SCHOOL MODULE TRAINING GUIDE

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Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov

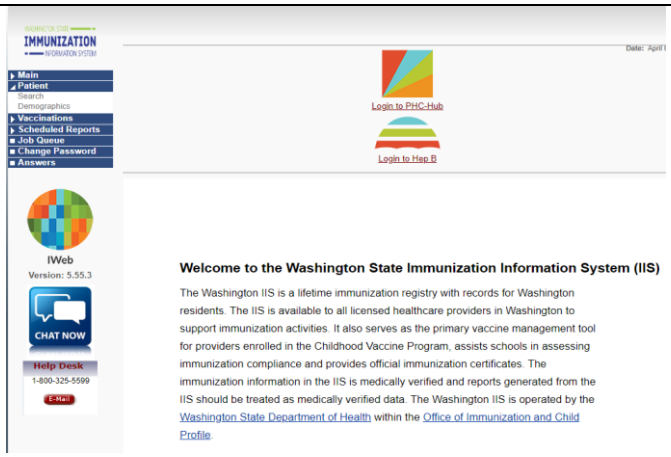
DOH 348-578 Dec. 2023

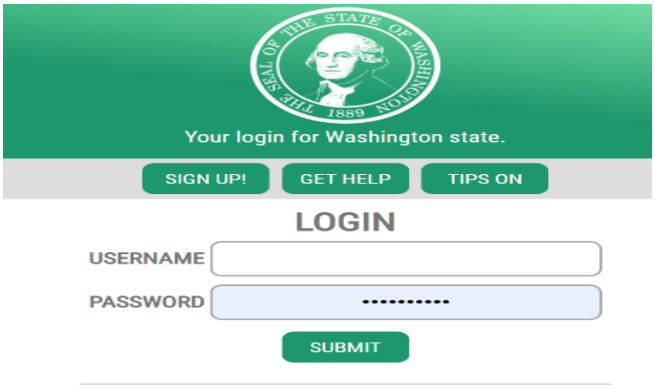
Log In

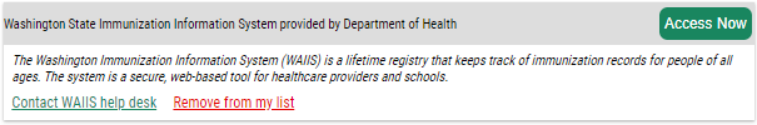
Watch our video tutorial for how to log into the School Module and Secure Access Washington Here: How to Log in - Video

Go to: www.waiis.wa.gov

- Click ***Login*** under the main menu in the top left corner.
- The homepage for ***Secure Access WA*** or ***SAW*** will open. This is a security gateway used by the State of Washington. Current users access the IIS through Secure Access Washington by adding the IIS as a service. For more information about this process see the FAQ here (PDF).
- If you need assistance with logging into SAW please select the green, "***Get Help***" button located under the Washington State Seal.
- Enter your SAW Username and Password. ***(This is a different username and password than your log in credentials for the school module.)***
- Click submit and you will be taken to the login page for the School Module.
- Click the Access Now button to select the service WAIIS.
- If prompted complete the multi-step authentication and continue to the WA IIS login page
- Enter your WA IIS ***Username*** and ***Password.*** If you forget your password, you can select *Forgot Password* and reset via email. You can also contact the Helpdesk via phone or email.
- Click ***Login*** or press ***Enter*** on your keyboard.
- If your account has access to more than one school the system will take you to the *Choose School* screen.





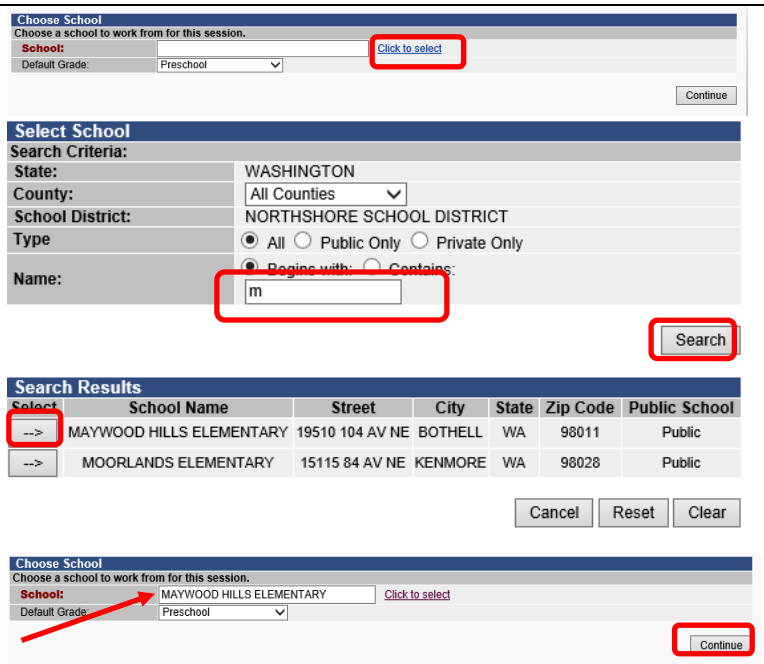


Choose a School

Watch our video tutorial for how to choose a school here: How to Choose a School - Video

If you have access to more than one school, you will need to select a school to continue.

- Click on ***Click to Select*** to open the *Select School* window.
- Click *Search* without adding any information about this school. This will display a list of all the schools in the district and is the most accurate way to find your school.
- From the list, click on the arrow button to the left of the School Name to select that school.
- The *Select School* window closes, and the selected school is shown in the *School* field.
- Ignore the *Default Grade* selection/dropdown box.
- Click the ***Continue*** button.

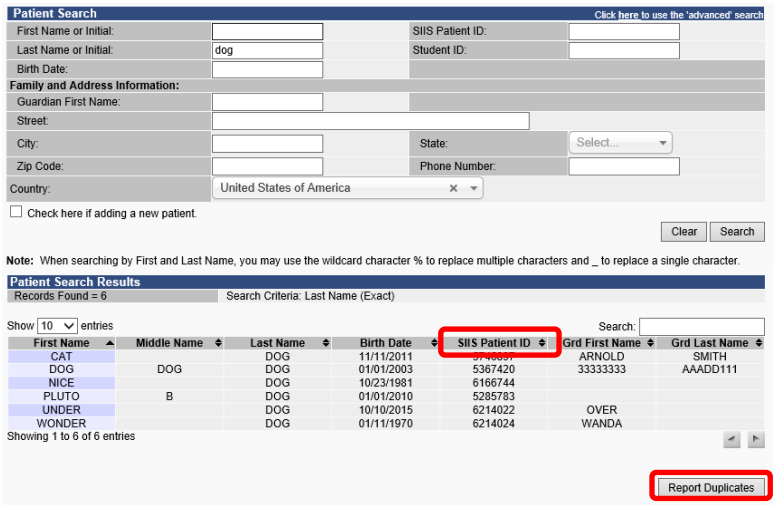


Search for a Student

***** Only look up students within your School or District. Employee records can only be viewed if the Employee has given written consent.**

Watch our video tutorial on how to search for a student and report duplicates here: How to Search for a Student and Report Duplicate Records - Video

- Using the Navigation Menu, Click ***Search/Add*** under the Patient menu heading.
- Enter information in the Patient Search fields e.g., student name, birth date, SIIS IS, OSPI Student ID. The more information provided the shorter the search results.
- Enter the birth date as a string of numbers; for example, May 8, 2005, = 050805.
- Click ***Search*** or press ***Enter*** on your keyboard.
- Select the correct student's name by clicking once on the name. This opens ***the Patient Demographic*** screen.



Reporting Duplicate Records

When searching for students in the IIS, you may see multiple records for the same student. If you see duplicate records, please report them in the IIS. The IIS Team reviews and resolves the duplicate records within a few business days. Reporting duplicate records helps to improve the accuracy of student vaccination records. For more information on reporting duplicate students please review How to Report Duplicate Patients Quick Reference Guide.

Bad Merges

Sometimes profiles accidentally get merged by the system. This happens most commonly with siblings, especially twins, who have similar first names. If you suspect that accounts have been merged incorrectly, send us an email (schoolmodule@doh.wa.gov) with the SIIS ID that you want us to review.

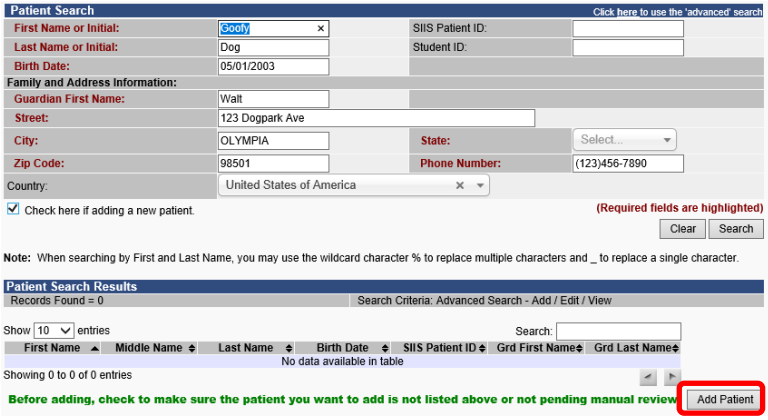
Important Note - Please do not email student names or DOBs. If you need us to look at a specific student, please email the SIIS Patient ID.

