

The Washington, DC Immunization Registry System User Manual

A guide to using the Washington DC Immunization Registry System

(revised 01/18/2007)

Section 1: Starting the Registry

To use the Immunization Web Registry system, you must first connect to the Internet. Once you are connected to the Internet, point your web browser to D.C. Immunization Program's home page at <https://immunization.dcgov.org/irswebapp/home.jsp> (make sure that there is an s at the end of *https*).

Your web browser should now look like this:



Immunization Homepage

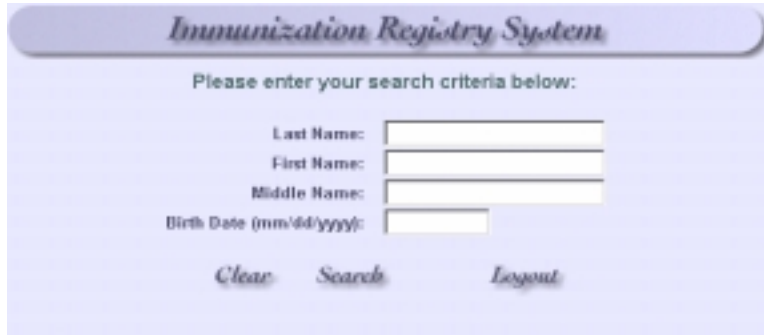
Under “Database Access,” click on the word “Registry.” This will take you to a new window that will allow you to log into the registry. Each user will be given a unique *User Name*, *Password*, and *Context*. You will need to type this information into the appropriate box. (Note: The password is case sensitive, so the password must be typed with the correct lower case and capitalization.) Once you have entered all of the information, then click on the “Login” button. This will log you into the registry and take you to the search page to search for immunization records.

Please refer to the help section at the end of this manual if you get an error message when trying to log in.

Login Screen

Section 2: Searching the Registry for an Immunization Record

You can search for a record using the patient's *last name*, *first name*, *middle name*, *date of birth*, or any combination of these. Please refer to section 3, “[Searching Tips and Techniques](#),” to learn about the easiest and most effective ways of searching the Immunization registry.




The screenshot shows the 'Immunization Registry System' search interface. It features a header with the system name, followed by the instruction 'Please enter your search criteria below:'. Below this are four input fields: 'Last Name:', 'First Name:', 'Middle Name:', and 'Birth Date (mm/dd/yyyy):'. At the bottom of the form are three buttons: 'Clear', 'Search', and 'Logout'.

Search Box

To search for a patient's record, simply type the information that you will use for the search into the appropriate boxes. Once the information is typed into the boxes, then click on the “Submit” button to begin the search. For instance, typing *Green* into the last name box and then clicking on the “Submit” box will list all of the records in the registry whose last name is *Green*. However, it will also list all records whose last name begins with *Green*, such as *Greene* or *Greenwood*. Since the results are sorted alphabetically by last name, all of the *Green*'s will be listed first, followed by the *Greene*'s and then the *Greenwood*'s.

The *Last Name*, *First Name*, and *Middle Name* boxes are not case sensitive, so it does not matter if the characters typed into the search boxes are capital or lowercase letters. The *Date of Birth* must be in the format mm/dd/yyyy with a 4 digit year and with forward slashes separating the month, day, and year.



The screenshot shows the search results page of the 'Immunization Registry System'. It includes a header with the system name and a search bar. Below the header is a table with the following columns: 'Index', 'Last Name', 'First Name', 'Middle Name', and 'Birth Date'. The table contains 10 rows of data, each representing a patient record.

Index	Last Name	First Name	Middle Name	Birth Date
1	GREEN	JOHN	DAVID	05/05/1990
2	GREEN	MARIE	ELIZABETH	01/15/1985
3	GREEN	JOHN	DAVID	05/05/1990
4	GREEN	JOHN	DAVID	05/05/1990
5	GREEN	JOHN	DAVID	05/05/1990
6	GREEN	JOHN	DAVID	05/05/1990
7	GREEN	JOHN	DAVID	05/05/1990
8	GREEN	JOHN	DAVID	05/05/1990
9	GREEN	JOHN	DAVID	05/05/1990
10	GREEN	JOHN	DAVID	05/05/1990

Search Results

Never use spaces or any symbols (such as hyphens, apostrophes, or accents marks) in a search. Spaces are never used in the registry, and symbols are used *only* to hyphenate two last names. Using a space or a symbol in a search will produce no matching records. Simply type the name without any spaces or symbols, regardless of how strange it may look. For instance, the last name *de los Santos* is listed in the registry as *DELOSSANTOS* and the first name *D' Von* is listed as *DVON*.

