

# TB Screening & CIR

https://ustlvcsd031.cosd.co.san-diego.ca.us - SDIR 10 fc 2 - Search > Health Screenings - FOR - Microsoft Inte...

**SDIR** SEARCH DEMOGRAPHICS IMMUNIZATION SCREENINGS ACTIVITY LOG SAVE UTILITY

Admin | Admin Admin | East Region PHC | East Region PHC  
 OROPEZA, MARIA | 02/28/2008 | 2 years 2 months

### Health Screenings

Height and Weight

Tuberculosis

Lead Screening History

Health Exam

Oral Health Exam

Done

https://ustlvcsd031.cosd.co.san-diego.ca.us - SDIR 10 fc 2 - Search > TB > Test - FOR AUTHORIZ - Microsoft In...

**SDIR** SEARCH DEMOGRAPHICS IMMUNIZATION SCREENINGS ACTIVITY LOG SAVE UTILITY LOGOUT

Admin | Admin Admin | East Region PHC | East Region PHC  
 OROPEZA, MARIA | 02/28/2008 | 2 years 2 months

RESET

Back to Screening Page

History Risk Factor Test Treatment Next Due Date / Outcome

### TB Tests and Results

Add New TB Test

HOME RECORD IPID - 1627925 Demog-ID - 9128129

Test ID	Test Facility	Test Date	Test Type	Test Result	Interpretation	History from Outside Facility	Read Date
96845	East Region PHC	02/28/2009	Skin Test - Mantoux	0 mm	Negative	N	03/03/2009

UPDATE DELETE CANCEL

TB Test ID	96845	Entered by	akc001
Test Date	02/28/2009	Test Type	Skin Test - Mantoux
Test Facility	East Region PHC	History from Outside Facility	No
Test Read Date	03/03/2009	Test Result	0 mm
Interpretation	Negative	Test Given By	A. Klein
Test Given By	A. Klein	Test Read By	A. Klein

https://ustlvcsd031.cosd.co.san-diego.ca.us/izcard?form=yc - Microsoft Internet Explorer

MMR	05/03/10	East Region PHC
MMR 1		
HIB	04/28/08	Transcribed - East Region PHC
Hib 1	06/28/08	Transcribed - East Region PHC
Hib 2		

Parents: Your child must meet California's immunization requirements to be enrolled in school and child care. Keep this Record as proof of immunization.  
 Padres: Su niño debe cumplir con los requisitos de vacunas para asistir a la escuela y a la guardería. Mantenga este Comprobante, lo necesitará.

DT/Td = Diphtheria, tetanus (difteria, tétano)

TB SKIN TESTS* Pruebas de la Tuberculosis						
Type**	Date given	Given by	Date read	Read by	mm/indur	Impression
PPD-Mantoux	02/28/09	A. Klein	03/03/09	A. Klein	0 mm	Neg

\* A chest x-ray may be indicated if skin test is positive.  
 \*\* If required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY (Radiografía) Film date: / / Interpretation:  normal  abnormal  
 yes  no  
 Person is free of communicable tuberculosis (Necessary if skin test positive.)

Signature/Agency: \_\_\_\_\_

PM 298 P2 (1/07) IMM-751K

The "Given By" and "Read By" names entered on the TB Skin Test screen now appear on the CIR.

# Entering waivers & printing Blue Card

https://ustlvucs031.cosd.co.san-diego.ca.us - SDIR 10 fc 2 - Search > Immunization - Unique On - Microsoft In...

**SDIR** SEARCH DEMOGRAPHICS IMMUNIZATION SCREENINGS ACTIVITY LOG SAVE UTILITY LOGOUT

Admin | Admin Admin | Audeo Charter School | Audeo Charter School  
 OROPEZA, MARIA | 02/28/1999 | 11 years 2 months

ALL RECORDS VALID RECORDS ONLY

11 Records (Unique Only)

Vaccine Date Dose Body Site Mfg Brand Name Lot # VIS Date Vaccinator

POLIO

Waivers  
 Contraindications/Precautions  
 Disease History  
 Add Iz from History  
 Other Provider

Vaccine Forecast Due 05/07/2010  
 IPV  
 Hep B  
 Varicella  
 Hep A-child  
 Tdap  
 MCV4P

https://ustlvucs031.cosd.co.san-diego.ca.us - SDIR 10 fc 2 - Search > Immunizations > Exemptio - Microsoft In...