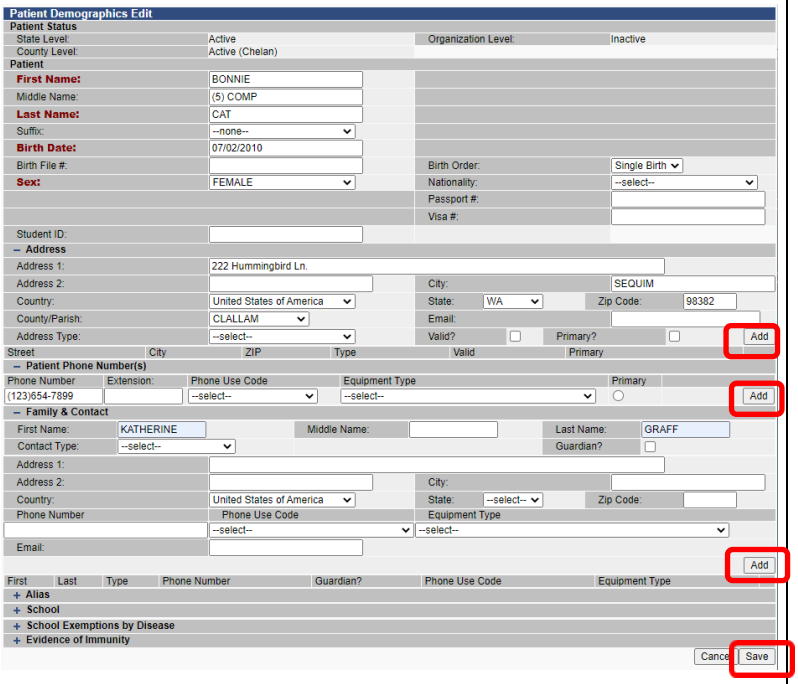
Add a Student to the IIS

Watch our video tutorial for how to search for a student and attach them to a school here: [How to Add a Student and Attach them to a School - Video] and **[Short Video – Adding Patients to the IIS - YouTube]**

A student not in the School Module can be added on the *Search/Add* screen under the *Patient* menu heading.

- Enter the student's first, last name and birth date.
- Check the box ***Check here if adding a new patient***.
- Enter all required fields marked red.
- Click ***Search*** or press ***Enter*** on your keyboard.
- If the student is not found, click ***Add Patient*** under *Patient Search Results.*
- The system will open the *Patient Demographics Edit* screen.
- Enter the ***Sex*** of the patient using the drop-down list.
- Enter the OSPI SSID in the ***Student ID*** Field.
- Enter the mailing ***Address*** Note: enter the zip code first to auto populate fields. Click the ***Add*** button in the address section.
- Enter the ***Phone Number*** and appropriate ***Phone Use Code*** (usually Primary Residence Number)***.*** Click the ***Add*** button in the Phone section.
- Enter the name of the ***Family Contact***. Click the ***Add*** button in the Family Contact section.
- If desired, enter a student's preferred name in the Alias section. Students whose preferred name is being used for legal reasons such as protection orders, custody issues or for those transgendered, may be eligible to have their preferred name listed as the primary name in the IIS. Email us at schoolmodule@doh.wa.gov to request permission to change a student's primary name from their legal name.
- Enter additional information if available. Note: do not enter a School Entry Date.
- Click ***Save.***

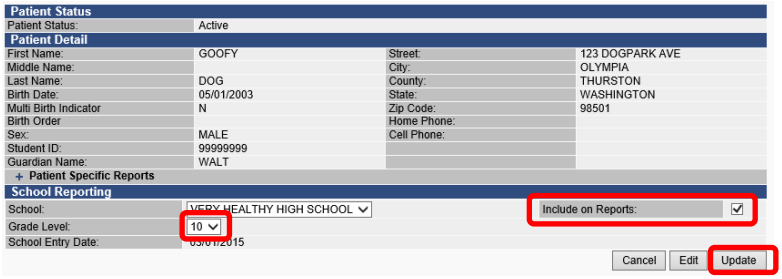




Add a student to a Roster

- Search for the student, (please see the above section titled “Search for a Student” for more information.
- Click on the student’s name to open their demographic page.
- Select the correct ***Grade Level*** from the drop-down list.
- Click the checkbox to ***Include on Reports.***
- Click the ***Update*** button.

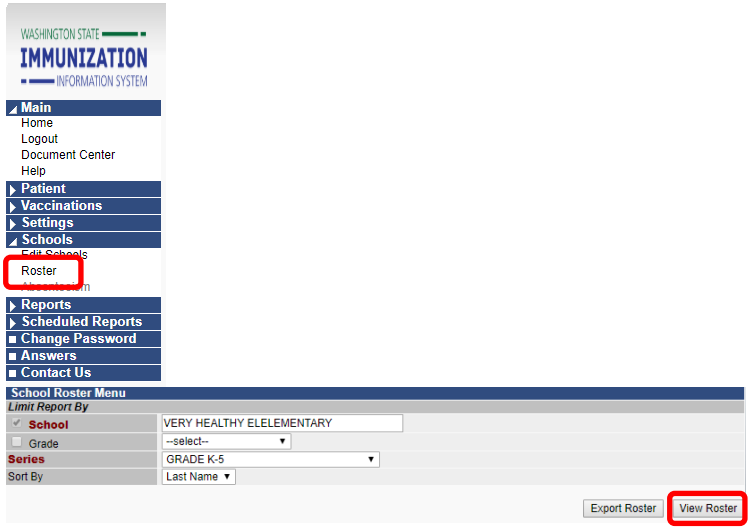
If the school they attend is not in the school drop down field, then select the “Select a School” button in the top left corner to choose a different school and follow the above steps again.



View/Export the Student Roster

Watch our video tutorial for how to view/export the student roster here: [How to View and Export the Student Roster - Video]

- Click on ***Roster*** under the Schools menu heading.
- You can select the ***Grade*** using the dropdown list. Not selecting a grade will show all students in the roster.
- If your roster is over 1000 students, the system may time out and not allow adding or removing of students. If this happens, select a grade prior to running your roster.
- Select the desired ***Series*** using the dropdown list to apply compliance rules to the Roster. You are required to select a Series to view the Roster.
- Select the desired sort using the ***Sort By*** dropdown list.
- Click the ***View Roster*** button.
- You can download the roster as a .csv file by clicking the ***Export Roster*** button.



Edit the Roster

****To keep the Roster up to date students must be added and removed as students enroll and withdraw****

Add A Student

- Click the ***Add New Students*** button to go to the Patient Search/Add Screen
- If your roster is over 1000 students, the system may time out and not allow you to add students. If this happens, select a grade prior to running your roster to reduce the number of students on the roster. Repeat to clear each grade individually.

Remove a student

- Check the box in the ***Remove*** column next to the student you wish to remove.
- Click the ***Save Roster Updates*** button.
- Click ***OK*** on the popup window asking if you are sure you want to delete.
- If your roster is over 1000 students, the system may time out and not allow you to remove students. If this happens, select a grade prior to running your roster to reduce the number of students on the roster.

Change a Student's Grade Level

- Select the desired grade from the dropdown list next to the student's name in the ***Move To*** column.
- Click the ***Save Roster Updates*** button.

Change the Grade of All Students on the Roster

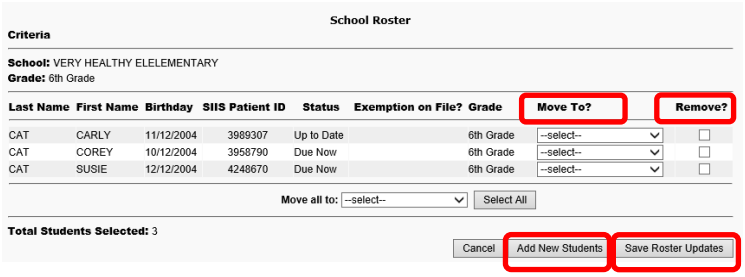
****Do at the End of Each School Year or send in a new roster to be uploaded. Instructions for this can be found here:** Roster Upload Quick Reference Guide

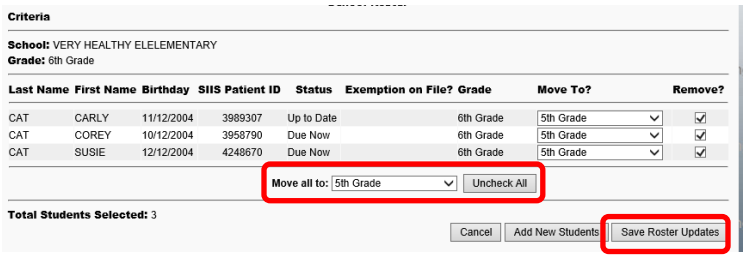
***Remove all Students in the highest grade: graduating or moving to the next school,* ex. 12th grade.**

- Click the ***Select All*** button. All the student's Remove boxes will be checked.
- Click the ***Save Roster Updates*** button.

Change the Grade of All Remaining Students on the Roster

- Select the desired grade from the dropdown list box next to ***Move All To***. Start with the highest-grade level, ex. Move 11th grade to 12th grade.
- Click the ***Save Roster Updates*** button.





Vaccination Summary Page

**** Only nurses have access to the Vaccination Tab. If you are not a nurse and need access to the vaccination tab you can view the steps for how to complete the delegation process on the School Module Website under section 3, number 1.**

Watch our video tutorial about the vaccination summary page here: Vaccination Summary Page - Video

After selecting a student, click on ***Summary*** under the *Vaccinations* menu heading. This view-only page will display the following sections:

Vaccination Summary

Lists a student's vaccines grouped by vaccine type. Immunizations marked with a red X are considered invalid. Click on the vaccine date for more detail, including the provider who gave the vaccine.

Invalid Vaccinations

Lists the reason a vaccine dose marked with a red X is invalid.

Vaccine Deferrals

Notes the deferrals entered by the healthcare provider about deferred.

Vaccine Contraindications/Exemptions/Precautions

Lists information entered by a healthcare provider. Some information may not display due to patient confidentiality. Exemptions entered here are provider exemptions which are not the same as school/childcare exemptions. Students with a school/childcare exemption must have a completed Certificate of Exemption on file which should be entered into the School Module (instructions below). Exemptions entered in the School Module display on the *Patient Demographics* page not in the *Vaccine Contraindications/Exemptions/Precautions*.