If a search produces more than 200 matches, only the first 200 matched records will be listed. If a search produces no matches, then no records will be listed. Resulting records from a search are listed alphabetically by last name, then first name, and finally by middle name.

Section 3: Searching Tips and Techniques

What is the best way to search for a record?

It is strongly recommended that you begin a search by using *only* the patient's date of birth. Searching by a patient's first name can be inaccurate because of variations in spelling. For instance, if you search for a patient named *Britany Doe*, you will not find the record if that person is in the registry under *Brittany Doe*. Last names can also be misleading, as many patients use two last names. If you use the last name to search for a patient named *John Smith*, you will not find him if he is in the registry under the name *John Doe-Smith*. The best way to find a record is to perform a search with only the patient's date of birth, which will pull up every patient's record whose birth date matches the birth date of the patient you are searching for. The matching records are sorted by last name, so it is easy to find a particular record. If you do not see the patient under his/her last name, then look at all of the search results to see if the patient is listed with either a hyphenated name or with a different last name.

What if I do not see the record after searching with the birth date?

Occasionally, dates get mixed up on forms and a patient might be mistakenly entered into the registry under a wrong birthday. For instance a person born 08/02/1996 might be in the registry under 02/08/1996, especially if that person is from a country where the date is written with the day first and then the month. If you do not see the patient under the birth date that you have, then it is recommended that you perform a new search using the first few letters of the last name and the first few letters of the first name. By using only the first two or three letters, you will be more likely to avoid problems with alternate spellings (such as *Brittany* and *Britany*) than if you used the entire name.

Section 4: Viewing an Immunization Record

To view a patient's immunization record, click on the last name of the patient whose record you would like to view. (The last name will be blue and underlined.) This will open the patient's immunization record which is composed of several different sections, such as *Demographics*, *Immunization*, and *Disease History*.

222111TEST, 222111CASE 222111TESTCASE - 09/06/1993 - 12 years, 11 months

OVERDUE*: **Hep B** **MMR** **IPV**
DUE*: Meningococcal, Hep A
ALSO CONSIDER*:
EXEMPTION(S):

*Vaccines that are boxed are required by DC childcare/schools. Others are recommended only.

Top section of an immunization record

The top section of the immunization record gives the patient's name, date of birth, and age in the following format: *Last, First Middle - Date of Birth - Age*. Below this information is a current assessment of the patient's immunization record. When the record is selected, the immunizations in the registry that the patient has received are analyzed using the current D.C. immunization requirements. Any immunizations that are required for D.C. school and childcare attendance and are overdue and/or due for the patient are listed next to *OVERDUE* and *DUE* and are *boxed in red*. Immunizations that may be recommended by ACIP but are not yet required for school and childcare attendance are listed next to *OVERDUE*, *DUE*, and *ALSO CONSIDER* and are *displayed in blue*. If the patient is fully up to date on his/her immunizations, then the *OVERDUE* and *DUE* lists will be blank.

The main section of the immunization record is comprised of different "pages" with corresponding "tabs." The three most important pages are *Demographics*, *Immunization*, and *Disease*.

The Demographics Page

When an immunization record is selected, it automatically opens to the *Demographics* page. This page lists the last name, first name, middle name, birth date, and gender of the patient.

The screenshot displays the 'Immunization Registry System' interface. At the top, there are navigation links: 'Home', 'New', 'Update', 'Print', 'Run', 'Search', and 'Export'. Below these are links for 'Print Default Values', 'Print Search Results', and 'Custom My Defaults'. The main content area shows patient information: '222111TEST, 222111CASE 222111TESTCASE - 09/06/1993 - 12 years, 11 months'. It lists 'OVERDUE*' with 'Hep B', 'MMR', and 'IPV' in red boxes, 'DUE*' as 'Meningococcal, Hep A', and 'ALSO CONSIDER*'. A note states: '*Vaccines that are boxed are required by DC childcare/schools. Others are recommended only.' Below this is a tabbed interface with 'Demographics' selected. The 'Demographics' tab contains fields for 'Last Name' (222111TEST), 'First Name' (222111CASE), 'Middle Name' (222111TESTCASE), 'Date of Birth' (09/06/1993), and 'Gender' (M). The 'Medical History' tab is also visible, showing fields for 'SSN', 'Race', 'Ethnicity', 'Employment', and 'Marital Status'. The 'Personal Information' tab shows fields for 'Home Phone', 'Work Phone', 'Email', 'Insurance ID', 'Assessment Rate', 'Call Prod. Exp.', and 'Call Prod. Thru'.

