

# **Read-Only User Guide**

Revised: 9/2016

For additional support, the following resources are available:

# **CAIR Help Desk**

Hours: Monday - Friday 8:00AM - 5:00PM Phone: 800-578-7889 Fax: 888-436-8320 Email: <u>CAIRHelpDesk@cdph.ca.gov</u>

Local CAIR Representatives (LCRs): <a href="http://cairweb.org/lcrs/">http://cairweb.org/lcrs/</a>

CAIR Website: <u>www.cairweb.org</u>

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# I. Introduction

# What is CAIR2?

The **California Immunization Registry (CAIR2)** is a secure web-based system available to health care providers including local health departments, community clinics, private medical offices and hospitals as well as other approved agencies such as schools, child care facilities and foster care. CAIR2 helps these providers/agencies track and update their patient/student/client immunization and tuberculosis (TB) test records. CAIR2 is free-of-charge and managed by the California Department of Public Health.

The goal of CAIR2 is to improve immunization services by providing a central location for health care providers and other approved entities to store and access a person's complete immunization and TB test history, forecasting the immunizations that are due based on ACIP recommendations, generating official patient/student immunization documentation (e.g., Yellow Card, Blue Card), and helping immunization providers manage their vaccine inventory, generate practice-level immunization reports and conduct reminder/recall activities. A major objective of CAIR2 is to reduce both missed opportunities to immunize and unnecessary duplicate immunizations.

## **User Responsibilities**

Records stored in CAIR2 are confidential medical information. Inappropriate use or disclosure of information may result in civil and criminal penalties per Federal and State laws and termination of your and/or your agency's rights to use CAIR2. As a CAIR2 user, you agree to read, understand and abide by Section 120440 of the California Health and Safety Code and the following CAIR2 Confidentiality Policies:

- Use CAIR2 only for your assigned duties that are related to providing immunization services.
- Use CAIR2 only from work computers at your worksite (not from home).
- Use CAIR2 only to find records for persons coming to your clinic/agency for services.
- Keep your CAIR2 password confidential. Do not share your password with anyone else.
- Log-off from CAIR2 at the end of your shift or at any time when you must leave your work area. Also make sure other people cannot see the CAIR2 information on your computer screen.
- Keep the patient information you get from CAIR confidential. This is required by law.
- Do not use your CAIR2 login from a past job ask the CAIR Help Desk to transfer your account.
- Understand that CAIRs automatically tracks which patient records you have accessed.

# II. Accessing CAIR2

CAIR2 is a web application; a computer with Internet and web browser is needed. To access CAIR2: 1. Open a web browser (e.g., IE, Firefox, Safari) and go to <a href="https://cair.cdph.ca.gov">https://cair.cdph.ca.gov</a>

CAIR2	Califor	nia Immu	nization	Registry
TRN	HOME	USER RESOURCES	RELATED LINKS	TRAINING
Org Code:	Hot Topics			<u>HT-1</u>
Username:	Welcome to the California I If you are an authorized user,	mmunization Registry, CAIR , please login using your uniqu	t! ie combination of Organization	Posted on 08/19/2015 Code, Username, and
Password: Login DO NOT ATTEMPT TO LOG ON UNLESS YOU ARE AN AUTHORIZED USER.	Password. If you are a new user, please requesting access for the first Help Desk at 800-578-7889 c excluding government holiday This site will work optimally for Safari or Firefox. If you are us the supported browsers.	visit the training tab above to t time, go to the <u>CAIR Enrolim</u> tr <u>CAIRHelpDesk@cdph.ca.qc</u> ys. or users logging in with Interne sing alternate browsers and ex	access training options. If you ent page to enroll. For additior w. Hours are 8:00 a.m 5:00 t Explorer browsers versions 8 perience display issues, pleas	are from an organization hal information, contact the CAIR p.m. Monday through Friday, 8 or higher, as well as Chrome, se consider switching to one of
Forgot Password?	About The California       Disclaimer     Contact Us	Immunization Registry		

On the CAIR 2 Login screen: Enter your CAIR2 **Org Code (Provider ID)**, **Username**, and **Password** and click the **Login** button.

