



Read-Only User Guide

Revised: 05/02/2023

This guide provides an overview of the California Immunization Registry (CAIR2) and how to access and use CAIR2 for users with Read-Only access.

For additional support, the following resources are available:

[Local CAIR Representatives \(LCRs\)](https://go.cdph.ca.gov/cair-lcr): (go.cdph.ca.gov/cair-lcr)

CAIR Help Desk:

Phone: 800-578-7889

Email: CAIRHelpDesk@cdph.ca.gov

[CAIR Website](https://cdph.ca.gov/cair): (cdph.ca.gov/cair)

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Section 1: Introduction

What is CAIR2?

The **California Immunization Registry (CAIR2)** is a secure web-based system available to health care providers, including local health departments, community clinics, private medical offices, hospitals, pharmacies, long-term health care facilities, as well as other approved organizations such as schools, childcare facilities, and foster care agencies. CAIR2 helps these providers/organizations track and update their patient/student/client immunization and tuberculosis (TB) records. CAIR2 is free-of-charge and managed by the California Department of Public Health.

The goal of CAIR2 is to improve immunization services by providing a central location for healthcare providers and other approved organizations to store and access a person's complete immunization and TB test history. Providers/organizations using CAIR2 can view patient/student/client immunization histories and immunizations due, generate patient reports (e.g., Yellow Card, Blue Card) and practice-level reports, conduct reminder/recall activities, and manage their vaccine inventory. CAIR2 helps reduce missed opportunities, minimize the administration of duplicate immunizations, and increase immunization coverage rates.

User Responsibilities

Information stored in CAIR2 is confidential. Inappropriate use or disclosure of information may result in civil and criminal penalties per Federal and State laws and termination of your and/or your agency's rights to use CAIR2. As a CAIR2 user, you agree to read, understand and abide by Section 120440 of the California Health and Safety Code and the following CAIR2 Confidentiality Policies:

- Use CAIR2 only for your assigned duties related to providing immunization-related services.
- Use CAIR2 only to find records for persons coming to your agency for services.
- Keep your CAIR2 user account and password confidential; do not share your account/password with anyone else. Employees needing access to CAIR2 are required to have their own account.
- Log-off from CAIR2 at the end of your shift or at any time when you leave your work area. Ensure other people cannot see the CAIR2 information on your computer screen.
- Keep the patient information you get from CAIR2 confidential. CAIR2 complies with federal HIPAA rules and California State law.
- Do not use your CAIR2 user account from a past job – ask your supervisor to transfer your account through the CAIR2 Account Update system.
- Understand that CAIR2 automatically tracks which patient/student/client records you open.

Section 2: Accessing CAIR2

To access CAIR2:

1. Go to the [CAIR2 Login Screen](#).
2. Enter your CAIR2 **Org Code**, **Username**, and **Password**. Then click the **Login** button.

Note: Only the 'Password' field is case-sensitive.

TRN	HOME	USER RESOURCES	RELATED LINKS	TRAINING
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Welcome to the California Immunization Registry, CAIR ! *Posted on 08/19/2015*

If you are an authorized user, please login using your unique combination of Organization Code, Username, and Password.

If you are a new user, please visit the training tab above to access training options. If you are from an organization requesting access for the first time, go to the [CAIR Enrollment](#) page to enroll. For additional information, contact the CAIR Help Desk at 800-578-7889 or CAIRHelpDesk@cdph.ca.gov. Hours are 8:00 a.m. - 5:00 p.m. Monday through Friday, excluding government holidays.

This site will work optimally for users logging in with Internet Explorer browsers versions 8 or higher, as well as Chrome, Safari or Firefox. If you are using alternate browsers and experience display issues, please consider switching to one of the supported browsers.

- [About The California Immunization Registry](#)
- [Disclaimer](#)
- [Contact Us](#)

Org Code:

Username:

Password:

Additional Login/Account Information:

- The first time you log into CAIR2, you will be asked to read and agree to the Security Notification, change your password, and enter answers to Security Questions. **Note:** If you have issues logging in the first time, you must contact the CAIR2 Help Desk. The 'Forgot Password?' button will not work the first time you are logging into CAIR2.
- If your email address has not been entered, you will be prompted to enter it.
- If you forget your password or are locked out, click the **Forgot Password?** button on the Login screen and answer your security questions to reset your password.
- Passwords must be changed every 90 days; the system will prompt you to change your password.
- You will be automatically logged out after 30 minutes of inactivity.
- Your user account will be automatically inactivated after 90 days of inactivity; your supervisor must then request to re-activate your account by contacting the CAIR2 Help Desk.
- For additional information, refer to the CAIR2 Login and Account Management Guide found on the [CAIR2 Training Guides Page](#).