**SDIR** SEARCH DEMOGRAPHICS IMMUNIZATION SCREENINGS ACTIVITY LOG SAVE UTILITY LOGOUT

Admin | Admin Admin | Audeo Charter School | Audeo Charter School  
 OROPEZA, MARIA | 02/28/1999 | 11 years 2 months

Immunization

Waivers

0 Records

vaccine name	group	type	permanent	start date	end date	Comment
MMR			<input checked="" type="checkbox"/>	05/07/2010		

SAVE DELETE CANCEL

Vaccine: MMR  
 Comment:   
 Waiver Type: Philosophical  
 Permanent:   
 Start Date: 05/07/2010  
 End Date:

https://ustlvucs031.cosd.co.san-diego.ca.us/izcard?form=bc - Microsoft Internet Explorer

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.

Student Name: OROPEZA, MARIA Sex:  M  F Birthdate: 02/28/1999 Place of Birth: United States

Name of Parent or Guardian: \_\_\_\_\_ Race/Ethnicity:  White, not Hispanic  Hispanic  Black  Other: Unknown

Telephone: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

VACCINE	DATE EACH DOSE WAS GIVEN					
	1st	2nd	3rd	4th	5th	Booster
POLIO (OPV or IPV)	04/28/1999	08/28/1999	08/28/1999			
DTP/DIaP/DT/Td <small>(Diphtheria, tetanus and acellular pertussis OR tetanus and diphtheria only)</small>	04/28/1999	08/28/1999	08/28/1999			
MMR (Measles, mumps, and rubella)						
HIB (Required only for child care and preschool)	04/28/1999	08/28/1999	08/28/1999			
HEPATITIS B	04/28/1999	08/28/1999				
VARICELLA (Chickenpox)						
HEPATITIS A (Not required)						

TB SKIN TESTS: Type\* PPD-Mantoux Other Date given 04/23/2010 Date read 04/26/2010 mm indur 0 mm Impression  Pos  Neg Film date: \_\_\_\_\_ Impression:  normal  abnormal Person is free of communicable tuberculosis:  yes  no

CHEST X-RAY (Necessary if skin test positive): \_\_\_\_\_

I. DOCUMENTATION  
 I certify that I reviewed a record of this child's immunizations and transcribed it accurately.  
 Date: \_\_\_\_\_  
 Staff Signature: \_\_\_\_\_

Record Presented was:  
 Yellow California Immunization Record  
 Out-of-state school record  
 Other immunization record  
 Specify: SDIR

II. STATUS OF REQUIREMENTS  
 A. All Requirements are met.  
 Date: / /  
 B. Currently up-to-date, but more doses are due later. Needs follow-up.  
 Exemption was granted for:  
 C. Medical Reasons—Permanent  
 D. Medical Reasons—Temporary  
 E. Personal Beliefs

III. 7th GRADE ENTRY  
 A. All Requirements are met.  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 B. Currently up-to-date, but more doses are due later. Needs follow-up.  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_

You can now enter a waiver and have it show up on the Blue Card and print it.

# H1N1 Waiver

https://ustlvucsd031.cosd.co.san-diego.ca.us - SDIR 10 fc 2 - Search > Immunizations > Exemptio - Microsoft In...

**SDIR** SEARCH DEMOGRAPHICS IMMUNIZATION SCREENINGS ACTIVITY LOG SAVE UTILITY LOGOUT

Admin | Admin Admin | East Region PHC | East Region PHC  
 LOPEZ, JESSICA | 11/02/1999 | 10 years 6 months

**Immunization** **Waivers** RESET

1 Records Add New

vaccine name	group	type	permanent	start date	end date	Comment
Novel Influenza H1N1-09 (TIV)	Swine Flu	Medical	N	05/07/2010	05/07/2011	test

https://ustlvucsd031.cosd.co.san-diego.ca.us - SDIR 10 fc 2 - Search > Immunization - Unique On - Microsoft In...

**SDIR** SEARCH DEMOGRAPHICS IMMUNIZATION SCREENINGS ACTIVITY LOG SAVE UTILITY LOGOUT

Admin | Admin Admin | East Region PHC | East Region PHC  
 LOPEZ, JESSICA | 11/02/1999 | 10 years 6 months

**ALL RECORDS** **VALID RECORDS ONLY** RESET

25 Records (Unique Only) Waivers Vaccine Forecast Due 05/07/2010  
 Add 12 from [Inventory](#) or [History](#) Novel Influenza H1N1-09, NOS