#### Additional Information:

- The first time you log into CAIR2, you will be asked to read and agree to the Security Notification, reset your password and to enter security questions.
- If no email address has been entered you will be prompted to enter it.
- Each person accessing CAIR2 must have their own individual user account. To manage your user account, see Section III below (manage/access account tab).
- If you forget your password, click the Forgot Password? button to send a password reset email.
- Passwords must be changed every 60 days; the system will prompt you to change your password.
- A session will time out after 60 minutes of inactivity.
- User accounts will be disabled after 1 year of no activity.

#### Home Page

Once you log into CAIR2, the home page will appear. The home page is divided into the following sections:

- Announcements: Contains important information regarding enhancements and maintenance for CAIR2.
- <u>Release Notes</u>: Contains information regarding new releases of CAIR2.

	home   manage access/account   forms   related links   logout   help desk   🌾
CAIR2	organization CAIR Clinic 11 • user RO Davis • role CAIR Read Only
	announcements:
TRN 4.0.0	NEW 08/08/2016 ~ Welcome
Query Only view patient report	release notes:
	NEW 08/08/2016 ~ Release Version 1.0.0 CAIR 1.0

# III. Common CAIR2 Tools, Windows and Menus

#### Menu Bar

Once you are logged into CAIR2, several menu options are listed across the top of the screen. These options appear on every screen. The following options are available in the Menu Bar:

- Home: Returns you to the CAIR2 home page from anywhere within the application.
- Manage Access/Account: Allows you to update your user account information (e.g., contact information, password, security questions). Select each option on the blue menu on the left of this screen. To return to the application click on the blue hyperlink for your organization.
- Forms: A list of hyperlinks for printing blank forms and support documentation.
- Related Links: Hyperlinks to other immunization-related websites
- Logout: Logs you out of CAIR2.
- Help Desk: Displays contact information for the CAIR Help Desk.
- **Online Help**: Represented by a light bulb icon, online help displays page-specific help in a new window.

#### **User Confirmation Bar**

Directly beneath the Menu Bar is a row highlighted in light yellow which displays your organization, user name, and user role (level). This row appears on every screen.

#### Menu Panel

The Menu Panel appears in blue on the left side of the screen and contains the links to navigate in CAIR2.

# **IV. Searching for Patients**

To search for a patient in CAIR2, click the **view patient report** link underneath the 'Query Only' header in the left blue menu panel. The Patient Search Criteria screen will appear.

Patient Search Criteria		
Search by Patient		
* Minimum search criteria includes any two fields	S.	
Last Name	Mother's First Name	Find
First Name	Home Phone	Clear
Middle Name	Cell Phone	
Birth Date		
Search by Medical Record Number		
* Medical Record Number		
Search by CAIR ID		
* CAIR ID		
Search by Legacy CAIR ID		
* Legacy CAIR ID		

To search by patient demographic information (Search by Patient), enter a minimum of any two fields, including: Last Name, First Name, Middle Name, Birth Date, Mother's First Name, Home Phone Number, Cell Phone Number. Note: When searching using first and/or last names, CAIR2 disregards spaces, apostrophes, and hyphens.

You can also search using one field:

- 1. Medical Record Number (the patient's MRN associated with your clinic/agency)
- 2. CAIR ID (the patient's CAIR2 ID)
- 3. CAIR Legacy ID (the patient's 'old' CAIR1 ID)
- Once you enter the search information, click the 'Find' button at the right of the screen. Results that match your search criteria will display. Click the Last Name hyperlink for the correct patient.

						Possible	e Matches: 2
Last Name	First Name	Middle Name	Birth Date	Primary Patient Identifier	Mother's First	Gender	Status
MOUSE	MICKEY	JOSEPH	01/01/2010	DY-123	SARA	М	A
AKA: MOUSE	MOUSE,M J MINNIE	JUNE	01/01/2010		FRANNY	F	A

• The Patient's History/Recommendation screen will appear.

# V. Viewing a Patient's Immunization Record

The History/Recommendations screen has three sections: Patient Information, Immunization Record, and Vaccines Recommended by Selected Tracking Schedule.

