the CDC for you for the patient listed above.
- The table below shows all immunization dates reported to the Registry. (If this is not up to date, please update the patient's record using [Current Immunization](#) or [Add History](#) then return to the VAERS page.)

## Select a Vaccination Date to use on VAERs Form

### Vaccination Dates:


	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	12/27/1995	12/11/1996	01/24/1996	10/14/1997	03/21/1996	05/23/1996	08/21/1996	10/25/1999	06/6/2000	10/24/2000	02/22/1997	06/18/1997
HepB	HepB (<20 yrs 3-dose)				HepB (<20 yrs 3-dose)		HepB (<20 yrs 3-dose)					
DTP			DTP		DTP	DTP						
Hib			Hib NOS		Hib NOS	Hib NOS						
Polio			OPV		OPV							
MMR		MMR										
Varicella				Varicella								
Pneumococcal												
Other												Pneumo polysac (Pneum)

Step 1: Choose patient from MyList, Search or Add New Patient  
 Step 2: Choose vaccine date

# CIR as a conduit to report to VAERS

[My Reporting Record](#) [Up-To-Date](#) [Immunization Schedule](#) [Lead Guidelines](#) [Report Adverse Event \(VAERS\)](#) [AE Log](#)

➤ The information you enter below will be used to send a VAERS form to the CDC.



➤ Information from the Registry has been used to pre-populate this section.

If there is missing data, please use [Update Patient Info](#) and then return to the VAERS form. (Information entered on the VAERS form will not be saved in the Registry.)

**Patient Name:**  
Last:   
First:  MI:   
Address:   
  
City:   
State:  ZIP:  -   
Phone No:   -

**Vaccine Administered by (Name):**  
Last:   
First:  MI:

➤ Information from the Registry has been used to pre-populate this section.

**Responsible Physician (Name):**  
Last:   
First:  MI:   
Facility Name:   
Facility Address:   
  
City:   
State:  ZIP:  -   
Phone No:   -

➤ Information from the Registry has been used to pre-populate this section.

**Form completed by (Name):**  
Last:   
First:  MI:

Confirmation of receipt for this report will be

Step 3: Complete Online Registry VAERS form, precompleted with Patient Demographic and immunization information

Upon completion, VAERS form transmitted via fax to CDC

# CIR role in an emergency: capturing pandemic flu shots

The screenshot displays the 'Online Registry' web application interface. The navigation menu at the top includes 'PATIENTS' (Search, MyList, Reports, Add/Edit) and 'PRACTICE' (Tools, Recall, VFC, Set Up, Avian Flu, Help, LogOut). The 'Avian Flu' tab is highlighted in red, indicating it is the active tab. A blue callout box points to this tab with the text: 'Tab is active only during an emergency'. Below the navigation menu, a yellow box contains the text: 'This page is for the quick entry of vaccination information in the event of an Avian Flu emergency.' The main content area features a 'Quick-Add Avian Flu vaccinated patient' form with fields for First Name, Last Name, DOB, Gender, Vaccination Date, and Priority Group. The form includes a 'Clear' button and a 'Continue' button. The footer contains contact information for 'The Citywide Immunization Registry' and the 'Lead Poisoning Prevention Program (LPPP)'.

**Online Registry**

**PATIENTS** Search MyList Reports Add/Edit **PRACTICE** Tools Recall VFC Set Up **Avian Flu** ? Help LogOut

Welcome **UserName**  
(FacilityName)

**Avian Flu**

This page is for the quick entry of vaccination information in the event of an Avian Flu emergency.

**Quick-Add Avian Flu vaccinated patient**


First Name

Last Name

DOB    (mm/dd/yyyy)

Gender  M  F

Vaccination Date  05  01  2007 (mm/dd/yyyy)

Priority Group  Select Status 

**The Citywide Immunization Registry**  
125 Worth Street, CN 64R, New York, NY 10013 (212) 678-2323

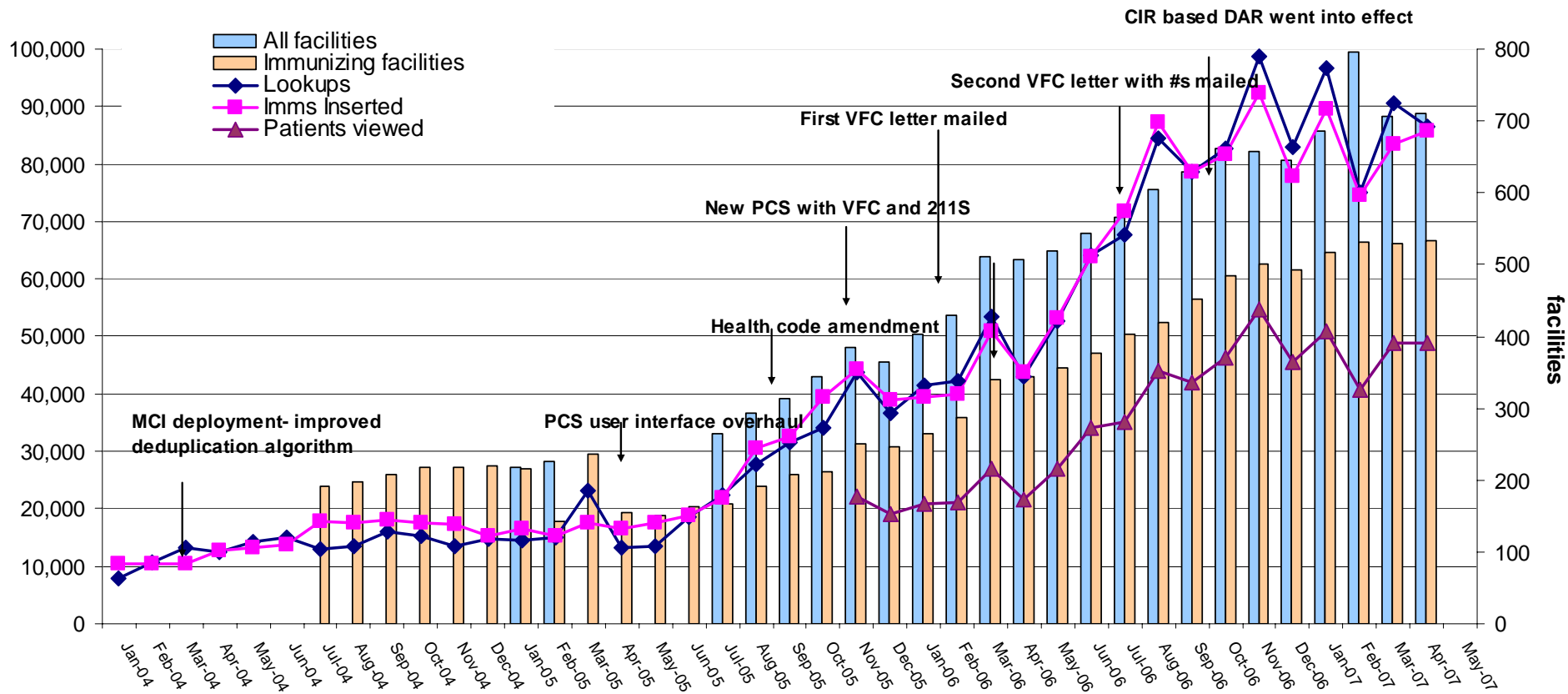
**Lead Poisoning Prevention Program (LPPP)**  
253 Broadway, CN 58, New York, NY, 10007 212-BAN-LEAD

Internet 100%

# Internet-accessible registry benefits

- Internet applications provide:
  - increased accessibility, 24/7
    - easier access for users in networked environments
  - almost instant gratification
    - requires users to contact CIR for User ID and Password, but no other set-up necessary
  - lower resource utilization
    - nothing to set up, therefore no site visit required

# Online Registry Use: 2002 to date



# CIR access for parents, legal guardians and custodians

Short, signed application required to obtain a record:

- telephone to request a [Parent/Guardian Request for Immunization Record Application](#) (212-676-2323)
- download application forms from [nyc.gov/health/cir](http://nyc.gov/health/cir) (no Online Registry)

# Future Enhancements to Online Registry

- Real-time bilateral communication with provider EHRs
- Forecast adolescent, adult immunizations
- Report adverse events to VAERS
- Capture emergency pandemic flu shots
- Recall patients not up-to-date
- Order VFC vaccine, manage inventory
- Feedback reports: site profiles, reporting activity, coverage profile
- “Read-Only” access for non-clinical users



# Online Registry Demo

[www.nyc.gov/health/cir](http://www.nyc.gov/health/cir)




# CIR Information Website Homepage:


Bureau of Immunization : NYC DOHMH - Microsoft Internet Explorer provided by DOHMH

File Edit View Favorites Tools Help

Address <http://www.nyc.gov/html/doh/html/cir/index.html>

## nyc.gov/health/cir






**Registry**  
...look up records & more immunization

**Contents**

- For Providers
- For Parents & Guardians

Contact CIR




**Welcome** to the New York Citywide Immunization Registry (CIR)! The CIR keeps immunization records for New York City's children.

**Our Mission:** To improve the immunization status of all NYC children by consolidating immunization information and sharing it with health care providers, families, and agencies concerned with children's health.


For information and immunization records, call 212-676-2323.

More information [about the CIR](#)



*"Healthy Children, Right From the Start!"*

Last updated on 09/16/2004



Search | Email Updates | Contact Us

Residents | Business | Visitors | Government | Office of the Mayor

Internet

# Log in:



More powerful  
**Advanced Search!**  
New feature:  
**Add a New Patient!**

Enhanced **MyList!**  
Use Search and View features to find patients!  
Customize your view!  
Results are paginated!  
See patient's current status at a glance!



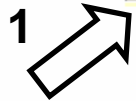
Note:  
Bookmark  
this page



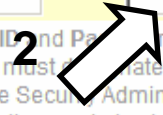
Welcome! Please enter your User ID and Password

User ID

Password



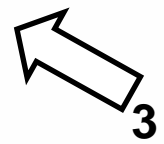
To obtain a User ID and Password, each health care facility or practice must designate a Facility Security Administrator. The Security Administrator must be associated with a licensed physician, physician's assistant or nurse practitioner, and must mail or fax a signed confidentiality statement to the CIR. Call us at 212-676-2323 for more information or download the sign up forms from [here](#).



In proceeding beyond this point, the user:

- ...acknowledges the possibility that the information contained herein may be incorrect or incomplete.
- ...acknowledges that the medical decision to immunize or test a child for lead rests with the health care provider, based on the child's current health status and past medical history.
- ...agrees to look up information only on his/her current patients, and to comply with the restrictions on the disclosure of information from the Online Registry in accordance with NYC Health Code [Section 11.07\(d\)](#) and [Section 11.06\(b\)](#).

By clicking the button below, you consent to the above.