Vaccination Forecast

Lists vaccinations still needed and when they are due. Definitions of the Forecast Status can be found on the *Forecast* page under Vaccinations on the main menu.

For more detailed information about the vaccine summary screen review the How to Review a Patient's Vaccination Summary and Forecast quick reference guide.

Vaccination View/Add Page

Watch our video tutorial about the vaccination View/ Add page here: The Vaccination View Add Page - Video

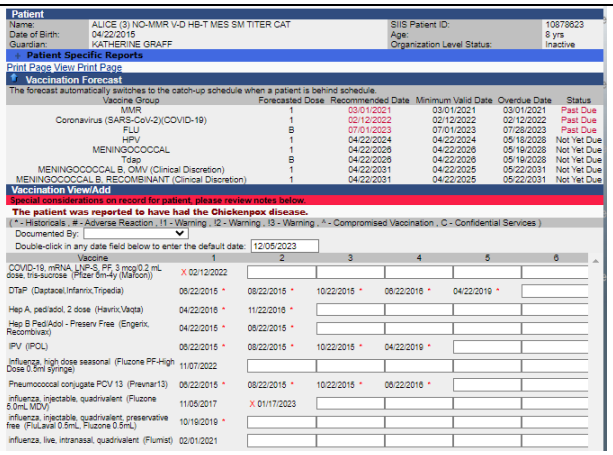
After selecting a student, click on ***View/Add*** under the *Vaccinations* menu heading. This page will display the following areas:

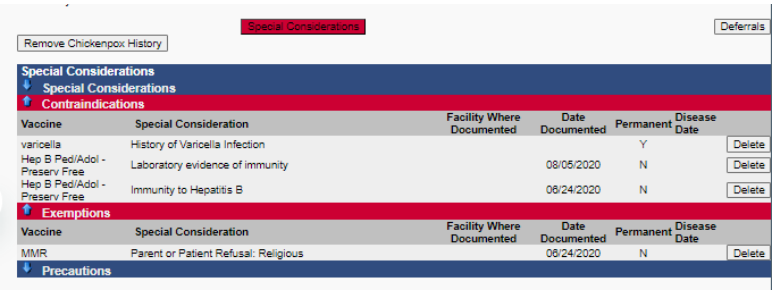
Vaccination View/Add

Lists all vaccinations administered and fields to enter additional doses. Only medically verified immunization records may be entered on this page. For more information about entering immunization dates see the *Add Missing Immunization* section below.

Vaccine Contraindications/Exemptions/Precautions and Forecast

Lists information entered by a healthcare provider as well as the Vaccination Forecast. This is the same information that displays on the *Vaccination Summary* page explained above.





Add a Missing Immunization

Important:

- ✓ Only medically verified immunization records may be entered into the School Module. Follow the guidelines in the next column to determine if an immunization record is a valid medically verified record (see Appendix A for samples). The ultimate decision to enter an immunization record is based on the School Nurse's best clinical judgment.
- ✓ If the school is subject to the FERPA rules, parent consent must be obtained prior to entering the dates into the School Module. You can use the Certificate of Immunization Status (CIS) to document parent consent or obtain written consent in an alternate manner.

For strategies on how to obtain medically verified records and collecting parent consent please review the Guidance and Expectations document.

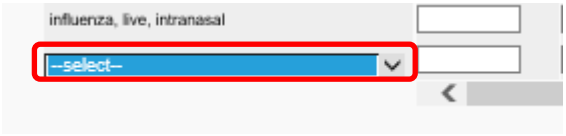
The following are examples of medically verified immunization records that may be entered into the IIS (see Appendix A for samples):

- Immunization records printed from a clinic or hospital Electronic Health Record.
- Immunization record or official CIS printed from another state's immunization registry.
- Official lifetime immunization record from WA or another state with a unique healthcare provider or clinic stamp, or another form of written healthcare provider documentation, such as a provider signature.
- For foreign students: official immunization record such as an immigration form or lifetime immunization record from another country with a clinic or healthcare provider stamp.
- CIS: handwritten immunizations can be accepted only if verified with a unique healthcare provider or clinic stamp, or another form of written healthcare provider documentation, such as a provider signature.

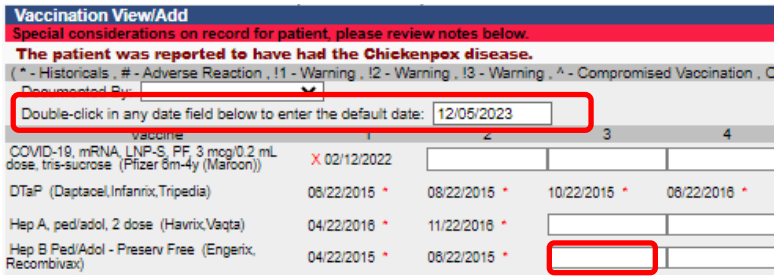
SCHOOL MODULE TRAINING GUIDE

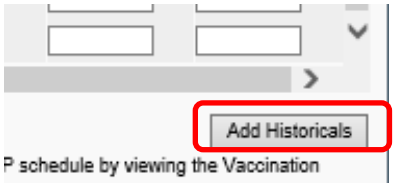
To Enter a Date

- After selecting a student, click on ***View/Add*** under the *Vaccination* menu heading.
- Click into the ***Box*** next to the appropriate vaccine brand. If the specific vaccine name is not specified on the student's immunization record and the student was vaccinated in the U.S. use the *Default Vaccine to enter* specified in the next column. If the student was vaccinated outside of the US use the unspecified formulation of the vaccine. Additional vaccines can be found in the dropdown list at the bottom of the *Vaccine View/Add* section.
- Type the date as a string of numbers; for example, May 8, 2005 = 050805, or double click to use the ***Default Date*** at the top of the *Vaccination View/Add* section. The Default Date can be changed to any desired date.
- Click the ***Add Historicals*** button list at the bottom of the *Vaccine View/Add* section. You can add multiple dates in the vaccine fields before clicking the button. Remember to do this to save your work.
- Immunizations marked with a red X are considered invalid. Click on the vaccine date for more detail.



Vaccine	Default vaccine to enter
DTaP	DTaP - unspecified
DT	DT (pediatric)
Hep A	Hep A 2 dose – Ped/Adol (Havrix, Vaqta)
Hep B	Hep B Ped/Adol – Preserv Free (Engerix, Recombivax)
Hib	Hib-unspecified formulation
Flu	Influenza, unspecified
MMR	MMR (MMRII)
Pneumococcal	Pneumococcal, unspecified formulation
Td	Td Adult, Preserv Free (Tenivac, Td-Merck, Td-MassBio)
Tdap	Tdap (Boostrix, Adacel)
Varicella	Varicella (Varivax)





Delete an Immunization

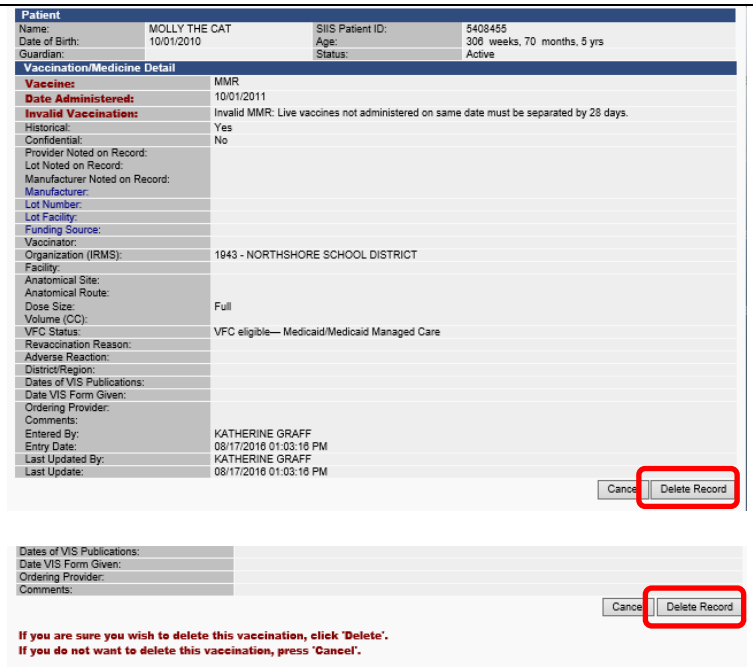
Watch our video on how to delete immunizations here:
How to Delete an Immunization - Video

Immunization dates can only be deleted if you entered the date.

- After selecting a student, click on ***View/Add*** under the *Vaccinations* menu heading.
- Click on the ***Immunization Date*** entered in error. The system will open *the Vaccination/Medicine Detail* page.
- Click the ***Delete Record*** button. The system opens a second *Vaccination Detail* screen.
- Click the ***Delete Record*** button to delete the record.
- Click ***Cancel*** to return to the previous screen without deleting the record.

Incorrect Vaccination Dates

Incorrect vaccination dates can only be edited by the user who entered the date. To find out who entered the vaccination, click on the immunization date. That will open the *Vaccination Detail* screen which shows the organization that entered the date. You will need to contact that provider to let them know that the date is incorrect. The error will need to be fixed in the IIS and in the provider's electronic health record, so the incorrect dose doesn't return to the IIS with their next data upload.



Chickenpox History

Watch our video tutorial on Chickenpox history here:
Chickenpox History - Video
Only healthcare providers verified history of disease may be entered.

Add Chickenpox History

- After selecting a student, click on ***View/Add*** under the *Vaccinations* menu heading.
- Click the ***Add Chickenpox History*** button.

Delete Chickenpox History

- After selecting a student, click on ***View/Add*** under the *Vaccinations* menu heading.
- Click the ***Delete Chickenpox History*** button.

