



CHIRP

Children and
Hoosiers
Immunization
Registry
Program

CHIRP

HOW – TO MANUAL

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Introduction

The Children and Hoosiers Immunization Registry Program (CHIRP) web application is a comprehensive system designed to assist healthcare professionals with managing and evaluating their immunization data to better serve the children and adults in their practice. The CHIRP web application provides an invaluable tool to report the immunization data of children 18 years and younger, as well as Hoosiers over the age of 18.

The Web Application allows authorized users to conveniently search for patients in the state immunization registry, add or modify patient and vaccination records, facilities, physicians/vaccinators, vaccine lot numbers, create reports, run reminder/recall to determine vaccine need, perform CASA exports, and send exports to the central immunization registry.

This manual will introduce providers to the CHIRP web application. If you have any questions please contact the:

CHIRP Support Center
Phone: 888-227-4439
Fax: 317-233-8827
Email: chirp@isdh.in.gov
Website: <https://chirp.isdh.state.in.us>

Web Application Data Rules and Tips

Before using the application, it will be necessary to know how to enter data and what keys to use to maneuver through the windows. If the wrong type of data is entered into a field, an error message appears usually at the top of the window. The web application is not case-sensitive and data is stored in the database in upper case, capital letters no matter what case the provider submits the data.

Data	Entering Data Into the Fields
Dates	The application automatically puts slashes (/) into the date fields between month, day, and year. Dates are entered into CHIRP in the following formats: Mm/dd/yyyy or mm/dd/yy
Social Security Number	The application automatically puts dashes (-) into the social security number in the appropriate places. You may enter the numbers with or without dashes: 123-45-6789 or 123456789
Phone and Fax Numbers	The application pads the phone and fax numbers with parentheses () for the area code and a dash (-) between the 3-digit prefix and 4-digit suffix. You may enter phone and fax numbers using the dash or without: (123)456-7890 or 1234567890 .
Zip Codes	The application pads the zip code field with a dash (-) if the entire 9-digit number is entered. Zip codes can be entered as a 5-digit or 9-digit number with or without the dash: 12345 or 12345-6789 .
Short Cut Key	Key, Editing Keys, and Mouse
Tab	All of the fields have a “tab” orders. This means that when the cursor is in a field, and the TAB key is pressed, it will move the cursor to the next field.
Alt Tab	By pressing the ALT key with the TAB key, the cursor will move backward to the previous field.
Enter	Pressing the Enter key on most windows executes the function to process the active page. For example, while on the Patient Search window, the Enter key will execute the Search function. An exception to this rule occurs when the TAB key is pressed: it highlights a button; the Enter key will then execute the button that is highlighted.
Cut	Highlight the data to be cut, then perform one of the following: Right-click the mouse and select Cut or Select Edit from the toolbar and then select Cut
Copy	Highlight the data to copy, then perform one of the following: Right-click the mouse and select Copy from the menu or Select Edit from the toolbar and then select Copy

Paste	Left-click the mouse where you want to place the data, and perform one of the following: Right-click the mouse and select Paste from the menu or Select Edit from the toolbar and then select Paste
Scroll Mouse	The scrolling mouse wheel can be used to scroll through selected drop-down lists and the current web page if the the mouse is programmed correctly.

Note: The “Cut”, “Copy”, and “Paste” functions may work differently on some windows and/or computers. Try using different combinations to get the desired results.

APPLICATION CHARACTERISTICS	
DROP-DOWN MENUS 	Drop-down menus are displayed when the drop-down arrow is clicked. A list of valid entries will appear either in alphabetical order, or the most frequently used order. While the menu is displayed, you may type the first letter of the word and the highlighter will position on the first occurrence. To locate the next occurrence, type the letter again.
MANDATORY FIELD ENTRIES	RED field labels indicate an entry is required before proceeding.
CHECK BOXES 	Press the TAB key to move through the checkboxes. Press the keyboard SPACEBAR (or point and click) to select the item next to the checkbox, or press it again to deselect the item.
RADIO BUTTONS 	Press the TAB key to move to the desired set of radio buttons. Press the directional keyboard ARROW (or point and click) to select (highlight) the desired radio button.
SELECT ARROWS 	Select arrows appear when there is a list of items to choose from. They appear after a search result displays. Point and click it to select the item it is pointing to.

Note: While editing, the patient’s record will be locked from any other user accessing it. Remember to “Save” when finished editing.

How to Login to the CHIRP application



To start using CHIRP, open Internet Explorer () and then type the CHIRP web address into the address bar: <https://chirp.isdh.state.in.us>.



Along the left-hand column of the screen, you will see the CHIRP's main menu with sub-menu options listed beneath the headings. Therefore, consider the left-hand column your "navigation" column.

- Main, Favorites, Patient, Vaccinations, Lead, Physicians/Vaccinators, Lot Numbers, Reports, Settings, CASA Export, Reminder Recall, Exports, Job Queue, Change Password, Help



- Main**
- Home
- Login
- Logout
- ▶ **Favorites**
- ▶ **Patient**
- ▶ **Vaccinations**
- ▶ **Lead**
- ▶ **Physicians / Vaccinators**
- ▶ **Lot Numbers**
- ▶ **Reports**
- ▶ **Settings**
- **CASA Export**
- **Reminder Recall**
- ▶ **Exports**
- **Job Queue**
- **Change Password**
- **Help**

Logged in: RYAN ACHTERBERG TEST 2

Date: April 3, 2006

CHIRP-Web

Access Granted

Welcome RYAN ACHTERBERG TEST 2.

- Make sure to [logout](#) when you are done using the CHIRP-Web application.
- Make sure you close your browser.

Use the menu on the left to access the application options.

This site is used exclusively for access to CHIRP-Web by CHIRP enrolled users.

- Locate the **Main** menu on the left side of the window and point and click on the **LOGIN** option. The "**Login Screen**" window appears with the mouse pointer positioned in the username field.

- Type your assigned username and password, and then click on the Login button. If you have provided the correct username and password, the Access Granted screen will appear:

Note: Before you can View or Edit a Patient Record, you must perform a Search on the registry for the patient.

How to Set Up Personal and Forecast Settings

Under the **Settings** heading on the navigation column, click on the **Personal** or **Forecast** options to set these features.

Personal Settings:



Personal Settings					
Patient Defaults click to update					
Primary Care Physician: SMITH, JOHN	City:				
Facility: ISDH TEST FACILITY	State: INDIANA				
Language: ENGLISH	County/Parish:				
Phone Area Code: (317)	ZIP Code:				
Birth State: INDIANA	District/Region:				
Birth Country: United States					
Vaccination Defaults click to update					
Vaccinator: PERKINS, SUSAN RN	Facility: ISDH TEST FACILITY				
District/Region:					
Anatomical Injection Site Defaults click to add					
Vaccine Name:	Anatomical Site:	Min age	Max age		
PPD Test	LAI - Left Arm Intradermal				update delete
Lot Defaults click to add					
Vaccine Name:	Manufacturer / Lot Number / Facility / Pub Supp:				
DTaP/Hep B/IPV	AVENTIS PASTEUR (SANOFI PASTEUR) / 345A1 / ISDH TEST FACILITY / Public				update delete
VIS Publication Date Defaults click to add					
Vaccine Name:	Pub Date1:	Pub Date2:	Pub Date3:	Pub Date4:	
DTaP/Hep B/IPV	07/30/2001	07/11/2001	01/01/2000		update delete
Hib--unspecified	12/16/1998				update delete
Influenza split, 36 mos. and older	05/24/2004				update delete
Influenza split, 6-35 mos.	05/24/2004				update delete
MMR	01/15/2003				update delete
User Preferences click to update					
Feature:				Status:	
Default Patient Search Version				Simple	
Automatic City / State / Zip / County Population				Enabled	
Use Arrow Navigation on Vaccination View/Add screen				Enabled	
Vaccine List Sort Order				Expiration Date	

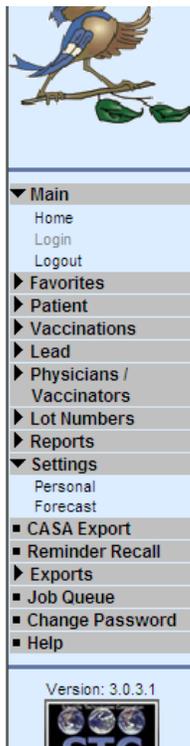
- **Patient Defaults** – The Patient Defaults settings will automatically populate the fields on the Patient Demographics Edit (or Add) window. For example, if the majority of a provider’s patients reside in one phone area code, city, county, and zip code, these areas can be set as defaults to reduce the amount of data entry needed when adding a new patient. (Note: If a provider chooses to set a default area code, a phone number will have to be entered whenever a new patient is added.)
- **Vaccination Defaults** – If a user is going to be mainly documenting the shots that one person (him/herself or another vaccinator), that person can be set up as the user’s default vaccinator.
- **Anatomical Injection Site Defaults** – If certain vaccines are routinely given on the same side of the body, those vaccines can have default

injection sites defined. Age ranges can be specified for those injection sites.

- **Lot Defaults** – If only one lot number per vaccine is used at a time, the lot number can be set as default. This will cause all of the lot information to be populated automatically each time that vaccine is **administered** on the Vaccination View-Add screen.
- **VIS Publication Date Defaults** – The information statements that are given to parents/guardians or patients each time a vaccine is administered each have a publication date listed on them. This publication date is supposed to be recorded each time a vaccine is administered to help ensure that the most current information statement is being used by the provider. By entering these publication dates as defaults, that information will automatically be entered each time a vaccine is administered.
- **Preferences** – If a user prefers the **Advanced Search** screen to the **Simple Search** screen, it can be set as the default Search screen here. Also, if the user prefers not to have Automatic City/State/Zip Population, etc., those features can be disabled here.

Forecast Settings:

The Forecast Settings option is used to set up which vaccines should be forecasted for all patients, and will appear throughout the application (vaccination forecasts, reports, etc.).



Forecast Settings		
Vaccine Families marked as checked will be included in forecasts.		
	Vaccine Family	Include
	DTaP/DT/Td*	<input checked="" type="checkbox"/>
	HIB	<input checked="" type="checkbox"/>
	POLIO	<input checked="" type="checkbox"/>
	HEP-B 3 DOSE**	<input checked="" type="checkbox"/>
	MMR	<input checked="" type="checkbox"/>
	VARICELLA	<input checked="" type="checkbox"/>
	MENINGOCOCCAL	<input checked="" type="checkbox"/>
	HEP-A	<input checked="" type="checkbox"/>
	FLU	<input checked="" type="checkbox"/>
	PNEUMO (PCV7)	<input checked="" type="checkbox"/>
	HEP-B 2 DOSE**	<input checked="" type="checkbox"/>
	MEASLES	<input checked="" type="checkbox"/>
	MUMPS	<input checked="" type="checkbox"/>
	RUBELLA	<input checked="" type="checkbox"/>
	PNEUMO (PPV23)	<input checked="" type="checkbox"/>
	HEP-A 3 DOSE	<input checked="" type="checkbox"/>

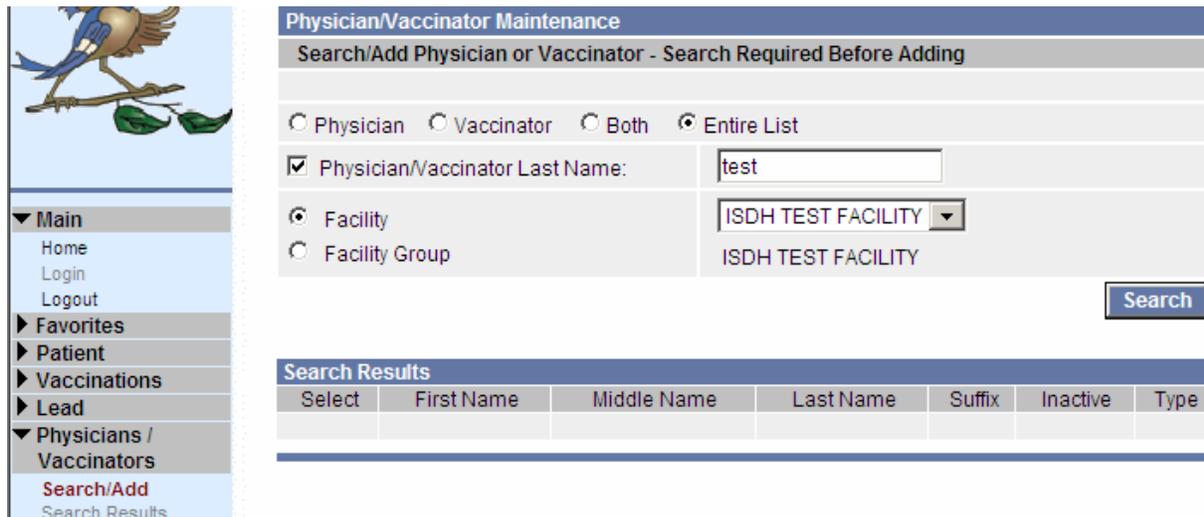
[Save](#)

* DTaP or DT should be given to patients under 7 years old. Td should be given to patients 7 years old or older.

** If an adolescent has already begun the routine 3 dose Hep-B schedule, they should not be changed to the 2 dose schedule.

How to Add a Physician/Vaccinator

- Under the Physicians/Vaccinators heading on the navigation menu, click the Search/Add option. You will then see the Physician/Vaccinator Maintenance screen.
- Before you can add a physician/vaccinator, you must first perform a search.
- Type the last name of the person you want to add to the database. Then click the Search button.



Physician/Vaccinator Maintenance
 Search/Add Physician or Vaccinator - Search Required Before Adding

Physician
 Vaccinator
 Both
 Entire List

Physician/Vaccinator Last Name:

Facility:

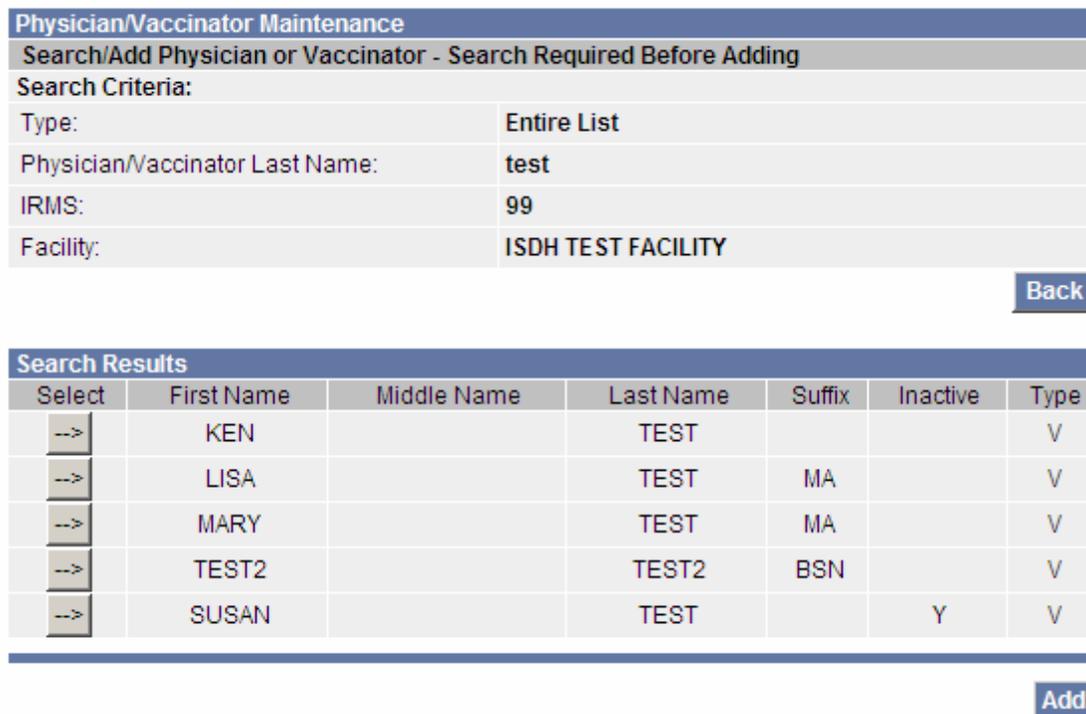
Facility Group: ISDH TEST FACILITY

Search

Search Results

Select	First Name	Middle Name	Last Name	Suffix	Inactive	Type

- If the name of the person you are searching for, is not listed in your search results, click the Add button in the lower right corner of your search results.



Physician/Vaccinator Maintenance
 Search/Add Physician or Vaccinator - Search Required Before Adding

Search Criteria:

Type: Entire List

Physician/Vaccinator Last Name: test

IRMS: 99

Facility: ISDH TEST FACILITY

Back

Search Results

Select	First Name	Middle Name	Last Name	Suffix	Inactive	Type
-->	KEN		TEST			V
-->	LISA		TEST	MA		V
-->	MARY		TEST	MA		V
-->	TEST2		TEST2	BSN		V
-->	SUSAN		TEST		Y	V

Add

- This takes you to the Physician/Vaccinator Maintenance (Add) screen. The fields highlighted in red are mandatory; all other fields are optional.