**The Citywide Immunization Registry**  
125 Worth Street, CN 64R, New York, NY 10013  
(212) 676-2323

**Lead Poisoning Prevention Program (LPPP)**  
253 Broadway, CN 58, New York, NY, 10007  
212-BAN-LEAD



Michael R. Bloomberg, Mayor  
Thomas R. Frieden, M.D., M.P.H.,  
Commissioner

New York City Department of Health and Mental Hygiene

# Patient List (MyList):

**Navigation:**

- Menu bar
- Tabs
- Instruction
- Tip
- Alert
- Set Up

**Search MyList** or **View MyList**

Letters of last name...  **GO**

Show patients accessed... Show per page... and Jump to...  
   **GO**

**Tip**  
 You can set your viewing defaults in [Set Up](#)

Remove	Status	Last/First	Gender	DOB	CIR	Last Accessed
<input type="checkbox"/>		<a href="#">Pan, Petre</a>	M	11/17/1996	127926663	05/01/2007
<input type="checkbox"/>		<a href="#">White, Snow</a>	F	09/25/2003	127926887	05/01/2007
<input type="checkbox"/>		<a href="#">Hope, Jordan</a>	M	06/20/2005	530170187	05/01/2007
<input type="checkbox"/>		<a href="#">Cherfilus, Kristen</a>	F	11/28/2002	371521236	05/01/2007
<input type="checkbox"/>		<a href="#">Papadouka, Vikki</a>	F	02/13/1985	530169524	05/01/2007
<input type="checkbox"/>		<a href="#">Nkwocha, Wisdom</a>	M	03/28/2004	423890436	05/01/2007
<input type="checkbox"/>		<a href="#">Nkwocha, Promise</a>	M	03/10/2002	395774436	05/01/2007
<input type="checkbox"/>		<a href="#">Cruz, Isabel</a>	F	11/30/1995	45402851	05/01/2007
<input type="checkbox"/>		<a href="#">Duck, Donald</a>	M	04/15/2000	345688200	05/01/2007
<input type="checkbox"/>		<a href="#">Mouse, Mighty</a>	F	01/20/2003	234514124	05/01/2007

1-10 of 974 records [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) [11](#) [12](#) [13](#) [14](#) [15](#) [16](#) [17](#) [18](#) [19](#) [20](#) [21](#) [22](#) [23](#) [24](#) [25](#) [26](#) [27](#) [28](#) [29](#) [30](#) [31](#) [32](#) [33](#) [34](#) [35](#)  
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# MyList: Choose a patient on list

**Online Registry**

**PATIENTS** Search MyList Reports Add/Edit **PRACTICE** Tools VFC Set Up ? Help LogOut

Welcome Shirley Huie  
(CITYWIDE IMMUNIZATION REGISTRY)

**My List**

- Each time someone at CITYWIDE IMMUNIZATION REGISTRY finds a patient using the Search options, that child's name is added to the list below.
- To View Record, click on a patient's name.
- To Remove from List, check on one or more boxes and click the "Remove" button at the bottom of the page. (The selected patients will no longer appear on this page. They will not be deleted from the Registry.)

**Search MyList** or **View MyList**

Letters of last name...  **GO**

Show patients accessed... Show per page... and Jump to...  
   **GO**

**Tip**  
You can set your viewing defaults in [Set Up](#)

Remove	Status	Last/First	Gender	DOB	CIR	Last Accessed
<input type="checkbox"/>		<a href="#">Pan, Petre</a>	M	11/17/1996	127926663	05/01/2007
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<input type="checkbox"/>		<a href="#">Hope, Jordan</a>	M	06/20/2005	530170187	05/01/2007
<input type="checkbox"/>		<a href="#">Cherfilus, Kristen</a>	F	11/28/2002	371521236	05/01/2007
<input type="checkbox"/>		<a href="#">Papadouka, Vikki</a>	F	02/13/1985	530169524	05/01/2007
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<input type="checkbox"/>		<a href="#">Nkwocha, Promise</a>	M	03/10/2002	395774436	05/01/2007
<input type="checkbox"/>		<a href="#">Cruz, Isabel</a>	F	11/30/1995	45402851	05/01/2007
<input type="checkbox"/>		<a href="#">Duck, Donald</a>	M	04/15/2000	345688200	05/01/2007
<input type="checkbox"/>		<a href="#">Mouse, Mighty</a>	F	01/20/2003	234514124	05/01/2007

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**Remove**

Internet 100%

- Patient list can be sorted by:
- Review Status
  - Name
  - Gender
  - DOB
  - CIR number
  - Date Last Accessed

# View Immunization and Lead Test Records:

Online Registry
PATIENTS Search MyList Reports Add
 PRACTICE Tools VFC Set Up ? Help LogOut

[View Record](#) [Print Reports](#) [Request Fax](#) [Pre-completed Forms](#) [Update Patient Address](#)

Printer-Friendly Format
 CIR ID: 234514124
First: MIGHTY
Last: MOUSE
DOB: 07/02/2004
Gender: M

Immunization Recommendations

## Immunization History

Event	1	2	3	4	5	Next Due
<b>HepB</b> 4 Event/s	07/02/2004 HepB (<20 yrs 3-dose) 0w 0d	09/03/2004 DTaP/HepB/IPV (Pediarix) 9w 0d	11/03/2004 DTaP/HepB/IPV (Pediarix) 17w 5d	02/28/2005 HepB (<20 yrs 3-dose) 7m 3w		Completed Vaccine Series
<b>DTP</b> 2 Event/s	09/03/2004 DTaP/HepB/IPV (Pediarix) 9w 0d	11/03/2004 DTaP/HepB/IPV (Pediarix) 17w 5d				DUE NOW DTaP
<b>Hib</b> 1 Event/s	09/02/2004 Hib-PRP-OMP (PedvaxHIB) 8w 6d					DUE NOW Hib-PRP-OMP (PedvaxHIB)
<b>Polio</b> 2 Event/s	09/03/2004 DTaP/HepB/IPV (Pediarix) 9w 0d	11/03/2004 DTaP/HepB/IPV (Pediarix) 17w 5d				DUE NOW IPV
<b>MMR</b> 1 Event/s	07/02/2005 MMR 12m 0w					07/02/2008 MMR
<b>Varicella</b> 1 Event/s	07/15/2005 Varicella 12m 1w					DUE NOW Varicella
<b>Pneumococcal</b> 3 Event/s	09/03/2004 Pneumococcal conjugate (Prevna) 9w 0d	11/03/2004 Pneumococcal conjugate (Prevna) 17w 5d	02/28/2005 Pneumococcal conjugate (Prevna) 7m 3w			10/01/2005 Pneumococcal conjugate (Prevna)

Footnotes

Lead test recommendation

## Other Vaccines

<b>Other</b> 0 Event/s						
---------------------------	--	--	--	--	--	--

The information in the table below is not intended for use by schools, day care or camps. Use the [Print Reports](#), [Request Fax](#) or [Pre-completed Forms](#) tabs for those purposes.

## Lead Test History

More useful lead information is available in the [Tools](#) section.

Event	Date	Test Type	BLL	Recommendation
				Obtain blood lead test. Repeat blood lead test at age 2. Annually assess all children up to age 6 for risk of exposure & test those children found to be at risk. Provide risk reduction education to prevent exposure. Provide nutrition education to promote adequate intake of Ca, Fe & Vitamin C.

- This immunization event occurred prior to the recommended age or recommended interval for this dose.
- This immunization event occurred less than 30 days after the administration of another live virus vaccine.




# Lead Test Record:

## Lead Test History

More useful lead information is available in the [Tools](#) section.

Event		Date	Test Type	BLL	Recommendation
Lead Tests 5 Events	5	09/17/2005	Venous	6µg/dl	Test all children at age 1 & age 2. If exposure likely, consider retesting within 3 months. Annually assess all children up to age 6 for risk of exposure & test those children found to be at risk. Provide risk reduction education to prevent exposure. Provide nutrition education to promote adequate intake of Ca, Fe & Vitamin C.
	4	03/16/2005	Venous	9µg/dl	
	3	08/17/2004	Venous	7µg/dl	
	2	06/02/2004	Unknown	6µg/dl	
	1	07/28/2003	Venous	3µg/dl	


PATIENTS Search MyList Reports Add PRACTICE Tools VFC Set

[Immunization Schedule](#) [Lead Guidelines](#)

Lead Recommendations based on latest test results

### Recommended Lead Guidelines

- [Lead Risk Assessment Questionnaire](#)
- [Legal Requirements for Health Care Providers](#)
- [Recommended Testing Schedules for Children with Elevated Blood Lead Levels](#)
- [Medical Management Based on Blood Lead Levels](#)
- [Risk Reduction Education - Information for Families](#) (54KB PDF, opens new window)
- Obtain brochures and other information by calling 212-BAN-LEAD (266-5323) or visit [www.nyc.gov/html/doh/html/lead/lead.shtml](http://www.nyc.gov/html/doh/html/lead/lead.shtml)

[back to top](#)

### Lead Risk Assessment Questionnaire

- ➡ Ask the parent or guardian of children less than 6 years of age\* the questions listed below. If the answer to ANY of these questions is 'yes' or 'unsure,' the child should be tested for lead poisoning (venous).

Child's Name:

Date:

# Search for patient:

The screenshot shows the 'Online Registry' interface. At the top, there are navigation tabs for 'PATIENTS' (Search, MyList, Reports, Add/Edit) and 'PRACTICE' (Tools, VFC). Below these are several circular icons representing different functions. A user is logged in as 'Shirley Huie'. A search bar contains the text 'Search', 'Advanced Search', and 'Add New Patient'. A tip box states: 'Complete all fields below to find a patient's record in the CIR. All fields must match exactly. To search by medical record number, CIR number or other demographics, use [Advanced Search](#).' The search form includes fields for 'First Name', 'Last Name', 'DOB', and 'Gender' (M/F). A 'Clear' button and a 'Continue' button with a right arrow are at the bottom of the form. A footer contains the text: 'The Citywide Immunization Registry, 125 Worth Street, CN 64R, New York, NY 10013 (212) 676-2323'.

**Search All Registry**

First Name

Last Name

DOB

Gender  M  F

Clear  Continue

**Tip**  
Find patients previously accessed by users at this facility by searching in [MyList](#)

- Requires match on
  - First Name
  - Last Name
  - DOB
  - Gender
- Once found, patient is added to '*MyList*'

The Citywide Immunization Registry  
125 Worth Street, CN 64R, New York, NY 10013 (212) 676-2323



# Search for patient: Advanced Search...

**Online Registry**

**PATIENTS** Search MyList Reports Add/Edit **PRACTICE** Tools VFC Set Up ? Help LogOut

Welcome Shirley Huie  
(CITYWIDE IMMUNIZATION REGISTRY)

Search **Advanced Search** Add New Patient

Please use additional searching criteria by clicking on one of the Advanced Search combinations listed under Tip, below right. You may also enter as much information as possible in order to find a matching patient. If you are still unable to find a match, use [Add New Patient](#) or call the Registry at (212) 676-2323.

**Advanced Search: Medical Record Number**

Enter 1 of these:

First Name

Last Name

DOB

Gender  M  F

Alternate First

Middle Name

Alternate Last

And this:

Medical Rec. No.

Medicaid No. (AA\*\*\*\*\*A)

CIR No.

Mom DOB

Mom First Name

Mom Maiden Name

House No. / St. / Apt. No.

City / State / ZIP  NY

Telephone

Clear  Continue

**Tip**

Use one of these Advanced Search combinations:

[Medical Record No.](#)

[Medicaid No.](#)

[CIR No.](#)

[Mom DOB](#)

[Other Demographics](#)

[Reset](#) to remove search combinations

You can set your default Advanced Search preference in [Set Up](#).

Use Tip combinations:

Call 212-676-2323, if record not found, or Add New Patient if certain patient is not in CIR

- Go to Set Up to customize settings

# Search by other demographics....

[Search](#) [Advanced Search](#) [Add New Patient](#)

Please use additional searching criteria by clicking on one of the Advanced Search combinations listed under Tip, below right. You may also enter as much information as possible in order to find a matching patient. If you are still unable to find a match, use [Add New Patient](#) or call the Registry at (212) 676-2323.