Add/Delete an Immunization Exemption

Also see: Enter Exemptions into the School Module Quick Reference Guide (wa.gov)

- ✓ Medical, Personal and Religious Exemptions require both parent/guardian and healthcare practitioner signatures on the Certificate of Exemption (COE) Form.
- ✓ Religious Membership Exemptions require only a parent/guardian signature on the COE.
- ✓ Exemptions entered in the School Module impact the Roster and reports. They do not impact the validated CIS, which measures documentation of immunity not documentation compliance.
- ✓ If a student transferred to your school any exemptions entered by their previous school will need to be removed and new exemptions will need to be added for your School/District

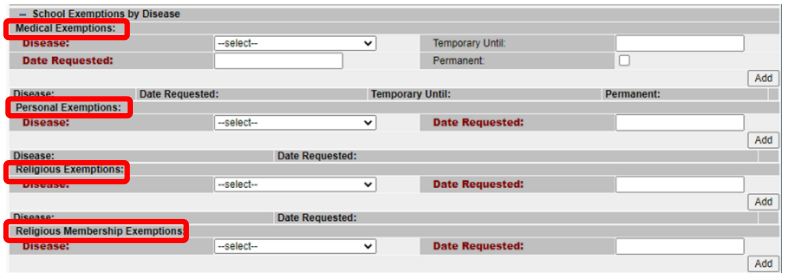
Add an Exemption

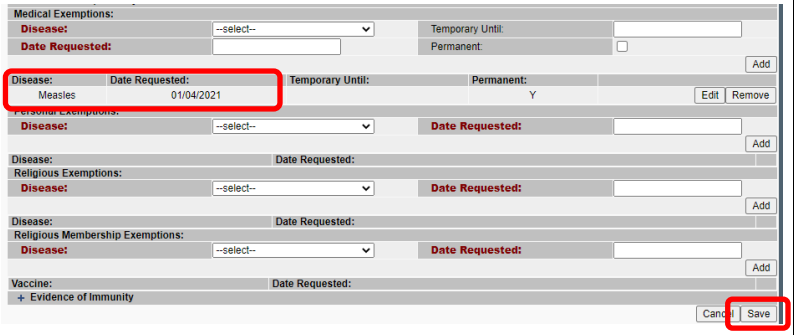
- After selecting a student, select ***Demographics*** under the *Patient* main heading.
- Click the **Edit** button.
- The system will open the *Patient Demographics Edit* page.
- Click the + to expand ***School Exemptions by Disease.***
- Click the desired ***Disease*** from the *Disease dropdown list* of the desired exemption type. Measles, mumps and rubella cannot be exempted for personal/philosophical reasons.
- Type the date of the parent/guardian signature on the Certificate of Exemption in the ***Date Requested*** field.
- If it is a Medical Exemption check the ***Permanent*** box OR type the exemption expiration date in the ***Temporary Until*** field.
- Click the ***Add*** button.
- Click the ***Save*** button.

Delete an Immunization Exemption

From the *Patient Demographics Edit* page:

- Click the + to expand ***School Exemptions by Disease.***
- Click the ***Remove*** button of the desired exemption series.
- Click the ***Save*** button.





Add Immunity to a Disease

Also see: Enter Immunity into the School Module Quick Reference Guide (wa.gov)

- ✓ Titers entered in the School Module impact the Roster and reports. They do not impact the validated CIS or the IIS Forecast.

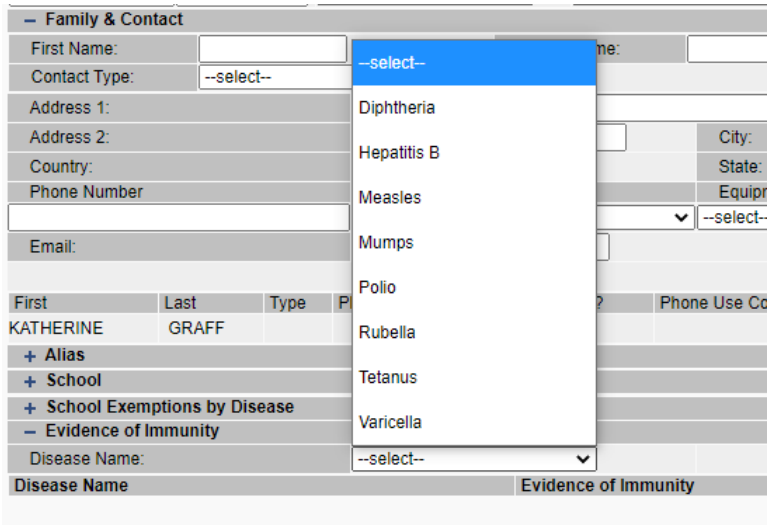
Enter provider documented immunity to a disease by

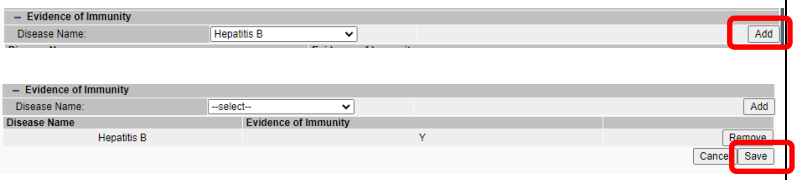
- Completed and signed immunity on the CIS
- Signed lab report indicating immunity.
- Provider letter stating the child is immune.

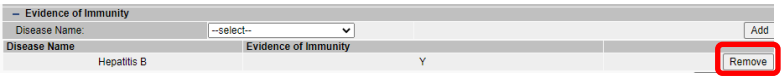
Note: a copy of the lab report is no longer required to accompany health care provider documentation of immunity by blood antibody titer.

Add Immunity

- After selecting a student, select ***Demographics*** under the *Patient* main heading.
- Click the **Edit** button.
- The system will open the *Patient Demographics Edit* page.
- Click the + to expand ***Evidence of Immunity.***
- Click the desired ***Disease*** from the *Disease dropdown list.*
- Click the ***Add*** button.
- Click the ***Save*** button.







Delete Immunity to a Disease

From the *Patient Demographics Edit* page:

- Click the + to expand ***Evidence of Immunity.***
- Click the ***Remove*** button of the desired immunity series.
- Click the ***Save*** button.

Edit School Grade Levels

To add or remove a grade level from a school:

- Click ***Edit School*** under *Schools* on the Main Menu.
- Click the ***Arrow*** button next to the desired school.
- Use the ***Right*** and ***Left Arrow*** buttons to move grades between the *Available Grade Level* and *School's Grade Levels* lists.
- Click the ***Save*** button.

School Reports

Watch our tutorial on School Reports here: School Reports Overview - Video

To be accurate all reports that calculate compliance need to be run with the appropriate grade or age compliance series. The following reports are for other states using the School Module and are not accurate for Washington state School Module users:

- School Immunization Report, First Time Enterer
- First Time Enterers Action Report
- Summary of School Enterers Data

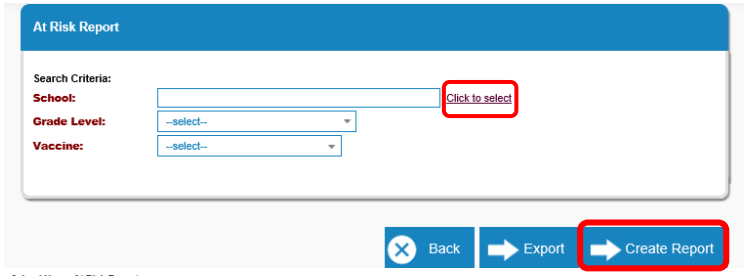
To access School Reports

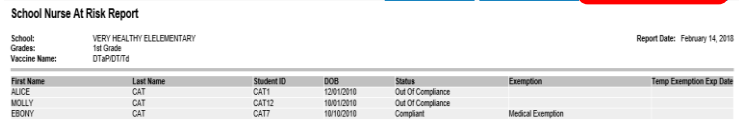
- Select ***School Reports*** under *Reports* on the Main Menu.
- Click on the desired ***Report Name*** to open the report parameters.
- Some reports can be scheduled to run at a specific time, ex. after hours.

At Risk Report

This report lists students by grade who are "at risk" for a specific vaccine preventable disease. These are students who are *Out of Compliance, Conditional* or have an *Exemption* for the vaccine selected.

- Select the School by clicking on the **click to select** link.
- Choose **Grade Level** and **Vaccine** you wish to screen.
- Click on **Create Report**.



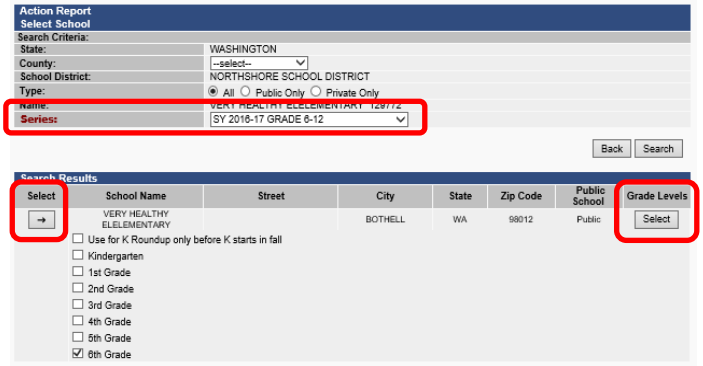


Action Report

Watch our tutorial on how to run the action report here: Action Report - Video

This report lists students in *Out of Compliance* or *Conditional Status who have a vaccine due now or past due.*

- Select the **Series** rules to apply with the *dropdown list*.
- Click the **Select** button under the *Grade Levels* column to open the grade list then click the **Boxes** next to the *Grade Level* to check the grades in the compliance series and uncheck the



grade levels with different requirements than the selected series.
- Click the **Arrow** button under *Select* to run the report.