Physician/Vaccinator Maintenance [Add]

First Name:	any
Middle Name:	
Last Name:	test
Suffix	RN
SSN:	
BOMEX:	
DO:	
Medicaid PIN:	
Medicaid Group:	
IRMS:	99 - ISDH TEST IRMS
Facility:	ISDH TEST FACILITY
Phone Number:	
Phone Number Extension:	
Fax Number:	
Email:	
District/Region:	
Inactive:	<input type="checkbox"/>
Automatic Ownership Blocked:	<input type="checkbox"/>
Type:	<input type="radio"/> Physician <input checked="" type="radio"/> Vaccinator <input type="radio"/> Both

[Cancel](#) [Save](#)

- When you have the completed the information, click Save.
- This will return you to the Search results, where you will see that your Physician/Vaccinator has been added.

Physician/vaccinator was added successfully

Physician/Vaccinator Maintenance

Search/Add Physician or Vaccinator - Search Required Before Adding

Search Criteria:

Type:	Entire List
Physician/Vaccinator Last Name:	test
IRMS:	99
Facility:	ISDH TEST FACILITY

[Back](#)

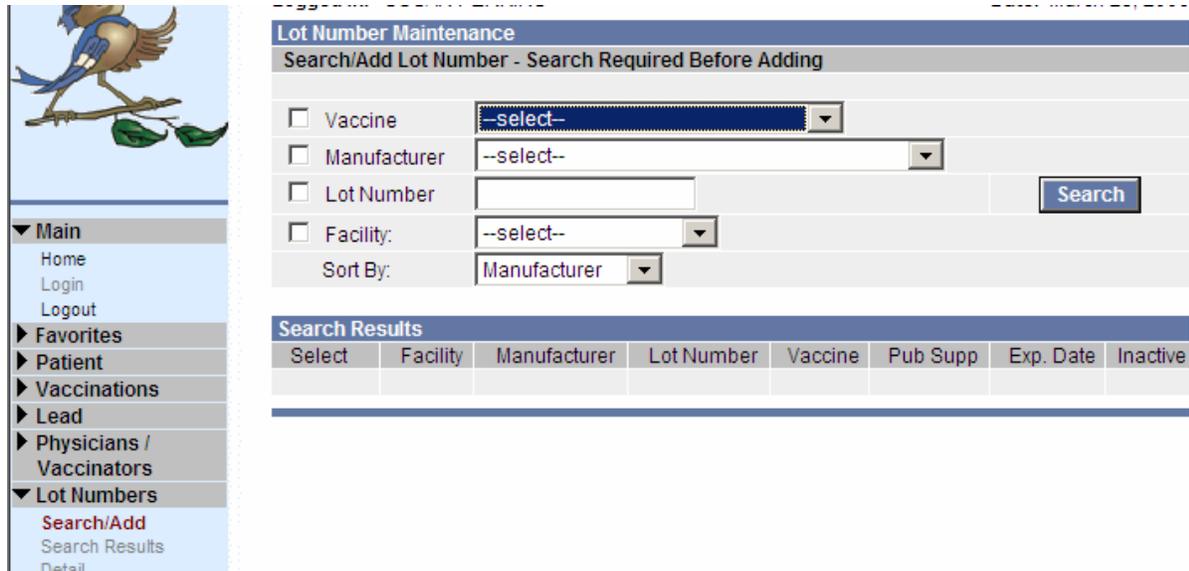
Search Results

Select	First Name	Middle Name	Last Name	Suffix	Inactive	Type
-->	KEN		TEST			V
-->	LISA		TEST	MA		V
-->	MARY		TEST	MA		V
-->	ANY	 	TEST	RN	 	V
-->	TEST2		TEST2	BSN		V
-->	SUSAN		TEST		Y	V

How to Add a Lot Number

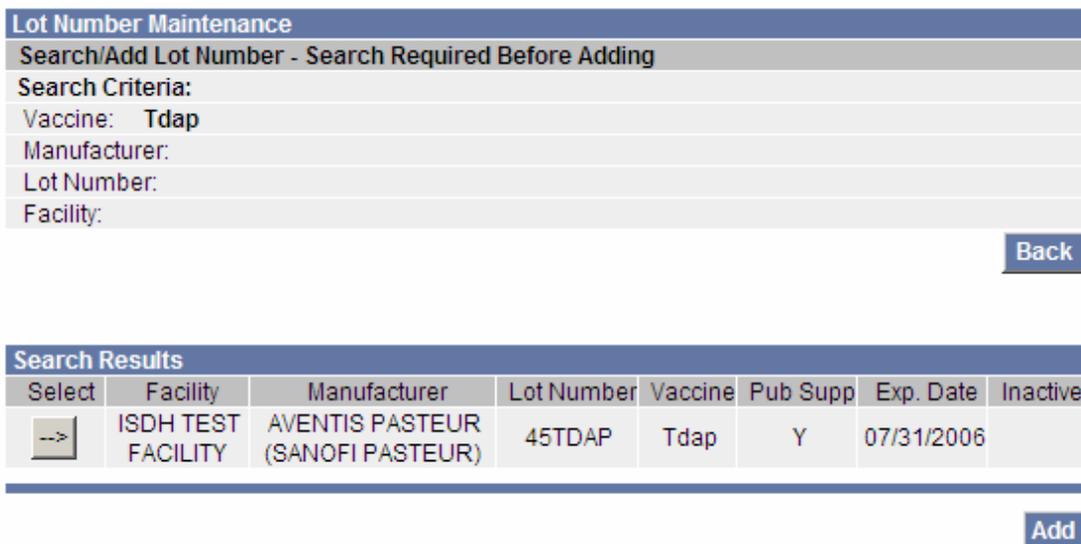
Under the Lot Number heading on the navigation column, click the Search/Add option. The next screen to appear is called the Lot Number Maintenance screen.

- Before a lot number can be added to a provider database, a search must be performed to be certain if the lot number the provider wants to add is already in the database.
- A provider can limit the search results by selecting a combination of the following categories: Vaccine, Manufacturer, Lot Number, Facility



The screenshot shows the 'Lot Number Maintenance' interface. On the left is a navigation menu with 'Search/Add' selected under the 'Lot Numbers' section. The main area has a header 'Lot Number Maintenance' and a sub-header 'Search/Add Lot Number - Search Required Before Adding'. Below this are search criteria: 'Vaccine' (checkbox), 'Manufacturer' (checkbox), 'Lot Number' (checkbox), and 'Facility' (checkbox). Each has a corresponding dropdown menu. A 'Sort By' dropdown is set to 'Manufacturer'. A 'Search' button is located to the right of the search criteria. Below the search criteria is a 'Search Results' table with columns: Select, Facility, Manufacturer, Lot Number, Vaccine, Pub Supp, Exp. Date, and Inactive.

- After selecting your search criteria, click the Search button, and the list of available active lot numbers already entered will appear.



This screenshot shows the 'Lot Number Maintenance' screen after a search. The search criteria are displayed as follows:

Search Criteria:
 Vaccine: Tdap
 Manufacturer:
 Lot Number:
 Facility:

A 'Back' button is visible at the bottom right of the search criteria section. Below this is the 'Search Results' table:

Select	Facility	Manufacturer	Lot Number	Vaccine	Pub Supp	Exp. Date	Inactive
-->	ISDH TEST FACILITY	AVENTIS PASTEUR (SANOFI PASTEUR)	45TDAP	Tdap	Y	07/31/2006	

An 'Add' button is located at the bottom right of the search results table.

- If the lot number you are searching for did not appear, click the Add button below your search results.

- On the Lot Number Maintenance (Add) screen, fill out all fields labeled in red, and click the Add button in the lower right hand corner of the screen.

Lot Number Maintenance [Add]	
Manufacturer:	MSD-MERCK
Lot Number:	546tdap
Vaccine	Tdap
Facility:	ISDH TEST FACILITY
Expiration Date:	07/31/06
Publicly Supplied:	<input checked="" type="radio"/> Yes <input type="radio"/> No (Local Purchase)
Inactive:	<input type="checkbox"/>

- Note: The Publicly Supplied field is the default field for all lot numbers. Publicly Supplied means that the vaccines were received from the state Vaccines for Children (VFC) program. If the vaccine came directly from the vendor or from another source, choose No (Local Purchase).
- By clicking on the Add button, the Add (+) to Total Doses screen will appear. Fill out the red required test, then click the Update Doses button. This will save the new lot number into the database.

Add (+) To Total Doses	
Reason for Change:	Received from VFC program
Date of Transaction:	03/16/2006 MM/DD/YYYY
Number of Doses Added:	10
VFC PIN of other party (if applicable):	
Publicly Supplied:	Y

To change number of doses, enter your dose information above. Complete as many of the fields as possible. Required fields are indicated by red text.

- This will bring you to the Lot Number Maintenance (Detail) screen.

Lot Number Maintenance [Detail]	
Manufacturer:	MERCK
Lot Number:	546TDAP
Vaccine:	Tdap
Facility:	ISDH TEST FACILITY
Doses Used:	0
Doses Wasted:	0
Doses Available:	10
Doses Total:	10
Expiration Date:	07/31/2006
Publicly Supplied:	Y
Inactive:	

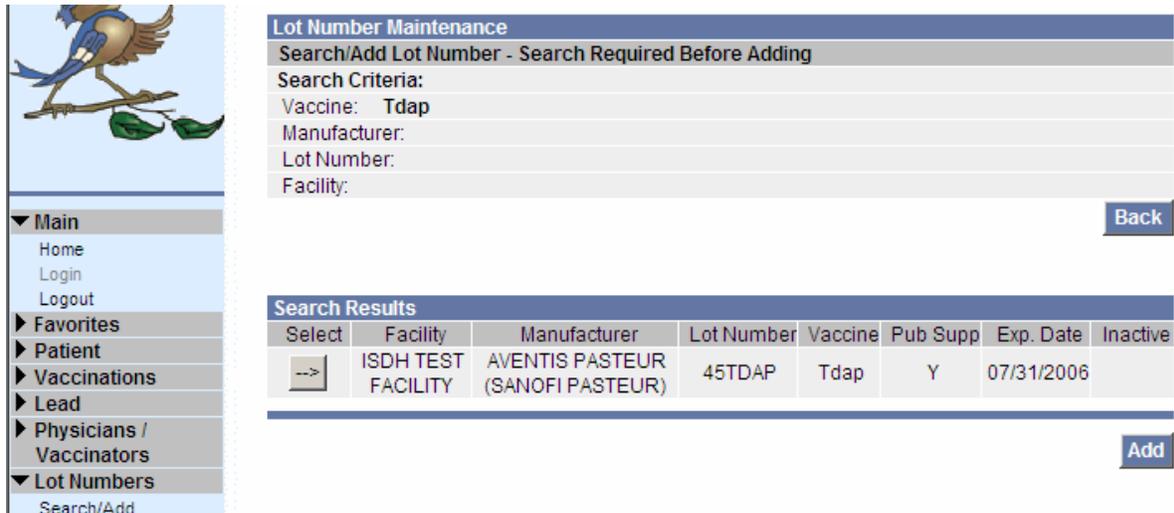
[Back](#) [Edit](#)

[View Lot Log](#) [View Offsite Log](#)

- To search for another vaccine, either click the Back button (next to the Edit button, lower right hand corner of the Lot Number Maintenance (Detail) screen twice or choose Lot Number Search/Add from your Navigation menu on the left.

How to Edit a Lot Number

- Under the Lot Number heading on the navigation menu, click the Search/Add option and search for your lot number (using the instructions provided in the previous section). Choose your lot number from the search results by clicking on the Select button to the left of the lot you want to edit.



Lot Number Maintenance
 Search/Add Lot Number - Search Required Before Adding
 Search Criteria:
 Vaccine: Tdap
 Manufacturer:
 Lot Number:
 Facility:

Search Results

Select	Facility	Manufacturer	Lot Number	Vaccine	Pub Supp	Exp. Date	Inactive
-->	ISDH TEST FACILITY	AVENTIS PASTEUR (SANOFI PASTEUR)	45TDAP	Tdap	Y	07/31/2006	

- This will bring up the Lot Number Maintenance (Detail) screen.

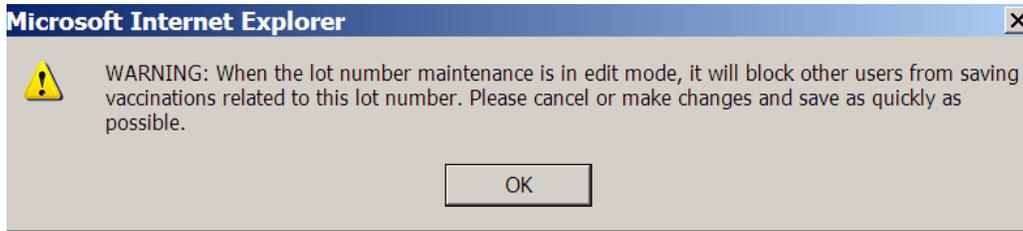
Lot Number Maintenance [Detail]

Manufacturer:	MERCK
Lot Number:	546TDAP
Vaccine:	Tdap
Facility:	ISDH TEST FACILITY
Doses Used:	0
Doses Wasted:	0
Doses Available:	10
Doses Total:	10
Expiration Date:	07/31/2006
Publicly Supplied:	Y
Inactive:	

[Back](#) [Edit](#)

[View Lot Log](#) [View Offsite Log](#)

- To edit the selected lot number, click on the Edit button on the lower right-hand corner of the Lot Number Maintenance (Detail) screen. A warning message dialog box will pop-up to let you know that no one else can access that lot number while you have it in edit mode.



- Click OK to access the Lot Number Maintenance (Update) screen.
- On the Lot Number Maintenance (Update) screen, you will be able to edit the doses by clicking either the Add Doses (+) button or the Subtract Doses (-) button. (Note: If you are going to modify number of doses, do that before editing any of the other fields. If you don't, your changes to the other fields will be undone.)
- The other change that can be made is to Expiration date. If the lot number has expired or is not being used anymore, it can be inactivated. (Note: Once a lot number is entered into CHIRP, it cannot be deleted. It can only be inactivated.)

Logged in: RYAN ACHTERBERG (IRMS: 1) Date: June 7, 2006

Lot Number Maintenance [Update]	
Manufacturer:	SKB-GLAXOSMITHKLINE
Lot Number:	DTPA546A2
Vaccine:	DTaP
Facility:	PUBLIC HLTH NURSING ASSN
Doses Used:	69
Doses Wasted:	0
Doses Available:	131
Doses Total:	200 Use the buttons below to adjust the total doses.
Expiration Date:	<input type="text" value="10/11/2003"/>
Publicly Supplied:	Yes
Inactive:	<input type="checkbox"/>
Is Bulk Inventory:	<input type="checkbox"/>

To update a lot number, enter your lot number information above. Complete as many of the fields as possible. Required fields are indicated by **red** text.

If you are going to modify Doses Total, do that before modifying the other fields or your changes will be undone.

- To edit/update the doses, you can click on Add Doses (+) button or the Subtract (-) doses button on the Lot Number Maintenance (Update) screen, and select the appropriate reason for the change.

Add (+) To Total Doses	
Reason for Change:	Under estimated total doses
Date of Transaction:	03/16/2006 MM/DD/YYYY
Number of Doses Added:	12
VFC PIN of other party (if applicable):	
Publicly Supplied:	Y

Save

Cancel

Subtract (-) From Total Doses	
Reason for Change:	Spoiled, wasted (dropped, spilled)
Date of Transaction:	03/16/2006
Number of Doses Subtracted:	3
VFC PIN of other party (if applicable):	
Publicly Supplied:	Y

Save

Cancel

- To complete the process of editing/updating the information on the Add (+) To Total Doses screen or Subtract (-) From Total Doses screen, you must click the Save button in the lower right corner of those screens.
- After clicking Save, the Lot Number Maintenance (Update) screen appears again. To permanently save the Number of Doses added or subtracted and the Reason for Change, you must click the Save button on this screen also.