## Advanced Search: Other Demographics

Enter any 3 of these:

First Name   
Last Name   
DOB     
Gender  M  F

Alternate First   
Middle Name   
Alternate Last

And 1 of the below:

Medical Rec. No.   
Medicaid No. (AA\*\*\*\*\*A)   
CIR No.

Mom DOB     
Mom First Name   
Mom Maiden Name

House No. / St. / Apt. No.     
City / State / ZIP  NY   
Telephone

Clear

Continue →

## Tip

Use one of these Advanced Search combinations:

[Medical Record No.](#)  
[Medicaid No.](#)  
[CIR No.](#)  
[Mom DOB](#)  
[Other Demographics](#)

[Reset](#) to remove search combinations

You can set your default Advanced Search preference in [Set Up](#).

# Add New Patient...

**Online Registry** PATIENTS PRACTICE  
Search MyList Reports Add/Edit Tools VFC Set Up ? Help LogOut  
Welcome Shirley Huie (CITYWIDE IMMUNIZATION REGISTRY)

[Search](#) [Advanced Search](#) [Add New Patient](#)

Please enter all the information you have for the new patient.  
(If you think the patient may already be in the Registry, use [Advanced Search](#). If you still can't find the patient, call (212) 676-2323 before adding a new patient.)

**Add New Patient Information**

\*First Name   
\*Last Name   
\*DOB   
\*Gender  M  F

†Multiple Birth  N  Y (one of twins, triplets, etc.)

A minimum of 2 items must be entered below. Please enter as much information as possible to help prevent duplicate records.

Middle Name   
Alternate First   
Alternate Last

Medical Rec. No.   
Medicaid No. (AA\*\*\*\*\*A)

†Mom DOB   
†Mom First Name   
†Mom Maiden Name   
Dad First Name   
Dad Last Name   
Guardian First Name   
Guardian Last Name

†House No. / St. / Apt. No.   
†City / State / ZIP  NY   
†Telephone

\*Required  
†Strongly Recommended

Clear  Continue

**Tip**  
Before a new patient record is created, the Registry will try to find an existing match.  
Please enter as much information as possible to help prevent duplicate records.

## Required elements:

- First Name
- Last Name
- DOB
- Gender

## Strongly Recommended:

- Mom DOB
- Mom First Name
- Mom Maiden Name
- Full Address, or
- Telephone

# Customize settings...

The screenshot shows the 'Online Registry' interface. At the top, there is a navigation bar with 'PATIENTS' and 'PRACTICE' tabs. Under 'PATIENTS', there are links for Search, MyList, Reports, and Add/Edit. Under 'PRACTICE', there are links for Tools and VFC. To the right, there are links for Set Up, Help, and LogOut. A welcome message reads 'Welcome Shirley Huie (CITYWIDE IMMUNIZATION REGISTRY)'. Below the navigation bar, there is a 'Default Settings' section with links for 'Manage Vaccine Lots', 'Change Password', 'Manage Users', and 'Change My Contact Info'. The main content area is titled 'Update Settings' and contains three panels: 'Search', 'MyList', and 'Doses Administered Report'. The 'Search' panel has radio buttons for 'Simple Search' (selected) and 'Advanced Search', and a section for 'Show this Advanced Search' with radio buttons for 'Medical Record No.', 'Medicaid', 'CIR No.', 'Mom DOB', 'Other Demographics', and 'Show All Fields' (selected). The 'MyList' panel has a 'Show' dropdown set to '10' patients per page and a 'Sort by...' dropdown set to 'Last Name'. The 'Doses Administered Report' panel has radio buttons for 'Summary Report' (selected) and 'Detailed Report'. A 'Continue' button with a right-pointing arrow is at the bottom right of the settings area. At the bottom of the page, there are two contact blocks: 'The Citywide Immunization Registry' at 125 Worth Street, CN 64R, New York, NY 10013 (212) 676-2323, and 'Lead Poisoning Prevention Program (LPPP)' at 253 Broadway, CN 58, New York, NY, 10007 212-BAN-LEAD. The browser's address bar shows 'Internet' and the zoom level is set to 100%.

**Online Registry**

**PATIENTS** Search MyList Reports Add/Edit **PRACTICE** Tools VFC Set Up ? Help LogOut

Welcome Shirley Huie  
(CITYWIDE IMMUNIZATION REGISTRY)

[Default Settings](#) [Manage Vaccine Lots](#) [Change Password](#) [Manage Users](#) [Change My Contact Info](#)

### Update Settings

**Search**  
Always start with:  
 Simple Search  
 Advanced Search

Show this Advanced Search:  
 Medical Record No.  
 Medicaid  
 CIR No.  
 Mom DOB  
 Other Demographics  
 Show All Fields

**MyList**  
Show  patients per page

Sort by...

**Doses Administered Report**  
Always start with:  
 Summary Report  
 Detailed Report

[Continue](#)

**The Citywide Immunization Registry**  
125 Worth Street, CN 64R, New York, NY 10013 (212) 676-2323

**Lead Poisoning Prevention Program (LPPP)**  
253 Broadway, CN 58, New York, NY, 10007 212-BAN-LEAD

Internet 100%

# Print Reports:

**Online Registry**

**PATIENTS** Search MyList Reports Add **PRACTICE** Tools VFC Set Up ? Help LogOut

View Record **Print Reports** Request Fax Pre-completed Forms Update Patient Address

CIR ID: 234514124 First: MIGHTY Last: MOUSE DOB: 01/20/2003 Gender: F

Use this page to customize a report.

Select the type of report you would like to print.

**Public Report**  
An official document for use by parents, guardians and individuals. Includes:  
• Only those vaccination events considered valid.  
• Last lead test date.

**Provider Report**  
Select the data you would like to appear in your printed report:

**Immunization History**  
 **Filtered Report** Includes only those vaccination events considered valid.  
 **Unfiltered Report** Includes every vaccination event reported for the patient, valid and invalid.

**Lead Test History:** Includes lead test dates, test type, and latest blood lead level recommendation.

Clear  Continue →

**The Citywide Immunization Registry**  
125 Worth Street, CN 64R, New York, NY 10013 (212) 676-2323

**Lead Poisoning Prevention Program (LPPP)**  
263 Broadway, CN 58, New York, NY, 10007 212-BAN-LEAD

# Print Reports: for Provider...

**CIR ID:** 345688200

**Name:** DUCK, DONALD

**DOB:** 04/15/2000

**Age:** 4y 2m

**Gender:** M

**Date:** Tue Jul 13 20:34:41 EDT 2004

*Doctor's stamp*

**New York City Department of Health and Mental Hygiene**  
**Citywide Immunization Registry**  
125 Worth Street, CN #64R  
New York, NY 10013-4089  
(212) 676-2323  
nyc.gov/health/cir

**Lead Poisoning Prevention Program**  
253 Broadway CN-58  
New York, NY 10007  
(212) BAN-LEAD

---

### Immunization History

Dose	Vaccine	Date	Age	Interval	Comments
HepB					
1	HepB	04/15/2000	0w 0d	0	
2	HepB	06/15/2000	8w 5d	61	
3	HepB	02/19/2004	3y 10m	1344	
	DTaP/HepB/IPV	04/22/2004	4y 0m		This immunization event was an extra dose since it occurred after this series was completed.
DTP					
1	DTaP	06/15/2000	8w 5d	0	
2	DTaP/HepB/IPV	04/22/2004	4y 0m	1407	Also displayed in another vaccine series.
Hib					
1	Hib-unspecified	06/15/2000	8w 5d	0	
2	Hib-unspecified	06/15/2002	2y 2m	730	
Polio					
1	IPV	06/15/2000	8w 5d	0	
2	IPV	08/10/2000	16w 5d	56	
3	IPV	04/15/2001	12m 0w	248	
4	DTaP/HepB/IPV	04/22/2004	4y 0m	1103	Also displayed in another vaccine series.
MMR					
1	MMR	04/17/2002	2y 0m	0	
Varicella					
1	Varicella	04/17/2003	3y 0m	0	
Pneumococcal					
1	Pneumococcal NOS	01/15/2004	3y 9m	0	

- Reports:
- Filtered or
  - Unfiltered

# Print Reports: for Public...

**CIR ID:** 345688200

**Name:** DUCK, DONALD

**DOB:** 04/15/2000

**Age:** 4y 2m

**Gender:** M

**Date:** Tue Jul 13 20:33:13 EDT 2004



New York City Department of Health and Mental Hygiene

Citywide Immunization Registry  
125 Worth Street, CN #64R  
New York, NY 10013-4089  
(212) 676-2323  
nyc.gov/health/cir

Lead Poisoning Prevention Program  
253 Broadway CN-58  
New York, NY 10007  
(212) BAN-LEAD

## Immunization History

Series	Type	Immunization Date
HepB	HepB	04/15/2000
	HepB	06/15/2000
	HepB	02/19/2004
DTP	DTaP	06/15/2000
	DTaP/HepB/IPV	04/22/2004
Hib	Hib-unspecified	06/15/2000
	Hib-unspecified	06/15/2002
Polio	IPV	06/15/2000
	IPV	08/10/2000
	IPV	04/15/2001
	DTaP/HepB/IPV	04/22/2004
MMR	MMR	04/17/2002
Varicella	Varicella	04/17/2003
Pneumococcal	Pneumococcal NOS	01/15/2004

## Lead Test History

Last Test Date

Note

# Fax Reports: for Provider...

**Online Registry**

**PATIENTS** Search MyList Reports Add **PRACTICE** Tools VFC Set Up ? Help LogOut

View Record Print Reports **Request Fax** Pre-completed Forms Update Patient Address

CIR ID: 127926336 First: MINNIE Last: MOUSE DOB: 10/17/1997 Gender: F

Use this page to send a fax from the CIR server. Faxes are sent in the order that requests are received, so there may be a short delay.

**Send report via fax to:**

Name: SHIRLEY HUIE Fax Number: 2126762314

**Select the type of report you would like to print.**


**Public Report**  
An official document for use by parents, guardians and individuals. Includes:  
• Only those vaccination events considered valid.  
• Last lead test date.

**Provider Report**  
Select the data you would like to appear in your printed report:

**Immunization History**

- Filtered Report** Includes only those vaccination events considered valid.
- Unfiltered Report** Includes every vaccination event reported for the patient, valid and invalid.

**Lead Test History:** Includes lead test dates, test type, and latest blood lead level recommendation.

Clear  Continue 

**The Citywide Immunization Registry**  
125 Worth Street, CN 64R, New York, NY 10013 (212) 676-2323

**Lead Poisoning Prevention Program (LPPP)**  
253 Broadway, CN 58, New York, NY, 10007 212-BAN-LEAD



# Pre-completed Forms:



PATIENTS

Search MyList Reports Add

PRACTICE

Tools VFC Set Up ? Help LogOut

View Record Print Reports Request Fax **Pre-completed Forms** Update Patient Address

CIR ID: 127926336 First: MINNIE Last: MOUSE DOB: 10/17/1997 Gender: F

- Use this page to generate forms that are pre-completed with information from the Registry. Please call CIR at (212) 676-2323, if you are experiencing difficulties viewing the pre-completed forms.

NOTE: The pre-completed forms are provided in Adobe Acrobat PDF format. For best results, you may need to download or update your current version of Adobe Reader (we recommend 7.0 or greater), which can be found [here](#) (opens new window). Then, click on "Get Adobe Reader."