Patient Informa	tion		(	Print Prin	t Confid	enti Rep	orts	Cancel
Patient Name (Fin	st - MI - Last)		DOB Gen	der Tracking Sche	dule	P	atient ID	
LIZA LOU		10	/18/2010 F	ACIP				
Provider (PCP)	Not on file							
School	Not on file							
Comments 05/09	/2015 ~ Asthma							
Current Anel 5 v	aara 10 month	o 22 dovo						
Current Age: 5 y	ears, 10 month	s, 22 days						
Immunization R	ecord							
Vaccine Group	Date Admin	Series	Vaccine [	Trade Name]	Dose	Owned?	Reaction	Hist?
DTP/aP	12/18/2010	1 of 4	DTaP, NOS	[DTaP, NOS ®]		No		Yes
	03/01/2011	2 of 4	DTaP-HepB-	IPV [Pediarix ®]	Full	No		
	05/15/2011	3 of 4	DTaP-HepB-	IPV [Pediarix ®]				Yes
	09/09/2016	4 of 4	DTaP-HepB-	IPV [Pediarix ®]	Full			
HepB	10/18/2010	1 of 3	HepB-Peds [E	ngerix-B Peds ®]		No		Yes
	03/01/2011	2 of 3	DTaP-HepB-	IPV [Pediarix ®]	Full	No		
	05/15/2011	3 of 3	DTaP-HepB-	IPV [Pediarix ®]				Yes
	09/09/2016		DTaP-HepB-IPV [Pediarix ®]		Full			
MMR	<u>10/01/2011</u>	NOT VALID	MMR [	MMR II ®]	Full	No		
	07/10/2016	1 of 2	MMR [	MMR II ®]	Full	No		
	08/08/2016	2 of 2	MMR [	MMR II ®]	Full	No		
Polio	12/18/2010	1 of 4	POI	0, NOS	<b>5</b>	NO		Yes
	05/01/2011	2 01 4	DTaP-Hepb-	IPV [Pediarix @]	Full	<u>INO</u>		Vee
	09/09/2016	4 of 4	DTaP-HepB-	IPV [Pediarix @]	Full			res
Vaccines Recon	mended by Se	lected Trackin	g Schedule	n v (r odianik oj				
Vaccine Gr	oup V	accine	Earliest Date	Recommend	ded Date		Past Due D	Date
DTP/aP	DT	P NOS		Com	alete			
HenA	Her	A NOS	10/18/2011	10/18/2	011		05/18/20	12
HepB	Her	B, NOS		Com	olete			
Influenza-se	asnl Fl	u NOS	04/18/2011	08/01/2		05/18/20	11	
MMR		MMR		Com	olete			
Polio	Po	io, NOS	Comp		Complete			
Varicella	<u> </u>	aricella	09/05/2016	09/05/2	016		09/05/201	16

# 1. Patient Information

This section contains basic demographic information about the patient. The Comments field lists any risks (contraindications), immunity (positive titers) or refusals (waivers) the patient has documented in CAIR. Some Comments also impact the vaccines that are recommended for the patient. These will be reflected in the the Recommended Vaccines by Selected Tracking Schedule (see below).

There are also 4 buttons at the top of this section:

- Print: Allows you to print this screen.
- Print Confidential: Allows you to print this screen without address, phone or comments.
- Reports: Takes you to patient reports screen (see Section VI below).
- Cancel: Takes you back to the Patient Search screen.

#### 2. Immunization Record

This section displays the patient's vaccination history. Information for each shot recorded includes:

- <u>Vaccine Group</u>: The vaccines are in alphabetical order. If the patient received a combination vaccine (e.g., Pediarix), the shot will appear in each vaccine group where it counts.
- <u>Date Admin</u>: Shows the date the shot was administered. You can click on the hyperlink to see the vaccine schedule for that vaccine as well as other information.
- <u>Series:</u> Shows where that shot counts in the series. If 'NOT VALID' or 'SUBPOTENT' is displayed, you can click on the Date Admin hyperlink for that shot for an explanation. If nothing is displayed, it means that an extra shot in the series was given, but that it is allowed by ACIP recommendations.
- <u>Vaccine (Trade Name)</u>: Shows the vaccine and Trade Name for that shot.
- <u>Dose</u>: Shows if the amount of vaccine given to the patient was a Full (standard) dose, or if less or more than the standard dose was given. If this column is blank, then the shot was entered as a historical dose and it should be assumed the dose was a full dose.
- <u>Owned?</u>: This shows which site entered the shot. If it is blank that means your site entered the shot. It is not who gave the shot. For example, if it is a historical shot, if your site entered it, then it will show you as the owner, even if you did not give that shot. If it says 'No', then your site did not enter the shot and you can click on the hyperlink it to see which site did.
- <u>Reaction:</u> Shows if a reaction has been documented for this shot. The entire row will also appear in red text. You can click the 'Yes' hyperlink in this column to see a description of the reaction.
- Hist?: Indicates this is a Historical (transcribed) shot that was entered (e.g., from a Yellow Card).