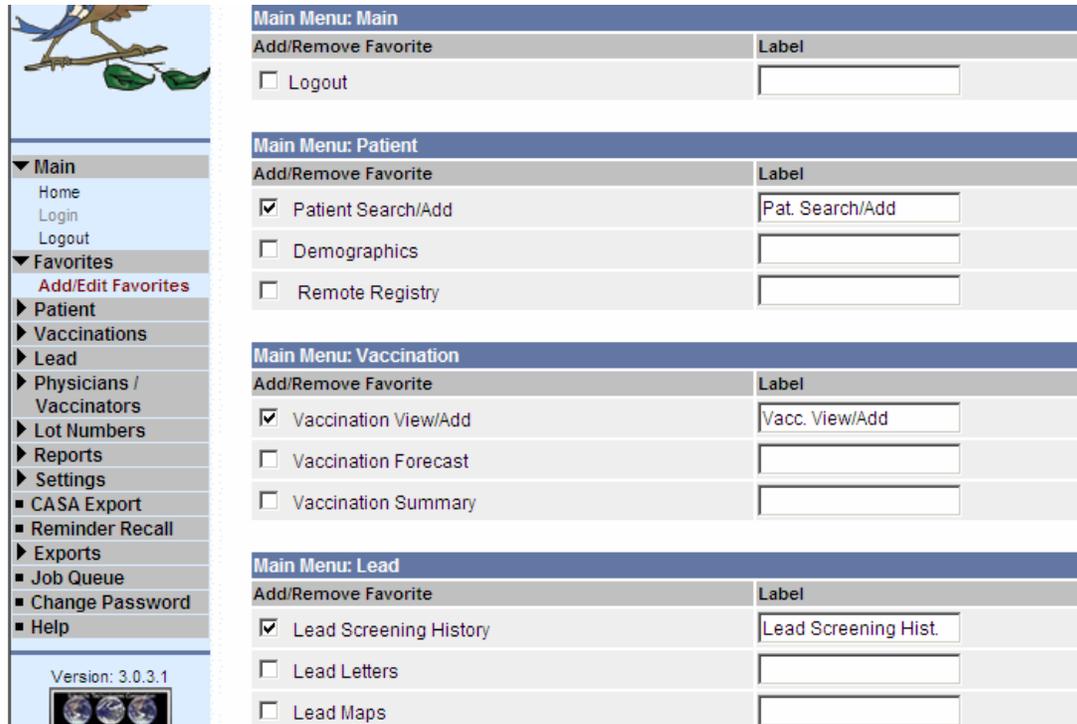
Lot Number Maintenance [Update]	
Manufacturer:	PMC-AVENTIS PASTEUR (SANOFI PASTEUR) ▼
Lot Number:	456TDAP
Vaccine:	Tdap ▼
Facility:	ISDH TEST FACILITY ▼
Doses Used:	0
Doses Wasted:	0
Doses Available:	10
Doses Total:	10 Use the buttons below to adjust the total doses.
Expiration Date:	07/31/2006
Publicly Supplied:	<input checked="" type="radio"/> Yes <input type="radio"/> No (Local Purchase)
Inactive:	<input type="checkbox"/>

- After you click the Save, button, the change is permanent, and the Lot Number Maintenance (Detail) screen will appear again.

Lot Number Maintenance [Detail]	
Manufacturer:	AVENTIS PASTEUR (SANOFI PASTEUR)
Lot Number:	456TDAP
Vaccine:	Tdap
Facility:	ISDH TEST FACILITY
Doses Used:	0
Doses Wasted:	0
Doses Available:	10
Doses Total:	10
Expiration Date:	07/31/2006
Publicly Supplied:	Y
Inactive:	

How to Add/Edit Favorites

- To open your Favorites Menu, click on the Favorites link (in between Main and Patient on your navigation menu.)
- Then click on Add/Edit Favorites.



The screenshot shows the 'Add/Edit Favorites' interface. On the left is a navigation menu with categories like Main, Favorites, Patient, Vaccinations, Lead, Physicians / Vaccinators, Lot Numbers, Reports, Settings, and Exports. The 'Add/Edit Favorites' option is highlighted under the Favorites category. Below the navigation menu, there are four tables, each representing a different menu category. Each table has a header 'Main Menu: [Category]' and a sub-header 'Add/Remove Favorite'. The 'Label' column contains a text input field where the user can specify the label for the favorite item.

Main Menu: Main	
Add/Remove Favorite	Label
<input type="checkbox"/> Logout	<input type="text"/>

Main Menu: Patient	
Add/Remove Favorite	Label
<input checked="" type="checkbox"/> Patient Search/Add	<input type="text" value="Pat. Search/Add"/>
<input type="checkbox"/> Demographics	<input type="text"/>
<input type="checkbox"/> Remote Registry	<input type="text"/>

Main Menu: Vaccination	
Add/Remove Favorite	Label
<input checked="" type="checkbox"/> Vaccination View/Add	<input type="text" value="Vacc. View/Add"/>
<input type="checkbox"/> Vaccination Forecast	<input type="text"/>
<input type="checkbox"/> Vaccination Summary	<input type="text"/>

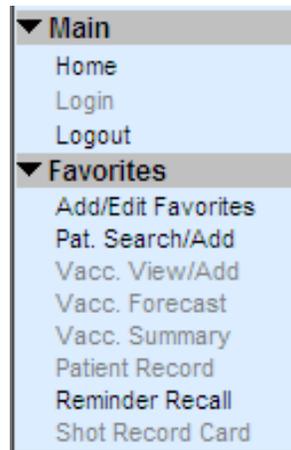
Main Menu: Lead	
Add/Remove Favorite	Label
<input checked="" type="checkbox"/> Lead Screening History	<input type="text" value="Lead Screening Hist."/>
<input type="checkbox"/> Lead Letters	<input type="text"/>
<input type="checkbox"/> Lead Maps	<input type="text"/>

- Click in the boxes to the left of the menu items that you would like to include in your Favorites. Choose any items that you use frequently or think that you might use frequently (you always have the option to change these later, if you want to do so).
- Once you've added the menu items that you want, click on Save in the lower right corner of your Add/Edit Favorites screen.

Indiana State Reports	
Add/Remove Favorite	Label
<input type="checkbox"/> Blank Vacc. Sig. Form (Page 1)	<input type="text"/>
<input type="checkbox"/> Blank Vacc. Sig. Form (Page 2)	<input type="text"/>
<input type="checkbox"/> County Status Rep. Menu	<input type="text"/>
<input type="checkbox"/> Doses Administered	<input type="text"/>
<input type="checkbox"/> Daily Patient Imm. List	<input type="text"/>
<input type="checkbox"/> Immunization Sig. Form Menu	<input type="text"/>
<input checked="" type="checkbox"/> Shot Record Card	<input type="text" value="Shot Record Card"/>
<input type="checkbox"/> VFC Profile Report	<input type="text"/>

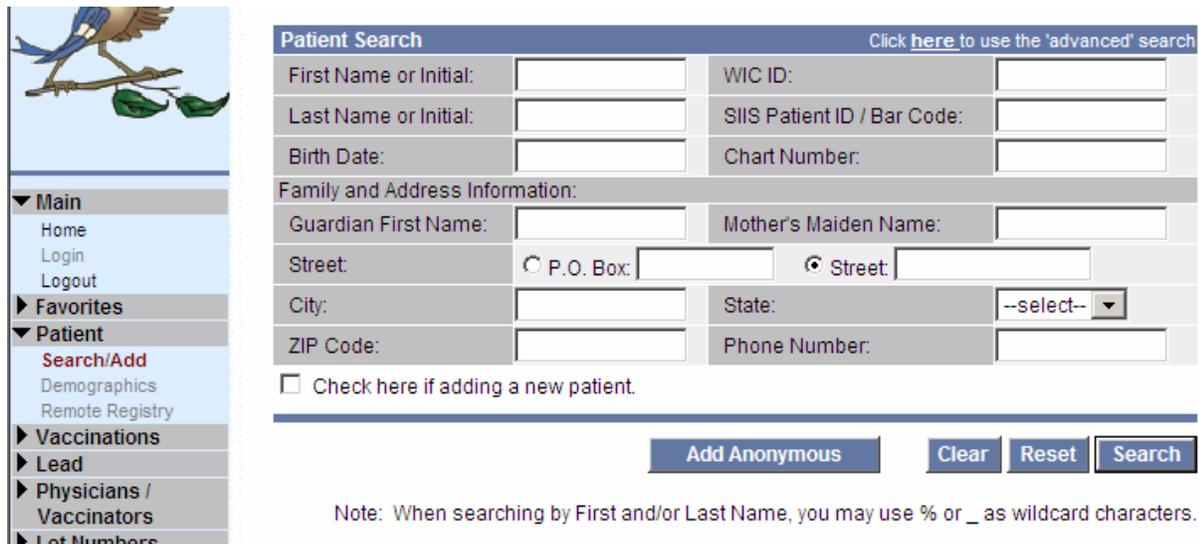
Save

- Your list of Favorites has been added.



How to Search For a Patient

- Under the **Patient** heading on the navigation menu, click on Search/Add (or if using your Favorites, click on Patient Search/Add), and the Patient Search screen will appear (your default search screen will be the Simple Search screen unless you change it to Advanced Search in your Personal Settings).

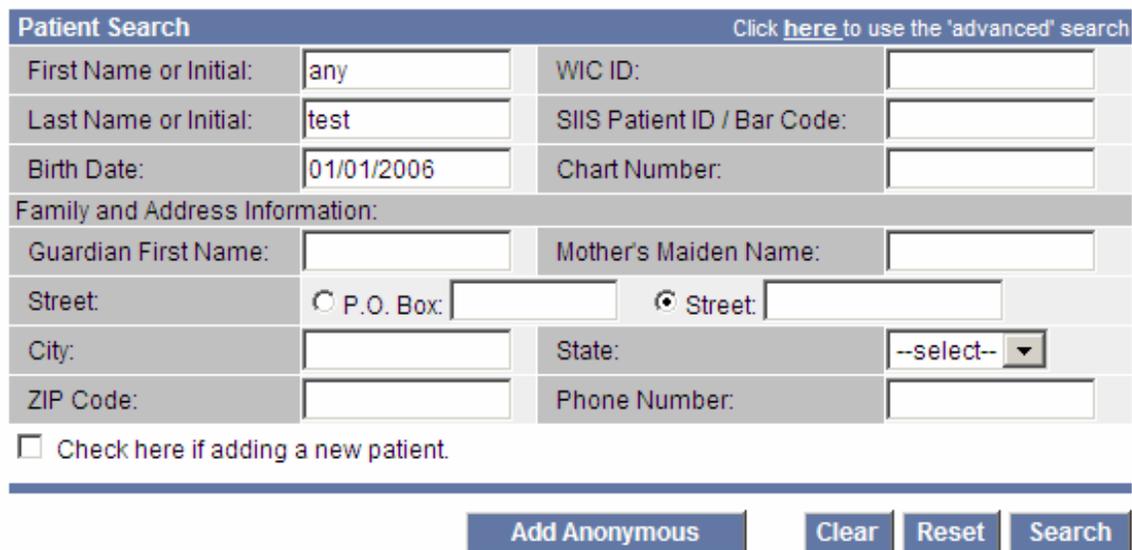


The screenshot shows the 'Patient Search' form with a navigation menu on the left. The navigation menu includes: Main (Home, Login, Logout), Favorites, Patient (Search/Add, Demographics, Remote Registry), Vaccinations, Lead, Physicians / Vaccinators, and Lot Numbers. The 'Patient Search' form has the following fields:

Patient Search		Click here to use the 'advanced' search		
First Name or Initial:	<input type="text"/>	WIC ID:	<input type="text"/>	
Last Name or Initial:	<input type="text"/>	SIIS Patient ID / Bar Code:	<input type="text"/>	
Birth Date:	<input type="text"/>	Chart Number:	<input type="text"/>	
Family and Address Information:				
Guardian First Name:	<input type="text"/>	Mother's Maiden Name:	<input type="text"/>	
Street:	<input type="text"/>	<input type="radio"/> P.O. Box: <input type="text"/>	<input checked="" type="radio"/> Street: <input type="text"/>	
City:	<input type="text"/>	State:	--select-- <input type="text"/>	
ZIP Code:	<input type="text"/>	Phone Number:	<input type="text"/>	
<input type="checkbox"/> Check here if adding a new patient.				
<input type="button" value="Add Anonymous"/>		<input type="button" value="Clear"/>	<input type="button" value="Reset"/>	<input type="button" value="Search"/>

Note: When searching by First and/or Last Name, you may use % or _ as wildcard characters.

- Type in your search criteria. For our example, we are going to use First Name, Last Name, and Birth Date.



The screenshot shows the 'Patient Search' form with the following search criteria entered:

Patient Search		Click here to use the 'advanced' search		
First Name or Initial:	any	WIC ID:	<input type="text"/>	
Last Name or Initial:	test	SIIS Patient ID / Bar Code:	<input type="text"/>	
Birth Date:	01/01/2006	Chart Number:	<input type="text"/>	
Family and Address Information:				
Guardian First Name:	<input type="text"/>	Mother's Maiden Name:	<input type="text"/>	
Street:	<input type="text"/>	<input type="radio"/> P.O. Box: <input type="text"/>	<input checked="" type="radio"/> Street: <input type="text"/>	
City:	<input type="text"/>	State:	--select-- <input type="text"/>	
ZIP Code:	<input type="text"/>	Phone Number:	<input type="text"/>	
<input type="checkbox"/> Check here if adding a new patient.				
<input type="button" value="Add Anonymous"/>		<input type="button" value="Clear"/>	<input type="button" value="Reset"/>	<input type="button" value="Search"/>

Note: When searching by First and/or Last Name, you may use % or _ as wildcard characters.

- After typing your search criteria, you can either click on the Search button or press the Enter key.

- The next screen will be the Patient Search Results screen. Click on the arrow button to the left of the name of the person you wish to select to retrieve that patient's record.

Patient Search		Click here to use the 'advanced' search	
First Name or Initial:	<input type="text" value="any"/>	WIC ID:	<input type="text"/>
Last Name or Initial:	<input type="text" value="test"/>	SIIS Patient ID / Bar Code:	<input type="text"/>
Birth Date:	<input type="text" value="01/01/2006"/>	Chart Number:	<input type="text"/>
Family and Address Information:			
Guardian First Name:	<input type="text"/>	Mother's Maiden Name:	<input type="text"/>
Street:	<input type="radio"/> P.O. Box: <input type="text"/>	<input checked="" type="radio"/> Street:	<input type="text"/>
City:	<input type="text"/>	State:	--select-- <input type="button" value="v"/>
ZIP Code:	<input type="text"/>	Phone Number:	<input type="text"/>
<input type="checkbox"/> Check here if adding a new patient.			
<input type="button" value="Add Anonymous"/>		<input type="button" value="Clear"/>	<input type="button" value="Reset"/>
<input type="button" value="Search"/>			

Note: When searching by First and/or Last Name, you may use % or _ as wildcard characters.

Patient Search Results							
Records Found = 1		Search Criteria: Advanced Search - Edit / View Only					
Select	First Name	Middle Name	Last Name	Birth Date	SIIS Patient ID	Grd First Name	Grd Last Name
-->	ANY		TEST	01/01/2006	2551397	TAMMY	

Patient Demographics			
Patient			
First Name:	TOMMY	Race:	White
Middle Name:		Ethnicity:	
Last Name:	TEST	Language:	ENGLISH
Suffix:		Medicaid:	
Birth Date:	03/01/2005	Birth File:	
SSN:		VFC status:	Underinsured
Gender:		Inactive:	
Age:	54 weeks, 12 months, 1 yrs	Medicare:	
Multiple Birth:	1 of 1		
Alias			
First Name:		Last Name:	
Address			
Street:	4536 ANYWHERE LANE	Physical Address:	
City:	INDIANAPOLIS		
Country:	United States	State:	IN
ZIP Code:	46217	County/Parish:	
Phone Number:	(317)775-6789	District/Region:	
Email:			
School:			
Family			
Grdn 1 First Nm:	TANYA	Grdn 1 SSN:	
Grdn 1 Middle Nm:		Grdn 2 First Nm:	
Grdn 1 Last Nm:		Grdn 2 Last Nm:	
Mother Maiden Nm:		Grdn Work Phone:	
Other Info			
Physician:	SMITH, JOHN	Health Plan Name:	
Facility:	ISDH TEST FACILITY	HP Patient ID:	
Chart Number:		HP Enroll Date:	
Next Appt. Date:		Birth Country:	United States
Block Recall:		Birth State:	INDIANA
Recall Attempts:	1	Allergies:	
Program/Mem.IDs:		Number In Family:	
Monthly Income:			
Comments:			
Record Info			
SIIS Patient ID:	2555762	IRMS Owner:	99 - ISDH TEST IRMS
Entry Date:	03/01/2006 09:50:48	Last Update:	03/01/2006 09:50:48
Update Programs		Back	Edit

- Note: If your facility or facility group did not submit this patient's record to CHIRP, you will not see the patient's address and other "confidential" information.
- To add or edit the demographic information, click the Edit button in the lower right corner of the Patient Demographics screen.