Patient Detail Report for COVID-19 Vaccine Status
Please see our step-by-step guide for how to create this report at SCHOOL MODULE COVID-19 REPORT (wa.gov)

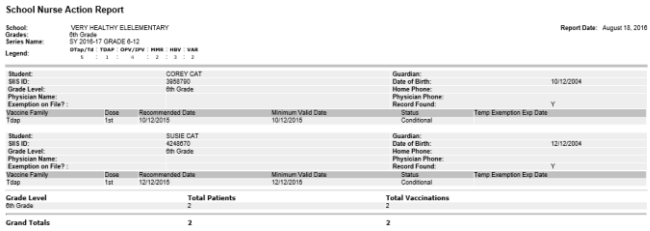
Action Report Notice/Letter
Watch our tutorial on the action report/ notice letter messages here: Action Report/ Notice Letter Messages - Video

This report produces a letter, one per student based upon the parameters selected. The following letters are available:

- **Conditional Letter**: Letter to parent/guardian stating that student is in conditional status.
- **Healthcare Provider Letter**: Letter to healthcare provider asking they enter immunizations into the IIS or send of list of immunizations to the School Nurse.
- **Missing Immunizations Letter**: Letter to parent/guardian of student out of compliance listing the missing immunizations.
- **Parent Letter Record Request**: Letter to parent/guardian requesting immunizations record or healthcare provider information.
- **Tdap Letter**: Letter to parent/guardian of students missing a Tdap immunization.

To Run the Letters

- Select the ***Series*** with the *dropdown* list.
- Select the desired ***Letter*** from the Message *dropdown* list.
- Click the ***Select*** button under the *Grade Levels* column to open the grade list then click the ***Boxes*** next to the *Grade Level* to check or uncheck the desired grade levels.
- Click the ***Arrow*** button under *Select* to run the report.


School Nurse Action Report

School: VERY HEALTHY ELELEMENTARY
Grades: 6th Grade
Series Name: SY 2016-17 GRADE 6-12
Legend: 6Yay/Td : Tdap : DPV/IPV : MMR : HBV : VAR
5 : 1 : 4 : 2 : 3 : 2
Report Date: August 18, 2016

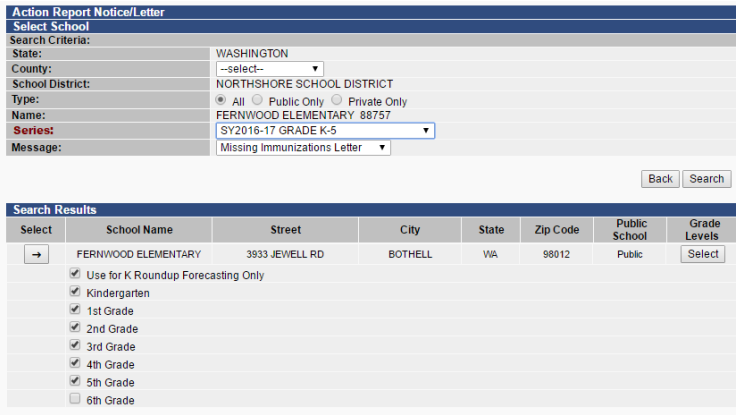
Student:	COREY CAT	Guardian:	
SIS ID:	3956780	Date of Birth:	10/12/2004
Grade Level:	6th Grade	Home Phone:	
Physician Name:		Physician Phone:	
Exemption on File? :		Record Found:	Y

Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Status	Temp Exemption Exp Date
Tdap	1st	10/12/2015	10/12/2015	Conditional	

Student:	SUSIE CAT	Guardian:	
SIS ID:	4248670	Date of Birth:	12/12/2004
Grade Level:	6th Grade	Home Phone:	
Physician Name:		Physician Phone:	
Exemption on File? :		Record Found:	Y

Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Status	Temp Exemption Exp Date
Tdap	1st	12/12/2015	12/12/2015	Conditional	

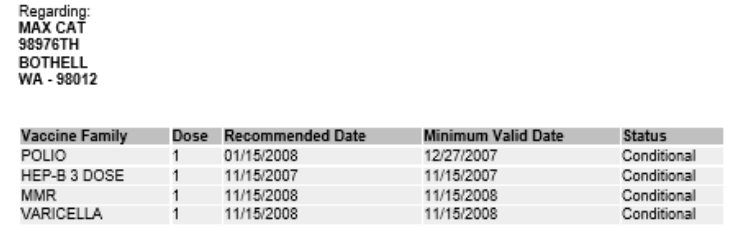
Grade Level	Total Patients	Total Vaccinations
6th Grade	2	2
Grand Totals	2	2


Action Report Notice/Letter
Select School
Search Criteria:
State: WASHINGTON
County: --select--
School District: NORTHSHORE SCHOOL DISTRICT
Type: All Public Only Private Only
Name: FERNWOOD ELEMENTARY 88757
Series: SY2016-17 GRADE K-5
Message: Missing Immunizations Letter
Back Search

Search Results

Select	School Name	Street	City	State	Zip Code	Public School	Grade Levels
→	FERNWOOD ELEMENTARY	3933 JEWELL RD	BOTHELL	WA	98012	Public	Select

Use for K Roundup Forecasting Only
Kindergarten
1st Grade
2nd Grade
3rd Grade
4th Grade
5th Grade
6th Grade


Regarding:
MAX CAT
98976TH
BOTHELL
WA - 98012

Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Status
POLIO	1	01/15/2008	12/27/2007	Conditional
HEP-B 3 DOSE	1	11/15/2007	11/15/2007	Conditional
MMR	1	11/15/2008	11/15/2008	Conditional
VARICELLA	1	11/15/2008	11/15/2008	Conditional

Dear Parent or Guardian:

Washington State law requires all children to be properly immunized to attend or continue attending school. According to our records above, your child did not get the required vaccinations to attend school.

Action Report Notice/Letter Messages

Select	Message Title	Last Revision Date
→	Conditional Letter	05/26/2016
→	HCP Letter for Medical Records	12/30/2015
→	Missing Immunizations Letter	10/16/2014
→	Parent Letter Record Request	10/16/2014
→	SPS - Missing Immunizations	07/16/2014
→	Tdap Letter	10/16/2014

Back Add

Action Report Notice/Letter Messages

This screen allows the user to add their own messages which they can edit. To edit the letters above copy the text into a new message.

- Click the ***Add*** button under *Select* for the desired report.
- Name the new message.
- Type text in the edit boxes.
- Click the ***Save*** button.

Certificate of Immunization Status (CIS)

***** A CIS does not need to be on file for a student If their immunizations are complete in the IIS and they are on the School Module Roster. Students who are not complete in the IIS must have a CIS on file. Keep any immunization records and parent permission used to update the IIS in the student's file.**

Watch our video tutorial about certificates of immunization status here: Certification of Immunization Status / CIS - Video

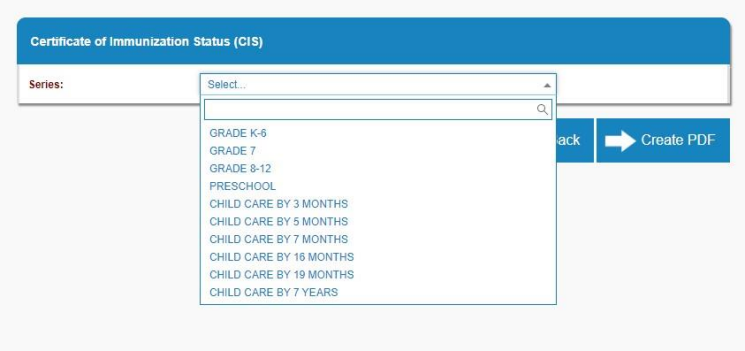
This report will produce a Certificate of Immunization Status Report (CIS) for the student selected from the Search/Add screen.

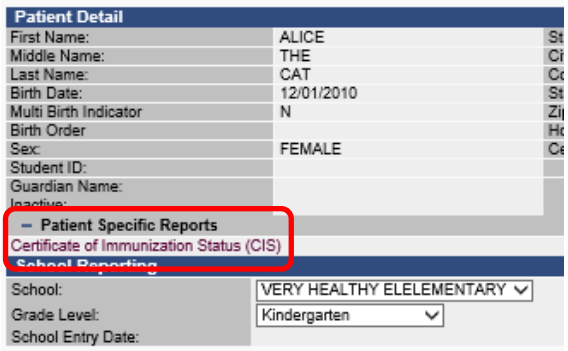
- Select the ***Series***
  - For *Childcare* select the age that is the closest to the child without exceeding the current age, ex. For a 4-month-old child select CHILD CARE BY 3 MONTHS
  - For *School* select the series that includes the student's grade
- Click ***Create PDF***

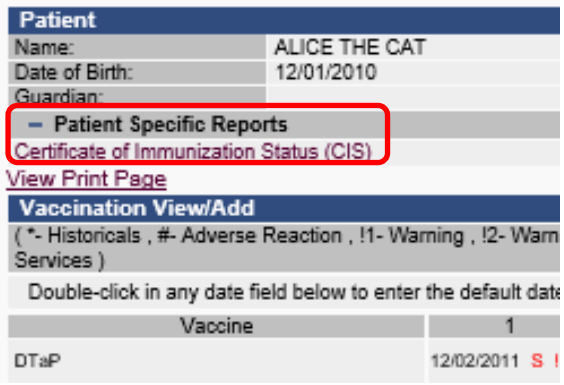
A CIS can also be printed from the:

Demographics page

- Click ***Demographics*** under *Patient* on the Main Menu.
- Click the + sign to the left of *Patient Specific Reports* at the bottom of the *Patient Detail* section.
- Select ***Certificate of Immunization Status (CIS)*** from the list.







Vaccination View/Add page

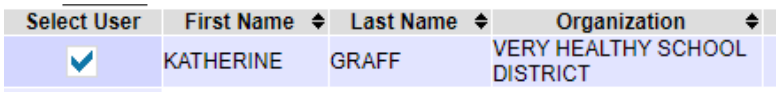
- Click ***View/Add*** under *Vaccinations* on the Main Menu.
- Click the + sign to the left of *Patient Specific Reports* at the bottom of the *Patient* section.
- Select ***Certificate of Immunization Status (CIS)*** from the list.