Section 3: Navigating CAIR2

Once you log into CAIR2, the 'Home' screen will display (see screenshot below). It contains Announcements (new information about CAIR2) and Release Notes (information about bug fixes and enhancements to CAIR2).

On every page in CAIR2, the following information/navigation sections will display:

Menu Bar: This section is located at the top of the screen. It contains the following options:

- **Home:** Returns you to the CAIR2 'Home' screen from anywhere within the CAIR2 system.
- **Manage Access/Account:** Allows you to update your user account information (e.g., contact information, password, security questions).
- **Forms:** Hyperlinks for printing blank forms and supporting documentation.
- **Related Links:** Hyperlinks to other immunization-related websites.
- **Logout:** Logs you out of CAIR2.
- **Help Desk:** Displays contact information for the CAIR2 Help Desk.
- **'Light Bulb' Icon:** Displays information/help about what is located on that specific screen.

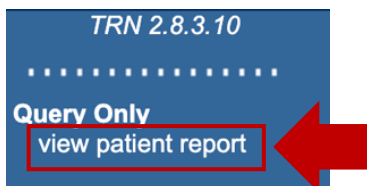
User Confirmation Bar: This section is located directly beneath the 'Menu Bar', highlighted in yellow. It displays your Organization's Name, your First and Last Name, and your User Role (access level).

Menu Panel: This section appears in blue on the left side of the screen. It contains the link to search for a patient in CAIR2.

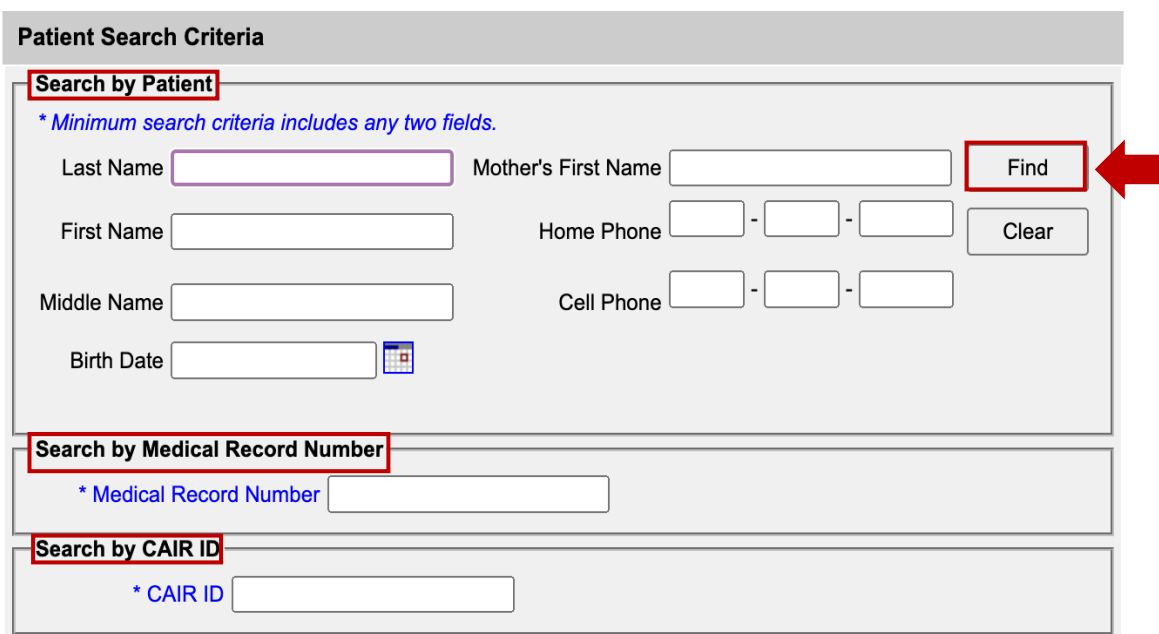
Section 4: Searching for Patients

To search for a patient in CAIR2:

1. Click the **view patient report** link underneath the 'Query Only' header in the left blue menu panel.



The 'Patient Search Criteria' screen will display.

A screenshot of the "Patient Search Criteria" screen. The title "Patient Search Criteria" is at the top. Below it are three search sections. The first section is "Search by Patient" with a red box around the title. It includes a note: "* Minimum search criteria includes any two fields." and several input fields: "Last Name", "Mother's First Name", "First Name", "Home Phone", "Middle Name", "Cell Phone", and "Birth Date". There are "Find" and "Clear" buttons. A red box highlights the "Find" button, and a red arrow points to it from the right. The second section is "Search by Medical Record Number" with a red box around the title and a note: "* Medical Record Number" followed by an input field. The third section is "Search by CAIR ID" with a red box around the title and a note: "* CAIR ID" followed by an input field.