 [School 211S](#)  
This form comes completed with patient demographics, provider contact information and immunization history. The immunizations displayed include only events which are considered valid according to the New York City Childhood Immunization Schedule. The highlighted areas on the form are editable. (opens in new window)

 [WIC Form](#)  
This form comes completed with patient demographics, provider contact information and immunization history. The immunizations displayed include only events which are considered valid according to the New York City Childhood Immunization Schedule. The highlighted areas on the form are editable. (opens in new window)

 [Day Camp / Afterschool / Youth Center Form](#)  
This form comes completed with patient demographics, provider contact information and immunization history. The immunizations displayed include only events which are considered valid according to the New York City Childhood Immunization Schedule. The highlighted areas on the form are editable. (opens in new window)

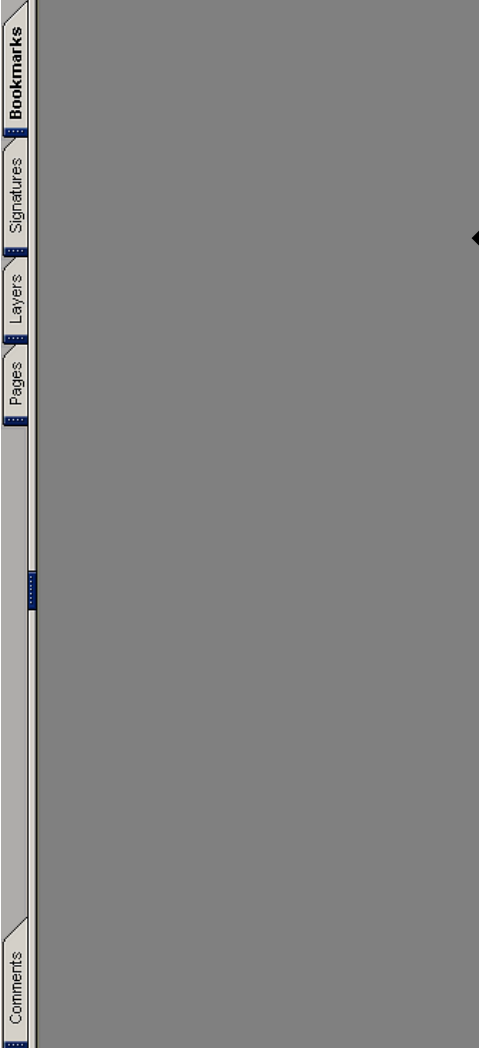
 [Day Care \(New Admission\) Form](#)  
This form comes completed with patient demographics, provider contact information and immunization history. The immunizations displayed include only events which are considered valid according to the New York City Childhood Immunization Schedule. The highlighted areas on the form are editable. (opens in new window)

 [Day Care \(Periodic Exam\) Form](#)  
This form comes completed with patient demographics, provider contact information and immunization history. The immunizations displayed include only events which are considered valid according to the New York City Childhood Immunization Schedule. The highlighted areas on the form are editable. (opens in new window)

NOTE: You may need to download or update your current version of Adobe Reader (we recommend 7.0 or greater).



# Pre-completed Forms: WIC



**NEW YORK STATE DEPARTMENT OF HEALTH** **WIC MEDICAL REFERRAL FORM FOR INFANTS AND CHILDREN**  
**DIVISION OF NUTRITION**

**APPLICANT - INFANT/CHILD: Please complete this section on your infant or child.**

Child's Last Name (Print): MOUSE Child's First Name: MIGHTY  
 Parent/Guardian's Name: Street:  
 City: Zip: On WIC Before:  Yes  No Sex:  M  F  
 Child's DOB: 01/20/2003 Language(s) Spoken:  
 I, STEPHEN FRIEDMAN (Health Care Provider) to release the information below to the WIC Program and I authorize the WIC Program to release information about my infant/child to this health care provider for the purposes of coordinating his/her health care. If I need to refer to another WIC Program, I authorize the release of this information to the transferring WIC Program. All information is considered confidential.  
 YOUR SIGNATURE: \_\_\_\_\_

**HEALTH CARE PROVIDER: Please complete this section - WIC eligibility will depend on this information.**

**BLOODWORK must be no more than 90 days old on the date of the WIC appointment**  
 Bloodwork required for children between 9-12 months of age.  
 One blood test required: Date Taken: \_\_\_\_\_  
 Hgb \_\_\_\_\_ grams/dL OR Hct \_\_\_\_\_ %  
 Blood Lead \_\_\_\_\_ mcg/dL (Optional)

**WEIGHT AND STATURE must be less than 60 days old on the date of the WIC appointment** Date Taken: \_\_\_\_\_  
 Current Weight \_\_\_\_\_ lb \_\_\_\_\_ oz OR \_\_\_\_\_ kg  
 Current Height/Length \_\_\_\_\_ in OR \_\_\_\_\_ cm  
 Measurement Taken:  Standing  Recumbent (< 2 yrs)

**BIRTH HISTORY:**  SGA (<10th Weight for Gestational Age)  
 Birth Weight: \_\_\_\_\_ lb \_\_\_\_\_ oz OR \_\_\_\_\_ kg  
 Birth Length: \_\_\_\_\_ in OR \_\_\_\_\_ cm Weeks Gestation: \_\_\_\_\_

**IMMUNIZATION Dates: OR Attach copy of record:**

	First	Second	Third	Fourth	Fifth
Hep B	02/20/03	10/24/05			
DTP/DTaP	11/01/04	10/28/05			
Hib	10/24/05				
IPV	10/28/05				
MMR	09/06/05				
Varicella	09/06/05				
PCV	03/20/03	01/01/05	06/30/05		

**ALL MEDICAL HEALTH CONDITIONS NEED TO BE VERIFIED BY A HEALTH CARE PROVIDER.**  
 Please check all that apply:  
 Genetic/Congenital Disorders, Inborn Errors/Thyroid Disorders Specify: \_\_\_\_\_  
 Nutrient Deficiency Diseases/Anemia Specify: \_\_\_\_\_  
 Failure-To-Thrive  
 Insulin Dependent Diabetes  Hypoglycemia  
 Essential/Chronic Hypertension  Asthma  
 Gastrointestinal Disorders Specify: \_\_\_\_\_  
 Celiac Disease  Pyloric Stenosis  
 Recent Major Surgery, Trauma or Burns within 6 months  
 Infectious Diseases within 6 months Specify: \_\_\_\_\_  
 Food Allergy(ies) Specify: \_\_\_\_\_  
 Other Chronic Medical/Health Conditions/Diseases Specify: \_\_\_\_\_  
 Depression (Children)  
 Fetal Alcohol Syndrome  
 Other Specify: \_\_\_\_\_

The WIC Program encourages Breastfeeding for all infants.  
 Check appropriate box:  Breastfed  Milk-Based Formula  Soy-Based Formula  Other \_\_\_\_\_

Signature of Health Care Provider (OR Stamp) \_\_\_\_\_ Provider ID # \_\_\_\_\_ Managed Care Plan Code \_\_\_\_\_  
 STEPHEN FRIEDMAN CITYWIDE IMMUNIZATION REGISTRY  
 Provider's Name (Please Print) Health Center/Hospital/HMO/Physician  
 Title \_\_\_\_\_ Street 2 LAFAYETTE STRBET  
 Date 12/19/2005 Phone \_\_\_\_\_ City NEW YORK Zip 10007

Send Completed Form To: \_\_\_\_\_ For WIC Use: Date Mailed/Given \_\_\_\_\_ Date Rec'd \_\_\_\_\_  
 Appr Date \_\_\_\_\_ WIC ID # \_\_\_\_\_

WIC is an equal opportunity program. Persons who believe they have been discriminated against because of race, color, national origin, sex, age, or disability, should write to the Secretary of Agriculture, USDA, Washington, DC, 20250. New York State also prohibits discrimination based on race, color, national origin, sex, age and disability. In addition, New York State prohibits discrimination based on creed and marital status. Persons who believe they have been discriminated against based on the New York State Human Rights Law should call the Growing Up Healthy Hotline at 1-800-422-6006.  
 DOH-132 (11/05) Page 1 of 2

WHITE - WIC AGENCY YELLOW - HEALTH CARE PROVIDER

- Edit yellow highlighted fields if needed
- Immunization data are pre-completed

# Pre-completed Forms: Day Camps, AfterSchool, Youth Center

Select Text 74% How To...?

**HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS**  
(This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM \_\_\_\_\_

MOUSE \_\_\_\_\_ MIDDLE \_\_\_\_\_ 10 / 17 / 1997 M  F

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment: Father (Guardian) \_\_\_\_\_ Phone: \_\_\_\_\_  
Mother (Guardian) \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

If Parent, Guardian are not available in an emergency, notify:  
1. \_\_\_\_\_ Phone: \_\_\_\_\_  
or 2. \_\_\_\_\_ Phone: \_\_\_\_\_

**Important:** Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance?  
Yes  No  (If yes, state type of exposure: \_\_\_\_\_)

**HEALTH HISTORY:** (Check box if child has had afflictions, give appropriate dates)

<input type="checkbox"/> Rheumatic Fever _____	<input type="checkbox"/> Hay Fever _____
<input type="checkbox"/> Seizures _____	<input type="checkbox"/> Poison Ivy, etc. _____
<input type="checkbox"/> Diabetes _____	<input type="checkbox"/> Insect Stings _____
<input type="checkbox"/> Asthma _____	<input type="checkbox"/> Penicillin _____
<input type="checkbox"/> Chicken Pox _____	<input type="checkbox"/> Other Drugs _____
	<input type="checkbox"/> Food _____

Other Past Illnesses \_\_\_\_\_

Operations or Serious Injuries (Dates) \_\_\_\_\_

Hospitalization (Dates) \_\_\_\_\_

Chronic or Recurring Illness \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_

Conditions that require activity to be restricted? \_\_\_\_\_

Permission for all program activities unless otherwise noted by Dr. \_\_\_\_\_

Appliance worn (glasses, contacts, etc.) \_\_\_\_\_

Medication taken \_\_\_\_\_

Suggestion from Parent/Guardian \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**  
*I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.*

Relationship \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tel. # \_\_\_\_\_

Department of Health and Mental Hygiene — The City of New York — Bureau of Food Safety and Community Sanitation  
DCR 7 (Rev. 204)

**PHYSICAL EXAMINATION**  
(To be filled out by Physician - please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child in Day Camps and Afterschool and Youth Center programs.

**IMMUNIZATION HISTORY** - This is a record of dates of basic immunization and most recent booster doses.

DTPaP, DTP, DT, Td	Date 12/17/97	Date 05/15/98	Date 11/01/01	Date 03/16/04	Date _____
Polio	Date 12/17/97	Date 03/01/98	Date 11/01/01	Date 02/06/06	Date _____
MMR	Date 10/21/98	Date 01/13/03	Date _____	Date _____	Date _____
Hemophilus Influenzae type b (Hib)	Date 12/17/97	Date 05/15/98	Date _____	Date _____	Date _____
Hepatitis B	Date 10/17/97	Date 03/01/98	Date 11/01/01	Date _____	Date _____
Varicella	Date 02/02/05	Date 02/06/06	Date _____	Date _____	Date _____
Pneumococcal Conjugate (PCV)	Date _____	Date _____	Date _____	Date _____	Date _____
Other:	Date ____/____/____	Other _____	Date ____/____/____	Other _____	Date ____/____/____

**MEDICAL EXAMINATION** - To be filled out by licensed physician.

Examination is acceptable when performed no more than 12 months prior to arrival at camp.