The Immunization Page

To view the patient's actual immunization record, click on the "Immunization" tab. The vaccine types are listed on the left of the page, and the dates that these vaccines were given are listed to the right of each vaccine type. Please note that similar vaccine types (such as DTP, DTaP, DT, Td, DTP-Hib, and DTaP-Hib) are not necessarily listed together, so at first it may not be obvious if a patient has received all of his/her immunizations. You will probably need to scroll down the page to view the entire immunization record. (Note: To view where the immunization was given, simply click on the dose itself.)

In the illustration below, the patient has received 2 Td's, 1 Tdap, and 2 Influenzas. According to the assessment, the patient is overdue for Hep B, MMR, and IPV. The patient is also eligible for Meningococcal and Hep A vaccinations.

20211118ST, 20211118CASE 20211118STOCASE - 09061982 - 13 years, 4 months

OVERDUE: **Hep B** **MMR** **IPV**
 DUE: Meningococcal, Hep A
 ALSO CONSIDER: Flu
 EXEMPTIONS:

**Vaccines that are boxed are required by BC child/trans/schools. Others are recommended only.*

Demographics	Immunization	Guardian	Enrollments	Medical Home	Exemptions	Out Reach	Disease	WIC
Type	1	2	3	4	5			
Click here to add a new shot. (Or click a vaccine in the "Type" column to add a new shot for that vaccine.) Click here to delete the selected shots.								
DTP								
DTaP								
DT								
Td		<input type="checkbox"/> 09/15/2000		<input type="checkbox"/> 08/11/2005				
Tdap		<input type="checkbox"/> 09/15/2000						
Tetanus Toxoid								
Diphtheria Toxoid								
Pertussis								
DTP-Hib								
DTaP-Hib								
Hib								
Hib-HepB								
Hepatitis B								
DTaP-HepB-IPV								
OPV								
IPV								
MMR								
Mumps								
Polio								
MMRV								
Influenza		<input type="checkbox"/> 03/05/2004		<input type="checkbox"/> 04/05/2004				
Pneumo Conq T								
Pneumo Poly								

Sample Immunization Record

The Guardian Page

This page records a patient's parent/guardian name and related information.

The screenshot shows a web form with a navigation bar at the top containing tabs for Demographics, Immunization, Guardian, Exemptions, Medical Home, Out Reach, Disease, and WIC. The 'Guardian' tab is selected. Below the navigation bar is a 'Parent/Guardian' section with a 'Parent' text field and a 'Language' dropdown menu. The form is divided into two columns: 'Mother's Information' and 'Father's Information'. Each column contains fields for Last Name, First Name, Middle Name, Maiden Name, and SSI, along with a 'Save' button.

Guardian Page

The Enrollment Page

This page records the affiliations that a patient has with an educational institution that has a provider identifier. The provider identifier includes a listing of schools, day cares, and head starts. It also consists of the patient's current grade and WIC site.

The screenshot shows a web form with a navigation bar at the top containing tabs for Demographics, Immunization, Guardian, Enrollments, Medical Home, Exemptions, Out Reach, Disease, and WIC. The 'Enrollments' tab is selected. The form contains a 'Enrollment Information' section with a 'Grade' dropdown menu, a 'DCPS ID' text field, and several 'Click to select' buttons for 'School', 'Head Start', 'Daycare', 'WIC Site', and 'WIC ID'.

Enrollment Page

The Medical Home Page

This page records the patient's medical providers. The providers include listings of clinics, doctors' offices, and insurers throughout the District of Columbia.

The screenshot shows a web form with a navigation bar at the top containing tabs for Demographics, Immunization, Guardian, Enrollments, Medical Home, Exemptions, Out Reach, Disease, and WIC. The 'Medical Home' tab is selected. The form is divided into two sections: 'Clinic Information' and 'Insurer Information'. The 'Clinic Information' section includes a 'Click to select the clinic' button and text fields for Clinic Number, CNMC ID, Georgetown Van ID, New Clinic Number, and Upper Carfax ID. The 'Insurer Information' section includes a 'Click to select the insurer' button and text fields for Advantage ID, Aetna ID, Alliance ID, Amerigroup ID, CCBP ID, CIGNA ID, Chartered ID, GWRMP ID, and Health Direct ID.

The Disease History Page

This page records a patient’s history of diseases that would influence the patient’s need to receive certain vaccines, such as varicella. If a patient has had an immunization-preventable disease, then the name of the disease is shown along with the word “Positive.” If the exact date of the onset of the disease is known, then it appears under “History Date.” Otherwise, the estimated month and year of the disease are given. When possible, the title (Physician, Mother, Father, Legal Guardian) of the person who verified the disease history is given along with his/her name.