#### 3. Vaccines Recommended by Selected Tracking Schedule

This section displays which vaccines are currently recommended for the patient. Vaccines that are due are highlighted in green. This section lists the Earliest Date, Recommended Date and Past Due date for the vaccine based on the ACIP schedule. If a vaccine series is complete, contraindicated, or if the patient has documented immunity or has aged out of a specific vaccine series, this will be documented in this section next to the vaccine.

# VI. Patient Reports

You may generate and print the following Patient Reports for the patient:

- Immunization History Report
- Immunizations Needed/Routing Slip
- Yellow Card

A description and example of each report is displayed below.

To generate/print each of these reports:

- 1. On the patient's History/Recommendation screen click the **Reports** button at the top of the screen.
- 2. At the Reports Available for this Patient section, click **Immunization History Report** hyperlink.
- 3. Once the report is generated, it will be displayed using Adobe Acrobat Reader<sup>®</sup>.
- 4. To print the report, click the printer icon on the Adobe<sup>®</sup> toolbar. Click the **OK** button in the Print dialog box.
- 5. To return to the Patient Reports screen, you may close the Acrobat Reader<sup>®</sup> by clicking the X button in the upper right corner of the Immunization History Report window.

## **Immunization History Report**

The Immunization History Report displays demographics, contact information, and a detailed summary of the patient's immunization history. This report may be provided to the patient or parent/guardians if requested (e.g., if the patient/parent needs more detailed information than what is contained on the Yellow Card. It can also be filed in the patient's chart.

9/9/16				Imr	nuniz	ation Hist	ory F	lepo	rt			
						CAIR Clinic	11					
Patient ID:						Т	racking	Schedu	le: ACIP			
Eligibility:	VFC Eli	gible I	Medi-Cal/CHDP									
Patient Name	: LIZA LO	U										
Birth Date:	10/18/20	010	Gender: Fema	le								
	5 years,	10 m	onths, 22 days									
Vaccine Oroug	Data Admin	Carles	Vaccine (Trade Name)	Dosso	Min Code	1.014	Dout Dt	Decil St	Provider of Information	Shot Ohme	VIC Date	Dance
vaccine Group	Date Admin	Series	DTaP, NOS (DTaP, NOS	Dose	Mig Code	COLA	BOORL	800 St.	Provider of Information	anot Giver	vis bate	React
DTPaP	12/10/2010	1014	8] DTaP-HeoB-IPV (Pediarix			100.15			in Physicians		01/01/2000.	-
	03/01/2011	2 of 4	8] DTaP. HegB. IPV (Particula	Pul		12345		LG	IR Physicians		05/17/2007,	
	05/15/2011	3 of 4	8]	Ful					CAIR Clinic 11		04.04.0000	
	09/09/2016	4 of 4	DTaP-HepB-IPV [Pediank 8]	Ful	SKB	1234	IM	LD	CAIR Clinic 11	S Bloker	01/01/2000, 02/24/2015,	
НерВ	10/18/2010	1 of 3	Hep8-Peds [Engerix-8 Peds @]	Ful					IR Physicians			
	03/01/2011	2 of 3	DTaP-Hep8-IPV [Pediatix 6]	Ful		12345		LG	IR Physicians		01/01/2000, 05/17/2007,	
	06/15/2011	3 of 3	DTaP-HepB-IPV (Pediarix 61	Ful					CAIR Clinic 11			
	09/09/2016		DTaP-HepB-IPV (Pediatix	Ful	SKB	1234	IM	LD	CAIR Clinic 11	S Bloker	01/01/2000, 02/24/2015	
MMR	10/01/2011	Not	MMR [MMR I 6]	Ful		8765976	SC	LLFA	IR Physicians		03/13/2008	-
	07/10/2016	1 of 2	MMR [MMR II 6]	Ful		90-8870	sc	RG	IR Physicians		03/13/2008	-
	08/08/2016	2 of 2	MMR [MMR II 6]	Ful		897-8952370894	sc	LT	IR Physicians		03/13/2008	-
Polio	12/18/2010	1 of 4	Palio, NOS	Ful			+		IR Physicians			-
	03/01/2011	2 of 4	DTaP-HepB-IPV (Pediarix	Ful		12345	+	LG	IR Physicians		01/01/2000,	-
	05/15/2011	3 of 4	OTaP-HepB-IPV [Pediarix	Ful					CAIR Clinic 11		vormeser,	-
	09/09/2016	4 of 4	0TaP-HepB-IPV (Pediatix	Ful	SKB	1234	м	LD	CAIR Clinic 11	S Bloker	01/01/2000.	-
			(6)								02/29/2015,	
Desetion De							_					
No Records	Found.											
Patient Com	ments:								Start Date:	End Date:		
Asthma									05/09/2015			+
												_
Primary Phy	sician:											
Address:												
Physician's	Signature											
LIZA LOU						10/18/201	0					