Top Half of Patient Edit Screen:

Apply Defaults from Personal Settings to this Record

Patient Demographics Edit			
First Name:	<input type="text" value="TOMMY"/>	Race:	<input type="text" value="White"/> <input type="text" value="Black or African American"/>
Middle Name:	<input type="text"/>	Ethnicity:	<input type="text" value="--select--"/>
Last Name:	<input type="text" value="TEST"/>	Language:	<input type="text" value="ENGLISH"/>
Suffix:	<input type="text" value="--none--"/>	SSN:	<input type="text"/>
Birth Date:	<input type="text" value="03/01/2005"/>	Medicaid #:	<input type="text"/>
Gender:	<input type="text" value="--select--"/>	Birth File #:	<input type="text"/>
Birth Order:	<input type="text"/>	VFC Status:	<input type="text" value="Underinsured"/>
Multiple Birth Count:	<input type="text"/>	Inactive:	<input type="text" value="--select--"/>
		Medicare Id:	<input type="text"/>
Alias			
First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Address			
Street:	<input type="radio"/> P.O. Box: <input type="text"/>		Physical Address: <input type="text"/>
	<input checked="" type="radio"/> Street: <input type="text" value="4536 ANYWHERE LANE"/>		
City:	<input type="text" value="INDIANAPOLIS"/>		
Country:	<input type="text" value="United States"/>		
State:	<input type="text" value="IN"/>	ZIP Code:	<input type="text" value="46217"/>
County/Parish:	<input type="text" value="--select--"/>	District/Region:	<input type="text"/>
Phone Number:	<input type="text" value="(317)775-6789"/>	Extension:	<input type="text"/>
Email:	<input type="text"/>		
School:	<input type="text"/>	Click to select	
Family			

Bottom Half of Patient Edit Screen:

Family			
Guardian 1 First:	<input type="text" value="TANYA"/>	Guardian 1 SSN:	<input type="text"/>
Guardian 1 Middle:	<input type="text"/>	Guardian 2 First:	<input type="text"/>
Guardian 1 Last:	<input type="text"/>	Guardian 2 Last:	<input type="text"/>
Mother Maiden:	<input type="text"/>	Guardian Work Phone:	<input type="text"/>
Other Info			
Health Plan Name:	<input type="text" value="--select--"/>		
HP Patient ID:	<input type="text"/>	HP Enroll Date:	<input type="text"/>
Physician:	<input type="text" value="SMITH, JOHN /ISDH TEST FACILITY"/>		
Facility:	<input type="text" value="ISDH TEST FACILITY"/>		
Next Appt. Date:	<input type="text"/>	Chart Number:	<input type="text"/>
Birth Country:	<input type="text" value="United States"/>		
Birth State:	<input type="text" value="INDIANA"/>		
Block Recall:	<input type="checkbox"/>		
Allergies:	<input type="text"/>		
Comments:	<input type="text"/>		
Monthly Income:	<input type="text"/>		
Number in Family:	<input type="text"/>		
			<input type="button" value="Cancel"/> <input type="button" value="Reset"/> <input type="button" value="Save"/>

- After you've made your desired changes to the demographic record, click the Save button in the lower right corner of the screen. If you've left any of the required (highlighted in red) fields blank, you will get a pop-up box that will tell you what you've forgotten. This information must be added before you can save the record.
- After saving your changes, you will be returned to the Patient Demographics screen.

How to perform an Advanced Search

- If you prefer to use the Advanced Search screen, click on the [here](#) in the upper right corner of the Simple Search screen. The Advance Search screen gives you additional search options.

Patient Search		Click here to use the 'advanced' search	
First Name or Initial:	<input type="text"/>	WIC ID:	<input type="text"/>
Last Name or Initial:	<input type="text"/>	SIIS Patient ID / Bar Code:	<input type="text"/>

Advanced Search Screen:

Patient Search		Click here to use the 'simple' search	
Patient (basic information)		Patient (unique I.D.'s)	
First Name:	<input type="text"/>	SSN:	<input type="text"/>
Middle Name:	<input type="text"/>	Birth File Number:	<input type="text"/>
Last Name:	<input type="text"/>	Medicaid Number:	<input type="text"/>
Birth Date:	<input type="text"/>	Chart Number:	<input type="text"/>
Birth Order:	<input type="text"/>	WIC ID:	<input type="text"/>
Multiple Birth Count:	<input type="text"/>	SIIS Patient ID / Bar Code:	<input type="text"/>
Family			
Guardian First Name:	<input type="text"/>	Mother's Maiden Name: (last name only)	<input type="text"/>
Guardian SSN:	<input type="text"/>		
Address			
Street:	<input type="radio"/> P.O. Box: <input type="text"/>	<input checked="" type="radio"/> Street:	<input type="text"/>
City:	<input type="text"/>	State:	--select-- <input type="text"/>
ZIP Code:	<input type="text"/>	Phone Number:	<input type="text"/>
Add Anonymous		Clear	Reset
Search			

Advanced Searches:		
<input checked="" type="radio"/> Edit / View Only	<input type="radio"/> Add / Edit / View	
Simple Searches (edit or view only):		
Quick Searches	Other Searches	First Name / Last Name
<input type="radio"/> First Initial, Birth Date <input type="radio"/> Last Initial, Birth Date <input type="radio"/> Social Security Number <input type="radio"/> Birth Date <input type="radio"/> Phone Number	<input type="radio"/> Birth File Number <input type="radio"/> Medicaid Number <input type="radio"/> Chart Number <input type="radio"/> WIC ID <input type="radio"/> SIIS Patient ID /	<input type="radio"/> First Name <input type="radio"/> FN & LN <input type="radio"/> Last Name Select search type for First and Last Name: <input checked="" type="radio"/> Exact <input type="radio"/> Like (Use % or _ as wildcard characters) <input type="radio"/> Phonetic (Search by sound of word)

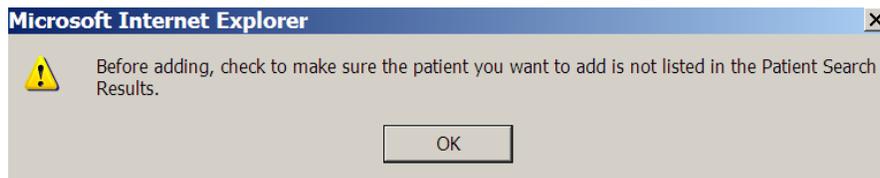
How to Add a Patient to CHIRP

- Under the Patient heading on the navigation menu, click the Search/Add option to perform a search to ensure that the patient is not already in CHIRP.
- If the patient you are searching for is not in your search results, place a check in the box that says “**Check here if adding a new patient**”. This box is located in the lower left corner of your search criteria area.

Patient Search		Click here to use the 'advanced' search	
First Name or Initial:	<input type="text" value="tony"/>	WIC ID:	<input type="text"/>
Last Name or Initial:	<input type="text" value="test"/>	SIIS Patient ID / Bar Code:	<input type="text"/>
Birth Date:	<input type="text" value="03/01/2005"/>	Chart Number:	<input type="text"/>
Family and Address Information:			
Guardian First Name:	<input type="text" value="tammy"/>	Mother's Maiden Name:	<input type="text" value="practice"/>
Street:	<input type="radio"/> P.O. Box: <input type="text"/>	<input checked="" type="radio"/> Street:	<input type="text" value="451 main st"/>
City:	<input type="text" value="indianapolis"/>	State:	<input type="text" value="IN"/>
ZIP Code:	<input type="text" value="46211"/>	Phone Number:	<input type="text" value="(317)888-7777"/>
<input checked="" type="checkbox"/> Check here if adding a new patient.		(Required fields are highlighted)	

Note: When searching by First and/or Last Name, you may use % or _ as wildcard characters.

- Once you check this box, several fields will be highlighted in red. It is required that you complete the information for these fields before adding a new patient.
- Once you've entered the required information, click Search again.
- You will then see a pop-up box that tells you to check your search results before adding. Click OK.



- If the patient you are searching for is not in your new search results, click on the Add Patient button in the lower right below the search results.

Patient Search		Click here to use the 'advanced' search	
First Name or Initial:	<input type="text" value="tony"/>	WIC ID:	<input type="text"/>
Last Name or Initial:	<input type="text" value="test"/>	SIIS Patient ID / Bar Code:	<input type="text"/>
Birth Date:	<input type="text" value="03/01/2005"/>	Chart Number:	<input type="text"/>
Family and Address Information:			
Guardian First Name:	<input type="text" value="tammy"/>	Mother's Maiden Name:	<input type="text" value="practice"/>
Street:	<input type="radio"/> P.O. Box: <input type="text"/>	<input checked="" type="radio"/> Street:	<input type="text" value="451 main st"/>
City:	<input type="text" value="Indianapolis"/>	State:	<input type="text" value="IN"/>
ZIP Code:	<input type="text" value="46211"/>	Phone Number:	<input type="text" value="(317)888-7777"/>
<input checked="" type="checkbox"/> Check here if adding a new patient.		(Required fields are highlighted)	

Note: When searching by First and/or Last Name, you may use % or _ as wildcard characters.

Patient Search Results							
Records Found = 1		Search Criteria: Advanced Search - Add / Edit / View					
Select	First Name	Middle Name	Last Name	Birth Date	SIIS Patient ID	Grd First Name	Grd Last Name
<input type="checkbox"/>	TOMMY		TEST	03/01/2005	2555762	TANYA	

Before adding, check to make sure the patient you want to add is not listed above.

Patient Edit Screen

Apply Defaults from Personal Settings to this Record

Patient Demographics Edit			
First Name:	TONY	Race:	White Black or African American
Middle Name:		Ethnicity:	Not Hispanic or Latino
Last Name:	TEST	Language:	ENGLISH
Suffix:	--none--	SSN:	
Birth Date:	01/07/2004	Medicaid #:	
Gender:	--select--	Birth File #:	
Birth Order:		VFC Status:	Uninsured
Multiple Birth Count:		Inactive:	--select--
		Medicare Id:	

Alias	
First Name:	Last Name:

Address	
Street:	<input type="radio"/> P.O. Box: <input type="text"/> Physical Address: <input type="text"/>
	<input checked="" type="radio"/> Street: <input type="text" value="456 SOMEWHERE ROAD"/>
City:	INDIANAPOLIS
Country:	United States
State:	IN
ZIP Code:	46207
County/Parish:	--select--
District/Region:	
Phone Number:	(317)333-4444
Extension:	
Email:	<input type="text"/>
School:	<input type="text"/> Click to select

Family	
Guardian 1 First:	MARY
Guardian 1 Middle:	
Guardian 1 Last:	
Mother Maiden:	BROWN
Guardian 1 SSN:	
Guardian 2 First:	
Guardian 2 Last:	
Guardian Work Phone:	

Other Info	
Health Plan Name:	--select--
HP Patient ID:	
HP Enroll Date:	
Physician:	--select--
Facility:	--select--
Next Appt. Date:	
Chart Number:	
Birth Country:	United States
Birth State:	INDIANA
Block Recall:	<input type="checkbox"/>
Allergies:	<input type="text"/>
Comments:	<input type="text"/>
Monthly Income:	<input type="text"/>
Number in Family:	<input type="text"/>

Opt-Out Patient

How to use the Vaccination View/Add Screen

- After you have searched for and selected a patient, click on the View/Add option under the Vaccinations heading in the navigation menu (or click on Vaccination View/Add under Favorites).
- You will then see the Vaccination View/Add screen

Patient			
Name:	ANY TEST	SIIS Patient ID:	2339654
Date of Birth:	01/12/2000	Age:	324 weeks, 74 months, 6 yrs
Guardian:	MORE	Status:	Active

[Print Page](#)

Vaccination View/Add

The patient was reported to have had the Chickenpox disease.

(historicals marked by *, adverse reaction marked by #)

Facility where vaccinations documented: --select--

Double-click in any date field below to enter the default date: 04/03/2006

Vaccine	1	2	3	4	5
DTaP	09/30/2005 *	12/14/2005 *	02/23/2006		
DTaP/Hep B/MPV	X 03/13/2006				
Hib--unspecified	X 03/13/2006				
Hep B Ped/Adol - Preserv Free	09/06/2005				
Pneumococcal(PCV7)	X 03/13/2006				
Td (Adult)					
IPV					
Hib--PRP-OMP					
Hep B/Hib					
MMR					
Varicella	History				
Meningococcal Conjugate (MCV4)					
--select--					
--select--					
--select--					

Add Administered

Clear

Add Historicals

- Vaccinations outside the ACIP schedule are marked with an 'X'.
- If a combination vaccine is marked with a 'X', please verify which components of the vaccine are outside the ACIP schedule by viewing the Vaccination Summary.
- Vaccinations administered or recorded in your facility are displayed in blue.

Add Smallpox History

Contraindications

Deferrals

Allergies

Comments

Vaccination Forecast

The forecast automatically switches to the accelerated schedule when a patient is behind schedule.

Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Status
FLU	1	07/12/2000	07/12/2000	Past Due
MMR	1	01/12/2001	01/12/2001	Past Due
POLIO	2	04/10/2006	04/10/2006	Up to Date
HEP-B 3 DOSE**	3	05/08/2006	05/08/2006	Up to Date
DTaP/DT/Td*	4	08/23/2006	07/13/2006	Up to Date
MENINGOCOCCAL	1	01/12/2011	01/12/2011	Up to Date

* DTaP or DT should be given to patients under 7 years old. Td should be given to patients 7 years old or older.

** If an adolescent has already begun the routine 3 dose Hep-B schedule, they should not be changed to the 2 dose schedule.

Due Now -- As of today's date, the patient's age falls between the recommended minimum age and the recommended maximum age for this dose and the absolute minimum interval has been met since the last dose.

Past Due -- As of today's date, the recommended maximum age or the recommended maximum date for this dose has passed.

Up to Date -- As of today's date, the patient is not due or past due.

Note:

Vaccinations outside the ACIP recommended guidelines are marked with a red X (If you wish to see why the shot is invalid, click on the date next to a red X. See example below).

Vaccinations marked with an asterisk (*) were recorded as historical (date only).

Vaccinations without an asterisk were documented as administered, which means that more detailed information was recorded about that vaccination.

- For this example, we will click on the 03/13/2006 next to PCV7:

Double-click in any date field below to enter the default date: 03/24/2006

Vaccine	1	2	3	4	
DTaP	09/30/2005 *	12/14/2005 *	02/23/2006		
DTaP/Hep B/IPV	X 03/13/2006				
Hib--unspecified	X 03/13/2006				
Hep B Ped/Adol - Preserv Free	09/06/2005				
Pneumococcal(PCV7)	X 03/13/2006				
Td (Adult)					
IPV					
Hib--PRP-OMP					

- Now, we can see that the reason for the invalid shot is displayed:

Patient			
Name:	ANY TEST	SIIS Patient ID:	2339654
Date of Birth:	01/12/2000	Age:	323 weeks, 74 months, 6 yrs
Guardian:	MORE	Status:	Active

Vaccination Detail	
Vaccine:	Pneumococcal(PCV7)
Date Administered:	03/13/2006
Invalid Vaccination:	Invalid PNEUMO (PCV7): Patient age outside of recommended schedule.
Historical:	No
Manufacturer:	GLAXOSMITHKLINE
Lot Number:	0452M
Lot Facility:	ISDH TEST FACILITY
Publicly Supplied:	Yes
Vaccinator:	PERKINS, SUSAN RN
IRMS:	99 - ISDH TEST IRMS
Facility:	ISDH TEST FACILITY
Anatomical Site:	
VFC Status:	
Adverse Reaction:	
District/Region:	
Dates of VIS Publications:	09/30/2002
Date VIS Form Given:	03/13/2006
Comments:	

How to use the Vaccination Forecast

- To view the vaccination forecast, go to your **Vaccinations** menu on the left, and click on Forecast.



▼ Main
Home
Login
Logout
► Favorites
▼ Patient
Search/Add
Demographics
Remote Registry
▼ Vaccinations
View/Add
Forecast
Summary
► Lead
► Physicians / Vaccinators
► Lot Numbers
► Reports
► Settings
■ CASA Export
■ Reminder Recall
► Exports

Patient			
Name:	ANY TEST	SIIS Patient ID:	2551397
Date of Birth:	01/01/2006	Age:	11 weeks, 2 months, 0 yrs
Guardian:	TAMMY	Status:	Active

Vaccination Forecast				
The forecast automatically switches to the accelerated schedule when a patient is behind schedule.				
Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Status
DTaP/DT/Td*	2	05/13/2006	04/10/2006	Up to Date
HIB	2	05/13/2006	04/10/2006	Up to Date
PNEUMO (PCV7)	2	05/13/2006	04/10/2006	Up to Date
POLIO	2	05/13/2006	04/10/2006	Up to Date
FLU	1	07/01/2006	07/01/2006	Up to Date
HEP-B 3 DOSE**	3	07/01/2006	07/01/2006	Up to Date
MENINGOCOCCAL	1	01/01/2017	01/01/2017	Up to Date

* DTaP or DT should be given to patients under 7 years old. Td should be given to patients 7 years old or older.

** If an adolescent has already begun the routine 3 dose Hep-B schedule, they should not be changed to the 2 dose schedule.

Due Now -- As of today's date, the patient's age falls between the recommended minimum age and the recommended maximum age for this dose and the absolute minimum interval has been met since the last dose.

Past Due -- As of today's date, the recommended maximum age or the recommended maximum date for this dose has passed.

Up to Date -- As of today's date, the patient is not due or past due.

How to use the Vaccination Summary

- To view the vaccination summary, go to the **Vaccination** menu on the left and click on Summary.