- Search for the patient **at least three times** by entering two pieces of information each time in the 'Search by Patient' section. We recommend:
 - Last Name and First Name
 - Last Name and Birth Date
 - First Name and Birth Date

A wildcard search can also be used in the name fields – enter at least the first 3 letters of the last name or at least the first 2 letters of the first name with a second field (e.g., Birth Date). This is good for finding patients with unique and hard-to-spell names.

Note: When searching using first and/or last names, CAIR2 ignores spaces, apostrophes, and hyphens.

You can also search using one of the following fields:

- Medical Record Number (MRN):** The patient's MRN is associated with your clinic/organization.
- CAIR ID:** The patient's unique CAIR2 ID number if you have it.

- Click the **Find** button. Results that match your search criteria will display at the bottom of the screen. **Note:** If too many possible matches are returned, the message "xxx patients were found. Please refine your search criteria to limit your patient list" will display. Narrow down your search by adding more information in the search fields, and then click the **Find** button to search again.
- Look closely at all the information that displays to find the correct patient.
- Click on the hyperlink of the patient's **Last Name** to view the patient's record.

Possible Matches: 3								
Last Name	First Name	Middle Name	Birth Date	Primary Patient Identifier	Mother's First	Gender	Status	CAIR ID
LOU	LIZA		10/18/2016		MARY	F	A	5998985
	AKA: LOU,LIZZY							
	AKA: TESTER,ALEXANDRA							
LOU	LIZA		03/11/2001		SARAH	F	N	5074755
LOU	LIZA		07/24/1990		LEONA	F	N	5264473

Note: If a patient's CAIR2 record is locked, the pop-up message below will appear, indicating that you are not authorized to view this person's information. You will need to ask the patient/parent to submit a request directly to CAIR2 to unlock their record on the [CAIR Forms page](#).

cairtraining.cdph.ca.gov says

You are not authorized to view this patient's information given the user level assigned to you by your organization. To view this patient's information, please have the patient (if over 18 years of age) or the parent/guardian (if under 18 years of age) complete the Decline or Start Sharing Immunization Information Request Form and fax to the number indicated on the form.

Click OK to get the Decline or State Sharing Immunization Information Request Form, thank you.

Section 5: Viewing a Patient's Immunization Record

Once you open a patient's record, their 'History/Recommend' screen will display (see screenshot below). It has 3 sections:

1. Patient Information
2. Immunization Record
3. Vaccines Recommended by Selected Tracking Schedule

Each section is described below.

History/Recommend Screen

Patient Information		Print	Print Confidentialia	Reports	Cancel		
Patient Name (First - MI - Last)	DOB	Gender	Tracking Schedule	Medical Record Number			
LIZA LOU	10/18/2016	F	ACIP				
Provider (PCP)	Not on file						
School	Not on file						
Comments	04/17/2019 ~ History of varicella (chicken pox)						
*Comments other than History of Varicella will not appear for this level of User Access.							
Current Age: 6 years, 6 months, 14 days							
Immunization Record							
Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?
DTP/aP	11/02/2017	1 of 4	DTP-Hib-HepB [Pentavalente ©]				Yes
	12/16/2017	2 of 4	DTaP-HepB-IPV [Pediarix ©]				Yes
	07/15/2021	3 of 4	DTaP,IPV,Hib,HepB [VAXELIS ©]	Full	No		
HepA	04/04/2019	1 of 2	HepA-Ped 2 Dose [Havrix-Peds 2 Dose ©]				Yes
HepB	11/02/2017	1 of 3	DTP-Hib-HepB [Pentavalente ©]				Yes
	12/16/2017	2 of 3	DTaP-HepB-IPV [Pediarix ©]				Yes
	07/15/2021	3 of 3	DTaP,IPV,Hib,HepB [VAXELIS ©]	Full	No		
Hib	11/02/2017	1 of 2	DTP-Hib-HepB [Pentavalente ©]				Yes
	07/15/2021	NOT VALID	DTaP,IPV,Hib,HepB [VAXELIS ©]	Full	No		
MMR	12/16/2017	1 of 2	MMR [MMR II ©]	Full	No		
Polio	12/16/2017	1 of 3	DTaP-HepB-IPV [Pediarix ©]				Yes
	07/15/2021	2 of 3	DTaP,IPV,Hib,HepB [VAXELIS ©]	Full	No		
Vaccines Recommended by Selected Tracking Schedule							
Vaccine Group	Vaccine		Earliest Date	Recommended Date	Past Due Date		
COVID-19	SARS-COV-2 (COVID-19) vacc, UNSPECIFIED		04/18/2017	04/18/2017	04/18/2017		
DTP/aP	DTaP, NOS		01/15/2022	01/15/2022	10/18/2022		
HepA	HepA, NOS		Contraindicated				
HepB	HepB, NOS		Complete				
Hib	Hib, NOS		Maximum Age Exceeded				
Influenza-seasnI	Flu NOS		04/18/2022	08/01/2022	05/18/2023		
MMR	MMR		01/13/2018	10/18/2020	10/18/2022		
Polio	Polio, NOS		01/15/2022	01/15/2022	10/18/2022		
Varicella	Varicella		Contraindicated				