Code: S = Satisfactory  
X = Not Satisfactory (Explain)  
0 = Not Examined

General Appearance \_\_\_\_\_

Genitalia \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Posture & Spine \_\_\_\_\_ Throat - Tonsils \_\_\_\_\_

Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_ Feet \_\_\_\_\_ Lungs \_\_\_\_\_ Skin \_\_\_\_\_

Hgb. Test (Date) \_\_\_\_\_ Urinalysis (Date) \_\_\_\_\_

Eyes \_\_\_\_\_ Vision \_\_\_\_\_ w/Glasses \_\_\_\_\_ Extremities \_\_\_\_\_ Heart \_\_\_\_\_

Ears \_\_\_\_\_ Hearing \_\_\_\_\_

Neurological Findings \_\_\_\_\_

Describe Abnormal Findings and/or Handicapping Conditions \_\_\_\_\_

Allergy: (Please specify) \_\_\_\_\_

**Recommendations and restrictions while in camp:**

Special Diet: \_\_\_\_\_

Special Medicine (dose, route of administration, when should it be administered) \_\_\_\_\_

Is parent/guardian sending special medicine? \_\_\_\_\_

Activity Restrictions \_\_\_\_\_

Swimming \_\_\_\_\_ Diving \_\_\_\_\_

General Appraisal: \_\_\_\_\_

I have examined the person herein described, reviewed his/her health history and it is acceptable for the person to engage in Day Camp/Year Round Afterschool and Youth Center activities, except as noted below: \_\_\_\_\_

Telephone \_\_\_\_\_ Address \_\_\_\_\_

Date of Examination \_\_\_\_/\_\_\_\_/\_\_\_\_

DCR 7 (Rev. 204)

8.5 x 11 in 1 of 2

- Edit yellow highlighted fields if needed
- Immunization data are pre-completed

# Pre-completed Forms: Day Care Forms: New Admission and Periodic Exam

Signatures  
Pages  
Attachments  
Comments

CONFIDENTIAL MEDICAL RECORD

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
BUREAU OF DAY CARE  
CHILDREN'S MEDICAL RECORD

Agency Stamp

NEW ADMISSION RECORD

Date of Admission:  /  /

MOUSE (Last) MICKEY (First) (Middle)

SEX:  F  M

DATE OF BIRTH: 05 / 22 / 2004

Birth weight:

Place of Birth:

ADDRESS:  (No.)  (Street)  (City/Town)  (State)  (Zip)

PHYSICIAN'S REPORT TO DAY CARE

Significant Family Medical/Social History  Normal  High Risk or Problems - Specify

Past Medical History  Normal  High Risk or Problems - Specify

ALLERGIES:  NONE

FOOD  MEDICINE  OTHER

ASTHMA

In the past 12 months has the child been to the ED or been admitted to the hospital for breathing problems?  Yes  No

Has the child ever been diagnosed with asthma?  Yes  No

If Yes, Indicate Severity:  Mild Intermittent  Moderate Persistent  Mild Persistent  Severe Persistent

DEVELOPMENTAL OBSERVATION

BY 6 MONTHS:  Intakes vocalizing,  Turns to voice,  Rolls over,  Reaches (each hand),  Cuddles

BY 12 MONTHS:  Stands alone 2 secs,  Bangs two blocks,  Says "Mama/Dada" apically,  Responds to "NO",  Plays patty cake or waves "bye-bye"

BY 18 MONTHS:  Intakes household chores (pretending),  Says 4 words besides "Mama/Dada" apically,  Points to one body part "show me your nose",  Drinks from a cup,  Scribbles

BY 2 YEARS:  Kicks ball forward,  Combines 2 words,  Strangers understand half child's speech,  Points to 6 named body parts (nose, eyes...),  Names 1 animal picture (takes off clothing other than hat)

BY 3 YEARS:  Can hold 2-3 sentence conversation,  Names 4 animal pictures which files, meows etc. (2 out of 3),  Knows 2 animal actions: which files, meows etc. (2 out of 3),  Understands what to do when tired, cold or hungry (1 out of 3),  Intakes a vertical line

BY 4 YEARS:  Knows first and last names,  Understands what to do when tired, cold or hungry (2 out of 3),  Plays (marshmallow) games (like tag),  Walks up stairs not holding on,  Toilet (strategies)

BY 5 YEARS:  Throws a ball overhead,  Draws a three-part person,  Copies a cross,  Names four colors,  Dresses without supervision

COMPLETE PHYSICAL EXAMINATION

Height:  in ( %ile)

Weight:  lbs BMI  ( %ile)

Head Circumference (up to 24 mos):  in ( %ile)

Blood Pressure (after 3 years of age):  /

Physical examination:  Normal  Abnormal, specify:

Child's Name: MOUSE, MICKEY DOB: 05 / 22 / 2004

NEW ADMISSION RECORD  
318KA-1 (REV. 8/06)

SCREENING TESTS AND RESULTS (See Schedule)

SCREENING TESTS	DATE DONE	RESULTS
Hematocrit	<input type="text"/>	Hct. <input type="text"/> %
Hemoglobin	<input type="text"/>	Hb. <input type="text"/> gms %
Newborn Screening	<input type="text"/>	
Hemoglobin Electrophoresis	<input type="text"/>	
Lead Risk Assessment	<input type="text"/>	
Lead Screening (Venous preferred)	<input type="text"/>	
Tuberculin Screening (PPD Mantoux)*	<input type="text"/>	
Vision Screening	<input type="text"/>	Fix/Fix/AB Cover Test <input type="text"/>
Hearing Screening	<input type="text"/>	Right: FAR <input type="text"/> NEAR <input type="text"/> Left: <input type="text"/> PF <input type="text"/> Both: <input type="text"/>
OTHER TESTS (Specify)	<input type="text"/>	

\* Not required at entry or for all children.

DENTAL ASSESSMENT Date:  /  /

1. Examiner  MD  DDS  Dental Hygienist  
 Other Health Care Professional (Specify)

2. Does the child sleep with a bottle?  Yes  No

3. Findings A. No Visible Problems (Clean mouth, no visible cavities, healthy gums)   
B. Some Problems Detected (Cavities, inflamed gums, open bite, malocclusion)   
C. Severe Problems (Baby bottle tooth decay; extensive cavities; abscesses)   
D. Other (Specify):

Referral Suggested if B, C or D is checked

4. Has the child been referred to Dentist?  Yes  No

NUTRITIONAL UPDATE

Up to age 1 year: Is the child on?  Formula?  No  Yes  
Is child bottle fed?  No  Yes

Breast milk?  No  Yes  
Type of diet?

Solid foods?  No  Yes

Unusual dietary habits?  No  Yes, specify

Dietary restrictions?  No  Yes, specify

IMMUNIZATION HISTORY

	DATE IMMUNIZATION GIVEN				
	1st	2nd	3rd	4th	5th
Hep B	06/24/04	07/22/04	09/07/06		
DTaP	07/22/04	09/22/04	12/20/04	09/07/06	
Polio	07/22/04	09/22/04	04/06/06	09/07/06	
Hib	07/22/04	09/22/04	06/20/05		
PCV Pneumococcal	07/22/04	09/22/04	12/20/04	09/09/06	
MMR	06/20/05	09/07/06			
Varicella	06/20/05				
Hep A					
Influenza yearly 5-59 mos.					
Rotavirus					
Other					

RECOMMENDATION

1. Approve participation in early childhood program/day care?  Yes  No

2. Special recommendations for child? Specify treatments provided, or recommended evaluations. Does child require special education or early intervention?

Name/Address Stamp, if available:

DIAGNOSES/PROBLEMS/CLINICAL IMPRESSIONS

(Include all chronic conditions or conditions/findings needing follow-up)

1.

2.

3.

4.

5.

PLAN (Therapies, Referrals, FIU)

1. Next Appointment Date:

2.

3.

4.

5.

• Edit yellow highlighted fields if needed

• Immunization data are pre-completed



# Add Current Immunization: Step 1...

- Select vaccine(s)
- Edit date if needed
- Select patient VFC Eligibility Status

Online Registry

PATIENTS: Search, MyList, Reports, Add, Tools, VFC, Set Up, Help

Current Immunization | [Modify History](#) | [Add History](#)

CIR ID: 234514124 | First: MIGHTY | Last: MOUSE | DOB: 01/20/2003 | Gender: F

- 1. Select the Vaccine(s) you will be adding and indicate this patient's VFC Eligibility status.
2. Add information for each Vaccine, then click the "Continue" button at the bottom of the page.
3. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click "Cancel" to return to the patient record.)

## Select Vaccines

- For a combination vaccine, only select one of the appropriate series. To add more than one event per vaccine series, [click the Add History tab above](#).


HepB	Choose Vaccine Type
DTP	Choose Vaccine Type
Hib	Choose Vaccine Type
Polio	Choose Vaccine Type
MMR	Choose Vaccine Type
Varicella	Choose Vaccine Type
Pneumococcal	Choose Vaccine Type
Tip: Can't find what you looking for? Check this category.	
Other	Choose Vaccine Type

## Which default date do you want to use?

- 
- Today
- Another Date -->
- None (enter dates individually)

## Indicate Patient's VFC Eligibility

- This is required to generate VFC Doses Administered Reports.

 Select Patient's Current VFC Eligibility Status

Clear  Continue ➔

# Select Vaccine Type...

PATIENTS

PRACTICE

Search MyList Reports Add Tools VFC Set Up ? Help LogOut

Current Immunization
[Modify History](#)
[Add History](#)

CIR ID: 127926336    First: MINNIE    Last: MOUSE    DOB: 10/17/199

➤ **1. Select the Vaccine(s) you will be adding and indicate this patient's VFC Eligibility status.**

2. Add information for each Vaccine, then click the "Continue" button at the bottom of the page.

3. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click "Cancel" to return to the patient record.)

**Select Vaccines**

➤ For a combination vaccine, only select one of the appropriate series. To add more than one event per vaccine series, [click the Add History tab above.](#)

HepB	Choose Vaccine Type	
DTP	Choose Vaccine Type	
Hib	Choose Vaccine Type	
Polio	DT (< 7 yrs.)	
MMR	DTP	
Varicella	DTaP	
Pneumococcal	DTaP (DAPTACEL)	
	DTaP NOS	
	Td (>= 7 yrs.)	
	Td preservative free (>= 7 yrs.)	
➤ Tip: Can't find what you need?	DTP/Hib	
Other	DTaP/HepB/IPV (Pediarix)	
	DTaP/Hib (TriHIBit)	

**Which default date do you want to use?**

➤

Today

Another Date -->  /  /

None (enter dates individually)

**Indicate Patient's VFC Eligibility/CHPlus B Status**

➤ This is required to generate VFC Doses Administered Reports.

Select Patient's Current VFC Eligibility Status

Clear     Continue

- Combination Vaccines should only be chosen in **ONE** vaccine category

# Other Vaccines....

**Online Registry** PATIENTS Search MyList Reports LogOut

**Current Immunization** [Modify History](#) [Add History](#)

**1. Select the Vaccine(s) you will be adding and indicate when you will be adding them.**  
2. Add information for each Vaccine, then click the "Continue" button.  
3. Check for accuracy, then click the "Confirm" or "Change" button to return to the patient record.)