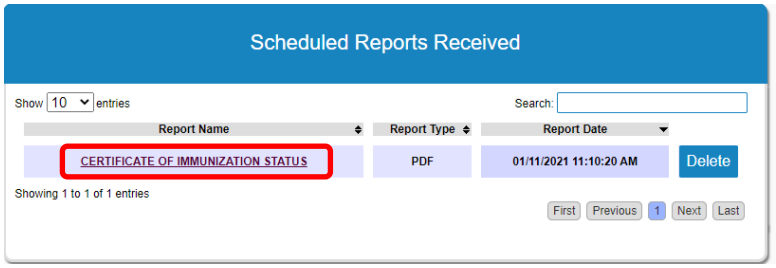
How to print the CIS from the Immunization Information System (PDF)

CIS Batch/Scheduled Reports

This report allows you to run CIS reports for multiple students at once.

- Click the **Schedule** button on the *Certificate of Immunization Status (CIS)* line in the School Reports screen.
- Select which grade levels and vaccine series you which to run the CISs for.
- In the *Scheduler* section, enter when you want the report to run. Note: If you wish to run the report only once instead of scheduling it to run repeatedly, select the **Run Now** check box instead of entering a time.
- Enter your first and last names in the Search User section, then click **Search**.
- A list of users will populate in the search results.
- Click the checkbox next to your username.
- Click the **Select Users** button. This will move your username down to the *Selected Users* section.
- Click the **Schedule** button.
- If the report is successful, you will see the message “Report scheduled successfully” at the top of your screen.
- To view the CIS report, click **Received Reports** under the *Schedule Reports* section of the Main Menu.
- In the next screen, click the name of the report you wish to open. The reports will open in a new window.





Annual Immunization Reporting

- An active user of the School Module (who keeps the Roster up to date and enters missing immunization dates and exemptions), does not have to file an Annual Immunization report.
- For School Module users, the report will be pulled from School Module on your behalf.
- To report through the School Module, you need to make sure your rosters are up to date.
- An up-to-date roster means that all students are listed on it in the correct grade and any students who no longer attend this school have been removed. All missing vaccinations, exemptions and evidence of immunity have been entered when you have parents' consent to do so.
- More information on School Reporting can be found here: Public and Private K-12 Schools Immunization Reporting | Washington State Department of Health

Additional Resources

www.doh.wa.gov/schoolmodule
www.doh.wa.gov/SCCI
IIS Training Materials
Contact us at: SchoolModule@doh.wa.gov

Appendix A: Examples of Medically Verified Immunization Records

Official lifetime immunization record from WA or another state with a unique healthcare provider or clinic stamp, or another form of written healthcare provider documentation, such as a provider signature

Hepatitis B (Hep B)

Dose #	Date Given	Physician/Clinic
1	1/25/00	Dr. Carter's clinic
2	4/10/00	Dr. Carter's clinic
3	10/12/00	Dr. Carter's clinic

Diphtheria, Tetanus, Pertussis (DTaP)

Dose #	Date Given	Physician/Clinic
1	5/11/00	Dr. Carter's clinic
2	10/12/00	Dr. Carter's clinic
3	10/30/03	Dr. Carter's clinic
4	3/3/05	Dr. Heitink's clinic MMSP
5	/ /	
	/ /	
Tetanus diphtheria (Td)	/ /	
	/ /	
	/ /	
Booster Dose Every Ten Years	/ /	
	/ /	
	/ /	

***Haemophilus influenzae* type b (Hib)**

Dose #	Date Given	Physician/Clinic
1	5/11/00	Dr. Carter's clinic
2	10/12/00	Dr. Carter's clinic
3	10/30/03	Dr. Carters clinic
4	/ /	

Polio

Dose #	IPV	OPV	Date Given	Physician/Clinic
1	✓		4/10/00	Dr. Carter's clinic
2	✓		10/12/00	Dr. Carter's clinic
3	✓		10/30/03	Dr. Carter's clinic
4	✓		3/3/05	Dr. Heitink's clinic MMSP
			/ /	
			/ /	

Pneumococcal Conjugate (PCV)

Dose #	Date Given	Physician/Clinic
1	8/2/01	Dr. Carter's clinic
2	/ /	
3	/ /	
4	/ /	

Measles, Mumps, Rubella (MMR)

Type of Vaccine	Dose #	Date Given	Physician/Clin
MMR	1	8/2/01	Dr. Carter's cl
MMR	2	3/3/05	MARK A-Hoffman MD
MMR		/ /	
Measles		/ /	
Mumps		/ /	
Rubella		/ /	

Varicella (Var)

Dose #	Date Given	Physician/Clinic
1	8/2/01	Dr. Carter's Clini
	/ /	

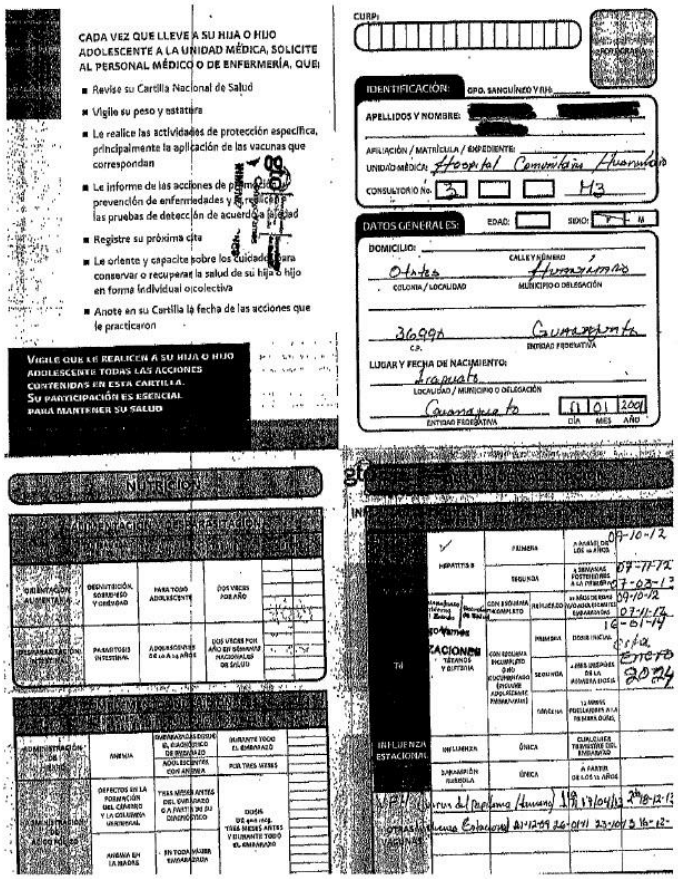
Hepatitis A (Hep A)

Dose #	Date Given	Physician/Clinic
1	/ /	
2	/ /	

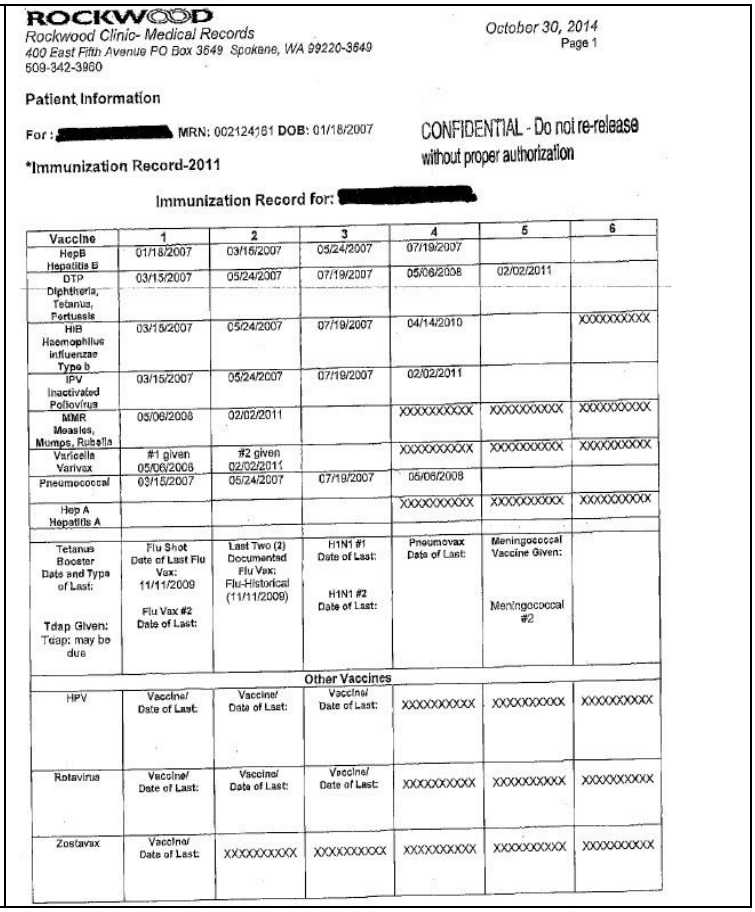
Allergies/Vaccine Reactions: _____

SCHOOL MODULE TRAINING GUIDE

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



Immunization Record printed from a healthcare provider, clinic or hospital's Electronic Health Record



ROCKWOOD
Rockwood Clinic- Medical Records
400 East Fifth Avenue PO Box 3649 Spokane, WA 99220-3649
509-342-3960