Patient Information

This section contains basic demographic information about the patient. The 'Comments' section lists any contraindications, immunity, or refusals documented in CAIR2 for the patient. Some comments impact the vaccine recommendations for the patient (see the [Vaccines Recommended by Selected Tracking Schedule section](#)).

Important Note: As a Read-Only user, you cannot see 'TB Test History' or 'Comments', except for 'History of varicella (chicken pox)'. However, 'Comments' impacting vaccine recommendations will be marked in the 'Vaccines Recommended by Selected Tracking Schedule' section as 'Contraindicated'.

Staff at your site with CAIR2 Regular or Inventory user accounts can see all 'Comments' and 'TB Test History'. These staff should view/print the patient's record if all 'Comments' need to be seen.

There are also 4 buttons at the top of the screen:

- **Print:** Allows you to print an exact copy of the 'History/Recommend' screen.
- **Print Confidential:** Allows you to print the 'History/Recommend' screen without 'Medical Record Number', 'Provider (PCP)', 'School', and 'Comments'.
- **Reports:** Allows you to print different patient-level reports (see the [Patient Reports section](#)).
- **Cancel:** Takes you back to the 'Patient Search Criteria' screen.

Immunization Record

This section displays the patient's vaccination history. Information for each shot recorded includes:

- **Vaccine Group:** The vaccines are in alphabetical order. If the patient received a combination vaccine (e.g., Pediarix), the shot will appear within each vaccine group for the components included in the combination vaccine (e.g., for Pediarix, the shot will appear within the DTaP, Hep B, and Polio vaccine groups).
- **Date Admin:** Shows the date the shot was administered. You can click on the hyperlink to see the vaccine schedule for that vaccine and other information. To know the patient's age during vaccine administration, hover your cursor over the hyperlink but do not click on it.
- **Series:** Shows where that shot counts in the series. If 'NOT VALID' or 'SUBPOTENT' displays, you can click on the **Date Admin** hyperlink for that shot to view an explanation. If it is blank, an extra shot in the series was given but is allowed by the ACIP recommendations.
- **Vaccine [Trade Name]:** Shows the shot's vaccine components and Trade Name.
- **Dose:** Shows if the vaccine given to the patient was a Full (standard) dose or if less or more than the standard dose was given. If it is blank, then the shot was entered as a historical dose, and it should be assumed the dose given was a full dose.
- **Owned?:** Shows which site **entered** the shot into CAIR2. **It is not necessarily which site gave the shot.** If it is blank, that means your site entered the shot. For example, if it is a historical shot and your site entered it into CAIR2, it will show your site as the 'owner', even if your site did not give that shot. If it says 'No', your site did not enter the shot, and you can click on the **No** hyperlink to see which site did.
- **Reaction:** Shows if a reaction has been documented for this shot. The entire row will also appear in red text. **Note:** Read-Only users are not allowed to view what type of reaction occurred.

- **Hist?:** Will indicate a 'Yes' if the dose was transcribed into CAIR2 as a historical shot (e.g., from a Yellow Card). This column will be blank if it was an administered dose.

Vaccines Recommended by Selected Tracking Schedule

This section displays which vaccines are currently recommended for the patient. Vaccines that are due/overdue are highlighted in green. Each vaccine's 'Earliest Date', 'Recommended Date', and 'Past Due Date' are based on the ACIP schedule.

If a vaccine series is complete, contraindicated, or if the patient has aged out of a specific vaccine series, it will be documented in this section next to the vaccine.