#### **Immunizations Needed/Routing Slip Report**

The Immunizations Needed/Routing Slip report displays demographics, contact information, immunization record, and immunizations recommended by date. It can also be used by the clinic/doctor's office to document the shots to be given/given today for entry into CAIR after the appointment is finished. In addition, this report may be provided to the patient or parent/guardian as it identifies the upcoming immunizations needed. It also provides a place to document the next appointment date and clinic/agency phone number.

09/9/2016 CAIR Page 1						
	Immunizations Nee	ded /Routing Slip				
Patient ID: Patient Name (L, F, M): LOU, LI	Tracking Sched	Iule: ACIP Race	rican Indian or Alaska Native			
Birth Date: 10/18/2010		Nativ	e Hawaiian or Other Pacific Islander			
Age: 5 years, 10 months, 22 day	5	Blac	k or African-American			
Gender: F	Ethnicity:	What Othe	e r			
Patient Comments: Asthma		From Date:	To Date: 05/09/2015			
	Immunizati	on Record				
Vaccine Group Date Admi	n Series	Vaccine [Trade Name]	Dose			
DTP/aP 12/18/2010	1 of 4	DTaP, NOS	Full			
DTP/aP 03/01/2011	1 2 of 4	DTaP-HepB-IPV	Full			
DTP/aP 05/15/201	1 3 of 4	DTaP-HepB-IPV	Full			
DTP/aP 09/09/2010	3 4 of 4	DTaP-HepB-IPV	Full			
HepB 10/18/2010	1 1 1 1 1	HenB-Peds	Full			
HepB 03/01/201	1 2 of 3	DTaP-HepB-IPV	Full			
HepB 05/15/201	1 3 of 3	DTaP-HepB-IPV	Full			
HepB 09/09/2010	3	DTaP-HepB-IPV	Full			
MMR 10/01/201	Not Valid	MMR	Full			
MMR 07/10/2010	3 1 of 2	MMB	Full			
MMR 08/08/2010	3 2 of 2	MMB	Full			
Polio 12/18/2010	0 1 of 4	Polio, NOS	Full			
Polio 03/01/2011	1 2 of 4	DTaP-HenB-IPV	Full			
Polio 05/15/2011	1 3 of 4	DTaP-HepB-IPV	Full			
Polio 09/09/2010	3 4 of 4	DTaP-HepB-IPV	Full			
	Immunizations	Due Record				
Vaccine	Date Needed	Trade Name/ Lt #/Fundin	g Source Give These			
HepA	10/18/2011					
Influenza-seasnl	08/01/2016					
Varicella	09/05/2016					
TE	R Test	Give These				
PPD – Mantoux		one mose				
QuantiFERON						
T-Spot						
х-кау						
Clinician's Signature:						
Appointment:/	_/	Provider Phone Number:				
LOU, LIZA	9/9/16 1	:21 PM				

# Yellow Card

The Yellow Card is the official California immunization record for patients/parents/guardians. It should be printed and given to the patient/parent/guardian at the end of each visit in which immunizations were given.