- ▼ Main
 - Home
 - Login
 - Logout
- Favorites
- ▼ Patient
 - Search/Add
 - Demographics
 - Remote Registry
- ▼ Vaccinations
 - View/Add
 - Forecast
 - Summary
- Lead
- Physicians / Vaccinators
- Lot Numbers
- Reports
- Settings
 - CASA Export
 - Reminder Recall
- Exports
 - Job Queue
 - Change Password
 - Help

Version: 3.0.3.1



Patient			
Name:	ANY TEST	SIIS Patient ID:	2551397
Date of Birth:	01/01/2006	Age:	11 weeks, 2 months, 0 yrs
Guardian:	TAMMY	Status:	Active

Vaccination Summary									
Does not include all vaccination types.									
Vaccinations outside the ACIP schedule are marked with an 'X'.									
Vaccine Family	1	2	3	4	5	6	7	8	
DTaP/DTP/DT/Td	03/13/2006								
OPV/IPV	03/13/2006								
Hib	03/13/2006								
Hep B - 3 Dose	01/01/2006	03/13/2006							
Pneumo (PCV7)	03/13/2006								

Invalid Vaccinations		
Vaccine Family	Date	Reason

Vaccine Deferrals		
Vaccine	Dose	Date
Pneumococcal(PCV7)	2	03/22/2006

Vaccine Contraindications		
Vaccine	Contraindication	Permanent
MMR	Contraindication: Anaphylactic reaction to a vaccine component	Y
Varicella	Contraindication: Patient or parent report of disease.	Y

Vaccination Forecast				
The forecast automatically switches to the accelerated schedule when a patient is behind schedule.				
Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Status
DTaP/DT/Td*	2	05/13/2006	04/10/2006	Up to Date
HIB	2	05/13/2006	04/10/2006	Up to Date
PNEUMO (PCV7)	2	05/13/2006	04/10/2006	Up to Date
POLIO	2	05/13/2006	04/10/2006	Up to Date
FLU	1	07/01/2006	07/01/2006	Up to Date
HEP-B 3 DOSE**	3	07/01/2006	07/01/2006	Up to Date
MENINGOCOCCAL	1	01/01/2017	01/01/2017	Up to Date

How to Print the Vaccination View/Add screen

- To print the vaccination summary, go to the top of your Vaccination View/Add screen and click on the Print Page link.

Patient			
Name:	ANY TEST	SIIS Patient ID:	2551397
Date of Birth:	01/01/2006	Age:	11 weeks, 2 months, 0 yrs
Guardian:	TAMMY	Status:	Active

[Print Page](#)

Vaccination View/Add					
This patient has one or more contraindications.					
This patient has one or more deferrals.					
The patient was reported to have had the Chickenpox disease.					
(historicals marked by *, adverse reaction marked by #)					
Facility where vaccinations documented: ISDH TEST FACILITY					
Double-click in any date field below to enter the default date: 03/22/2006					
Vaccine	1	2	3	4	!

- This will bring up your print screen. Choose the printer that you want, and click Print. Your vaccination summary will print.

Patient	
Name:	ANY TEST
Date of Birth:	01/01/2006
Guardian:	TAMMY

2551397

Vaccination View/Add	
Vaccine	
DTaP/Hep B/IPV	
Hib--unspecified	
Hep B Ped/Adol - Preserv Free	
Pneumococcal(PCV7)	
Vaccinations outside the ACIP schedule	
Vaccinations administered or recorded	
Historical vaccinations marked by *	
Adverse reaction marked by #	
Unverified historical marked by +	
This patient has one or more contraindications.	

Vaccination Forecast	
The forecast automatically switches:	
Vaccine Family	Dose
DTaP/DT/Td*	2
HIB	2
PNEUMO (PCV7)	2
POLIO	2
FLU	1

Print

General | Options

Select Printer:

- Deweys 4600 CLsr
- End of Row - Color
- HP LaserJet 4 Plus**
- Mii
- Mii
- PD

Status: Ready Print to file

Location:

Comment:

Page Range:

All Selection Current Page

Pages:

Enter either a single page number or a single page range. For example, 5-12

Number of copies:

Collate

How to view Specific Shot Information

- To view the information about a specific vaccination on the Vaccination View/Add screen, click on the date of the record that you wish to see:

(historicals marked by *, adverse reaction marked by #)

Facility where vaccinations documented:

Double-click in any date field below to enter the default date:

Vaccine	1	2	3	4	
DTaP/Hep B/IPV	03/13/2006				
Hib--unspecified	03/13/2006				
Hep B Ped/Adol - Preserv Free	01/01/2006 *				
Pneumococcal(PCV7)	03/13/2006				
DTaP					

- This will bring up the detailed information about that shot:

Vaccination Detail	
Vaccine:	Hep B Ped/Adol - Preserv Free
Date Administered:	01/01/2006
Historical:	Yes
Manufacturer:	
Lot Number:	
Lot Facility:	
Publicly Supplied:	No
Vaccinator:	
IRMS:	99 - ISDH TEST IRMS
Facility:	ISDH TEST FACILITY
Anatomical Site:	
VFC Status:	
Adverse Reaction:	
District/Region:	
Dates of VIS Publications:	
Date VIS Form Given:	
Comments:	

- To Delete this shot, click on the Delete Record button. Another screen will appear asking you to confirm that you want to delete the record. To delete the record permanently, you will click on the second Delete Record button. If you have made an error, and do not wish to delete the record, click the cancel button instead.

Patient			
Name:	ANY TEST	SIIS Patient ID:	2551397
Date of Birth:	01/01/2006	Age:	11 weeks, 2 months, 0 yrs
Guardian:	TAMMY	Status:	Active

Vaccination Detail	
Vaccine:	Hep B Ped/Adol - Preserv Free
Date Administered:	01/01/2006
Historical:	Yes
Manufacturer:	
Lot Number:	
Lot Facility:	
Publicly Supplied:	
Vaccinator:	
Deleting Facility:	ISDH TEST FACILITY
Anatomical Site:	
Adverse Reaction:	
District/Region:	
Dates of VIS Publications:	
Date VIS Form Given:	
Comments:	

If you are sure you wish to delete this vaccination, click 'Delete'.
If you do not want to delete this vaccination, press 'Cancel'.

- When clicking “Delete Record” a second time the record will be removed permanently.

Vaccine	1	2	3	4	
DTaP/Hep B/IPV	03/13/2006				
Hib--unspecified	03/13/2006				
Pneumococcal(PCV7)	03/13/2006				
DTaP					
Td (Adult)					
IPV					
Hib--PRP-OMP					
Hep B/Hib					
Hep B Ped/Adol - Preserv Free					
MM2					

How to Add a Historical Vaccination

- Type the date(s) of the vaccination(s) that you wish to add in the appropriate boxes.
- When you are finished entering dates, click the Add Historicals button.

Pneumococcal(PCV7)	03/13/2006				
DTaP					
Td (Adult)					
IPV					
Hib--PRP-OMP					
Hep B/Hib					
Hep B Ped/Adol - Preserv Free	01/01/2006				
MMR					
Varicella	History				
Meningococcal Conjugate (MCV4)					
--select--					
--select--					
--select--					

- You can see that the date has now been added.

DTaP/Hep B/IPV	03/13/2006				
Hib--unspecified	03/13/2006				
Hep B Ped/Adol - Preserv Free	01/01/2006 *				
Pneumococcal(PCV7)	03/13/2006				
DTaP					
Td (Adult)					
IPV					

How to Add an Administered Vaccination

- Type the date(s) of the vaccination(s) that you wish to add in the appropriate boxes.
- When you are finished entering dates, click the Add Administered button.

Vaccination View/Add
 (historicals marked by *, adverse reaction marked by #)

Facility where vaccinations documented:

Double-click in any date field below to enter the default date:

Vaccine	1	2	3	4	!
DTaP	08/18/1991 *	02/18/1992 *	01/18/1995 *		
DTaP/Hep B/IPV	03/18/1991 *	07/18/1991 *			
IPV	08/18/1991 *	10/18/1995 *			
Hep B Ped/Adol - Preserv Free	01/18/1991 *				
Pneumococcal(PCV7)	03/18/1991 *	07/18/1991 *			
MMR	02/18/1992 *	10/18/1995 *			
Varicella	12/18/1992 *				
Td (Adult)					
Hib--PRP-OMP					
Hib--unspecified					
Hep B/Hib					
Meningococcal Conjugate (MCV4)					
<input type="text" value="Tdap"/>	<input type="text" value="03/23/2006"/>				
<input type="text" value="--select--"/>					
<input type="text" value="--select--"/>					

- This will take you to the Vaccination Detail Add screen.

- If you have not selected default lot numbers (in your personal settings), you will need to either click in the box next to **Manufacturer** or click where it says “**click to select**”.

Vaccination Detail Add	
Vaccine 1:	Tdap
Date Administered:	03/23/2006
Historical:	<input type="radio"/> YES <input checked="" type="radio"/> NO
Manufacturer:	<input type="text"/> Click to select 
Lot Number:	<input type="text"/>
Lot Facility:	<input type="text"/>
Publicly Supplied:	<input type="text"/>
Vaccinator:	PERKINS, SUSAN RN /ISDH TEST FACILITY ▾
Facility:	ISDH TEST FACILITY ▾
Anatomical Site:	--select-- ▾
VFC Status:	Patient is not VFC Eligible.
District/Region:	<input type="text"/>
VIS Publications Dates:	1. 09/22/2005 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>
Date VIS Form Given:	03/23/2006
Comments:	<input type="text"/>

- Now, you select your lot number by clicking on the arrow button to the left of the vaccine that you are using.

Select Lot Number						
Select	Manufacturer	Lot Number	Facility	Pub. Supplied	Expiration Date	Doses Available
	AVENTIS PASTEUR (SANOFI PASTEUR)	456TDAP	ISDH TEST FACILITY	Y	07/31/2006	10
	MERCK	546TDAP	ISDH TEST FACILITY	Y	07/31/2006	10

- Now, all of your lot information has been added.

- Notice that my vaccinator filled in automatically. This is because I have set that in my personal settings. (My VIS Publication date was also set as a default and filled in automatically.)
- I now need to choose an anatomical site from the dropdown list.

Vaccination Detail Add	
Vaccine 1:	Tdap
Date Administered:	03/23/2006
Historical:	<input type="radio"/> YES <input checked="" type="radio"/> NO
Manufacturer:	AVENTIS PASTEUR (SANOFI) Click to select
Lot Number:	456TDAP
Lot Facility:	ISDH TEST FACILITY
Publicly Supplied:	<input type="checkbox"/> Y
Vaccinator:	PERKINS, SUSAN RN /ISDH TEST FACILITY
Facility:	ISDH TEST FACILITY
Anatomical Site:	--select--
VFC Status:	--select--
District/Region:	Left Arm Intradermal
	Left Arm Intramuscular
	Left Arm Subcutaneous
	Left Thigh Intradermal
	Left Thigh Intramuscular
	Left Thigh Subcutaneous
	Nasal
	Oral
	Right Arm Intradermal
	Right Arm Intramuscular
VIS Publications Dates:	3. <input type="text"/>
Date VIS Form Given:	<input type="text"/>
Comments:	<input type="text"/>

- Now that I've added the anatomical site, the record is complete. Click Save to add this record

Vaccination Detail Add	
Vaccine 1:	Tdap
Date Administered:	03/23/2006
Historical:	<input type="radio"/> YES <input checked="" type="radio"/> NO
Manufacturer:	AVENTIS PASTEUR (SANOFI) Click to select
Lot Number:	456TDAP
Lot Facility:	ISDH TEST FACILITY
Publicly Supplied:	<input type="checkbox"/> Y
Vaccinator:	PERKINS, SUSAN RN /ISDH TEST FACILITY
Facility:	ISDH TEST FACILITY
Anatomical Site:	Left Arm Intramuscular
VFC Status:	Patient is not VFC Eligible.
District/Region:	<input type="text"/>
VIS Publications Dates:	1. 09/22/2005 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>
Date VIS Form Given:	03/23/2006
Comments:	<input type="text"/>

- Here you can see, that the Tdap has been added. Also note that the vaccination forecast now says that DTaP/DT/Td is up to date.

Vaccination View/Add				
(historicals marked by *, adverse reaction marked by #)				
Facility where vaccinations documented: <input type="text" value="ISDH TEST FACILITY"/>				
Double-click in any date field below to enter the default date: <input type="text" value="03/23/2006"/>				
Vaccine	1	2	3	4
DTaP	08/18/1991 *	02/18/1992 *	01/18/1995 *	
DTaP/Hep B/IPV	03/18/1991 *	07/18/1991 *		
Tdap	03/23/2006			
IPV	08/18/1991 *	10/18/1995 *		
Hep B Ped/Adol - Preserv Free	01/18/1991 *			
Pneumococcal(PCV7)	03/18/1991 *	07/18/1991 *		
MMR	02/18/1992 *	10/18/1995 *		

Vaccination Forecast				
The forecast automatically switches to the accelerated schedule when a patient is behind schedule.				
Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Status
FLU	1	07/18/1991	07/18/1991	Past Due
MENINGOCOCCAL	1	01/18/2002	01/18/2002	Past Due
DTaP/DT/Td*	7	03/23/2016	03/23/2011	Up to Date

How to Add Contraindications and Deferrals

Contraindications:

- To add a contraindication, click on the Contraindications button.



- Vaccinations outside the ACIP schedule are marked with an 'X'.
- If a combination vaccine is marked with a 'X', please verify which components of the vaccine are outside the ACIP schedule by viewing the Vaccination Summary.
- Vaccinations administered or recorded in your facility are displayed in blue.

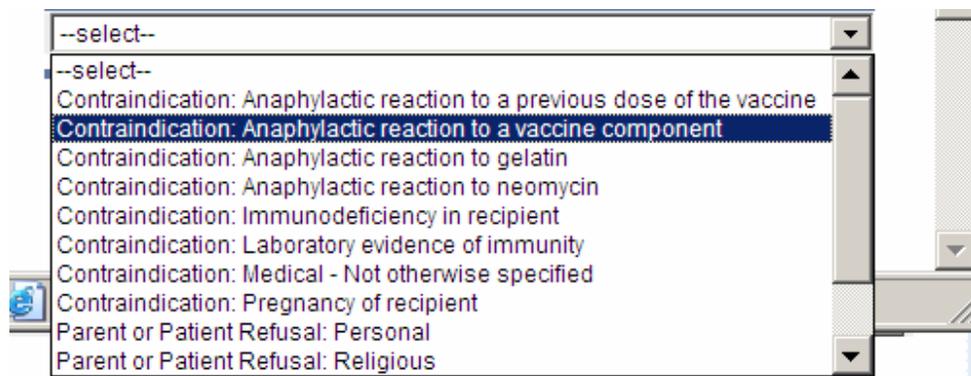


- On the Add Contraindication screen, choose the vaccine that you want from the drop-down list. Then click where it says “**click to select**” to choose your contraindication for that vaccine.

Add Contraindication	
Facility where documented:	ISDH TEST FACILITY
Vaccine:	MMR
Contraindication:	<input type="text"/> Click to select
Permanent	<input type="checkbox"/>



- The Select Contraindication box will pop up. Choose your contraindication from the drop-down list. Then click select.



- If this is a contraindication that is severe or NOT temporary, and you want this vaccine to be removed from the vaccination forecast, place a check in the box

next to Permanent. When your contraindication is complete, click Add Contraindications.

Add Contraindication	
Facility where documented:	ISDH TEST FACILITY ▼
Vaccine:	MMR ▼
Contraindication:	Contraindication: Anaphylactic reaction to a vaccine Click to select
Permanent	<input checked="" type="checkbox"/>

- You will now see that your contraindication has been added.
- If you are now finished adding contraindications, click Cancel. This will take you back to the Vaccination View/Add screen.

Vaccine Contraindications			
Vaccine	Contraindication	Permanent	
MMR	Contraindication: Anaphylactic reaction to a vaccine component	Y	Delete
Varicella	Contraindication: Patient or parent report of disease.	Y	Delete

Add Contraindication	
Facility where documented:	--select-- ▼
Vaccine:	--select-- ▼
Contraindication:	<input type="text"/> Click to select
Permanent	<input type="checkbox"/>

Vaccine Deferrals:

- To add a vaccine deferral, click on the Deferrals button (next to the Contraindications button) on your View/Add screen.

- Vaccinations outside the ACIP schedule are marked with an 'X'.
- If a combination vaccine is marked with a 'X', please verify which components of the vaccine are outside the ACIP schedule by viewing the Vaccination Summary.
- Vaccinations administered or recorded in your facility are displayed in blue.

- On the Vaccine Deferrals screen, choose your vaccine from the drop-down list. Then add your dose number. Click Save when you are finished.

Vaccine Deferrals			
Vaccine	Dose	Date	
Add Vaccine Deferral			
Vaccine:	Pneumococcal(PCV7) ▼		
Dose Number	2		
Facility where documented:	ISDH TEST FACILITY ▼		
<input type="button" value="Cancel"/> <input type="button" value="Reset"/> <input type="button" value="Save"/>			

- Now you can see that your deferral has been added.
- If you have no more deferrals to add, click the Cancel button to return to the Vaccination View/Add screen.