Below is a more detailed explanation of the messages that may appear in grey:

- **Complete:** Indicates that the series has been completed according to the ACIP schedule.
- **Contraindicated:** Indicates the vaccine should not be given for medical reasons.
Important Note: As a Read-Only user, you **cannot** see 'Comments', except for 'History of varicella (chickenpox)', including those that may contraindicate vaccine recommendations (e.g., history of disease, allergies, immunities, etc.). **However, 'Comments' that impact recommendations will be marked in the 'Vaccines Recommended by Selected Tracking Schedule' section as 'Contraindicated'.**
- **Maximum Age Exceeded:** Indicates that the patient has exceeded the maximum age to receive the vaccine. For example, if a patient has already reached the age of five and has not completed the Hib series, then the recommendation for Hib will show as 'Maximum Age Exceeded'.
- **Maximum Doses Met or Exceeded for Vaccine Group:** Indicates that the maximum number of doses recommended have been administered according to the tracking schedule.

Note: Parental refusals and medical deferrals are not displayed and do not impact the recommendations.

Section 6: Patient Reports

You may view, save, and/or print the following Patient Reports for the patient: Immunization History Report, Immunizations Needed/Routing Slip, Yellow Card Report, and Blue Card Report (schools only).

To view/print any of these reports:

1. On the patient's 'History/Recommend' screen, click the **Reports** button at the top of the screen (see screenshot in the [Viewing a Patient's Immunization Record section](#)). The screen below will appear.

Reports Available for this Patient		
Report	Description	Additional Information
Immunization History Report	Displays demographics, registry data, contact information, as well as detailed immunization history.	None
Immunizations Needed/Routing Slip	Displays demographics, contact information, immunization history, as well as immunizations needed.	None
Yellow Card Report	Prints the California Immunization Record (Yellow Card).	None
Blue Card Report	Prints the California School Immunization Record (Blue Card).	None

2. Click on the name of the report you want to view/print. It will display as an Adobe® PDF file.
3. To print the report, click the printer icon on the Adobe® toolbar. Click the **OK** button in the Print dialog box.
4. To return to the 'Patient Reports' screen, you may close the Acrobat Reader® by clicking the **X** button in the upper right corner.

A description and example of each Patient Report is below. **Note: An example of the Blue Card Report can be found in the CAIR2 School User Guide on the [CAIR2 Training Guides Page](#).**

Immunization History Report

The Immunization History Report displays patient demographics, a detailed summary of the shots the patient has received, reactions, and comments. This report may be provided to the patient or parent/guardian if requested (e.g., if the patient/parent needs more detailed information than what is contained on the Yellow Card). It can also be filed in the patient's chart.