**Select Vaccines**

For a combination vaccine, only select one of the appropriate series.  
To add more than one event per vaccine series, [click the Add History tab above.](#)

HepB	HepB-dialysis
DTP	Human Papilloma Virus (HPV)
Hib	IG NOS
Polio	Influenza
MMR	Influenza-intranasal
Varicella	Influenza-whole
Pneumococcal	Japanese Encephalitis
Other	Lyme disease
	Mening conj (MCV4 Menactra 11-55 yrs.)
	Mening polys (MPSV4 Menomune >=2 yrs.)
	Meningococcal NOS
	Mumps
	Pertussis
	Plague
	Pneumococcal polysaccharide (Pneumovax)
	RIG
	RSV-IGIV
	RSV-MAb (SYNAGIS)
	Rabies-intradermal injection
	Rabies-intramuscular injection
	Rotavirus NOS
	Rotavirus pentavalent (RotaTeq)
	Rubella
	Rubella/Mumps
	<b>Tdap</b>
	Tetanus Toxoid (TT)
	Tetanus immune globulin (TIG)
	Typhoid ViCPs
	Typhoid-live oral
	Typhoid-parenteral
	Tdap

Tip: Can't find what you want? Click **Other**.

**Which default date do you want to use?**

Today  
 Another Date --> [ ] [ ] [ ]  
 None (enter dates individually)

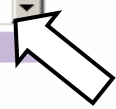
**Indicate Patient's VFC Eligibility/CHPlus B Status**

This is required to generate VFC Doses Administered Reports.

Select Patient's Current VFC Eligibility Status [ ]

Clear [ ] Continue [ ]

• Refer to the 'other' vaccine category if the necessary vaccine is not found in the above categories





# VFC Eligibility.....

**Online Registry**

**PATIENTS** Search MyList Reports Add **PRACTICE** Tools VFC Set Up ? Help LogOut

Current Immunization [Modify History](#) [Add History](#)

CIR ID: 127926336 First: MINNIE Last: MOUSE DOB: 10/

**1. Select the Vaccine(s) you will be adding and indicate this patient's VFC Eligibility status.**  
2. Add information for each Vaccine, then click the "Continue" button at the bottom of the page.  
3. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click "Cancel" to return to the patient record.)

**Select Vaccines**

For a combination vaccine, only select one of the appropriate series.  
To add more than one event per vaccine series, [click the Add History tab above.](#)

HepB	Choose Vaccine Type
DTP	Choose Vaccine Type
Hib	Choose Vaccine Type
Polio	Choose Vaccine Type
MMR	Choose Vaccine Type
Varicella	Choose Vaccine Type
Pneumococcal	Choose Vaccine Type

Tip: Can't find what you looking for? Check this category.  
Other Tdap

**Which default date do you want to use?**

Today  
 Another Date -->     
 None (enter dates individually)

**Indicate Patient's VFC Eligibility/CHPlus B Status**

This is required to generate VFC Doses Administered Reports.

Select Patient's Current VFC Eligibility Status

- Select Patient's Current VFC Eligibility Status
- MEDICAID
- UNINSURED
- INSURANCE DOES NOT COVER VACCINE
- NATIVE AMER / ALASKAN ESKIMO
- NOT VFC ELIGIBLE
- CHPLUS B
- UNKNOWN

**The Citywide Immunization Registry**  
125 Worth Street, CN 64R, New York, NY 10013 (212) 676-2323

**Lead Poisoning Prevention Program (LPPP)**  
253 Broadway, CN 58, New York, NY, 10007 212-BAN-LEAD

# Add Current Immunization: Step 2...

**Online Registry**

PATIENTS: Search, MyList, Reports, Add, Tools, VFC, Set Up, Help

PRACTICE: Tools, VFC, Set Up, Help

Current Immunization | [Modify History](#) | [Add History](#)

CIR ID: 234514124 | First: MIGHTY | Last: MO

1. Select the Vaccine(s) you will be adding and indicate this patient's VFC Eligibility status.
2. Add information for each Vaccine, then click the "Continue" button at the bottom of the page.
3. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click "Cancel" to return to the patient record.)

Tip: To manage the "My Lot List" selections used on this page, go to Set Up.

**DTP: DTaP/HepB/IPV (Pediarix)** Vaccine Event Information

Date: 11 / 29 / 2005 (mm/dd/yyyy)

Given by this practice?  Another?

Select from List: (optional) My Lot List..

--or--

[Add a new Lot to your list \(optional\)](#)

**Other: Influenza** Vaccine Event Information

Date: 11 / 29 / 2005 (mm/dd/yyyy)

Given by this practice?  Another?

Select from List: (optional) My Lot List..

--or--

[Add a new Lot to your list \(optional\)](#)

Patient's Current VFC Eligibility Status: MEDICAID

[Change](#) [Clear](#) [Continue](#)

- Edit date if needed
- Select if given by your practice or some other source
- Choose manufacturer and Lot from your list or Add a new lot and lot information (optional)

# Add Current Immunization: Step 3...

- Review
- Change, cancel or confirm

**Online Registry**

PATIENTS: Search, MyList, Reports, Add, Tools  
PRACTICE: [Icons for various functions]

**Current Immunization** | [Modify History](#) | [Add History](#)



CIR ID: 234514124 | First: MIGHTY | Last: MOUSE | DOB: 01/20/2003 | Gender: F

1. Select the Vaccine(s) you will be adding and indicate this patient's VFC Eligibility status.
2. Add information for each Vaccine, then click the "Continue" button at the bottom of the page.
- 3. Check for accuracy, then click the "Confirm" or "Change" button at the bottom of the page. (Click "Cancel" to return to the patient record.)

Vaccine Series	Event Information
<b>Multi-Group</b>	Date: 11/29/2005 Vaccine Name: <b>DTaP/HepB/IPV (Pediarix)</b> Given by: <b>This Practice</b> Lot Number: <b>Not reported</b> Manufacturer: <b>Not reported</b> Expiration Date: <b>Not reported</b> VFC/non-VFC Supplied: <b>Not reported</b>
<b>Other</b>	Date: 11/29/2005 Vaccine Name: <b>Influenza</b> Given by: <b>This Practice</b> Lot Number: <b>Not reported</b> Manufacturer: <b>Not reported</b> Expiration Date: <b>Not reported</b> VFC/non-VFC Supplied: <b>Not reported</b>


Patient's Current VFC Eligibility Status: MEDICAID

# Add Current Immunization: Action completed...

**PATIENTS**    Search    MyList    Reports    Add    **PRACTICE**    Tools    VFC    Set Up    ? Help    LogOut

[View Record](#)    [Print Reports](#)    [Request Fax](#)    [Pre-completed Forms](#)    [Update Patient Address](#)

Printer-Friendly Format    
 CIR ID: 127926336   
 First: MINNIE    Last: MOUSE   
 DOB: 10/17/1997    Gender: F

 Your additions have been made.

## Immunization History

Event	1	2	3	4	5	Next Due
<b>HepB</b> 4 Event/s	07/02/2004 HepB (<20yrs 3-dose) 0w 0d	09/03/2004 DTaP/HepB/IPV (Pediar) 9w 0d	11/03/2004 DTaP/HepB/IPV (Pediar) 17w 5d	02/28/2005 HepB (<20yrs 3-dose) 7m 3w		Completed Vaccine Series
<b>DTP</b> 2 Event/s	09/03/2004 DTaP/HepB/IPV (Pediar) 9w 0d	11/03/2004 DTaP/HepB/IPV (Pediar) 17w 5d				DUE NOW DTaP
<b>Hib</b> 1 Event/s	09/02/2004 Hib-PRP-OMP (PedvaxHIB) 9w 6d					DUE NOW Hib-PRP-OMP (PedvaxHIB)
<b>Polio</b> 2 Event/s	09/03/2004 DTaP/HepB/IPV (Pediar) 9w 0d	11/03/2004 DTaP/HepB/IPV (Pediar) 17w 5d				DUE NOW IPV
<b>MMR</b> 1 Event/s	07/02/2005 MMR 12m 0w					07/02/2008 MMR
<b>Varicella</b> 1 Event/s	07/15/2005 Varicella 12m 1w					DUE NOW Varicella
<b>Pneumococcal</b> 3 Event/s	09/03/2004 Pneumococcal conjugate (Prevnar) 9w 0d	11/03/2004 Pneumococcal conjugate (Prevnar) 17w 5d	02/28/2005 Pneumococcal conjugate (Prevnar) 7m 3w			10/01/2005 Pneumococcal conjugate (Prevnar)

## Other Vaccines

<b>Other</b> 0 Event/s						
---------------------------	--	--	--	--	--	--

# Add to Immunization History:

[Current Immunization](#)
[Modify History](#)
[Add History](#)

CIR ID: 234514124    First: MIGHTY    Last: MOUSE    DOB: 07/02/2004    Gender: M

1. Add immunization history information below, then click "Continue" button at the bottom of the page. **Note: If entering a combination vaccine, add it to only one of the appropriate series.**  
 2. Check the new entries (highlighted) for accuracy, then click the "Confirm" button at the bottom of the page.

Event	1	2	
HepB 4 event(s)	HepB (<20 yrs 3-dose) Date: 7/2/2004 0w 0d	DTaP/HepB/IPV (Pediarix) Date: 9/3/2004 9w 0d	
DTP 2 event(s)	DTaP/HepB/IPV (Pediarix) Date: 9/3/2004 9w 0d	DTaP/HepB/IPV (Pediarix) Date: 11/3/2004 17w 5d	Date: [ ]/[ ]/[ ] (mm/dd/yyyy) <input type="button" value="Choose Vaccine"/> This Practice? <input checked="" type="radio"/> Another? <input type="radio"/> Lot: [ ] <input type="button" value="My Lot List"/>
Hib 1 event(s)	Hib-PRP-OMP (PedvaxHIB) Date: 9/2/2004 8w 6d	Date: [ ]/[ ]/[ ] (mm/dd/yyyy) <input type="button" value="Choose Vaccine"/> This Practice? <input checked="" type="radio"/> Another? <input type="radio"/> Lot: [ ] <input type="button" value="My Lot List"/>	Date: [ ]/[ ]/[ ] (mm/dd/yyyy) <input type="button" value="Choose Vaccine"/> This Practice? <input checked="" type="radio"/> Another? <input type="radio"/> Lot: [ ] <input type="button" value="My Lot List"/>
Polio 2 event(s)	DTaP/HepB/IPV (Pediarix) Date: 9/3/2004 9w 0d	DTaP/HepB/IPV (Pediarix) Date: 11/3/2004 17w 5d	Date: [ ]/[ ]/[ ] (mm/dd/yyyy) <input type="button" value="Choose Vaccine"/> This Practice? <input checked="" type="radio"/> Another? <input type="radio"/> Lot: [ ] <input type="button" value="My Lot List"/>

For each:

- Enter date
- Choose specific vaccine
- Select if given by your practice or some other source
- Choose lot or add lot in Set Up (optional)
- Review your entries
- Choose Change, Clear or Confirm

# Modify History:

[PATIENTS](#) Search MyList Reports Add [PRACTICE](#) Tools VFC Set Up ? Help LogOut

[Online Registry](#)

[Current Immunization](#) **Modify History** [Add History](#)

CIR ID: 234514124 First: MIGHTY Last: MOUSE DOB: 07/02/2004 Gender: M

Use this page to provide or update a patient's immunization record and other information. Your modifications will be sent to CIR staff for review.

1. Select the Immunization Events you wish to modify or delete.
2. Make changes to Immunization Events you selected, double-check, then click the "Confirm" button.
3. Make other changes (optional).