											Page 1 of
Yellow Card				VACON	E 104		DATE	DOCTO	Rect: DR OFFICE D	R CLINIC	DATE NEXT
							GIVEN Secha de				DOSE DUE
				vecure			vacunación	médico	o oficina		VECLINE
1	MMUNIZ	ATION RECORD									
	Comproba	nte de Inmunización									
Name		100		MMR. COMMIT			10/01/2011	Ir Physic	iano		
nombre LIZA LI Birthdate	50	Sex		(2)			07/10/2018	It Physic	iano		
fecha de nacimiento 10/18/2	010	sexo F		HEPD			10/18/2010	In Physic	iana		-
Allergies alergies				(1) Heper	Peos						+
Vaccine Reactions				(Z)CTaP	Hepill-IPV		03/01/2011	a style.			
History of Chickenpox		Date Printed		DOTAP	Hepili-IPV Configurate		05/15/2011	CairClin	ię 11		
historia de varicela NO	NIS DOCUME	Dates	2016		Con pagano						
VACCINE	DATE	DOCTOR OFFICE OR CLINIC	DATE NEXT								
	GIVEN fecha de		próxima								
POLIC	vecuneción	médico o oficina	vecone					<u> </u>			
(Tirelo, NOS	12/18/2010	Ir Physiciana						+			+
(2)OTaP-Hep8-IPV	03/01/2011	Ir Physiciana		Preumo	Polysaccharió	•					
(310TaP-Hep8-PV	05/15/2011	Cair Clinic 11		100							
(4) DTaP-HasB-PV	09/09/2018	Cair Clinic 11					-				09/05/2015
					Type*	Dete	Given By D	uto and	Read By	Results	Interpretation
DTP	10000000	te Obugiciana		TB	QuantFERON	08/08/2018				1.00 Kiten Manufi	Neurise
CIDTaP, NOS	12/18/2010	er mysicians		Pruebe							
CTDTaP-Hep8-IPV	03/01/2011	Ir Physicians		de TB							
(1)DTaP-Hep8-IPV	05/15/2011	Celr Clinic 11									
(4)OTaP-Hep8-IPV	09/09/2016	Cair Clinic 11				<u> </u>	niv the firms of	out more	TR tests are	always.	
					If required for	or school en	try, must be M	initoux u	niess exceptio	n granted by local heal	th dept.
				CHEST	Film date: Person is free	e of commun	_ Interpretation scable tubercu	kosis: O	al 📋 abnorma	al .	
на				Allegar	Signature/Ag	ency: null			744 11 114		
				Parents: Keep thi	Your child me a record as pr	ust meet Cal oof of immur	itonia 8 immu rization.	nization r	equirements t	o be enrolled in school	
				Su hijo d	lebe cumplir o	on los requis	sitos de vacuna	pera o l	a escuela. Mar	ntenga este	
Yellow Card			-	VACCIN	#: 184 E		DATE	Med	Recif: OR OFFICE O	RICLINIC	Page 2 of DATE NEXT
Comproban	te de Inmun	ización - Pagina de Continua	ción	VECUTE			fecha de vacunación	médico	o oficina		DODE DOE
Name											vecume
nombre LIZA LOU											vecurie
				811							vectore
VACCINE	the second second			PLU							08/01/2015
vecume	GIVEN	DOCTOR OFFICE OR CLINIC	DATE NEXT	ALU							08/01/2015
BAV	DATE GIVEN fecha de vecunación	DOCTOR OFFICE OR CLINIC	DATE NEXT DOSE DUE próxima viscuta	FLU							08/01/2016
	DATE GIVEN fecha de vecunación	DOCTOR OFFICE OR CLINIC médice o oficina	DATE NEXT DOSE DUE próxima vacuna	FLU							08/01/2015
	DATE GIVEN fecha de vecunación	DOCTOR OFFICE OR CLINIC médice o oficina	DATE NEXT DOSE DUE présime vecuna	PLU							08/01/2015
HPV	DATE GIVEN fecha de vecunación	DOCTOR OFFICE OR CLINIC médico o oficina	DATE NEXT DOGE DUE proteine vecuta	RLU							08/01/2016
