

# Read-Only User Guide

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Revised: 3/2019

**For additional support, the following resources are available:**

**CAIR Help Desk**

Hours: Monday - Friday 8:00AM - 5:00PM

Phone: 800-578-7889

Email: [CAIRHelpDesk@cdph.ca.gov](mailto:CAIRHelpDesk@cdph.ca.gov)

**Local CAIR Representatives (LCRs):** <http://cairweb.org/lcrs/>

**CAIR Website:** [www.cairweb.org](http://www.cairweb.org)

**Table of Contents**

<b>Introduction.....</b>	<b>3</b>
What is CAIR2?.....	3
User Responsibilities.....	3
<b>Accessing CAIR2 .....</b>	<b>3</b>
Home Page.....	4
<b>Common CAIR2 Tools, Windows and Menus.....</b>	<b>4</b>
Menu Bar.....	4
User Confirmation Bar.....	5
Menu Panel .....	5
<b>Searching for Patients.....</b>	<b>5</b>
<b>Viewing a Patient’s Immunization Record.....</b>	<b>6</b>
Patient Information.....	6
Immunization Record.....	7
Vaccine Recommendations by Selected Tracking Schedule..	7
<b>Patient Reports.....</b>	<b>7</b>
Immunization History Report.....	8
Immunizations Needed/Routing Slip.....	10
Yellow Card.....	10

## 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 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 user account and password confidential; do not share your account/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., Internet Explorer, Chrome, Firefox, Safari) and go to <https://cair.cdph.ca.gov>.
2. On the Login screen: Enter your CAIR2 **Org Code**, **Username**, and **Password** and click the **Login** button.

CAIR2  
California Immunization Registry

TRN HOME USER RESOURCES RELATED LINKS TRAINING

Org Code:   
Username:   
Password:   
Login

DO NOT ATTEMPT TO LOG ON UNLESS YOU ARE AN AUTHORIZED USER.  
Forgot Password?

**Hot Topics** [HT-1](#)

Welcome to the California Immunization Registry, CAIR! Posted on 08/19/2015  
If you are an authorized user, please login using your unique combination of Organization Code, Username, and Password.

If you are a new user, please visit the training tab above to access training options. If you are from an organization requesting access for the first time, go to the [CAIR Enrollment](#) page to enroll. For additional information, contact the CAIR Help Desk at 800-578-7889 or [CAIRHelpDesk@cdph.ca.gov](mailto:CAIRHelpDesk@cdph.ca.gov). Hours are 8:00 a.m. - 5:00 p.m. Monday through Friday, excluding government holidays.

This site will work optimally for users logging in with Internet Explorer browsers versions 8 or higher, as well as Chrome, Safari or Firefox. If you are using alternate browsers and experience display issues, please consider switching to one of the supported browsers.

- [About The California Immunization Registry](#)
- [Disclaimer](#)
- [Contact Us](#)

### Additional Information:

- The first time you log into CAIR2, you will be asked to read and agree to the Security Notification, change your password and enter answers to Security Questions.
- If no email address has been entered you will be prompted to enter it.
- If you forget your password, click the **Forgot Password?** button to reset your password.
- 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 one 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 about maintenance for CAIR2.
- Release Notes: Contains information regarding bug fixes and enhancements to CAIR2.



## 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:

1. 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.*

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*

### 2. Enter Search information:

Search by Patient: Enter two pieces of information (e.g., Last Name and First Name). If you don't find the patient, we recommend also searching by Last Name and Birth Date and/or First Name and Birth Date.

Note: When searching using first and/or last names, CAIR2 disregards spaces, apostrophes, and hyphens.

You can also search using one of the following fields:

- Medical Record Number (the patient's MRN associated with your clinic/organization).
- CAIR ID (the patient's unique CAIR ID#).

