

SAN DIEGO UNIFIED SCHOOL DISTRICT

Date: April 6, 2009

To: Elementary School Principals

Subject: SAN DIEGO IMMUNIZATION REGISTRY PILOT PROGRAM

**Department and/or
Persons Concerned:** School Nurses, School Site Clerical Staff

Due Date: Immediately

Reference: Administrative Procedures 6120 and 6355

Action Requested: Review information with school nurse and clerical staff

Brief Explanation:

The County of San Diego Health and Human Services Agency operates the San Diego Regional Immunization Registry (SDIR), which is part of the California Immunization Registry (CAIR). SDIR is a secure and confidential web-based immunization information system that allows immunization records to be shared with a student's doctor, health plan provider, school, and/or childcare provider. Immunization records entered into the registry identify vaccines that have been given or that are needed.

The Nursing and Wellness Department is collaborating with the San Diego Immunization Registry to offer entry of immunization records for **preschool and kindergarten students enrolling for the 2009/10 academic year**. The school registration packet will include the CAIR form, **Keep Your Immunization Records Online!** The parent will complete this form and submit the student's immunization record for verification. School staff will review the immunization record to verify if the student has completed all immunizations required for school entry. The completed CAIR form and the student's immunization record will be kept at the school site. A copy of the CAIR form and the student's immunization record will be collected into the designated envelope and given to the San Diego Immunization Registry for data entry.

School site cooperation with this collaboration benefits students, families and school staff and the community. This electronic record with SDIR will eliminate the staff requirement to complete a blue California School Immunization Record at registration. It also will eliminate the immunization data entry into Zangle at the school site for the **kindergarten and preschool students**. The immunization record for the student will be accessible for parents online. This generous offer by the San Diego

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Immunization Registry is only for this designated group of incoming preschool and kindergarten students at this time.

Questions may be directed to Eileen Griffiths, Project Nurse, Nursing and Wellness Program, at egriffiths@sandi.net or 858-636-4380.

Jennifer Gorman
Program Manager
Nursing and Wellness

APPROVED:

A handwritten signature in black ink, appearing to read 'Arun Ramanathan', written over a light blue horizontal line.

Arun Ramanathan
Chief Student Services Officer

JG:jm

Attachments (2)

Distribution: Lists B & D



San Diego Unified School District

2351 Cardinal Lane, Annex B San Diego, CA 92123-3743

Nursing & Wellness Program
Student Services Office

San Diego Immunization Registry

The County of San Diego Health and Human Services Agency operates the San Diego Regional Immunization Registry (SDIR), part of the California Immunization Registry (CAIR). SDIR is a secure and confidential web-based immunization information system which allows immunization records to be shared with a student's doctor, health plan provider, school, and/or childcare provider. Immunization records entered into the registry identify vaccines that have been given or that are needed.

By filling out the attached form and returning it to your child's school, your child's immunization record will be entered in SDIR. This allows the record to be easily located in situations such as:

- when you change doctors
- when your child changes schools or child care providers
- if you misplace or lose the record
- if there is a disease outbreak
- if there is a natural disaster

Once your child's record is in the SDIR, you will also be able to access it online. Please go to <http://www.immunization-sd.org/sdir/docs/View-Your-Immunization-Records-Online.pdf> for instructions.

For further information, you may visit the SDIR website at: www.immunization-sd.org/sdir/about.html or call the SDIR Help Desk at (619) 692-5656.

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## Registro Regional de Vacunas de San Diego

La Agencia de Salud y Servicios Humanos del Condado de San Diego administra el Registro Regional de Vacunas de San Diego (conocido por las siglas en inglés como SDIR), el cual es parte del Registro de Vacunas de California (CAIR). SDIR es un sistema electrónico el cual es seguro y confidencial y que le permite que estos archivos de vacunación sean compartidos con el médico u otro tipo de proveedor de salud, la enfermera de la escuela y /o el responsable de la guardería. De los archivos de vacunas en el registro, el personal de salud puede determinar cuales vacunas tiene su hijo y cuales vacunas faltan para estar al día según el programa recomendado.