Vaccine	Date	Dose	Body Site	Mfg	Brand Name	Lot #	VIS Date	Vaccinator	Other Provider	Next Due Date
<b>POLIO</b>										
IPV	12/13/1999	1	LAT-IM	CON		N0826-2	02/06/1997		<input checked="" type="checkbox"/>	
IPV	03/23/2000	2	LL-SQ	CON		p0998-2	02/01/1999		<input checked="" type="checkbox"/>	
IPV	06/28/2000	3	LL-SQ	CON		p0692	02/01/1999		<input checked="" type="checkbox"/>	
IPV	06/15/2004	4	LA-SQ	PMC		X0555-2	01/05/1999	E.Siller, RN	<input checked="" type="checkbox"/>	
<b>DTP</b>										
DTaP	12/13/1999	1	LAT-IM	PMC		6916GA*	08/15/1997		<input checked="" type="checkbox"/>	
DTaP	03/23/2000	2	RAT-IM	PMC		U0161CA(PC)	12/16/1998		<input checked="" type="checkbox"/>	
DTaP	06/28/2000	3	LAT-IM	LED		469-397	12/16/1998		<input checked="" type="checkbox"/>	
DTaP	01/19/2001	4	LD-IM	SKB		939A2	08/15/1997	E.Siller, RN	<input checked="" type="checkbox"/>	
DTaP	06/15/2004	5	LD-IM	SKB		627A2	09/29/1999	E.Siller, RN	<input checked="" type="checkbox"/>	
<b>MMR</b>										
MMR	11/17/2000	1	RAT-IM	MSD		0401K	12/16/1998	M.Siordia, LVN	<input checked="" type="checkbox"/>	
MMR	06/15/2004	2	RA-SQ	MSD		0951N	10/11/1999	E.Siller, RN	<input checked="" type="checkbox"/>	
<b>HIB</b>										
Hib	12/13/1999	1	RAT-IM	MSD		1799H(hephib)	05/01/1996		<input checked="" type="checkbox"/>	
Hib	03/23/2000	2	LAT-IM	MSD		10756com...	12/16/1998		<input checked="" type="checkbox"/>	

Done Internet

**You can now enter a waiver for H1N1 without any problem.**

# VFC Form

https://ustfvucs031.cosd.co.san-diego.ca.us/admin/inventory/vmbip.jsp - Microsoft Internet Explorer

Address: https://ustfvucs031.cosd.co.san-diego.ca.us/admin/inventory/vmbip.jsp

HPV	0	26	0299Z 1350Y	05/30/2011 10/08/2011	Gardasil <sup>®</sup>		Single dose vials – 10 per box
IPV	2	69	D04132	05/27/2011	IPOL <sup>®</sup>		10 dose vial
Meningococcal Conjugate	1	54	U3077AA	10/29/2010	Menactra™		Single dose vials – 5 per box
Pneumococcal Conjugate	0				Prevnar <sup>®</sup>		Single dose syringes – 10 per box
Rotavirus	0	69	A41CBO04A 1586Y	02/23/2011 04/30/2011	Rotarix <sup>®</sup>		Currently not available.
					RotaTeq <sup>®</sup>		Single dose tubes – 10 per box
Td	0	251	U3006EA	11/09/2011	DECAVAC™		<input checked="" type="checkbox"/> Single dose vials – 10 per box <input checked="" type="checkbox"/> Single dose syringes – 10 per box
Tdap	0	162	U3035AA U2937CA	10/23/2011 06/26/2011	ADACEL		<input checked="" type="checkbox"/> Single dose vials – 10 per box <input checked="" type="checkbox"/> Single dose syringes – 5 per box
					BOOSTRIX		<input checked="" type="checkbox"/> Single dose vials – 10 per box <input checked="" type="checkbox"/> Single dose syringes – 5 per box
<b>VFC VACCINES STORED IN THE FREEZER</b>							
Varicella	1	104	1404Y 1559y	10/01/2011 11/06/2011	VARIVAX <sup>®</sup>		Single dose vials – 10 per box
MMR	1	94	1270y	09/03/2011	MMR-II <sup>®</sup>		Single dose vials – 10 per box

**IMPORTANT: IF MY VACCINE BRAND CHOICE/PACKAGING IS NOT AVAILABLE:**  Send another vaccine brand/packaging  Send my choice above when available  
Place your order with sufficient stock on hand to allow 3-4 weeks for the processing and delivery of your vaccine order.

CDPH 8501 (3/10) Please retain a copy for your records IMM-3

**The VFC “date” has been updated to 3/10.**

**All checkbox fields on the VFC Form can now be “checked”.**