HPV	DATE GIVEN Necha de vecunación	DOCTOR OFFICE OR CLINIC médico o oficina	DATE NEXT DOGE DUE proxima Vicuna	FLU							06/01/2015
HPV	DATE GIVEN fecha de vecuneción	DOCTOR OFFICE OR CLINIC médico o oficina	DATE NEXT DOSE DUE próxima vecuna	ALU.							06/01/2015
HPV	DATE GIVEN fecha de Vecuneción	DOCTOR OFFICE OR CLINIC Indidico o officina	DATE NEXT DOST DUE provins vacuna	PLU							08/01/2016
HPV MENING	DATE GIVEN fecha de vecunación	DOCTOR OFFICE OR CLINIC Indidico o oficina	DATE NEXT DOGE DUE provins Secura	ALU.							08/01/2016
NPV MENING	DATE GIVEN Asoha de vacunación	DOCTOR OFFICE OR CLINIC médico o oficina	DATE NEXT DOSE DUE provino vecuna	RLU							08/01/2016
NEV MENING MENING B	DATE GIVEN fecha de vecunación	DOCTOR OFFICE OR CLINIC médico o oficina	DATE NEXT DOSE DUE provina Vacuna	RLU							VIIICUMIII 08/01/2015
NENING MENING B	DATE GIVEN Noha de Vacunación	DOCTOR OFFICE OR CLINIC endelice o officina	DATE NEXT DOSE DUE provins vecuns	RLU							08/01/2016
NENING MENING B	DATE GIVEN fische de vecunación	boctor office or clinic relation o affoina	DATE NEXT DOGE DUE promise secural	PLU							08/01/2015
NENING MENING B	DATE GIVEN de Vecta de Vecta de Vecta de Vecta de	DOCTOR OFFICE OR CLINIC médico o oficina	DATE NEXT DOGE DUE provins vacuna	PLU							08/01/2016
HPV MENING MENING B ROTAVIRUS	DATE GIVEN Archa de Vecunación	DOCTOR OFFICE OR CLINIC médico o oficina	DATE NEXT DOSE DUE provins vecuna	PLU							VIIICUMIII  VIIICUMIII  ORIGN/2015
HPV MENING MENING B ROTAVIRUS	DATE GIVEN Ascha de vecunación	DOCTOR OFFICE OR CLINIC médico o oficina	DATE NEXT DOSE DUE provins vecuna	PLU							VIIICUMIII 08/01/2015
HENNG MENING B ROTAVIRUS	DATE GIVEN Ascha de vacunación	DOCTOR OFFICE OR CLINIC melidico o oficina	DATE NEXT DOSE DUE prosina lacuna	PLU							VIECUMIE 08/01/2016
NEV MENING MENING B ROTAVIRUS ZOSTER	DATE GIVEN for the offer of the offer of the offer off	DOCTOR OFFICE OR CLINIC médico o oficina	DATE NEXT DOGE DUE provins occurs	PLU							Vietumia 08/01/2016
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NENING MENING B ROTAVIRUS ZOSTER	DATE GIVEN Ascha de Vecunación	DOCTOR OFFICE OR CLINIC médico o oficina	DATE NEXT DOSE DUE provins Vecuna	PLU							VIECUMIE 08401/2015
NENING MENING B ROTAVIRUS ZOSTER	DATE GIVEN Aschado Vacunación	DOCTOR OFFICE OR CLINIC médico o oficina	DATE NEXT DOGE DUE promise secural sec	PLU							VIECUMIE 08/01/2015 08/01/2015 
NENING MENING B ROTAVIRUS ZOSTER	DATE GIVEN de Vecunador	DOCTOR OFFICE OR CLINIC médico o oficina	DATE NEXT DOGE DUE provins occurs	PLU							VIECUNIE 08/01/2015
HEV MENING MENING B ROTAVIRUS ZOSTER	DATE GIVEN Necha de Vecunación	DOCTOR OFFICE OR CLINIC médico o oficina	DATE NEXT DOSE DUE provins vecuna	PLU							VIECUMIE VIECUMIE 08-01-2015 
HEV MENING MENING B ROTAVIRUS ZOSTER	DATE GIVEN Aschado Vecunación	DOCTOR OFFICE OR CLINIC medico o oficina	DATE NEXT DOSE DUE provins vecuna	PLU							VIECUNIE VIECUNIE ORIGH.(2015 
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