Vaccine deferral has been successfully added

Vaccine Deferrals			
Vaccine	Dose	Date	
Pneumococcal(PCV7)	2	03/22/2006	<input type="button" value="delete"/>
Add Vaccine Deferral			
Vaccine:	--select-- ▼		
Dose Number			
Facility where documented:	--select-- ▼		
<input type="button" value="Cancel"/> <input type="button" value="Reset"/> <input type="button" value="Save"/>			

- You can now see the messages at the top of your Vaccination View/Add screen, indicating that the patient has contraindications and deferrals. You will also notice that there is a statement that the patient was reported to have had the Chickenpox disease. There is also the word History in the date space next to Varicella. History of Chickenpox disease is added under Contraindications as well.

This patient has one or more contraindications.

This patient has one or more deferrals.

The patient was reported to have had the Chickenpox disease.

(historicals marked by *, adverse reaction marked by #)

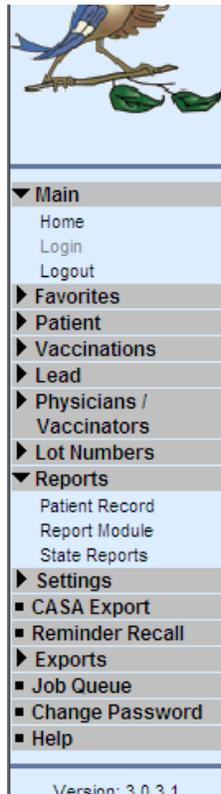
Facility where vaccinations documented: ISDH TEST FACILITY

Double-click in any date field below to enter the default date: 03/22/2006

Vaccine	1	2	3	4	
DTaP/Hep B/IPV	03/13/2006				
Hib--unspecified	03/13/2006				
Hep B Ped/Adol - Preserv Free	01/01/2006 *				
Pneumococcal(PCV7)	03/13/2006				
DTaP					
Td (Adult)					
IPV					
Hib--PRP-OMP					
Hep B/Hib					
MMR					
Varicella	History				
Meningococcal Conjugate (MCV4)					
--select--					
--select--					
--select--					

How to Print a Shot Record Card

- Find **Reports** on your Navigation Menu. Click on **State Reports**. (If you have the Shot Record Card in your Favorites, just click on Shot Record Card there.)
- When the State Reports page opens, click on the blue link that says 9" x 4.5" card.



State Reports	
Patients	Vaccinations
Blank Vaccine Signature Form	Doses Administered
Page 1 (pdf)	Daily Patient Immunization List
Page 2 (pdf)	VFC Profile Report
Immunization Signature Form	
Menu	
Shot Record Card	
9" x 4.5" card	
County Status Report	
Menu	
Registry	
Monthly Status by Race	Monthly Status by Race & Facility

Report Print Settings

Non-PDF Reports:

Make sure to remove the Header and Footer before printing. To do this configure your browser by selecting File-->Page Setup... from the menu and deleting all text in the Header and Footer text fields.

Shot Record Card:

1. Click on the printer icon in Acrobat toolbar (not browser printer icon).
2. In the Printer groupbox, select your printer from the dropdown list.
3. Click the Properties button: select Landscape orientation; select Envelope #10 as your paper size; click OK button.

- This will bring up your shot record card in Adobe Acrobat Reader. (You need to have Version 5.0 or above for the shot record card to display appropriately.)

Official Immunization Record
as of March 22, 2006

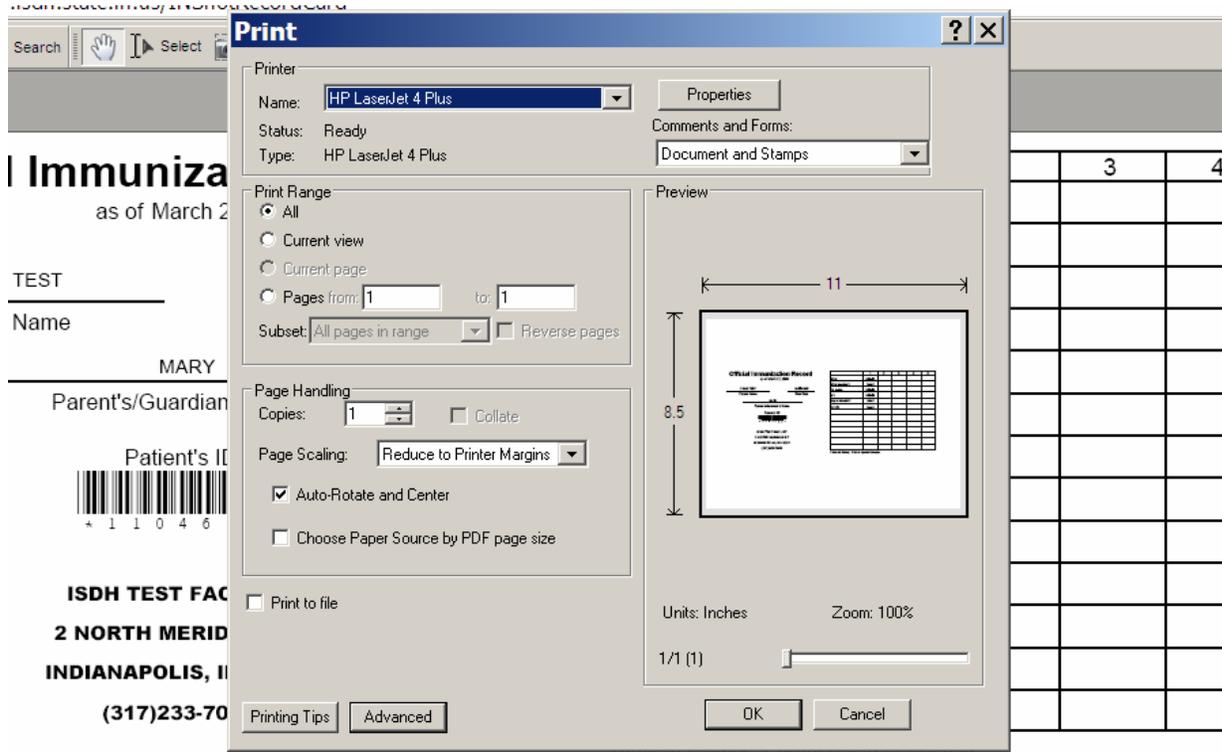
CHILD TEST: 04/08/1998
Patient Name: MARY
Parent's/Guardian's Name: MARY
Patient's ID: 4 1 1 0 4 6 9 9 *

ISDH TEST FACILITY
2 NORTH MERIDIAN ST
INDIANAPOLIS, IN 46204
(317)233-7003

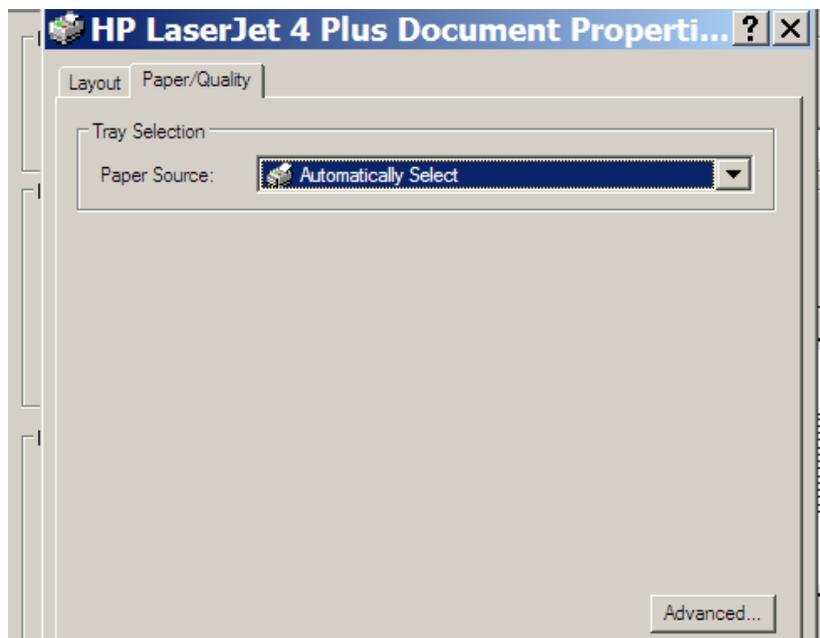
	1	2	3	4	5
DTaP	9/29/03				
DTaP/HepB/IPV	3/1/05				
Td (Adult)	3/22/06				
IPV	3/22/06				
HepB-Pd/Adi-PF	4/8/98				
PPV23	3/1/05				

Varicella History: Parent report of disease

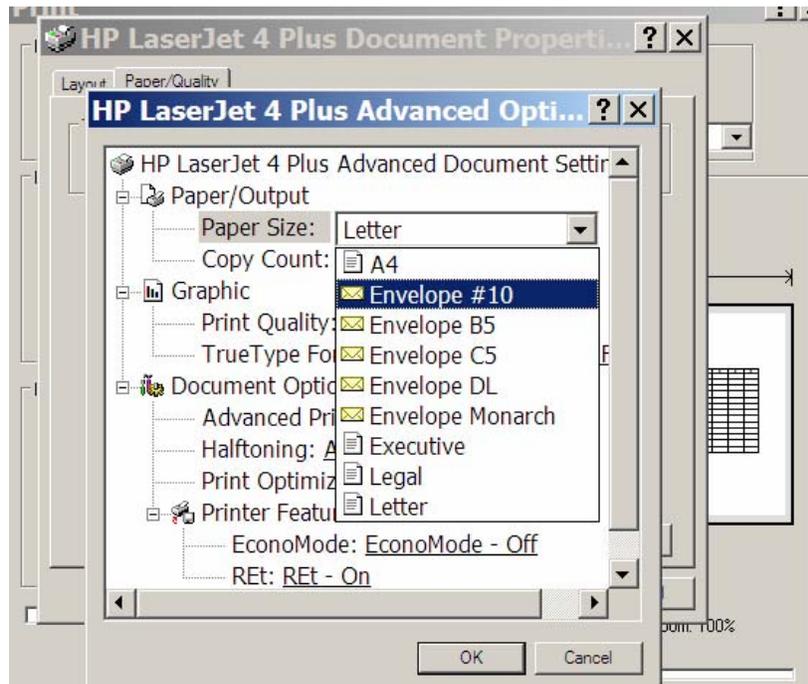
- Click on the printer icon in the upper left side of your Acrobat window. This will bring up your printer box.
- Click on your printer Properties.



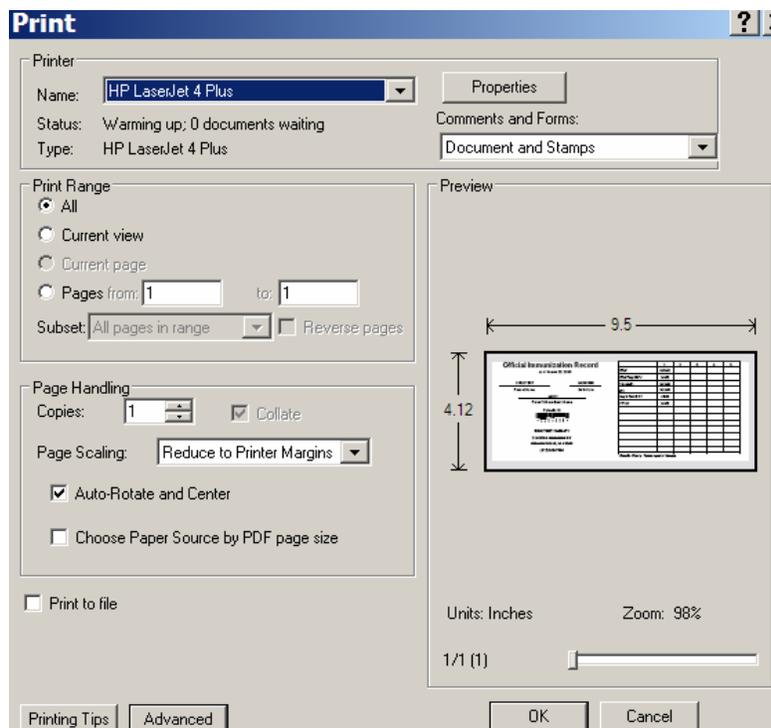
- Then find the location where you choose your paper size. (This varies widely from printer to printer. For this printer, we click the Paper/Quality tab then the **Advanced** button.



- When the Advanced Options box pops up, for Paper Size, we choose Envelope #10. Then click OK. Click OK again to go back to your Print box.



- You will now notice that on your Print box shows the shot record card with the paper size adjusted.
- Place your shot record card into your printer wherever you normally place envelopes. Then click print. It may take a couple of tries initially to figure out which direction the card needs to be placed in your printer to print out correctly.



How to Print a Patient Record

- Once a patient has been selected. Find **Reports** on your Navigation menu. Click on **Patient Report**.

The screenshot shows a navigation menu on the left and a main content area on the right. The navigation menu includes: Main (Home, Login, Logout), Favorites, Patient, Vaccinations, Lead, Physicians / Vaccinators, Lot Numbers, Reports (Patient Record, Report Module, State Reports), Settings (CASA Export, Reminder Recall, Exports). The main content area displays various report options: Immunization Signature Form, Menu, Shot Record Card, 9" x 4.5" card, County Status Report, Menu, Registry, Monthly Status by Race, and Monthly Status by Race & Facility. Below these options is a section titled 'Report Print Settings' with a sub-section 'Non-PDF Reports:' and a note: 'Make sure to remove the Header and Footer before printing. To do this configure your browser by selecting File-->Page Setup... from the menu and deleting all text in the Header and Footer text fields.'

- From this screen you can select to print the Patient Record Report with or without confidential information.
- Select which report you would like to see:
 - The Immunization Record (summary) groups the vaccinations by family. This report is useful for school and daycare entry.
 - The All Recorded Vaccinations displays the individual shots NOT grouped by family
 - Forecast will display only the forecast for this particular patient.
- Click on the Create Report Button

The screenshot shows the 'Print Patient Record' form. It has a title bar 'Print Patient Record' and two main sections. The first section is 'Patient Information To Include' with two radio buttons: 'Do Not Include Confidential Information' (selected) and 'Include Confidential Information'. The second section is 'Vaccination Record Choices' with three radio buttons: 'Immunization Record (summary)' (selected), 'All Recorded Vaccinations', and 'Forecast'. There is also a checked checkbox for 'Printable Version (enable table borders)'. At the bottom right, there is a blue button labeled 'Create Report'.

- The Patient Vaccination record report is displayed.
- To print this record click on File → Print (this report will be printed like any other webpage)

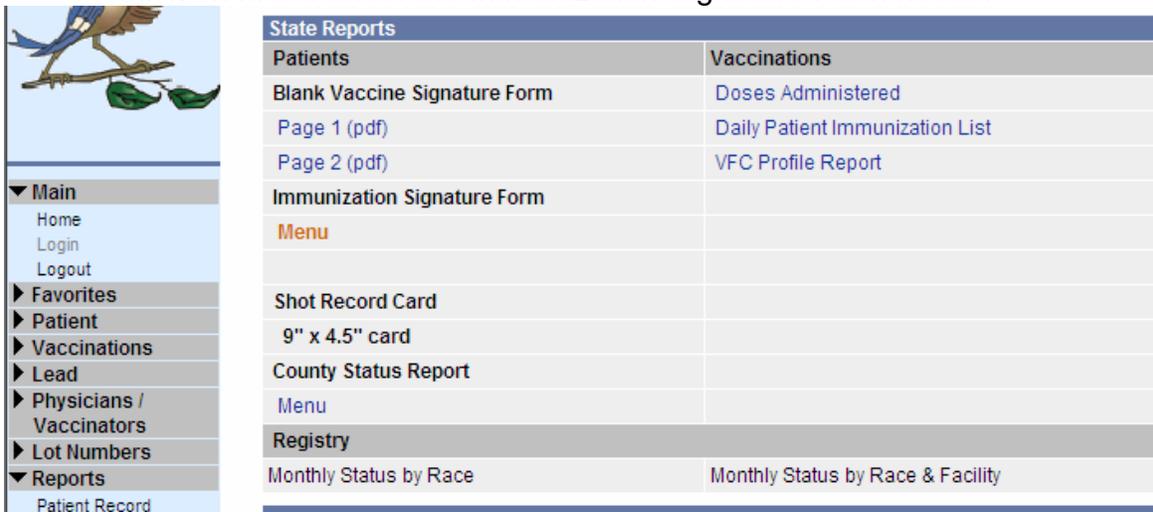
Patient Vaccination Record				
Summary (Does not include all vaccine types)				
IRMS: 99 - ISDH TEST IRMS		*1104699*		
Facility: ISDH TEST FACILITY				
Date: March 22, 2006				
Patient ID: 1104699	Phone:			
Name: CHILD TEST	Street:			
Birth Date: 04/08/1998	City:			
Gender: MALE	State:			
Guardian: MARY	ZIP:			
Physician:	Country:			
Medicaid No:	WIC ID:			
Vaccine Family	Dose 1	Dose 2	Dose 3	Dose 4
DTaP/DTP/DT/Td	09/29/2003	03/01/2005	03/22/2006	
OPV/IPV	03/01/2005	03/22/2006		
Hep B - 3 Dose	04/08/1998	03/01/2005		
Pneumo (PPV23)	03/01/2005			
Varicella History: Contraindication: Parent report of disease				
Next Vaccine Due: FLU Date: 10/08/1998				

How to create and print the Immunization Signature Form

- The Immunization Signature form is used for capturing the consent of the Patient/Parent/Guardian
- Make sure a patient is selected and locate **Reports** on the Navigation menu
- Click on **State Reports**
- For a Blank version of this form click on the page you would like under the Blank Vaccination Signature Form header

For the CHIRP Completed form:

- Click on Menu under the Immunization Signature Form header



The screenshot shows a web application interface. On the left is a navigation menu with the following items: Main (Home, Login, Logout), Favorites, Patient, Vaccinations, Lead, Physicians / Vaccinators, Lot Numbers, Reports (Patient Record). The main content area is titled 'State Reports' and contains a table with two columns: 'Patients' and 'Vaccinations'. The 'Patients' column lists 'Blank Vaccine Signature Form' (with sub-links for Page 1 and Page 2 pdf), 'Immunization Signature Form', and 'Menu'. The 'Vaccinations' column lists 'Doses Administered', 'Daily Patient Immunization List', and 'VFC Profile Report'. Below this table is another section for 'Shot Record Card' (9" x 4.5" card) and 'County Status Report' (with a 'Menu' link). At the bottom, there is a 'Registry' section with 'Monthly Status by Race' and 'Monthly Status by Race & Facility'.