3. Click the **'Find' button**. Results that match your search criteria will display.

4. Look closely to find the correct patient and then click on the patient's Last Name to view the patient's record.

Possible Matches: 2								
Last Name	First Name	Middle Name	Birth Date	Primary Patient Identifier	Mother's First	Gender	Status	CAIR ID
LOU	LIZA		10/18/2016	AA8739	MARY	F	A	184
	AKA: LOU,LIZZY							
LOU	LIZA		03/11/2001		SARAH	F	A	5074755

## V. Viewing a Patient's Immunization Record

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

Patient Information		Print	Print Confidential	Reports	Cancel		
Patient Name (First - MI - Last)	DOB	Gender	Tracking Schedule	Medical Record Number			
LIZA LOU	10/18/2016	F	ACIP	AA8739			
Provider (PCP)	Not on file						
School	Not on file						
Comments	08/18/2010 ~ History of varicella (chicken pox)						
*Comments other than History of Varicella will not appear for this level of User Access.							
<b>Current Age: 2 years, 4 months, 21 days</b>							
Immunization Record							
Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?
DTP/aP	<a href="#">12/16/2017</a>	1 of 5	DTaP-HepB-IPV [Pediarix ©]	Full			
HepB	<a href="#">10/19/2016</a>	1 of 3	HepB-Peds [Engerix-B Peds ©]	Full			
	<a href="#">12/16/2017</a>	2 of 3	DTaP-HepB-IPV [Pediarix ©]	Full			
MMR	<a href="#">12/16/2017</a>	1 of 2	MMR [MMR II ©]	Full			
Polio	<a href="#">12/16/2017</a>	1 of 4	DTaP-HepB-IPV [Pediarix ©]	Full			
Vaccines Recommended by Selected Tracking Schedule							
Vaccine Group	Vaccine	Earliest Date	Recommended Date	Past Due Date			
<a href="#">DTP/aP</a>	DTaP, NOS	01/13/2018	01/13/2018	03/16/2018			
<a href="#">HepA</a>	HepA, NOS	10/18/2017	10/18/2017	05/18/2018			
<a href="#">HepB</a>	HepB, NOS	02/10/2018	02/10/2018	05/18/2018			
<a href="#">Hib</a>	Hib, NOS	01/18/2018	01/18/2018	01/18/2018			
<a href="#">Influenza-seasnl</a>	Flu NOS	04/18/2018	09/01/2018	05/18/2019			
<a href="#">MMR</a>	MMR	01/13/2018	10/18/2020	10/18/2022			
<a href="#">PneumoConjugate</a>	PCV13	10/18/2018	10/18/2018	10/18/2018			
<a href="#">Polio</a>	Polio, NOS	01/13/2018	01/13/2018	03/16/2018			
<a href="#">Varicella</a>	Varicella	Contraindicated					

### 1. Patient Information

This section contains basic demographic information about the patient. The Comments field lists any contraindications, immunity, or refusals the patient has documented in CAIR. Some Comments impact the vaccines recommendations for the patient (see Section 3).

**IMPORTANT NOTE:** As a Read-only user, you are not allowed to see Comments except for 'History of Varicella – Chickenpox' when viewing a patient's record or viewing/printing patient reports.

Clinical users (Regular/Power) are able to see all Comments. Clinical users at your site should view/print the patient's records if those Comments need to be seen.

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

- Print: Allows you to print an exact copy this screen.
- Print Confidential: Allows you to print the 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:

- **Vaccine Group:** 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.
- **Date Admin:** 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.
- **Series:** 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.
- **Vaccine (Trade Name):** Shows the vaccine and Trade Name for that shot.
- **Dose:** 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.
- **Owned?:** This shows which site entered the shot into CAIR. It is not who gave the shot. If it is blank that means your site entered 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.
- **Reaction:** 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 view, save and/or print the following Patient Reports for the patient: Immunization History Report, Immunizations Needed/Routing Slip, Yellow Card, Blue Card (Schools only)

A description and example of each report is displayed below. To view/print each of these reports:

1. On the patient's History/Recommendation screen click the **Reports** button at the top of the screen. The screen below will appear.