Continue →

Event	1	2	3	4
HepB 4 event/s	7/2/2004 HepB (<20 yrs 3-dose) 0w 0d Given by another practice <input type="checkbox"/> Modify or Delete	9/3/2004 DTaP/HepB/IPV (Pediatrix) 9w 0d Given by another practice <input type="checkbox"/> Modify or Delete	11/3/2004 DTaP/HepB/IPV (Pediatrix) 17w 5d Given by another practice <input type="checkbox"/> Modify or Delete	2/28/2005 HepB (<20 yrs 3-dose) 7m 3w Given by another practice <input type="checkbox"/> Modify or Delete
DTP 2 event/s	9/3/2004 DTaP/HepB/IPV (Pediatrix) 9w 0d Given by another practice <input type="checkbox"/> Modify or Delete	11/3/2004 DTaP/HepB/IPV (Pediatrix) 17w 5d Given by another practice <input type="checkbox"/> Modify or Delete		
Hib 1 event/s	9/2/2004 Hib-PRP-OMP (PedvaxHIB) 8w 6d Given by another practice <input type="checkbox"/> Modify or Delete			
Polio 2 event/s	9/3/2004 DTaP/HepB/IPV (Pediatrix) 9w 0d Given by another practice <input type="checkbox"/> Modify or Delete	11/3/2004 DTaP/HepB/IPV (Pediatrix) 17w 5d Given by another practice <input type="checkbox"/> Modify or Delete		
MMR 1 event/s	7/2/2005 MMR 12m 0w Given by another practice <input type="checkbox"/> Modify or Delete			
Varicella 1 event/s	7/15/2005 Varicella 12m 1w Given by another practice <input type="checkbox"/> Modify or Delete			
Pneumococcal	9/3/2004	11/3/2004	2/28/2005	

- Check the immunization event to Modify or Delete

# Modify History (Step 2):

Online Registry Search MyList Reports Add Tools VFC Set Up ?

Current Immunization **Modify History** Add History

CIR ID: 23451412

- Select the Immunization Events you wish to modify or delete.
- Make changes to Immunization Events you selected, double-check, then click the "Confirm" button.**
- Make other changes (optional).

Change Clear  Confirm

**Immunization History**

Event	1	2	3	4	5
<b>HepB</b> 5 event/s	2/20/2003 <b>HepB (&lt;20 yrs 3-dose)</b> 4w 3d Given by another practice	10/24/2005 <b>Hib/HepB (COMVAX)</b> 2y 9m Given by another practice	10/27/2005 <b>Hib/HepB (COMVAX)</b> 2y 9m Given by another practice	10/28/2005 <b>DTaP/HepB/IPV (Pediatrix)</b> 2y 9m Given by another practice	<input type="radio"/> <b>Modify Event</b> or <input checked="" type="radio"/> <b>Delete Event</b> 11 / 1 / 2005 (mm/dd/yyyy) <input type="radio"/> Given by this practice? <input checked="" type="radio"/> Another? DTaP/HepB/IPV (Pediatrix) Lot: My Lot List...
<b>DTP</b> 2 event/s	10/28/2005 <b>DTaP/HepB/IPV (Pediatrix)</b> 2y 9m Given by another practice	11/1/2005 <b>DTaP/HepB/IPV (Pediatrix)</b> 2y 9m Given by another practice			
<b>Hib</b> 2 event/s	10/24/2005 <b>Hib/HepB (COMVAX)</b> 2y 9m Given by another practice	10/27/2005 <b>Hib/HepB (COMVAX)</b> 2y 9m Given by another practice			
<b>Polio</b> 2 event/s	10/28/2005 <b>DTaP/HepB/IPV (Pediatrix)</b> 2y 9m Given by another practice	11/1/2005 <b>DTaP/HepB/IPV (Pediatrix)</b> 2y 9m Given by another practice			
<b>MMR</b>	9/6/2005				

- Enter corrections or choose Delete event, click Continue
- Add lot or go to Set Up (optional)
- Review your request
- Choose Change, Clear or Confirm button

# Modify History: Demographics

**Online Registry**

**PATIENTS** Search MyList Reports Add **PRACTICE** Tools VFC Set Up ? Help LogOut

[View Record](#) [Print Reports](#) [Request Fax](#) [Pre-completed Forms](#) **Update Patient Address**

CIR ID: 234514124 First: MIGHTY Last: MOUSE DOB: 07/02/2004 Gender: M

● Use this page to help keep patient contact information up to date.

**Patient Information**

🔍 If you know a patient has recently moved, or need to correct the name, DOB or gender information, complete the appropriate fields below.

First Name:

Last Name:

Date of Birth:  /  /  (mm/dd/yyyy)

Gender:  Female  Male

House Number and Street:

Apt. Number:

City, State:

ZIP Code:  -

Telephone Number: ()  -

- Add current patient address
- Correct patient name, DOB and gender information.
- Corrections are submitted for review.



# Tools:

PATIENTS
PRACTICE

[Search](#)
[MyList](#)
[Reports](#)
[Add](#)
[Tools](#)
[VFC](#)
[Set Up](#)
[? Help](#)
[LogOut](#)

[Immunization Schedule](#)
[Lead Guidelines](#)

[Download PDF \(501KB\)](#)

For more immunization information visit

DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION

## Recommended Childhood and Adolescent Immunization Schedule UNITED STATES • 2006

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4-6 years	11-12 years	13-14 years	15 years	16-18 years
Hepatitis B <sup>1</sup>		HepB	HepB	HepB <sup>1</sup>	HepB			HepB Series							
Diphtheria, Tetanus, Pertussis <sup>2</sup>			DTaP	DTaP	DTaP	DTaP				DTaP	Tdap	Tdap			
<i>Haemophilus influenzae</i> type b <sup>1</sup>			Hib	Hib	Hib <sup>3</sup>	Hib									
Inactivated Poliovirus			IPV	IPV	IPV					IPV					
Measles, Mumps, Rubella <sup>4</sup>						MMR				MMR	MMR				
Varicella <sup>5</sup>						Varicella			Varicella						
Meningococcal <sup>6</sup>								Vaccines within broken line are for selected populations		MPSV4		MCV4			MCV4
Pneumococcal <sup>7</sup>			PCV	PCV	PCV	PCV				PCV	PPV				
Influenza <sup>8</sup>					Influenza (Yearly)			Influenza (Yearly)							
Hepatitis A <sup>9</sup>									HepA Series						

Range of recommended ages
  Catch-up immunization
  11-12 year old assessment

# Tools:

**Recommended Lead Guidelines**

- [Lead Risk Assessment Questionnaire](#)
- [Legal Requirements for Health Care Providers](#)
- [Recommended Testing Schedules for Children with Elevated Blood Lead Levels](#)
- [Medical Management Based on Blood Lead Levels](#)
- [Risk Reduction Education - Information for Families](#) (54KB PDF, opens new window)
- Obtain brochures and other information by calling 212-BAN-LEAD (266-5323) or visit [www.nyc.gov/html/doh/html/lead/lead.shtml](http://www.nyc.gov/html/doh/html/lead/lead.shtml)

[back to top](#)

### Lead Risk Assessment Questionnaire

Ask the parent or guardian of children less than 6 years of age\* the questions listed below. If the answer to ANY of these questions is 'yes' or 'unsure,' the child should be tested for lead poisoning (venous).

Child's Name:	Date:
1 Has your child or a sibling, house-mate, or playmate ever been diagnosed with lead poisoning?	<input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> No
2 Does the child live in, or regularly visit, a home or other building build before 1960 (NYC banned the use of lead paint in residential buildings in 1960) that has peeling paint? This could include a day care center, a preschool, or the home of a baby-sitter or relative.	<input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> No
3 Does the child live in, or regularly visit, a home or building built before 1960 where renovation or remodeling is planned, ongoing, or recently completed?	<input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> No
4 Does the child live with, or frequently visit, a person whose job or hobby may involve exposure to lead? This includes construction, demolition, bridge maintenance, home renovation and repair, automotive and electronic repair, furniture refinishing, making stained glass and pottery, or target practice at a firing range.	<input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> No
5 Does the child play outside in dirt that could be contaminated with lead from a nearby expressway, bridge, elevated train, or a building with peeling paint on the outside?	<input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> No
6 Has the child traveled abroad or moved to the US from another country within the last year? Elevated BLLs have been noted in countries such as Haiti, Mexico, Pakistan, the Dominican Republic, and Bangladesh.	<input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> No
7 Does the child's family prepare, store or serve food in imported pottery?	<input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> No
8 Does the family use imported folk remedies, cosmetics, spices or food?	<input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/> No

\*Consider testing children 6 years of age or older if any of the following conditions exists:

- Developmental delays with extensive hand-to-mouth activities;
- Foreign travel or residence in a country where environmental lead exposures might be suspected.

1. Lead Risk Assessment Questionnaire
2. Legal Requirements for Health Care Providers
3. Recommended Testing Schedules for Children with Elevated Blood Lead Levels
4. Medical Management Based on Blood Lead Levels
5. Risk Reduction Education - Information for Families
6. Obtain brochures and other information by calling 212-BAN-LEAD (266-5323) or visit [www.nyc.gov/html/doh/html/lead/lead.shtml](http://www.nyc.gov/html/doh/html/lead/lead.shtml).

LOOK for more  
PRACTICE TOOLS!

# Practice: VFC Doses Administered Report

**Online Registry**

PATIENTS: Search, MyList, Reports, Add  
PRACTICE: Tools, VFC, Set Up, Help, LogOut

**Doses Administered** | [VFC Eligibility Report](#)

The Doses administered report offers several ways to see information about VFC and non-VFC doses administered by your facility.

1. Select a date range for the report.
2. Select the age ranges for patients to be included.
3. Select the VFC and Non-VFC doses you wish to include.

**Date Range**

From:  /  /  (mm/dd/yyyy)

To:  /  /  (mm/dd/yyyy)

- Enter date range
- Select age ranges

**Online Registry**

PATIENTS: Search, MyList, Reports, Add  
PRACTICE: Tools, VFC, Set Up, Help, LogOut

**Doses Administered** | [VFC Eligibility Report](#)

1. Select a date range for the report.
2. Select the age ranges for patients to be included.
3. Select the VFC and Non-VFC doses you wish to include.

Date Range: 01/01/2004 - 01/01/2005

**Age Range(s)**

- <1
- 1
- 2
- 3-5
- 6
- 7-10
- 11-12
- 13-18
- 19-24
- 25-44
- 45-64
- 65+

Clear  Continue

# Practice: VFC Doses Administered Report

**Online Registry**

**PATIENTS** Search MyList Reports Add **PRACTICE** Tools VFC Set Up ? Help LogOut

**Doses Administered** VFC Eligibility Report

1. Select a date range for the report.  
2. Select the age ranges for patients to be included.  
3. Select the VFC and Non-VFC doses you wish to include.

Note: Use of brand name does not imply endorsement by DOHMH, but is used here for reporting purposes.

Date Range: 01/01/2004 - 01/01/2005   →

Age Ranges: <1,1,2,3-5,6,7-10,11-12,13-18,19-24,25-44,45-64,65+

VFC Doses to Include	Non-VFC Doses to Include
<input type="radio"/> None	<input checked="" type="radio"/> None
<input checked="" type="radio"/> All	<input type="radio"/> All
<input type="radio"/> Only those checked below	<input type="radio"/> Only those checked below

Note: commonly used vaccines are listed alphabetically below. Other vaccines are to the right.