- Select all the vaccinations the patient will be receiving and click on create form. This creates the front page of the form.

VACCINE ADMINISTRATION PATIENT RECORD

Complete for Report Date:

Page 1

Vaccinations Requested:

<input type="checkbox"/> DT	<input checked="" type="checkbox"/> IPV
<input checked="" type="checkbox"/> Td	<input type="checkbox"/> MMR
<input type="checkbox"/> DTaP	<input type="checkbox"/> Hep-B
<input type="checkbox"/> DTaP/Hib	<input type="checkbox"/> Varicella
<input type="checkbox"/> DTaP/HepB/IPV	<input type="checkbox"/> Hib/HepB
<input type="checkbox"/> Hib	<input type="checkbox"/> Pneumococcal7

Responsible Adult: Mother Father Other... (specify:)

Other Phone Number: (description:)

Page 2

- Click on the print button to print this page. Click the X in the top right corner to close this window.



**CHILDREN AND HOOSIER IMMUNIZATION REGISTRY PROGRAM (CHIRP)
VACCINE ADMINISTRATION
RECORD OF PARENT/GUARDIAN OR RECEIPT SIGNATURE**



I have read or had explained to me the information in the "Vaccine Information Statement(s)" or the "Important Information Statement(s)" for the disease(s) and vaccine(s) checked below. I have had a chance to ask questions and fully understand the benefits and risks of the vaccine(s) checked below. I request that these vaccines be given to me or to the person named below.

DT Td DTaP DTaP-Hib DTaP/HepB/IPV Hib IPV MMR HEP B Varicella Hib/Hep B PCV-7

Last Name: TEST		First: CHILD		Middle:	Patient ID: 1104699	Patient SSN*:
Date of Birth: 04/08/1998	Age: 415 weeks; 95 months; 7 yrs	Birth State:	Birth Country:	Hoosier Hwise #:	Gender: <input checked="" type="radio"/> M <input type="radio"/> F	
Race: <input checked="" type="radio"/> White <input type="radio"/> African American <input type="radio"/> Asian <input type="radio"/> Multi-racial <input type="radio"/> Other <input type="radio"/> Nat. Hawaiian, Pac Isl. <input type="radio"/> American Indian				Hispanic Origin: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic <input type="radio"/> Unknown		
Physician Name:			School:			
Guardian 1 Last Name:		First: MARY		Middle:	Guardian 1 SSN*:	
Guardian 2 Last Name:		First:		Mother Maiden Name:		
Mailing Address for Responsible Adult: <input checked="" type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Other (specify) _____						
Last Name:			First Name: MARY			
Address:			Home Phone:		Work Phone:	
City: INDIANAPOLIS	State:	ZIP Code:	Email Address:			
Language, if other than English (specify):			Other Phone (specify):			
(Clinic use only)	Chart Number:					
Funding Source: <input type="radio"/> Medicaid <input type="radio"/> Uninsured <input type="radio"/> Nat. American or Alaskan <input type="radio"/> Underinsured -- FQHC or RHC Only <input type="radio"/> Hoosier Hwise Pkg C <input checked="" type="radio"/> Not Eligible						
*Social Security numbers may be used to identify patient and family members and are optional on this form. There are no penalties for failure to provide Social Security numbers.						

Signature of person to receive vaccine(s) or person authorized to consent to the immunizations(s)

Parent/Guardian Signature

MARY

Printed Name

03/22/2006

Date

- Now select Page 2 and click the Create Form button (after the shots have been administered)

VACCINE ADMINISTRATION PATIENT RECORD	
Complete for Report Date: <input type="text" value="03/22/2006"/>	
<input type="radio"/> Page 1	
Vaccinations Requested:	
<input type="checkbox"/> DT	<input checked="" type="checkbox"/> IPV
<input checked="" type="checkbox"/> Td	<input type="checkbox"/> MMR
<input type="checkbox"/> DTaP	<input type="checkbox"/> Hep-B
<input type="checkbox"/> DTaP/Hib	<input type="checkbox"/> Varicella
<input type="checkbox"/> DTaP/HepB/IPV	<input type="checkbox"/> Hib/HepB
<input type="checkbox"/> Hib	<input type="checkbox"/> Pneumococcal7
Responsible Adult: <input checked="" type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Other... (specify: <input type="text"/>)	
Other Phone Number: <input type="text"/> (description: <input type="text"/>)	
<input checked="" type="radio"/> Page 2	
<input type="button" value="Create Form"/> <input type="button" value="Cancel"/>	

- Page 2 is now created. Load the first page of the Signature form into the bypass tray on your printer and click the Print button. This will print the form so that it is only on 1 page front and back.

**VACCINE ADMINISTRATION
PATIENT RECORD**

Last Name: TEST	First: CHILD	Middle:	Patient ID: 1104699
Date of Birth: 04/08/1998	Age: 415 weeks; 95 months; 7 yrs	Contraindication: Yes	 * 1 1 0 4 6 9 9 *

Do Not Go Below This Line -- For Clinic Use Only	
Clinic: ISDH TEST FACILITY 2 NORTH MERIDIAN ST INDIANAPOLIS, IN 46204	Date Vaccinated: 03/22/2006 Date Information Statement Provided to Parent/Guardian/Patient: 03/22/2006

Vaccine & Dose # Given Today <input checked="" type="checkbox"/> DT Td DTaP <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
Manufacturer and Lot #: MASSACHUSETTS BIOLOGICAL LABS TD-477795
Route/Site: Left Arm Intramuscular
Date of Information Statement: 07/30/2001

Vaccine & Dose # Given Today <input checked="" type="checkbox"/> IPV <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
Manufacturer and Lot #: GLAXOSMITHKLINE U023213
Route/Site: Right Arm Intramuscular
Date of Information Statement: 01/01/2000

Vaccine & Dose # Given Today <input type="checkbox"/> MMR <input type="radio"/> 1 <input type="radio"/> 2
Manufacturer and Lot #:
Route/Site:
Date of Information Statement:

How to perform Reminder Recall

The Reminder/Recall feature is a tool to use when you want to notify your patients about upcoming or past due vaccinations. Patients who have visited another provider will not be included in the Reminder/Recall results. The end result of this notification can be any of the following:

1. **Patient Listing Report**
 2. **Mailing Labels** – These require *Avery Label 5160*
 3. **Auto-Dialer Phone List** – This is a text file that can be saved locally or to a diskette and imported into the Auto-Dialer software
 4. **Email Reminders** – requires getting email addresses from patients
 5. **Postcards** – This is a list of postcards that print on *Avery 8387* card stock.
- On the navigation menu click on the **Reminder/Recall** heading and the Reminder/Recall screen appears.

Top of Reminder/Recall screen

 Main Home Login Logout Favorites Patient Search/Add Demographics Remote Registry Vaccinations Lead Physicians / Vaccinators Lot Numbers Reports Settings CASA Export Reminder Recall Exports Job Queue Change Password Help Version: 3.0.3.1 	Reminder/Recall	
	<input type="checkbox"/> Do Not Increment Recall Count (Run Recall)	
	<input type="checkbox"/> Preview and Select Patients	
	Reminder/Recall Date Range:	From: <input type="text" value="01/01/1990"/> To: <input type="text" value="03/22/2006"/>
	Maximum Recall Tries:	<input type="text" value="5"/>
	Valid Addresses:	<input type="radio"/> Valid Addresses Only <input type="radio"/> Invalid Addresses Only <input checked="" type="radio"/> All Patients
	<input type="checkbox"/> Include Inactive Patients	
	Limit Reminder/Recall Group By:	
	<input type="checkbox"/> Patient Birth Date	From: <input type="text"/> To: <input type="text"/>
	<input checked="" type="radio"/> Facility	<input type="text" value="ISDH TEST FACILITY"/>
	<input type="radio"/> Facility Group	ISDH TEST FACILITY
	<input type="checkbox"/> Physician	<input type="text" value="--select--"/>
	<input type="checkbox"/> Program	<input type="text" value="--select--"/>
	<input type="checkbox"/> Health Plan	<input type="text" value="--select--"/>
	<input type="checkbox"/> State	<input type="text" value="--select--"/>
<input type="checkbox"/> County/Parish:	<input type="text" value="--select--"/>	
<input type="checkbox"/> Zip Code:	<input type="text"/>	
<input type="checkbox"/> Health District/Region	<input type="text"/>	
<input type="checkbox"/> Appointment Date	From: <input type="text"/> To: <input type="text"/>	
<input type="checkbox"/> Deferred Vaccinations Only		
Vaccine Families:	and Optional Needed Dose Number:	
<input checked="" type="checkbox"/> DTaP/DT/Td*	<input type="text"/>	
<input checked="" type="checkbox"/> HIB	<input type="text"/>	
<input checked="" type="checkbox"/> POLIO	<input type="text"/>	
<input checked="" type="checkbox"/> HEP-B 3 DOSE**	<input type="text"/>	
<input checked="" type="checkbox"/> MMR	<input type="text"/>	
<input checked="" type="checkbox"/> VARICELLA	<input type="text"/>	

Bottom of Reminder/Recall screen

<input checked="" type="checkbox"/> MENINGOCOCCAL	<input type="text"/>
<input checked="" type="checkbox"/> HEP-A	<input type="text"/>
<input checked="" type="checkbox"/> FLU	<input type="text"/>
<input checked="" type="checkbox"/> PNEUMO (PCV7)	<input type="text"/>
<input type="checkbox"/> ANTHRAX	<input type="text"/>
<input type="checkbox"/> SMALLPOX SHOT/READING	<input type="text"/>
<input checked="" type="checkbox"/> HEP-A 3 DOSE	<input type="text"/>

* DTaP or DT should be given to patients under 7 years old. Td should be given to patients 7 years old or older.
 ** If an adolescent has already begun the routine 3 dose Hep-B schedule, they should not be changed to the 2 dose schedule.

Name of Person Running Reminder/Recall:

Clear Reset Run Reminder Recall

Below are the most important options on the Reminder/Recall screen:

Item	Description
Do Not Increment Recall Count (Run Recall)	<input checked="" type="checkbox"/> Do Not Increment Recall Count (Run Recall) Ordinarily when Reminder/Recall is run, a "count" gets added to the patient's record. Once the threshold (Maximum Recall Tries) is reached, the patient will no longer receive reminder/recall notices. The recall count is reset for a patient once a historical or administered vaccination is entered. (The Recall count can be found the patient's demographic screen)
Reminder/Recall Date Range (From and To) ****Note: This date range is based of the patients' vaccination forecasting	From: <input type="text" value="01/01/1990"/> To: <input type="text" value="04/06/2006"/> The "From" and "To" dates have defaults that can be changed. Point and click on the portion of the date you want to change. The date must be entered in MM/DD/YYYY format and both fields MUST have a date.
Patient Birth Date	From: <input type="text" value="01/01/2003"/> To: <input type="text" value="12/31/2003"/> If "From" and "To" dates are entered, the checkbox will automatically get checked. Only patient's whose birth dates are within this range will be retrieved and included.
Name of Person Running Reminder/Recall	Type your name here

Tips for running Reminder/Recall:

- If you are running a **REMINDER**, enter a **future** date range.
- If you are running a **RECALL**, enter a **historic** date range.
- If you select the **Preview and Select Patients**, CHIRP will allow you to select only the patients that you want to send notices to.
- Maximum Recall Tries corresponds to the Recall attempts in the Patient's Demographic Record.

Reminder Recall Screen

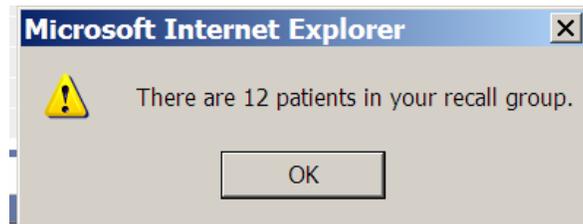
Reminder/Recall	
<input checked="" type="checkbox"/>	Do Not Increment Recall Count (Run Recall)
<input checked="" type="checkbox"/>	Preview and Select Patients
Reminder/Recall Date Range:	From: 01/01/1990 To: 03/22/2006
Maximum Recall Tries:	5
Valid Addresses:	<input type="radio"/> Valid Addresses Only
	<input type="radio"/> Invalid Addresses Only
	<input checked="" type="radio"/> All Patients
<input type="checkbox"/>	Include Inactive Patients

Patient Demographic Screen

Other Info			
Physician:		Health Plan Name:	
Facility:	ISDH TEST FACILITY	HP Patient ID:	
Chart Number:		HP Enroll Date:	
Next Appt. Date:		Birth Country:	
Block Recall:		Birth State:	
Recall Attempts:	0	Allergies:	
Program/Menu IDs:	WIC-2472	Number In Family:	4
Monthly Income:			
Comments:			

- Verify all the desired selections have been made, then click the Run Reminder/Recall button; or
 - Press the **Clear All** button to erase any newly made selections; or
 - Press the **Reset** button to reset the fields to their default values.

Note: This process may take a few minutes. Eventually, a Microsoft Internet Explorer dialog box appears indicating the number of patients that were retrieved for the criteria entered



Click the OK button

- Select the patients you want to include in the Reminder/Recall and click the **Generate Final Reminder Recall List** (if you selected the option above).

Select Reminder/Recall Patients							
Include?	ID	First Name	Middle Name	Last Name	Birthday	Guardian First Name	Phone Number
<input checked="" type="checkbox"/>	2444486	KATHLEEN	M	MCFATRIDGE	08/03/2005	STEPHANIE	(317)848-5344
<input checked="" type="checkbox"/>	1741724	BOB	TEST	MUG	01/01/2000	JIMBOB	
<input type="checkbox"/>	2541612	ALEXANDER		PETERSON	10/05/1994	DEWEY	(317)875-7902
<input type="checkbox"/>	2229499	RACHEL	LAUREN	PETERSON	10/08/2004	LORI	
<input type="checkbox"/>	630166	DAVID		SPICER	10/20/1975	DEBBIE	(317)244-4707
<input checked="" type="checkbox"/>	2339654	ANY		TEST	01/12/2000	MORE	(260)248-9426
<input checked="" type="checkbox"/>	1104699	CHILD		TEST	04/08/1998	MARY	(504)888-9999
<input checked="" type="checkbox"/>	2452579	TIFFANY	DIANE	TEST	07/01/2005	TAMMY	(317)274-5544
<input checked="" type="checkbox"/>	2413248	TOBY		TEST	01/01/2001	TIMMY	(812)345-6487
<input checked="" type="checkbox"/>	2555762	TOMMY		TEST	03/01/2005	TANYA	(317)775-6789
<input checked="" type="checkbox"/>	2546559	TOMMY		TEST	02/01/2006	TAMMY	(317)881-2345
<input checked="" type="checkbox"/>	2244309	WHITNEY		TEST	01/01/2005	RED	(317)867-5309

Generate Final Reminder Recall List

- The Reminder/Recall Output Select screen appears along with the search criteria, followed by another box containing “special” information regarding set-up of your printer.

Reminder/Recall Output Select	
Select	Output Type:
select	Patient Listing
select	Mailing Labels (Avery 5160)
	Postcards (Avery 8387)
	<i>Please enter the Facility Return Address information below:</i>
select	Facility Name: <input type="text"/>
preview	Street: <input type="text"/>
	City, State Zip Code: <input type="text"/>
	Phone Number: <input type="text"/>
select	AutoDialer File
	Email Reminders
	<i>Please enter the Facility Return Address information below:</i>
select	Facility Name: <input type="text"/>
	Street: <input type="text"/>
	City, State Zip Code: <input type="text"/>
	Phone Number: <input type="text"/>

[Back](#)

Reminder/Recall Print Settings

Be sure to remove the Header and Footer before printing.