Disease	History	Date of Disease Onset	Estimated Month of Disease Onset	Estimated Year of Disease Onset	Name of Disease Reported	Diagnosed Reported By
Measles	Positive		02	1999	Measles	Mother

Disease History Page

The Exemption Page

This page records a patient’s exemption due to medical contraindications or religious beliefs. If a patient has an exemption, then the name of the disease is shown along with the exemption type, the reason for exemption, the expiration date, the report status, and the approval status.

Antigen	Exemption Type	Reason	Permanent	Expiration Date	Reported By	Reported By Title	Reported Date	DOH Approved By	DOH Approved By Title	DOH Approved Date
Click here to add a new exemption.										
Click here to delete the selected exemptions.										
Anthrax	M	Allergy to vaccine		01/31/2003	CTINID	Mother	01/20/2003	JCKL:DI	CPNP	01/20/2003
Measles	M	Receipt of blood product		01/01/2002	Doctor	MD (Physician)	02/10/2002	JCKL:DI	CPNP	02/10/2002
Diphtheria	R	Religious belief		06/30/2003	parent	Mother	03/10/2003	jc	CPNP	03/30/2003

Exemption Page

Section 5: Printing an Immunization Record

To print a patient's immunization record, click on the "Print" button on the patient record.

Print

Print Button

To choose the type of printout you want, you can select an "Official Immunization Assessment Report", a "Vaccine Administered Record", or a "DC Health Certificate."

This will print the entire Immunization record as an "Official Immunization Assessment Report", "Vaccine Administered Record", or a "DC Health Certificate."

Official Immunization Assessment Report			
District of Columbia - Department of Health - Immunization Reports Voice 202-476-7130 Fax 202-476-6418			
Last Name:	22211TEST		
First Name:	22211CASE		
Middle Name:	22211TESTCASE		
Date of Birth:	09/06/1993		
Sex:			

Immunization History			
DTaP	01/04/2000	06/03/2006	
DTaP	08/04/2005		
RH			
Raspavirin B			
IPV			
MMR			
MMR2			
Varicella			
Tdap/a	03/04/2004	04/04/2006	
Human Papilloma Virus			
Raspavirin A			
Menopneumococcal			

Disease History			
Disease Name	History	Date of Onset	Resolved Date of Onset
Varicella	Positive		

Based on the information listed above, as of 08/15/2006, this record suggests the following immunization assessment:

Ovaries*: **Has R, MMR, IPV.**
 DTP*: Meningococcal, Hep A
 Also Consider: (Exemptions)

*Vaccines that are shown in red and underlined are required by DC children/schools. Others are recommended only.

Official Immunization Report

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH																											
IMMUNIZATION PROGRAM										PROVIDER INFORMATION																	
VACCINE ADMINISTERED RECORD										Name																	
PATIENT INFORMATION										Address																	
Last Name: 22211TEST First Name: 22211CASE Middle Name: 22211TESTCASE										Telephone:																	
DATE OF BIRTH				GENDER				RACE																			
22211TEST				22211CASE				09/06/1993																			
M				Caucasian				Other																			
ADDRESS				CITY				STATE																			
22211TEST				DC				DC																			
AGE		SEX		RACE		RELIGION		SCHOOL		TYPE																	
06:09		M		Caucasian		Other		Other		Other																	
DATE OF EXAMINATION		VACCINE		DATE		VACCINE		DATE		VACCINE																	
01/04/2000		DTaP		06/03/2006		DTaP																					
08/04/2005		DTaP																									
Part 1: Child's Personal Information Parent/Guardian: Please complete Part 1 clearly and completely & sign Part 6 below. Child's last name: 22211TEST Child's first & middle name: 22211CASE Date of birth: 09/06/1993 M <input type="checkbox"/> F <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____ Parent or Guardian Name: _____ Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Cell Home Address: _____ City: _____ Emergency Contact: _____ Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Cell (Specify if other than P.C.): _____ Zipcode: _____ School or child care facility: _____ <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> None Primary Care Provider (PCP): _____ <input type="checkbox"/> Other: _____																											
Part 2: Child's Health History, Examination & Recommendations. Health Provider: Form must be fully completed. DATE OF HEALTH EXAM: _____ WT _____ HT _____ SP: _____/ _____ INFL _____ HGB _____ HCT _____ (Required for Year 2007) <input type="checkbox"/> CM <input type="checkbox"/> IG <input type="checkbox"/> KG <input type="checkbox"/> ANLN																											
<table border="0"> <tr> <td>HEALTH CONCERNS:</td> <td>REFERRED or TREATED:</td> <td>HEALTH CONCERNS:</td> <td>REFERRED or TREATED:</td> </tr> <tr> <td>Dental/Oral Health <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx</td> <td>Language/Speech <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx</td> <td>ADHD <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx</td> <td>Vision <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx</td> </tr> <tr> <td>Development <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx</td> <td>Hearing <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx</td> <td>Behavioral/Emotional <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx</td> <td>Nutrition <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx</td> </tr> <tr> <td>Learning/Attention <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx</td> <td>Neurologic <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx</td> <td colspan="2"></td> </tr> </table> ANNUAL DENTIST VISIT: (Age 3 and older) Has the child seen a Dentist/Dental Provider within the last year? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred												HEALTH CONCERNS:	REFERRED or TREATED:	HEALTH CONCERNS:	REFERRED or TREATED:	Dental/Oral Health <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Language/Speech <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	ADHD <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Vision <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Development <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Hearing <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Behavioral/Emotional <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Nutrition <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Learning/Attention <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Neurologic <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx		
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Learning/Attention <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Neurologic <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx																										
A. Significant health history, conditions, communicable illness, or restrictions that may affect school, childcare, sports or camp. <input type="checkbox"/> NONE <input type="checkbox"/> YES, please detail: _____																											
B. Significant allergies or health conditions that may require emergency medical care at school, childcare, camp, or sports activity. <input type="checkbox"/> NONE <input type="checkbox"/> YES, please detail: _____																											