VFC Doses to Include	Non-VFC Doses to Include	Other Vaccines:
<input type="checkbox"/> DTaP	<input type="checkbox"/> DTaP	<input type="checkbox"/> Anthrax
<input type="checkbox"/> DTaP (DAPTACEL)	<input type="checkbox"/> DTaP (DAPTACEL)	<input type="checkbox"/> BCG
<input type="checkbox"/> DTaP/Hib (TriHIBit)	<input type="checkbox"/> DTaP NOS <u>1</u>	<input type="checkbox"/> Botulinum Antitoxin
<input type="checkbox"/> DTaP/HepB/IPV (Pediatrix)	<input type="checkbox"/> DTP	<input type="checkbox"/> Cholera
<input type="checkbox"/> HepA ped/adol 2-dose	<input type="checkbox"/> DT (< 7 yrs.)	<input type="checkbox"/> CMV-IGIV
<input type="checkbox"/> HepB (<20 yrs 3-dose)	<input type="checkbox"/> DTaP/Hib (TriHIBit)	<input type="checkbox"/> Diphtheria Antitoxin
<input type="checkbox"/> HepB (≥20 yrs or 11-15 yrs 2-dose)	<input type="checkbox"/> DTP/Hib	<input type="checkbox"/> HepA-HepB (Twinrix)
<input type="checkbox"/> Hib/HepB (COMVAX)	<input type="checkbox"/> DTaP/HepB/IPV (Pediatrix)	<input type="checkbox"/> HepB-dialysis
<input type="checkbox"/> Hib-PRP-OMP (PedvaxHIB)	<input type="checkbox"/> HepA ped/adol 2-dose	<input type="checkbox"/> IG NOS <u>1</u>
<input type="checkbox"/> Hib-PRP-T (ActHIB)	<input type="checkbox"/> HepA-adult	<input type="checkbox"/> Japanese Encephalitis
<input type="checkbox"/> Influenza	<input type="checkbox"/> HepA-pediatric NOS <u>1</u>	<input type="checkbox"/> Measles/Rubella
<input type="checkbox"/> IPV	<input type="checkbox"/> HBIG	<input type="checkbox"/> Pertussis
<input type="checkbox"/> MMR	<input type="checkbox"/> HepB (<20 yrs 3-dose)	<input type="checkbox"/> Plague
<input type="checkbox"/> Mening conj (MCV4 Menactra 11-55 yrs.)	<input type="checkbox"/> HepB (≥20 yrs or 11-15 yrs 2-dose)	<input type="checkbox"/> Rabies-intradermal injection
<input type="checkbox"/> Pneumococcal conjugate (Pneumovax)	<input type="checkbox"/> HepB NOS <u>1</u>	<input type="checkbox"/> Rabies-intramuscular injection
<input type="checkbox"/> Pneumococcal polysaccharide (Pneumovax)	<input type="checkbox"/> Hib/HepB (COMVAX)	<input type="checkbox"/> RIG
<input type="checkbox"/> Td (≥= 7 yrs.)	<input type="checkbox"/> Hib-HbOC (HibTiter)	<input type="checkbox"/> Rubella/Mumps
<input type="checkbox"/> Tdap	<input type="checkbox"/> Hib-PRP-D (ProHIBit)	<input type="checkbox"/> Tetanus immune globulin (TIG)
<input type="checkbox"/> Varicella	<input type="checkbox"/> Hib-PRP-OMP (PedvaxHIB)	
	<input type="checkbox"/> Hib-PRP-T (ActHIB)	

- Select the VFC and Non-VFC doses you wish to include in the report

# Vaccines for Children (VFC) Doses Administered Report

		PATIENTS							PRACTICE						
		Search	MyList	Reports	Add			Tools	VFC	Set Up	Help	LogOut			
		Online Registry													
		<a href="#">Doses Administered</a>   <a href="#">VFC Eligibility Report</a>													
Printer-Friendly Format															
Report: <b>Doses Administered</b>						<b>URBAN HLTH PLAN CLINIC-MAIN CLINIC</b>									
Date: 11/1/2005 8:53 PM						1065 SOUTHERN BOUELVARD									
Date Range: <b>01/01/2004 - 01/01/2005</b>						BRONX, NY 10468									
						Facility Code: 1205C01 VFC PIN:									
<b>VFC Doses</b>															
		<b>Age Ranges</b>													
<b>Vaccines</b>	<b>&lt;1</b>	<b>1</b>	<b>2</b>	<b>3-5</b>	<b>6</b>	<b>7-10</b>	<b>11-12</b>	<b>13-18</b>	<b>19-24</b>	<b>25-44</b>	<b>45-64</b>	<b>65+</b>	<b>Total</b>		
DTaP	153	20	13	45	0	0	0	1	0	0	0	0	232		
DTaP (DAPTACEL)	0	0	0	0	0	0	0	0	0	0	0	0	0		
DTaP/Hib (TriHIBit)	3	21	4	2	0	0	0	0	0	0	0	0	30		
DTaP/HepB/IPV (Pedarix)	102	3	1	1	0	0	0	0	0	0	0	0	107		
HepA ped/adol 2-dose	0	0	0	0	0	0	0	0	0	0	0	0	0		
HepB (<20 yrs 3-dose)	158	5	6	9	0	2	0	2	0	0	0	0	182		
HepB (≥20 yrs or 11-15 yrs 2-dose)	0	0	0	0	0	0	0	0	0	0	0	0	0		
Hib/HepB (COMVAX)	17	6	1	0	0	0	0	0	0	0	0	0	24		
Hib-PRP-OMP (PedvaxHIB)	76	3	2	3	0	0	0	0	0	0	0	0	84		
Hib-PRP-T (ActHIB)	17	1	0	0	0	0	0	0	0	0	0	0	18		
Influenza	10	7	1	4	0	1	0	1	0	0	0	0	24		
IPV	151	15	7	41	0	0	0	1	0	0	0	0	215		
MMR	0	61	5	47	2	1	0	2	0	0	0	0	118		
Mening conj (MCV4)	0	0	0	0	0	0	0	0	0	0	0	0	0		
Menactra 11-55 yrs.)	0	0	0	0	0	0	0	0	0	0	0	0	0		
Pneumococcal conjugate (Prevnar)	237	28	8	6	0	0	0	0	0	0	0	0	279		
Pneumococcal polysaccharide (Pneumovax)	0	0	0	0	0	0	0	0	0	0	0	0	0		
Td (≥ 7 yrs.)	0	0	0	0	0	1	0	3	0	0	0	0	4		
Tdap	0	0	0	0	0	0	0	0	0	0	0	0	0		
Varicella	0	60	7	11	1	2	0	2	0	0	0	0	83		
<b>Totals</b>	<b>924</b>	<b>230</b>	<b>55</b>	<b>169</b>	<b>3</b>	<b>7</b>	<b>0</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1400</b>		

# Set Up: Manage Vaccine Lots

**Online Registry**

**PATIENTS** Search MyList Reports Add **PRACTICE** Tools VFC Set Up ? Help LogOut

**Manage Vaccine Lots** Change Password Manage Users Change My Contact Info

The lots you add to this list will appear in the Add Immunization pick lists, making it faster and easier to report immunizations.

**Add New Lot**

Continue →

**Add / Remove Vaccine Lots**

Check the boxes next to the lots you wish to delete from this list, then click "Remove" at the bottom of the page.

**HepB: HepB (<20 yrs 3-dose)**

remove <input type="checkbox"/>	Exp. 08/10/2005	VFC	WYETH-AYEST	Lot: 46454
remove <input type="checkbox"/>	Exp. 01/01/2007	VFC	BAXTER	Lot: 123

**DTP: DTaP**

remove <input type="checkbox"/>	Exp. 08/10/2005	VFC	ABBOTT	Lot: 1111
remove <input type="checkbox"/>	Exp. 12/31/2008	VFC	MERCK	Lot: 20050707-001

**Hib: Hib-PRP-D (ProHIBit)**

remove <input type="checkbox"/>	Exp. 08/10/2005	NonVFC	SMITHKLINE	Lot: 33333
remove <input type="checkbox"/>	Exp. 01/01/2006	VFC	ABBOTT	Lot: 1111

**Hib: Hib-PRP-T (ActHIB)**

remove <input type="checkbox"/>	Exp. 08/10/2005	VFC	WYETH-AYEST	Lot: 12345
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# Set Up: Manage Vaccine Lots - Add New Lot

**Online Registry**

**PATIENTS** Search MyList Reports Add **PRACTICE** Tools VFC Set Up ? Help LogOut

**Manage Vaccine Lots** Change Password Manage Users Change My Contact Info

● Use this page to add a vaccine lot to your list. Keeping your lots current helps you manage your vaccination makes reporting faster and easier.

**Add New Lot**

➤ Select a Vaccine Type, enter the expiration date, indicate VFC or Non-VFC, select a manufacturer and enter a lot number.

Select Vaccine Type

Exp. Date (mm/dd/YYYY)

VFC  NonVFC

Select Manufacturer

Lot Number

Continue →

**The Citywide Immunization Registry**  
125 Worth Street, CN 64R, New York, NY 10013 (212) 676-2323

**Lead Poisoning Prevention Program (LPPP)**  
253 Broadway, CN 58, New York, NY, 10007 212-BAN-LEAD

•Vaccine lots entered here appear as a vaccine lot choice where vaccine additions and modifications occur.



# Help:



**Online Registry**

**PATIENTS**  
Search MyList Reports Add

**PRACTICE**  
Tools VFC Set Up ? Help LogOut

**Features**

**Overview**

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- [Accessing the Registry](#)

**Search**

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- [Advanced Search](#)
- [Search](#)

**MyList**

- [My List](#)

**Reports**

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- [Add History](#)

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- [Doses Administered](#)
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**Set Up**

- [Manage Vaccine Lots](#)
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- [Add New User](#)
- [View/Modify Users](#)
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**Frequently Asked Questions**

**Overview**

- [What are the reporting requirements?](#)
- [What records are in the Online Registry?](#)
- [Do we still need Department of Health Lifetime Health Records?](#)
- [Can parents or patients also access the Registry themselves?](#)
- [How do I report immunizations if a patient is not in the CIR?](#)
- [Where does the Registry get lead information?](#)
- [Can I report lead test results using the Online Registry application?](#)
- [Where can I find out more about the Lead Poisoning Prevention Program?](#)
- [Who do I contact if I have questions about reporting?](#)
- [How do I gain access to the Online Registry?](#)
- [How does the Registry keep patient records confidential?](#)
- [Why must each user have their own password?](#)

**Search**

- [How does Search work?](#)
- [What if two patients have the same name?](#)
- [What if I can't find a patient's record?](#)
- [What is an Advanced Search?](#)
- [What if I can't find a patient with Advanced Search?](#)
- [What is the CIR number and how do I find it?](#)

**MyList**

- [What is MyList?](#)
- [How do I select a patient?](#)
- [How do I add a patient?](#)
- [How do I remove a patient?](#)

**Reports**

- [What is in the Reports section?](#)

**Contacting Us**

**LPPP mailing address:**  
New York City Department of Health and Mental Hygiene  
Lead Poisoning Prevention Program  
253 Broadway, CN-58  
New York, NY 10007

**Phone:** 212-BAN-LEAD  
**FAX:** 212-676-6326

**CIR mailing address:**  
New York City Department of Health and Mental Hygiene  
Citywide Immunization Registry  
125 Worth Street, CN #64R  
New York, NY 10013-4089

**Phone:** 212-676-2323  
**FAX:** 212-676-2314

**Mail CIR paper reporting forms to:**  
New York Citywide Immunization Registry  
P.O. Box 90490  
Binghamton, NY 13902

**To order additional CIR paper reporting forms (IMM30C):**  
Call 1-800-238-0130

- Help by Feature
- Help by FAQs
- Contact Information



# Contact Information

## Citywide Immunization Registry

### NYC Department of Health and Mental Hygiene

General CIR contact information:

Tel: 212-676-2323

Fax: 212-676-2314

[nyc.gov/health/cir](http://nyc.gov/health/cir)