Immunization History Report CAIR Clinic 1												
CAIR ID: 407828			Medical Record Number:				Tracking Schedule: ACIP					
Patient Name: GEORGINA MORALES			Birth Date: 06/01/2018				Gender: Female					
			4 years, 11 months, 1 day									
Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Mfg Code	Lot #	Bod Rt.	Bod St.	Provider of Information	Shot Giver	VIS Date	React
DTP/aP	08/03/2018	1 of 5	DTaP-HepB-IPV [Pediarix ©]	Full	SKB	ASD522		LD	Doc Office	Mo Mo,RN	07/20/2016,	
	10/12/2018	2 of 5	DTaP-HepB-IPV [Pediarix ©]	Full	SKB	ASD522		LD	Doc Office	Mo Mo,RN	07/20/2016,	
	12/15/2018	3 of 5	DTaP-HepB-IPV [Pediarix ©]	Full					Transcribed by (CAIR Clinic 1)			
	09/03/2019	4 of 5	DTaP.5 pertussis antigens [DAPTACEL ©]	Full	PMC	609876		LD	Doc Office	Nancy L,MD	02/24/2015,	
HepA	06/04/2019	1 of 2	HepA-Ped 2 Dose [Havrix-Peds 2 Dose ©]	Full	SKB	D832A0	IM	LD	Doc Office	Nancy L,MD	07/20/2016	
	12/04/2019	2 of 2	HepA-Ped 2 Dose [Havrix-Peds 2 Dose ©]	Full	SKB	D832A0	IM	LD	Doc Office	Nancy L,MD	07/20/2016	
HepB	06/01/2018	1 of 4	HepB-Peds [Engerix-B Peds ©]	Full	SKB	AR45GP	IM	LD	Doc Office	Mo Mo,RN	07/20/2016	
	08/03/2018	2 of 4	DTaP-HepB-IPV [Pediarix ©]	Full	SKB	ASD522		LD	Doc Office	Mo Mo,RN	07/20/2016,	
	10/12/2018	3 of 4	DTaP-HepB-IPV [Pediarix ©]	Full	SKB	ASD522		LD	Doc Office	Mo Mo,RN	07/20/2016,	
	12/15/2018	4 of 4	DTaP-HepB-IPV [Pediarix ©]	Full					Transcribed by (CAIR Clinic 1)			
Hib	08/03/2018	1 of 3	Hib-OMP [PedvaxHIB ©]	Full	MSD	B5F833	IM	LD	Doc Office	Mo Mo,RN	11/05/2015	
	10/12/2018	2 of 3	Hib-OMP [PedvaxHIB ©]	Full	MSD	B5F833	IM	LD	Doc Office	Mo Mo,RN	11/05/2015	
	06/04/2019	3 of 3	Hib-OMP [PedvaxHIB ©]	Full	MSD	B5F833	IM	LD	Doc Office		11/05/2015	
MMR	09/01/2018	Not	MMR [MMR II ©]	Full	MSD	LK952T	SC	LD	Doc Office		08/15/2019	
PneumoConjugate	08/03/2018	1 of 3	PCV13 [Pevnar13 ©]	Full	PFR	52SD01	IM	LD	Doc Office		11/05/2015	
	10/12/2018	2 of 3	PCV13 [Pevnar13 ©]	Full	PFR	52SD01	IM	LD	Doc Office		11/05/2015	
Polio	08/03/2018	1 of 4	DTaP-HepB-IPV [Pediarix ©]	Full	SKB	ASD522		LD	Doc Office	Mo Mo,RN	07/20/2016,	
	10/12/2018	2 of 4	DTaP-HepB-IPV [Pediarix ©]	Full	SKB	ASD522		LD	Doc Office	Mo Mo,RN	07/20/2016,	
	12/15/2018	3 of 4	DTaP-HepB-IPV [Pediarix ©]	Full					Transcribed by (CAIR Clinic 1)			
Rotavirus	08/03/2018	1 of 3	Rotavirus, Pent [RotaTeq ©]	Full	MSD	GG9515	PO	MO	Doc Office	Mo Mo,RN	02/07/2018	
	10/12/2018	2 of 3	Rotavirus, Pent [RotaTeq ©]	Full	MSD	GG9515	PO	MO	Doc Office	Mo Mo,RN	02/07/2018	
	12/15/2018	3 of 3	Rotavirus, Pent [RotaTeq ©]	Full	MSD	GG9515	PO	MO	Doc Office	Mo Mo,RN	02/07/2018	
Varicella	06/04/2019	1 of 2	Varicella [Varivax ©]	Full	MSD	783P01	SC	LD	Doc Office	Nancy L,MD	08/15/2019	
Reaction Descriptions: No Records Found.												
*Reactions not available for this level of User access												
Patient Comments: History of varicella (chicken pox)									Start Date: 08/19/2021		End Date:	
*Comments other than History of Varicella will not appear for this level of User												
Primary Physician: Address: Physician's Signature												
GEORGINA MORALES						06/01/2018						

Immunizations Needed/Routing Slip

The Immunizations Needed/Routing Slip displays patient demographics, comments, immunization history, and immunizations recommended by date according to the tracking schedule assigned to the patient.

Note: This report is primarily to be used by a clinic/doctor's office to document the shots and/or TB tests that should be given and/or given during the patient's visit for entry into CAIR2 after the visit.