Vaccine Administered Record

CONFIDENTIAL FORM-SIDE ONE *** PLEASE REVIEW INSTRUCTIONS ON SIDE TWO

DISTRICT OF COLUMBIA CHILD HEALTH CERTIFICATE

Part 1: Child's Personal Information Parent/Guardian: Please complete Part 1 clearly and completely & sign Part 6 below.

Child's last name: 22211TEST Child's first & middle name: 22211CASE Date of birth: 09/06/1993 M F Hispanic Asian or Pacific Islander Other: _____
 Parent or Guardian Name: _____ Telephone: Home Cell Home Address: _____ City: _____
 Emergency Contact: _____ Telephone: Home Cell (Specify if other than P.C.): _____ Zipcode: _____
 School or child care facility: _____ Medicaid Private Insurance None Primary Care Provider (PCP): _____
 Other: _____

Part 2: Child's Health History, Examination & Recommendations. Health Provider: Form must be fully completed.

DATE OF HEALTH EXAM: _____ WT _____ HT _____ SP: _____/ _____ INFL _____ HGB _____ HCT _____ (Required for Year 2007)
 CM IG KG ANLN

HEALTH CONCERNS:	REFERRED or TREATED:	HEALTH CONCERNS:	REFERRED or TREATED:
Dental/Oral Health <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Language/Speech <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	ADHD <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Vision <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx
Development <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Hearing <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Behavioral/Emotional <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Nutrition <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx
Learning/Attention <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Neurologic <input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx		


ANNUAL DENTIST VISIT: (Age 3 and older) Has the child seen a Dentist/Dental Provider within the last year? YES NO Referred

A. Significant health history, conditions, communicable illness, or restrictions that may affect school, childcare, sports or camp.
 NONE YES, please detail: _____

B. Significant allergies or health conditions that may require emergency medical care at school, childcare, camp, or sports activity.
 NONE YES, please detail: _____

DC Health Certificate

Section 6: Performing a New Search


To perform a new search, simply click on the “Search” button in the middle of the top section of the web page. This will give you a blank form for a new search. Type the search information into the appropriate boxes and click the “Submit” button. 

Section 7: Clearing Existing Fields


To clear the existing fields for a new search, simply click on the “Clear” button at the bottom left of the search box. This will give you blank fields for a new search.



Section 8: Performing a Previous Search

To return to your previous search, simply click on the “Previous Search” link in the upper right corner of the top section of the web page. This will take you back to your previous search results for review and selection. 

Section 9: Exiting the Registry

When you have finished using the registry, click the button labeled “Logout” (next to the “Search” button). You will then go to a new web page that will inform you that you have been logged out of the system. This is the proper way to exit the registry. 

You can also exit the registry by simply closing the Internet browser. This will also log you out of the system.

While you are logged into the registry, you may visit other web sites without being automatically logged out. You can return to the Immunization web site after visiting an outside site and still be able to search for records. However, the registry will automatically log you out if your account is idle for a certain length of time (i.e., no new search is performed or no new patient information is viewed).

If you are logged out, you can restart the registry at any time by following the steps described in section 1, “Starting the Registry.”

Thank you for your interest in our Washington DC Immunization Registry System. We hope that you will enjoy using this system.