



AIRA
AMERICAN IMMUNIZATION
REGISTRY ASSOCIATION

INFORMATION REQUEST

Topic: Content for Immunization Records

Request Date: July 29, 2021

Information Requested:

Vermont is wondering how other jurisdictions manage requests for immunization records from the IIS in terms of content:

- Do you modify the record provided to meet specific needs, such as adding a signature?
- Are you including a state seal and/or references to state law?
- Whose signature, if any, do you use?
- Are any statements included about it being an official record?

Requesting Member: Bridget Ahrens (VT)

Responding Member(s): Steve Nickel (CA), Miriam Muscoplat (MN), Amanda (Mandy) Harris (NV), David Baron (TN)

Results:

CA:

- Do you modify the record provided to meet specific needs, such as adding a signature? **No modification. Our request form is online and we export the full record in the form of a 'Yellow card' which is not official but standard for the state. We do require the requestor to upload picture of their Driver's license and declare they have the legal authority to access the record. A screen shot of the online form is below and the current YC card and new YC design are attached.**
- Are you including a state seal and/or references to state law? **State seal yes**
- Whose signature, if any, do you use? **No signature.**
- Are any statements included about it being an official record? **No**

We have a whole separate process for COVID that I can also describe.



CAIR2

Authorization To Release Healthcare Information

Disclaimer: Finding a match in this initial search does not guarantee that the requested patient record will be found in CAIR. Likewise, this initial search may identify multiple matching records and CAIR staff may need to contact you to obtain additional information before the correct record can be identified and released. If additional identifying information is requested but not returned within 7 business days, the record request will be denied. Please allow at least 14 business days for resolution of each record request.

COVID-19 records: If you are looking for your COVID-19 vaccination record **ONLY**, please complete the [DIGITAL COVID-19 VACCINE RECORD](#) request form using the telephone number and email address you provided when receiving your COVID-19 vaccine. Should you have any trouble retrieving your record, please follow the instructions received via your cellular phone or email, or visit our [Frequently Asked Questions](#) page. For further assistance, please call the Public Call Center at 833-422-4255.

Adults requesting records for adult children, family, spouses, or significant others: Anyone over the age of 18 is responsible for requesting his or her own record. Please have them submit their own request to avoid any delays in processing time, as requests are processed in the order they are received.

Minors requesting immunization records: Please have your parent or guardian request your records. Any requests submitted by a minor will be denied unless you are an emancipated youth and have court documents to show this.

Required fields are marked by an *

Patient Information

| | | | |
|--------------|---|---|--|
| First Name * | <input type="text"/> | Relationship To Patient * | <input type="radio"/> Self <input type="radio"/> Parent/Guardian |
| Middle Name | <input type="text"/> | | |
| Last Name * | <input type="text"/> | Name of Parent/Guardian (if patient is a minor *) | |
| DOB * | <input type="text"/> | First Name: | <input type="text"/> |
| Gender * | <input type="text" value="--SELECT--"/> | Last Name: | <input type="text"/> |
| | | Phone * | (<input type="text"/>) <input type="text"/> - <input type="text"/> |

Requestor Information

| | | |
|------------|----------------------|--|
| Name * | <input type="text"/> | Please indicate below how and where you would like your/your child's immunization record sent (choose 1 method only) |
| Address * | <input type="text"/> | |
| City * | <input type="text"/> | |
| Zip Code * | <input type="text"/> | |
| | | <input checked="" type="radio"/> Email <input type="text"/> |
| | | Email <input type="text"/> |

Requestor: Please upload a copy of a current **valid** government-issued ID with picture (i.e. current driver's license). If the child is a ward of the court, or you have been given custody of the child, please include a copy of the documentation authorizing you to receive a copy of the records. If you are from a foster care agency please include a copy of your badge with this request.

File Name * No file chosen

Electronic Signature

By checking this box and by entering your full name below, you are declaring under penalty of perjury under the laws of the State of California that you are the Patient or Parent/Guardian of the patient and are therefore authorized to access the patient's CAIR immunization /Tb record.

Full Name * Date

* THIS AUTHORIZATION EXPIRES NINETY (90) DAYS AFTER IT IS SIGNED

For any questions regarding these Disclosure and Share Policies, contact the CAIR Help Desk **800-578-7885**
CAIRHelpDesk@cdph.ca.gov

[View CDPH's privacy policy](#)



MN:

- Do you modify the record provided to meet specific needs, such as adding a signature?
 - We do not modify MIIC immunization records when sending to requestors.
- Are you including a state seal and/or references to state law?
 - MIIC immunization records do not contain a state seal or references to state law. The state logo is included on the record.
- Whose signature, if any, do you use?
 - N/A
- Are any statements included about it being an official record?
 - Minnesota does not have an official immunization record.

NV:

- Do you modify the record provided to meet specific needs, such as adding a signature?
 - The only time a record is "modified" from what a provider can generate is when it is access through our Public Portal. We do not list the name of the clinic that administered the vaccination, but instead display "PR" for "patient record." This was for safety reasons, should a parent or guardian w/o custody attempt to learn the whereabouts of the child and/or parent.
- Are you including a state seal and/or references to state law?
 - We do include the Nevada State Seal.
- Whose signature, if any, do you use?
 - No signature used
- Are any statements included about it being an official record?
 - Yes; see screenshot below

Additionally, the date & time the record was generated is displayed across the bottom of the record.



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Nevada Immunization Record *Official Document*

Registro de Inmunizacion *Documento Oficial*

Amanda (Mandy) Harris

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It is the mission of the Division of Public and Behavioral Health to protect,
promote and improve the physical and behavioral health of the people of Nevada
Find help 24/7 by dialing 2-1-1; texting 898-211; or visiting www.nevada211.org

Request Help during COVID-19: Click here → [Nevada CAN](#) get you connected.

NOTICE: This message and accompanying documents are covered by the electronic Communications Privacy Act, 18 U.S.C. §§ 2510-2521, may be covered by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and may contain confidential information or Protected Health Information intended for the specified individual(s) only. If you are not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, copying, or the taking of any action based on the contents of this information is strictly prohibited. Violations may result in administrative, civil, or criminal penalties. If you have received this communication in error, please notify sender immediately by e-mail, and delete the message.



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TN:

- Do you modify the record provided to meet specific needs, such as adding a signature?
 - The only modifications we make to the record are to update the demographic information (address and phone number) of the requester to match the demographic information they provided on their record request form if it is different than the information in the IIS. We do not add a signature.
- Are you including a state seal and/or references to state law?
 - Our records include the TN Department of Health Logo (as shown in my signature below) at the top of each page and the address and phone number of our central office in the footer at the bottom of each page along with a line that says, "Produced by the Tennessee Immunization Information System: 07/29/2021"
- Whose signature, if any, do you use?
 - We do not include a signature, just the statement noted above
- Are any statements included about it being an official record?
 - Not specifically, just as noted above.