October 30, 2014
Page 1

Patient Information

For: [redacted] MRN: 002124161 DOB: 01/18/2007

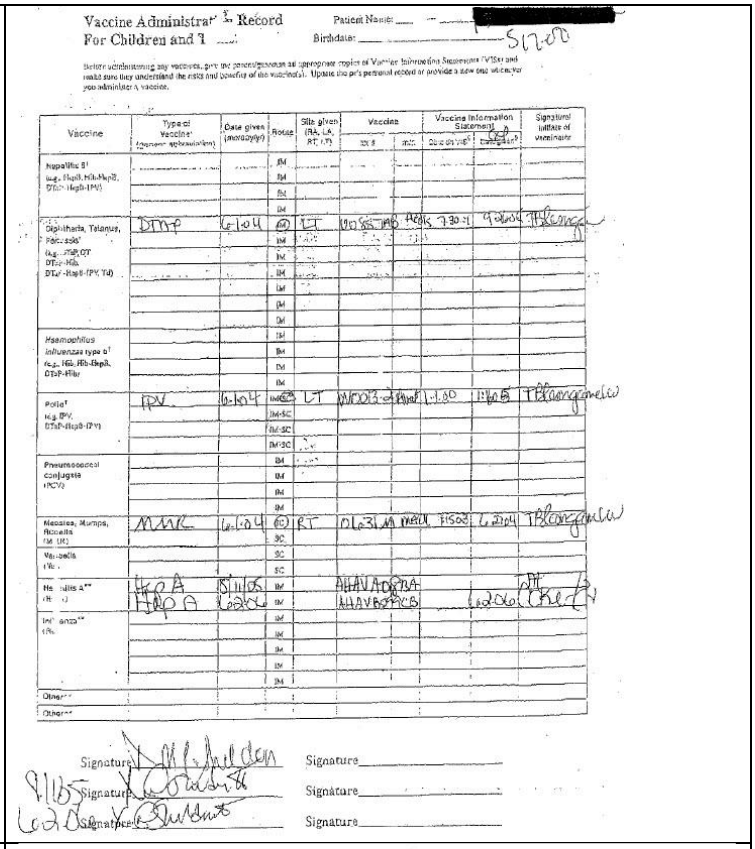
CONFIDENTIAL - Do not re-release without proper authorization

*Immunization Record-2011

Immunization Record for: [redacted]

Vaccine	1	2	3	4	5	6
HepB Hepatitis B	01/18/2007	03/15/2007	05/24/2007	07/19/2007		
DTP Diphtheria, Tetanus, Pertussis	03/15/2007	05/24/2007	07/19/2007	05/06/2008	02/02/2011	
HIB Haemophilus influenzae Type b	03/15/2007	05/24/2007	07/19/2007	04/14/2010		XXXXXXXXX
IPV Inactivated Poliovirus	03/15/2007	05/24/2007	07/19/2007	02/02/2011		
MMR Measles, Mumps, Rubella	05/06/2008	02/02/2011		XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
Varicella Varivax	#1 given 05/06/2008	#2 given 02/02/2011		XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
Pneumococcal	03/15/2007	05/24/2007	07/19/2007	05/06/2008		
Hep A Hepatitis A				XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
Tetanus Booster Date and Type of Last: Tdap Given: Tdap may be due	Flu Shot Date of Last Flu Vax: 11/11/2009 Flu Vax #2 Date of Last:	Last Two (2) Documented Flu Vax: Flu-Historical (11/11/2009)	H1N1 #1 Date of Last: H1N1 #2 Date of Last:	Pneumovax Date of Last:	Meningococcal Vaccine Given: Meningococcal #2	
Other Vaccines						
HPV	Vaccine/ Date of Last:	Vaccine/ Date of Last:	Vaccine/ Date of Last:	XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
Rotavirus	Vaccine/ Date of Last:	Vaccine/ Date of Last:	Vaccine/ Date of Last:	XXXXXXXXX	XXXXXXXXX	XXXXXXXXX
Zostavax	Vaccine/ Date of Last:	XXXXXXXXX	XXXXXXXXX	XXXXXXXXX	XXXXXXXXX	XXXXXXXXX

Written Immunization Record from a healthcare provider or clinic



Vaccine Administration Record
For Children and Teens

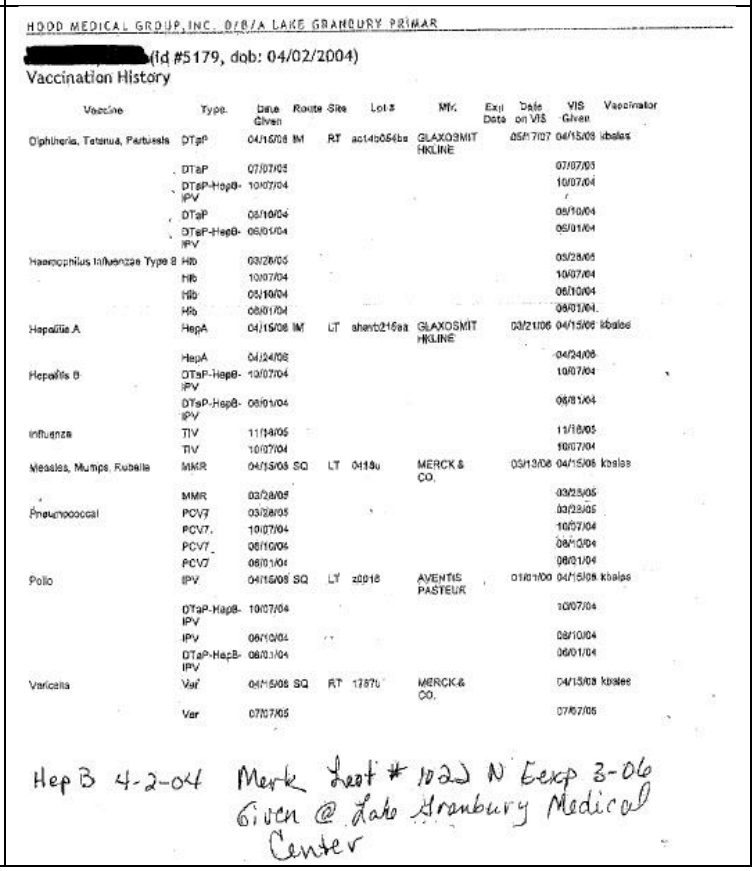
Patient Name: [redacted]
Birthdate: 5/7/00

Before administering any vaccines, give the parent/guardian an appropriate copy of Vaccine Information Statement (VIS) and read over they understand the risks and benefits of the vaccine(s). Update the pt's personal record or provide a new one when you administer a vaccine.

Vaccine	Type of Vaccine (common abbreviation)	Date given (mo/day/yr)	Route	Site given (RA, LA, RT, LT)	Vaccine: Manufacturer	Vaccine: Lot #	Vaccine Information Statement: Date VIS Given	Vaccine Information Statement: Date Edition/Dated	Signature/Initials of Vaccinator
Hepatitis B[1] (e.g., HepB, HB-MepB, DTaP-HepB-IPV)			IM						
			IM						
			IM						
			IM						
Diphtheria, Tetanus, Pertussis[2] (e.g., DTaP, DT, DTap-Hib, DTaP-HepB-IPV, Td)	DTaP	6-1-04	IM	LT	WOOS	730-4	4/15/04	4/15/04	[illegible]
			IM						
			IM						
			IM						
			IM						
			IM						
			IM						
			IM						
Haemophilus influenzae type b[3] (e.g., Hib, Hib-HepB, DTaP-Hib)			IM						
			IM						
			IM						
			IM						
Polio[4] (e.g., IPV, DTaP-HepB-IPV)	IPV	6-1-04	IM/SC	LT	WOOS	2	1-1-00	1-1-00	[illegible]
			IM/SC						
			IM/SC						
Pneumococcal conjugate (PCV)			IM						
			IM						
			IM						
			IM						
Measles, Mumps, Rubella (MMR)	MMR	6-1-04	SQ	RT	0163M	MMR	1/5/03	6-2-04	[illegible]
Varicella (Var)			SC						
			SC						
			SC						
Hepatitis A[5] (HepA)	HEP A	8/1/05	IM		AVAVADRA				PT
	HEP A	6-2-06	IM		HAVRIX		6-2-06		[illegible]
			IM						
Influenza[6] (Flu)			IM						
			IM						
			IM						
			IM						
			IM						
Other[7]									
Other[7]									

Signature [illegible] Signature _____
Signature [illegible] Signature _____
Signature [illegible] Signature _____

Immunization Record printed from a healthcare provider, clinic or hospital's Electronic Health Record with a written note or addition



HOOD MEDICAL GROUP, INC. D/B/A LAKE GRANBURY PRIMAR

[redacted] (id #5179, dob: 04/02/2004)