To do this configure your browser by selecting File-->Page Setup... from the menu and deleting all text in the Header and Footer text fields.

In order for your data to print out with the correct spacing (to fit Avery 8387 postcards), configure your browser by selecting File-->Page Setup... from the menu and setting the margins as follows:

Postcards
(Avery 8387):

Internet Explorer

- Select Landscape Orientation
- top: 0.75"
- bottom: 0.25"
- left: 0.25"
- right: 0.25"

Sample Patient Listing Report

Reminder Recall Patient Recall Group Listing																														
Report Criteria						Report Date: March 22																								
IRMS: 99 Recall Date: 01/01/1990 to 03/22/2006 Birth Date Range: All Include Inactive Patients: No State: All High Risk Category: All Deferred Vaccinations Only: No Vacc. Families: DTaP/DT/Td*, HEP-B 3 DOSE**, HIB, MMR, PNEUMO (PCV7), POLIO, VARICELLA Person Generating Recall:			Facility: ISDH TEST FACILITY Health Plan: All Physician: All Program: All County/Parish: All ZIP Code: All District/Region Number: All																											
* DTaP should be given to patients under 7 years old. Td should be given to patients 7 years old or older. ** If an adolescent has already begun the routine 3 dose Hep-B schedule, they should not be changed to the 2 dose schedule.																														
Total Patients Selected: 9																														
Bar Code/ID *2444486*	First Name KATHLEEN	Middle Name M	Last Name MCFATRIDGE	Birthday 09/03/2005	Guardian F.N. STEPHANIE	Phone Number (317)848-5344																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Vaccine Family Name</th> <th style="width: 10%;">Dose Number</th> <th style="width: 20%;">Recommended Date</th> <th style="width: 30%;">Minimum Date</th> </tr> </thead> <tbody> <tr> <td>HEP-B 3 DOSE**</td> <td style="text-align: center;">3</td> <td style="text-align: center;">02/03/2006</td> <td style="text-align: center;">02/03/2006</td> </tr> <tr> <td>DTaP/DT/Td*</td> <td style="text-align: center;">3</td> <td style="text-align: center;">02/13/2006</td> <td style="text-align: center;">01/10/2006</td> </tr> <tr> <td>HIB</td> <td style="text-align: center;">3</td> <td style="text-align: center;">02/13/2006</td> <td style="text-align: center;">01/10/2006</td> </tr> <tr> <td>POLIO</td> <td style="text-align: center;">3</td> <td style="text-align: center;">02/13/2006</td> <td style="text-align: center;">01/10/2006</td> </tr> <tr> <td>PNEUMO (PCV7)</td> <td style="text-align: center;">3</td> <td style="text-align: center;">03/06/2006</td> <td style="text-align: center;">02/03/2006</td> </tr> </tbody> </table>							Vaccine Family Name	Dose Number	Recommended Date	Minimum Date	HEP-B 3 DOSE**	3	02/03/2006	02/03/2006	DTaP/DT/Td*	3	02/13/2006	01/10/2006	HIB	3	02/13/2006	01/10/2006	POLIO	3	02/13/2006	01/10/2006	PNEUMO (PCV7)	3	03/06/2006	02/03/2006
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HIB	3	02/13/2006	01/10/2006																											
POLIO	3	02/13/2006	01/10/2006																											
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Bar Code/ID *1741724*	First Name BOB	Middle Name TEST	Last Name MUG	Birthday 01/01/2000	Guardian F.N. JIMBOB	Phone Number																								
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Vaccine Family Name	Dose Number	Recommended Date	Minimum Date																											
HEP-B 3 DOSE**	1	01/01/2000	01/01/2000																											
POLIO	1	03/01/2000	02/12/2000																											
MMR	1	01/01/2001	01/01/2001																											
VARICELLA	1	01/01/2001	01/01/2001																											

Sample of Mailing Label output

To the parents of: DARRANCE ABRON 2233 W MILLER ST INDIANAPOLIS, IN 46221	To the parents of: GYASI ADAMS 3010 N COLORADO AV INDIANAPOLIS, IN 46218	To the parents of: BOBBY ASCENCION 407 S GRAY ST INDIANAPOLIS, IN 46201
To the parents of: DONIVIN BANOS 3640 N EUCLID AVE INDIANAPOLIS, IN 46218	To the parents of: LOGAN BENEFIEL 4435 DENNISTON TERRACE INDIANAPOLIS, IN 46241	To the parents of: KRISTOFFER BOYD 6460 LUPINE TR INDIANAPOLIS, IN 46224
To the parents of: ALEXIS BRADFORD 422 N JEFFERSON AV INDIANAPOLIS, IN 46201	To the parents of: NATHAN BRIDGES 5595 SCARLET STA INDIANAPOLIS, IN 46224	To the parents of: REANNAN BRIDGEWATER 33 N BRADLEY INDIANAPOLIS, IN 46201

- When printing your postcards be sure to fill in the Return address information

Reminder/Recall Output Select	
select	Output Type: Patient Listing
select	Mailing Labels (Avery 5160)
select	Postcards (Avery 8387)
select preview	<p><i>Please enter the Facility Return Address information below:</i></p> <p>Facility Name: <input type="text" value="ISDH Test Facility"/></p> <p>Street: <input type="text" value="2 North Meridian St."/></p> <p>City, State Zip Code: <input type="text" value="Indianapolis, IN 46217"/></p> <p>Phone Number: <input type="text"/></p>
select	AutoDialer File
select	Email Reminders
select	<p><i>Please enter the Facility Return Address information below:</i></p> <p>Facility Name: <input type="text"/></p> <p>Street: <input type="text"/></p> <p>City, State Zip Code: <input type="text"/></p> <p>Phone Number: <input type="text"/></p>

[Back](#)

Sample output for Postcards (default message)

<p>ISDH TEST FACILITY 2 NORTH MERIDIAN ST INDIANAPOLIS, IN 46204 (888)227-4439</p> <p>RETURN SERVICE REQUESTED  * 1 1 2 6 9 6 5 *</p> <p>Dear Parent or Guardian,</p> <p>Our records indicate that your child may be due for one or more immunizations.</p> <p>Please contact the clinic to discuss scheduling an appointment for getting your child vaccinated. (If your child has been vaccinated by another provider, or is no longer a patient of this clinic, please advise so that we may update our records.)</p> <p>We look forward to hearing from you soon.</p>	<p>To the Parent/Guardian of:</p> <p>DARRANCE ABRON 2233 W MILLER ST INDIANAPOLIS, IN 46221</p>	<p>ISDH TEST FACILITY 2 NORTH MERIDIAN ST INDIANAPOLIS, IN 46204 (888)227-4439</p> <p>RETURN SERVICE REQUESTED  * 1 1 2 6 9 6 5 *</p> <p>Dear Parent or Guardian,</p> <p>Our records indicate that your child may be due for one or more immunizations.</p> <p>Please contact the clinic to discuss scheduling an appointment for getting your child vaccinated. (If your child has been vaccinated by another provider, or is no longer a patient of this clinic, please advise so that we may update our records.)</p> <p>We look forward to hearing from you soon.</p>	<p>To the Parent/Guardian of:</p> <p>GYASI ADAMS 3010 N COLORADO AV INDIANAPOLIS, IN 46218</p>
<p>ISDH TEST FACILITY 2 NORTH MERIDIAN ST INDIANAPOLIS, IN 46204 (888)227-4439</p> <p>RETURN SERVICE REQUESTED  * 1 1 2 4 6 1 9 9 *</p> <p>Dear Parent or Guardian,</p> <p>Our records indicate that your child may be due for one or more immunizations.</p> <p>Please contact the clinic to discuss scheduling an appointment for getting your child vaccinated. (If your child has been vaccinated by another provider, or is no longer a patient of this clinic, please advise so that we may update our records.)</p> <p>We look forward to hearing from you soon.</p>	<p>To the Parent/Guardian of:</p> <p>BOBBY ASCENCION 407 S GRAY ST INDIANAPOLIS, IN 46201</p>	<p>ISDH TEST FACILITY 2 NORTH MERIDIAN ST INDIANAPOLIS, IN 46204 (888)227-4439</p> <p>RETURN SERVICE REQUESTED  * 1 1 1 3 4 2 9 6 *</p> <p>Dear Parent or Guardian,</p> <p>Our records indicate that your child may be due for one or more immunizations.</p> <p>Please contact the clinic to discuss scheduling an appointment for getting your child vaccinated. (If your child has been vaccinated by another provider, or is no longer a patient of this clinic, please advise so that we may update our records.)</p> <p>We look forward to hearing from you soon.</p>	<p>To the Parent/Guardian of:</p> <p>DONVIN BANOS 3640 N EUCLID AVE INDIANAPOLIS, IN 46218</p>

Creating your own Postcard Message

- If you would like to create your own message for your postcards, click on the Preview link on the reminder/recall output screen.
- Enter your own message into the User Defined field
- After entering your own message click on the Save & Print button to generate the Postcards.

Reminder/Recall Postcard Options	
Select Template	Postcard Message
<input checked="" type="radio"/> Default	<p>Dear Parent or Guardian,</p> <p>Our records indicate that your child may be due for one or more immunizations.</p> <p>Please contact the clinic to discuss scheduling an appointment for getting your child vaccinated. (If your child has been vaccinated by another provider, or is no longer a patient of this clinic, please advise so that we may update our records.)</p> <p>We look forward to hearing from you soon.</p> <p>Print</p>
<input type="radio"/> User Defined	<p>Save & Print</p>

[Return to Reminder Recall Output](#)

How to create export from CHIRP to CASA

The CASA Export menu is used to conduct immunization assessments by exporting a file that will be used by a Windows version of the Clinic Assessment Software Application (WinCASA). WinCASA, also referred to as CASA, is a separate software package that has been developed by the Centers for Disease Control and Prevention (CDC) to assess immunization coverage rates in a standard format.

Note: You will need to save the CASA Export file to a floppy disk or in the WinCASA folder on your C: drive.

CASA Assessment Chart

Current Year	Common Assessment Date	DOB Range
2005	01/01/2006	01/01/2003 – 12/31/2003
2006	01/01/2007	01/01/2004 – 12/31/2004
2007	01/01/2008	01/01/2005 – 12/31/2005
2008	01/01/2009	01/01/2006 – 12/31/2006
2009	01/01/2010	01/01/2007 – 12/31/2007

- Click on CASA Export on the navigation menu
- Type in the Birth Date Range of the patients you want to assess.
- Make sure WinCASA is selected and Text file (download) is selected and click the **Create Export File** button



Logged in: RYAN ACHTERBERG - CLIENT

Date: April 6, 2006

Export to CASA

Patient Status Active Only Inactive Only All

Patient Birth Date Range From: To:

Limit Export by:

Facility Facility Group

Facility: ALLEN COUNTY HEALTH DEPT.

Facility Group: ALLEN COUNTY HEALTH DEPT.

Primary Care Physician --select--

Vaccinator --select--

Program --select--

Health Plan --select--

State --select--

County/Parish --select--

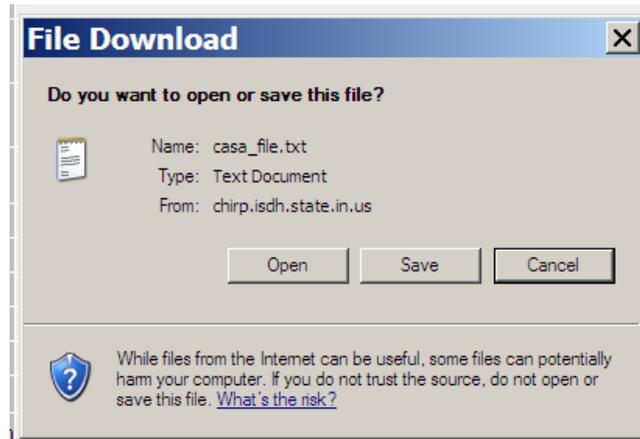
ZIP Code

District/Region

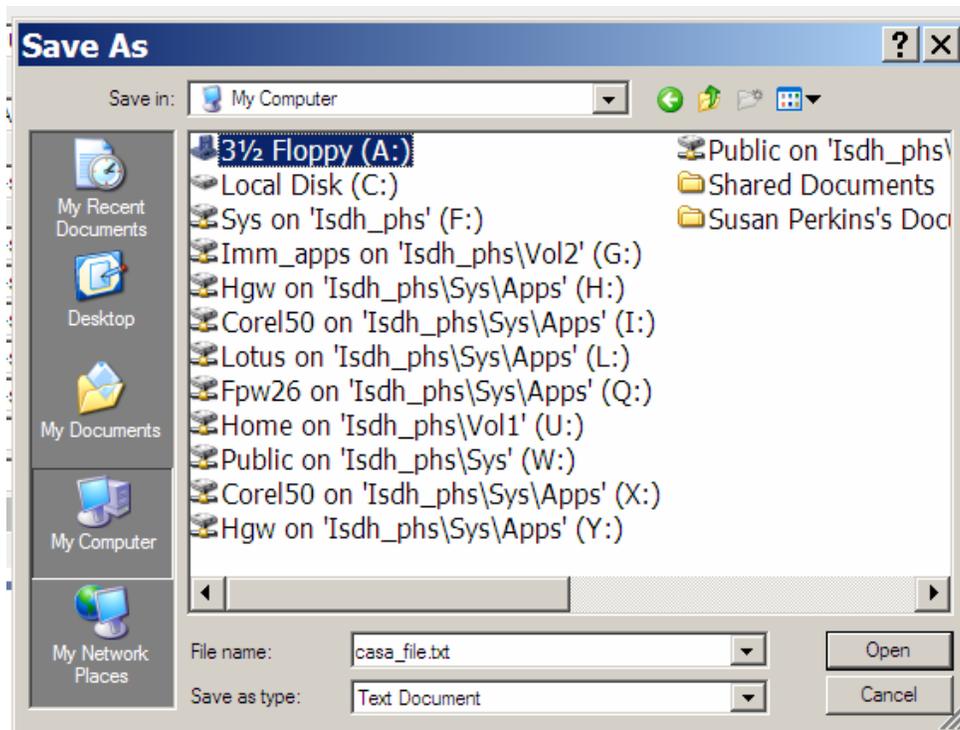
CASA Version: WinCASA coCASA

Output Type: Text File (Download) Text File (Server Job) HTML (Text Area)

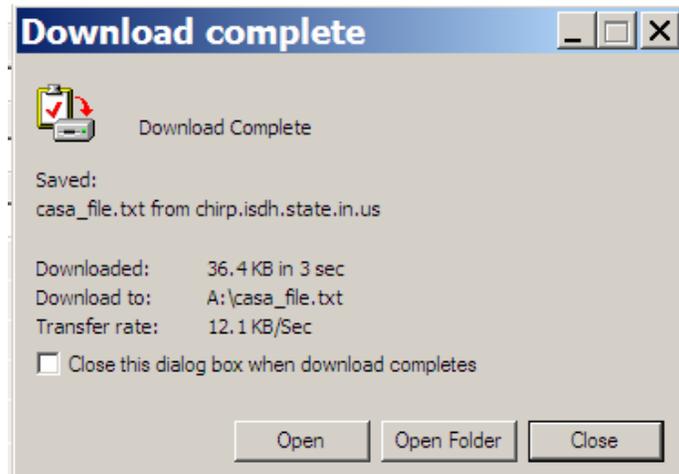
- A file download pop-up box will appear. Click the Save button to start the download process



- Select the drive that you want to save the file to.
- In the file name field, type in what you want to name the file (ie type in 2006.txt)

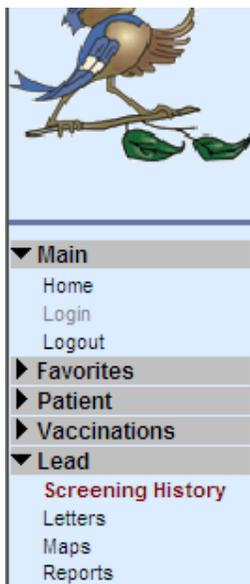


- After CASA Export file is finished downloading, a pop-up dialog box called Download Complete will appear. Click the *Close* button in the lower right-hand corner of the dialog box.



How to view Lead screening results

- Any screening results received by ISDH Lead Program are imported into CHIRP once weekly.
- To view the results, make sure you have selected a patient
- Click on the Lead heading on the Navigation menu
- Click on screening history
- The Lead Testing results will now be displayed. The most recent test results will be displayed in column 1.



Patient			
Name:	GABRIAL TEST	SIIS Patient ID:	2339529
Date of Birth:	04/28/2005	Age:	46 weeks, 10 months, 0 yrs
Guardian:	MARY	Status:	Active

Lead Screening History			
Screening	1	2	3
BLL Result	8	9	10
Sample Type	Venous	Venous	Venous
Test Reason		Follow up PbB in known poisoning case	
Collection Date	02/01/2005	08/05/2004	05/03/2004
Analyzed Date		08/25/2004	05/03/2004
Blood Draw Site	Other Fixed Site Screening	Other Fixed Site Screening	Other Fixed Site Screening