05/2/2023	CAIR	Page 1			
Immunizations Needed /Routing Slip					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> Medical Record Number: Patient Name (L, F, M): LOU, LIZA Birth Date: 10/18/2016 Age: 6 years, 6 months, 14 days Gender: Female </td> <td style="width: 33%;"> Tracking Schedule: ACIP Ethnicity: Not Hispanic or Latino </td> <td style="width: 33%;"> Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African-American <input checked="" type="checkbox"/> White <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Other </td> </tr> </table>			Medical Record Number: Patient Name (L, F, M): LOU, LIZA Birth Date: 10/18/2016 Age: 6 years, 6 months, 14 days Gender: Female	Tracking Schedule: ACIP Ethnicity: Not Hispanic or Latino	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African-American <input checked="" type="checkbox"/> White <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Other
Medical Record Number: Patient Name (L, F, M): LOU, LIZA Birth Date: 10/18/2016 Age: 6 years, 6 months, 14 days Gender: Female	Tracking Schedule: ACIP Ethnicity: Not Hispanic or Latino	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African-American <input checked="" type="checkbox"/> White <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/> Other			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Patient Comments: History of varicella (chicken pox) <small>*Comments other than History of Varicella will not appear for this level of User Access.</small> </td> <td style="width: 25%;"> From Date: 04/17/2019 </td> <td style="width: 25%;"> To Date: </td> </tr> </table>			Patient Comments: History of varicella (chicken pox) <small>*Comments other than History of Varicella will not appear for this level of User Access.</small>	From Date: 04/17/2019	To Date:
Patient Comments: History of varicella (chicken pox) <small>*Comments other than History of Varicella will not appear for this level of User Access.</small>	From Date: 04/17/2019	To Date:			
Immunization Record					
Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	
DTP/aP	11/02/2017	1 of 4	DTP-Hib-HepB [Pentavalente ©]	Full	
DTP/aP	12/16/2017	2 of 4	DTaP-HepB-IPV [Pediarix ©]	Full	
DTP/aP	07/15/2021	3 of 4	DTaP,IPV,Hib,HepB [VAXELIS ©]	Full	
HepA	04/04/2019	1 of 2	HepA-Ped 2 Dose [Havrix-Peds 2 Dose]	Full	
HepB	11/02/2017	1 of 3	DTP-Hib-HepB [Pentavalente ©]	Full	
HepB	12/16/2017	2 of 3	DTaP-HepB-IPV [Pediarix ©]	Full	
HepB	07/15/2021	3 of 3	DTaP,IPV,Hib,HepB [VAXELIS ©]	Full	
Hib	11/02/2017	1 of 2	DTP-Hib-HepB [Pentavalente ©]	Full	
Hib	07/15/2021	Not Valid	DTaP,IPV,Hib,HepB [VAXELIS ©]	Full	
MMR	12/16/2017	1 of 2	MMR [MMR II ©]	Full	
Polio	12/16/2017	1 of 3	DTaP-HepB-IPV [Pediarix ©]	Full	
Polio	07/15/2021	2 of 3	DTaP,IPV,Hib,HepB [VAXELIS ©]	Full	
Immunizations Due Record					
Vaccine	Date Needed	Trade Name/ Lt #/Funding Source	Give These		
COVID-19	04/18/2017				
DTP/aP	01/15/2022				
HepA	10/04/2019				
Influenza-seasnI	08/01/2022				
MMR	10/18/2020				
Polio	01/15/2022				
Varicella	01/13/2018				
TB Test		Give These			
PPD – Mantoux					
QuantIFERON					
T-Spot					
X-Ray					
Shot Giver's Signature: _____					
Appointment: ___/___/___		Provider Phone Number:			
LOU, LIZA 2023-05-02 12:14					

Yellow Card Report

The Yellow Card Report is the California Immunization Record for patients/parents/guardians. It should be printed and given to the patient/parent/guardian at the end of each visit in which immunizations were given. If TB/TB-related X-rays have been performed and entered into CAIR2, they will also display on this report.



Name (nombre): **LIZA LOU** Age (edad): **6 years, 6 months, 14 days**
 Birth Date (fecha de nacimiento): **10/18/2016** Printed by (impresa por): **CAIR Clinic 1**
 Gender (género): **Female** Allergies (alergias): **HepA**
 Vaccine Reactions (reacciones a la vacuna): **DTP/aP, HepB, Polio**

IMMUNIZATION RECORD *Comprobante de Inmunización*

Date Printed (fecha impresa): **05/02/2023**

GROUP <i>grupo</i>	SERIES <i>serie</i>	DATE GIVEN <i>fecha de vacunación</i>	AGE GIVEN <i>edad de vacunación</i>	VACCINE <i>vacuna</i>	CLINIC THAT ADMINISTERED OR TRANSCRIBED <i>clínica que la administró o transcribió</i>	NEXT DOSE DUE <i>fecha para la próxima vacuna</i>
DTaP	1 of 4	11/02/2017	1y 15d	DTP-Hib-HepB	Transcribed By (CAIR Clinic 1)	
DTaP	2 of 4	12/16/2017	1y 1m 28d	DTaP-HepB-IPV	Transcribed By (CAIR Clinic 1)	
DTaP	3 of 4	07/15/2021	4y 8m 27d	DTaP,IPV,Hib,HepB	CAIR Clinic 11	01/15/2022
Hep A	1 of 2	04/04/2019	2y 5m 17d	HepA-Ped 2 Dose	Transcribed By (CAIR Clinic 1)	Contraindicated
HEPB	1 of 3	11/02/2017	1y 15d	DTP-Hib-HepB	Transcribed By (CAIR Clinic 1)	
HEPB	2 of 3	12/16/2017	1y 1m 28d	DTaP-HepB-IPV	Transcribed By (CAIR Clinic 1)	
HEPB	3 of 3	07/15/2021	4y 8m 27d	DTaP,IPV,Hib,HepB	CAIR Clinic 11	Complete
HIB	1 of 2	11/02/2017	1y 15d	DTP-Hib-HepB	Transcribed By (CAIR Clinic 1)	
HIB	Invalid	07/15/2021	4y 8m 27d	DTaP,IPV,Hib,HepB	CAIR Clinic 11	Aged Out
MMR	1 of 2	12/16/2017	1y 1m 28d	MMR	CAIR Clinic 11	10/18/2020
Polio	1 of 3	12/16/2017	1y 1m 28d	DTaP-HepB-IPV	Transcribed By (CAIR Clinic 1)	
Polio	2 of 3	07/15/2021	4y 8m 27d	DTaP,IPV,Hib,HepB	CAIR Clinic 11	01/15/2022
VAR						Contraindicated