Reports Available for this Patient	
Report	Description
<a href="#">Immunization History Report</a>	Displays demographics, registry data, contact information, as well as detailed immunization history.
<a href="#">Immunizations Needed/Routing Slip</a>	Displays demographics, contact information, immunization history, as well as immunizations needed.
<a href="#">Yellow Card Report</a>	Prints the California Immunization Record Card).
<a href="#">Blue Card Report</a>	Prints the California School Immunization (Blue Card).






2. Click on the name of the report you want to view/print. It will display as an Adobe® PDF file.
3. To print the report, click the printer icon on the Adobe® toolbar. Click the **OK** button in the Print dialog box.
4. To return to the Patient Reports screen, you may close the Acrobat Reader® by clicking the X button in the upper right corner of the Immunization History Report window.

**IMPORTANT REMINDER:** As a Read-only user, you are not allowed to see Comments except for 'History of Varicella – Chickenpox' when viewing a patient's record or viewing/printing patient reports.

**Examples of Patient Reports**

**1. 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.

3/11/19		<b>Immunization History Report</b>											
CAIR Clinic 11													
Medical Record Number: <b>AA8739</b>						Tracking Schedule: <b>ACIP</b>							
Eligibility: <b>VFC Eligible Medi-Cal/CHDP</b>													
Patient Name: <b>LIZA LOU</b>						Gender: <b>Female</b>							
Birth Date: <b>10/18/2016</b>						<b>2 years, 4 months, 21 days</b>							
Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Mfg Code	Lot #	Bod Rt.	Bod St.	Provider of Information	Shot Giver	VIS Date	React	
DTP/aP	12/16/2017	1 of 5	DTaP-HepB-IPV [Pediatrix 	Full	SKB	RIX123	ID	LD	CAIR Clinic 11	S Bloker	02/24/2015, 07/20/2016,		
HepB	10/19/2016	1 of 3	HepB-Peds [Engerix-B Peds 	Full	SKB	HEPB789	IM	LA	CAIR Clinic 11	S Bloker	10/12/2018		
	12/16/2017	2 of 3	DTaP-HepB-IPV [Pediatrix 	Full	SKB	RIX123	ID	LD	CAIR Clinic 11	S Bloker	02/24/2015, 07/20/2016,		
MMR	12/16/2017	1 of 2	MMR [MMR II 	Full	MSD	M90831	SC	LD	CAIR Clinic 11	S Bloker	02/12/2018		
Polio	12/16/2017	1 of 4	DTaP-HepB-IPV [Pediatrix 	Full	SKB	RIX123	ID	LD	CAIR Clinic 11	S Bloker	02/24/2015, 07/20/2016,		
<b>Reaction Descriptions:</b>													
No Records Found.													
*Reactions not available for this level of User access													
<b>Patient Comments:</b>										<b>Start Date:</b>		<b>End Date:</b>	
History of varicella (chicken pox)										08/18/2010			
*Comments other than History of Varicella will not appear for this level of User Access.													
Primary Physician:													
Address:													
Physician's Signature													
LIZA LOU						10/18/2016							

## 2. 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.

03/11/2019

CAIR

Page 1

### Immunizations Needed /Routing Slip

<b>Medical Record Number:</b> AA8739	<b>Tracking Schedule:</b> ACIP	<b>Race:</b>
<b>Patient Name (L, F, M):</b> LOU, LIZA		<input type="checkbox"/> American Indian or Alaska Native
<b>Birth Date:</b> 10/18/2016		<input type="checkbox"/> Asian
<b>Age:</b> 2 years, 4 months, 21 days		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<b>Gender:</b> Female	<b>Ethnicity:</b>	<input type="checkbox"/> Black or African-American
		<input type="checkbox"/> White
		<input type="checkbox"/> Other