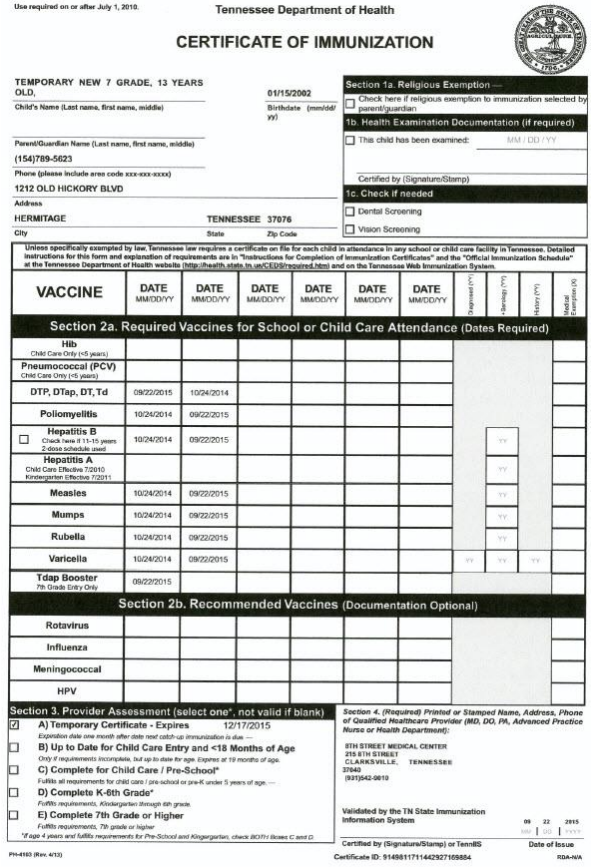
Vaccination History

Vaccine	Type	Date Given	Route	Site	Lot #	Mfr	Exp Date	Date on VIS	VIS Given	Vaccinator
Diphtheria, Tetanus, Pertussis	DTaP	04/15/08	IM	RT	ac14b054ba	GLAXOSMITHKLINE	05/17/07	04/15/08	04/15/08	kbales
	DTaP	07/07/05							07/07/05	
	DTaP-HepB-IPV	10/07/04							10/07/04	
	DTaP	08/10/04							08/10/04	
	DTaP-HepB-IPV	06/01/04							06/01/04	
Haemophilus influenzae Type B	Hib	03/28/05							03/28/05	
	Hib	10/07/04							10/07/04	
	Hib	08/10/04							08/10/04	
	Hib	06/01/04							06/01/04	
Hepatitis A	HepA	04/15/08	IM	LT	ahavb216aa	GLAXOSMITHKLINE	03/21/06	04/15/08	04/15/08	kbales
	HepA	04/24/06							04/24/06	
Hepatitis B	DTaP-HepB-IPV	10/07/04							10/07/04	
	DTaP-HepB-IPV	06/01/04							06/01/04	
Influenza	TIV	11/14/05							11/18/05	
	TIV	10/07/04							10/07/04	
Measles, Mumps, Rubella	MMR	04/15/08	SQ	LT	0410u	MERCK & CO.	05/13/06	04/15/08	04/15/08	kbales
	MMR	03/28/05							03/28/05	
Pneumococcal	PCV7	03/28/05							03/28/05	
	PCV7	10/07/04							10/07/04	
	PCV7	08/10/04							08/10/04	
	PCV7	06/01/04							06/01/04	
Polio	IPV	04/15/08	SQ	LT	z0016	AVENTIS PASTEUR	01/01/00	04/15/08	04/15/08	kbales
	DTaP-HepB-IPV	10/07/04							10/07/04	
	IPV	08/10/04							08/10/04	
	DTaP-HepB-IPV	06/01/04							06/01/04	
Varicella	Var	04/15/08	SQ	RT	17870	MERCK & CO.			04/15/08	kbales
	Var	07/07/05							07/07/05	

Hep B 4-2-04 Merk Lot # 1022 N Exp 3-06 Given @ Lake Granbury Medical Center

SCHOOL MODULE TRAINING GUIDE

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



Use required on or after July 1, 2010.

Tennessee Department of Health

CERTIFICATE OF IMMUNIZATION

TEMPORARY NEW 7 GRADE, 13 YEARS OLD,
Child's Name (Last name, first name, middle)

01/15/2002
Birthdate (mm/dd/yy)

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

(154)789-5623
Phone (please include area code xxx-xxx-xxxx)

1212 OLD HICKORY BLVD
Address

HERMITAGE TENNESSEE 37076
City State Zip Code

Section 1a. Religious Exemption —
☐ Check here if religious exemption to immunization selected by parent/guardian

1b. Health Examination Documentation (if required)
☐ This child has been examined: MM / DD / YY
Certified by (Signature/Stamp)

1c. Check if needed
☐ Dental Screening
☐ Vision Screening

Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee. Detailed instructions for this form and explanation of requirements are in "Instructions for Completion of Immunization Certificates" and the "Official Immunization Schedule" at the Tennessee Department of Health website (http://health.state.tn.us/CEDS/required.htm) and on the Tennessee Web Immunization System.

VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	Diagnosed (YY)	Serology (YY)	History (YY)	Medical Exemption (X)
Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)										
Hib Child Care Only (<5 years)										
Pneumococcal (PCV) Child Care Only (<5 years)										
DTP, DTap, DT, Td	09/22/2015	10/24/2014								
Poliomyelitis	10/24/2014	09/22/2015								
☐ Hepatitis B Check here if 11-15 years 2-dose schedule used	10/24/2014	09/22/2015						YY		
Hepatitis A Child Care Effective 7/2010 Kindergarten Effective 7/2011								YY		
Measles	10/24/2014	09/22/2015						YY		
Mumps	10/24/2014	09/22/2015						YY		
Rubella	10/24/2014	09/22/2015						YY		
Varicella	10/24/2014	09/22/2015					YY	YY	YY	
Tdap Booster 7th Grade Entry Only	09/22/2015									
Section 2b. Recommended Vaccines (Documentation Optional)										
Rotavirus										
Influenza										
Meningococcal										
HPV										

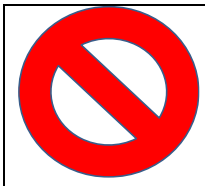
Section 3. Provider Assessment (select one*, not valid if blank)
☑ A) Temporary Certificate - Expires 12/17/2015
Expiration date one month after date next catch-up immunization is due —
☐ B) Up to Date for Child Care Entry and <18 Months of Age
Only if requirements incomplete, but up to date for age. Expires at 19 months of age.
☐ C) Complete for Child Care / Pre-School*
Fulfills all requirements for child care / pre-school or pre-K under 5 years of age. —
☐ D) Complete K-6th Grade*
Fulfills requirements, Kindergarten through 6th grade.
☐ E) Complete 7th Grade or Higher
Fulfills requirements, 7th grade or higher
*If age 4 years and fulfills requirements for Pre-School and Kingergarten, check BOTH Boxes C and D.

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

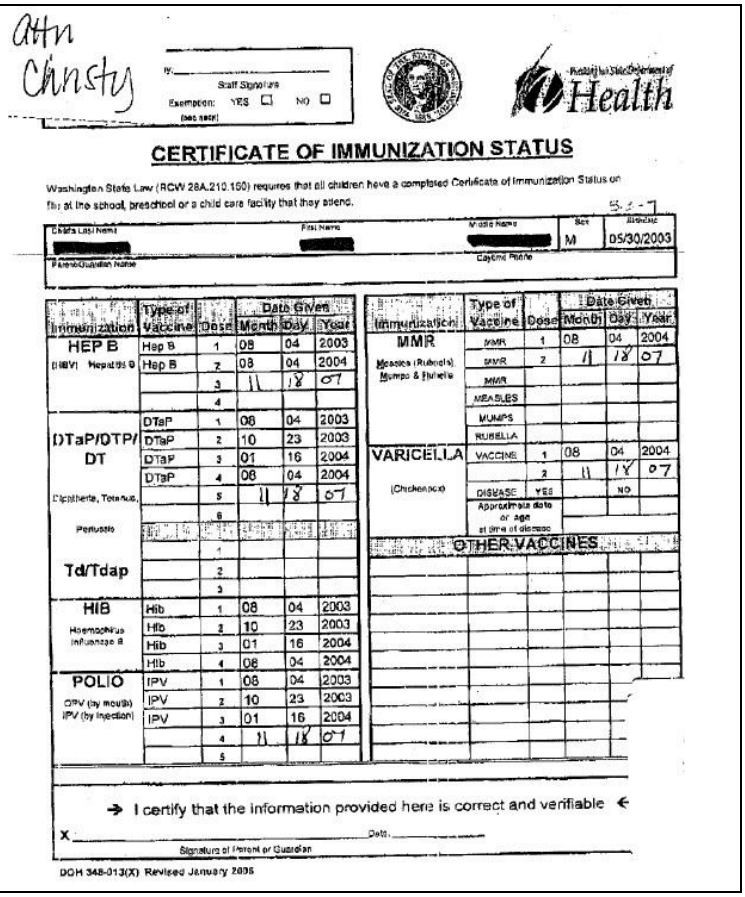
8TH STREET MEDICAL CENTER
215 8TH STREET
CLARKSVILLE, TENNESSEE
37040
(931)542-0010

Validated by the TN State Immunization Information System
09 22 2015
MM DD YYYY
Certified by (Signature/Stamp) or TennIIS Date of Issue

PH-4160 (Rev. 4/13) Certificate ID: 9149811711442927169884 RDA-WA



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



Attn Christy

Staff Signature

Exemption: YES ☐ NO ☐

Health

CERTIFICATE OF IMMUNIZATION STATUS

Washington State Law (RCW 28A.210.150) requires that all children have a completed Certificate of Immunization Status on file at the school, preschool or a child care facility that they attend.

Child's Last Name	First Name	Middle Name	Sex	Birthdate
[redacted]	[redacted]	[redacted]	M	05/30/2003

Parent/Guardian Name — Daytime Phone

Immunization	Type of Vaccine	Dose	Date Given Month	Day	Year
HEP B (HBV) Hepatitis B	Hep B	1	08	04	2003
	Hep B	2	08	04	2004
		3	11	18	07
		4			
DTaP/DTP/ DT	DTaP	1	08	04	2003
	DTaP	2	10	23	2003
	DTaP	3	01	16	2004
	DTaP	4	08	04	2004
Diphtheria, Tetanus, Pertussis		5	11	18	07
		6			
Td/Tdap		1			
		2			
		3			
HIB Haemophilus influenzae B	Hib	1	08	04	2003
	Hib	2	10	23	2003
	Hib	3	01	16	2004
	Hib	4	08	04	2004
POLIO OPV (by mouth) IPV (by injection)	IPV	1	08	04	2003
	IPV	2	10	23	2003
	IPV	3	01	16	2004
		4	11	18	07
		5			

Immunization	Type of Vaccine	Dose	Date Given Month	Day	Year
MMR Measles (Rubeola) Mumps & Rubella	MMR	1	08	04	2004
	MMR	2	11	18	07
	MMR				
	MEASLES				
	MUMPS				
	RUBELLA				
VARICELLA (Chickenpox)	VACCINE	1	08	04	2004
		2	11	18	07
	DISEASE	YES		NO	
	Approximate date or age at time of disease				

OTHER VACCINES

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

X _____ Date: _____

Signature of Parent or Guardian

DOH 348-013(X) Revised January 2005