Additional Doses

GROUP <i>grupo</i>	SERIES <i>serie</i>	DATE GIVEN <i>fecha de vacunación</i>	AGE GIVEN <i>edad de vacunación</i>	VACCINE <i>vacuna</i>	CLINIC THAT ADMINISTERED OR TRANSCRIBED <i>clínica que la administró o transcribió</i>	NEXT DOSE DUE <i>fecha para la próxima vacuna</i>

Name: LIZA LOU

CAIR ID: 5998985

Med Record:

Page 1 of 2

TB

TB TESTS/RISK ASSESSMENT <i>pruebas de TB/evaluación de riesgos</i>	DATE GIVEN/ COLLECTED <i>fecha de administración/datos recopilados</i>	PPD or IGRA Minus Nil Result Component 1 (mm or IU/mL or Spots) <i>PPD o IGRA menos Nil resultado 1</i>	IGRA Minus Nil Result Component 2 (IU/mL or Spots) <i>IGRA menos Nil resultado 2</i>	INTERPRETATION <i>interpretación</i>	CLINIC THAT ADMINISTERED OR TRANSCRIBED <i>clínica que la administró o transcribió</i>
QuantIFERON	08/08/2016	1.03 IU/ml		Negative	Transcribed in CAIR
Chest X-Ray	03/29/2017			Normal	IRPH
T-SPOT	04/02/2017	3 mm spots	4 mm spots	Indeterminate	Transcribed in CAIR
PPD-Mantoux	08/02/2017	1 mm		Negative	Transcribed in CAIR

Parents: Your child must meet California's immunization requirements to be enrolled in school and child care. Keep this Record as proof of immunization.

Padres: Su niño(a) debe cumplir con los requisitos de vacunación de California para poder inscribirse en la escuela y la guardería. Mantenga este comprobante como prueba de vacunación.

Definitions:

COVID-19: *Coronavirus*
 DTaP, DT, Tdap: *diphtheria, tetanus, pertussis (whooping cough)*
 Flu: *influenza (only past 3 years listed)*
 HepA: *hepatitis A*
 HepB: *hepatitis B*
 Hib: *haemophilus influenza B (hib meningitis)*
 HPV: *human papillomavirus*
 HZV, RZV, ZVL: *herpes zoster (shingles)*
 IPV, OPV: *polio*
 MenACWY (MCV4), MenB, MPSV: *meningococcal*
 MMR: *measles, mumps, rubella*
 PCV, PPSV: *pneumococcal (pneumonia)*
 Rota, RV: *rotavirus*
 S-pox: *Smallpox*
 Td: *tetanus*
 VAR: *varicella (chickenpox)*
 YF: *Yellow Fever*

Definición:

COVID-19: *Coronavirus*
 DTaP, DT, Tdap: *difteria, tétanos y tos ferina*
 Flu: *influenza (sólo se anotan los últimos 3 años)*
 HepA: *hepatitis A*
 HepB: *hepatitis B*
 Hib: *haemophilus influenza B*
 HPV: *virus del papiloma humano*
 HZV, RZV, ZVL: *herpes zóster (culebrilla)*
 IPV, OPV: *polio*
 MenACWY (MCV4), MenB, MPSV: *meningocócica*
 MMR: *sarampión, paperas y rubéola (sarampión alemán)*
 PCV, PPSV: *neumocócica*
 Rota, RV: *rotavirus*
 S-pox: *Smallpox*
 Td: *tétanos*
 VZV or VAR: *varicela*
 YF: *Yellow Fever*

Invalid means that a dose was not given according to the medical schedule. But, the dose may still meet school requirements.

Invalid significa que no se administró una dosis de acuerdo con el programa médico. Pero, la dosis aún puede cumplir con los requisitos escolares.

Complete or Aged out means that the next dose is not medically needed.

Complete or Aged Out significa que la siguiente dosis no es médicamente necesaria.

Transcribed by indicates that the clinic entered the information to CAIR but did not administer that dose.

Transcribed by significa que la clínica ingresó esa información en CAIR pero no administró esa dosis.