<b>Patient Comments:</b> History of varicella (chicken pox)	<b>From Date:</b> 08/18/2010	<b>To Date:</b>
<small>*Comments other than History of Varicella will not appear for this level of User Access.</small>		

Immunization Record				
Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose
DTP/aP	12/16/2017	1 of 5	DTaP-HepB-IPV [Pediarix ©]	Full
HepB	10/19/2016	1 of 3	HepB-Peds [Engerix-B Peds ©]	Full
HepB	12/16/2017	2 of 3	DTaP-HepB-IPV [Pediarix ©]	Full
MMR	12/16/2017	1 of 2	MMR [MMR II ©]	Full
Polio	12/16/2017	1 of 4	DTaP-HepB-IPV [Pediarix ©]	Full

Immunizations Due Record			
Vaccine	Date Needed	Trade Name/ Lt #/Funding Source	Give These
DTP/aP	01/13/2018		
HepA	10/18/2017		
HepB	02/10/2018		
Hib	01/18/2018		
Influenza-seasn1	09/01/2018		
MMR	10/18/2020		
PneumoConjugate	10/18/2018		
Polio	01/13/2018		
Varicella	01/13/2018		

TB Test	Give These
PPD – Mantoux	
QuantiFERON	
T-Spot	
X-Ray	

**Clinician's Signature:** \_\_\_\_\_

**Appointment:** \_\_\_/\_\_\_/\_\_\_

**Provider Phone Number:** \_\_\_\_\_

LOU, LIZA

3/11/19 1:13 PM



# Yellow Card

The Yellow Card is the 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.

Yellow Card, side 1

## IMMUNIZATION RECORD

*Comprobante de Inmunización*

**Name**  
*nombre* LIZA LOU

**Birthdate**  
*fecha de nacimiento* 10/18/2016      **Sex**  
*sexo* Female

**Allergies**  
*alergias* \_\_\_\_\_

**Vaccine Reactions**  
*reacciones de la vacuna* \_\_\_\_\_

**History of Chickenpox**  
*historia de varicela* Yes      **Date Printed**  
03/11/2019

**RETAIN THIS DOCUMENT - CONSERVE ESTE DOCUMENTO**

VACCINE <i>vacuna</i>	DATE GIVEN <i>fecha de vacunación</i>	DOCTOR OFFICE OR CLINIC <i>médico o oficina</i>	DATE NEXT DOSE DUE <i>próxima vacuna</i>
POLIO (1)DTaP-HepB-IPV	12/16/2017	CAIR Clinic 11	01/13/2018
DTP (1)DTaP-HepB-IPV	12/16/2017	CAIR Clinic 11	01/13/2018
Tdap			
HIB			01/18/2018

CAIR ID#: 184      Med Rec#: AA8739      Page 1 of 2

VACCINE <i>vacuna</i>	DATE GIVEN <i>fecha de vacunación</i>	DOCTOR OFFICE OR CLINIC <i>médico o oficina</i>	DATE NEXT DOSE DUE <i>próxima vacuna</i>
MMR (1)MMR	12/16/2017	CAIR Clinic 11	10/18/2020
HEPB (1)HepB-Peds	10/19/2016	CAIR Clinic 11	
(2)DTaP-HepB-IPV	12/16/2017	CAIR Clinic 11	02/10/2018
PneumoConjugate			10/18/2018
PneumoPolysaccharide			
VZV			01/13/2018

TB Tests <i>Prueba de TB</i>	Type*	Date Given	Given By	Date Read	Read By	Results	Interpretation
	QuantiferON	08/08/2016					1.03 IU/ml (Ag-null)
PPD-Mantoux	08/02/2017	NURSE LANE				Induration: 1 mm	Negative
PPD-Mantoux	08/02/2017	NURSE LANE				Induration:	

\* Only the three most recent TB tests are shown.

\* If required for school entry, must be Mantoux unless exception granted by local health dept.

CHEST X-RAY      Film date: 03/29/2017      Interpretation:  normal     abnormal  
 Person is free of communicable tuberculosis:     yes     no  
 Signature/Agency: KRATCHET MD

Parents: Your child must meet California 8 immunization requirements to be enrolled in school.  
 Keep this record as proof of immunization.  
 Su hijo debe cumplir con los requisitos de vacuna para a la escuela. Mantenga este

**DTP** = diphtheria, tetanus, pertussis (whooping cough) *difteria , tétanos , y tos ferina*      **MMR** = measles, mumps, rubella *papera sarampión Rubéola*      **VZV** = varicella (chickenpox) *varicela*  
**Hib** Hib meningitis (Haemophilus Influenza B) *meningitis Hib*      **HEPB** = hepatitis B      **( )** indicates a dose number in a series  
 PM 298 (7/98)

**Yellow Card**

CAIR ID#: 184

Med Rec#: AA8739

Page 1 of 2

**IMMUNIZATION RECORD**  
*Comprobante de Inmunización*



Name *nombre* LIZA LOU  
 Birthdate *fecha de nacimiento* 10/18/2016 Sex *sexo* Female  
 Allergies *alergias* \_\_\_\_\_  
 Vaccine Reactions *reacciones de la vacuna* \_\_\_\_\_  
 History of Chickenpox *historia de varicela* Yes Date Printed 03/11/2019

**RETAIN THIS DOCUMENT - CONSERVE ESTE DOCUMENTO**

VACCINE <i>vacuna</i>	DATE GIVEN <i>fecha de vacunación</i>	DOCTOR OFFICE OR CLINIC <i>médico o oficina</i>	DATE NEXT DOSE DUE <i>próxima vacun</i>
POLIO (1)DTaP-HepB-IPV	12/16/2017	CAIR Clinic 11	01/13/2018
DTP (1)DTaP-HepB-IPV	12/16/2017	CAIR Clinic 11	01/13/2018
Tdap			
HIB			01/18/2018

VACCINE	DATE GIVEN <i>fecha de vacunación</i>	DOCTOR OFFICE OR CLINIC <i>médico o oficina</i>	DATE NEXT DOSE DUE <i>próxima vacuna</i>
MMR (1)MMR	12/16/2017	CAIR Clinic 11	10/18/2020
HEPB (1)HepB-Peds	10/19/2016	CAIR Clinic 11	
(2)DTaP-HepB-IPV	12/16/2017	CAIR Clinic 11	02/10/2018
PneumoConjugate			10/18/2018
PneumoPolysaccharide			
VZV			01/13/2018

TB Tests <i>Prueba de TB</i>	Type*	Date Given	Given By	Date Read	Read By	Results	Interpretation
	QuantiferON	08/08/2016				1.03 IU/mn (Ag-null)	Negative
	PPD-Mantoux	08/02/2017	NURSE LANE			Induration: 1 mm	Negative
	PPD-Mantoux	08/02/2017	NURSE LANE			Induration:	

\* Only the three most recent TB tests are shown.  
 \* If required for school entry, must be Mantoux unless exception granted by local health dept.  
 CHEST X-RAY Film date: 03/29/2017 Interpretation:  normal  abnormal  
 Person is free of communicable tuberculosis:  yes  no  
 Signature/Agency: KRATCHET MD  
 Parents: Your child must meet California 8 immunization requirements to be enrolled in school.  
 Keep this record as proof of immunization.  
 Su hijo debe cumplir con los requisitos de vacuna para a la escuela. Mantenga este

**DTP** = diphtheria, tetanus, pertussis (whooping cough) *difteria , tétanos , y tos ferina*  
**Hib** Hib meningitis (Haemophilus influenza B) *meningitis Hib*  
 PM 298 (7/98)

**MMR** = measles, mumps, rubella *papera sarampión Rubéola*  
**HEPB** = hepatitis B

**VZV** = varicella (chickenpox) *varicela*  
**()** indicates a dose number in a series