Llenando y entregando la forma adjunta, el archivo de vacunas de su hijo estará inscrito en el SDIR. En esta manera, Ud. asegurará que el record de vacunas de su hijo se mantendrá en un archivo de datos centralizado el cual es seguro y privado. Esto permite que el record se localice fácilmente en el caso de:

- Cuando Ud. cambie el doctor de su hijo
- Cuando su hijo cambie de escuela o guardería
- Si no puede localizar o pierda el record de vacunas
- Si hay un brote de alguna enfermedad previsible por vacunas
- Si hay un desastre natural

Cuando el archivo de vacunas este en el SDIR, Ud. podrá verlo y imprimirlo por medio al internet. Favor de ir a <http://www.immunization-sd.org/sdir/docs/View-Your-Immunization-Records-Online-esp.pdf>

Para mayor información, Ud. visite el sitio de internet de SDIR a: [www.immunization-sd.org/sdir/about.html](http://www.immunization-sd.org/sdir/about.html) o llame a la Oficina de Ayuda de SDIR a (619) 692-5656.

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## Keep your immunization records online!

Do you want to make sure that your family's immunization records can be easily located by a health care provider when you change doctors, or during a disease outbreak, or natural disaster?

San Diego Regional Immunization Registry (SDIR), part of the California Immunization Registry (CAIR) will enter immunization records into the centralized, secure, and confidential database. Use **one** method below to **send both the copy of the immunization record and this completed form**:

- US mail - Immunization Branch, SDIR, P.O. Box 85222, San Diego, CA 92186
- fax (619) 692-6619
- email the SDIR Help Desk at: [sdir@immunization-sd.org](mailto:sdir@immunization-sd.org)

For more information, visit the SDIR Website at:

<http://www.immunization-sd.org/sdir/about.html>

or call the SDIR Help Desk at (619) 692-5656 .

Please complete the information below. **Fill out additional form(s) if submitting more than one immunization record.**

Please print clearly and include your phone number in case we need to call you!

| SUBMITTER                                                                                                                                                                                     | INDIVIDUAL ON RECORD                                                                                    |                   |                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------|-----------------------|
| Name:                                                                                                                                                                                         | Last name:                                                                                              |                   |                       |
| Street Address:                                                                                                                                                                               | First name:                                                                                             |                   |                       |
| City:                                                                                                                                                                                         | Date of Birth:                                                                                          |                   |                       |
| Zip Code:                                                                                                                                                                                     | Gender:                                                                                                 |                   |                       |
| Email:                                                                                                                                                                                        | <b>Fields below will help locate the immunization record in the future:</b>                             |                   |                       |
| Home Telephone:                                                                                                                                                                               |                                                                                                         |                   |                       |
| Relationship to individual on the record<br><input type="checkbox"/> Parent<br><input type="checkbox"/> Guardian<br><input type="checkbox"/> Self<br><input type="checkbox"/> Other [specify] | <input type="checkbox"/> Mother's maiden name: _____<br><input type="checkbox"/> Medical record # _____ |                   |                       |
|                                                                                                                                                                                               | <b>CAIR USE ONLY:</b>                                                                                   |                   |                       |
|                                                                                                                                                                                               | <input type="checkbox"/> ENTERED IN SDIR                                                                | DATE: ___/___/___ | STAFF INITIALS: _____ |
| For school records: I give my permission to share this information with the SDIR/CAIR.<br>Signature of Parent/Guardian: _____                                                                 |                                                                                                         |                   |                       |

Note: Immunization records are **only shared** with public health, participating health care providers, schools, childcare and other authorized programs that require the review of immunization records for enrollment.

## *¡Mantenga su archivo de vacunas en el internet!*

¿Quiere asegurar que los archivos de vacunas de Ud. y su hijo están fácilmente localizados por un medico cuando cambie de doctores, o durante un brote de enfermedad o desastre natural?

El Registro Regional de Vacunas de San Diego (SDIR), una parte del Registro de Vacunas de California (CAIR) invitan al público a enviar los archivos de vacunas para registrarlos en el centro de datos, el cual es seguro y confidencial. Utilice **uno** de los métodos abajo para enviar su archivo de vacunas acompañado con este formulario.

- Correo: Immunization Branch, SDIR, P.O. Box 85222, San Diego, CA 92186
- fax (619) 692-6619
- o por correo electrónico a: [sdir@immunization-sd.org](mailto:sdir@immunization-sd.org)

Para mas información, visite el sitio de Internet de SDIR:

<http://www.immunization-sd.org/sdir/about.html>

o llame al SDIR al (619) 692-5656 .

Favor de llenar toda la información descrita abajo. Si necesita enviar archivos de vacunas adicionales, llene formularios adicionales.

Escriba en letra molde e incluya su teléfono en caso que tengamos alguna pregunta.

| SOLICITANTE                                                                                                            | INDIVIDUO EN EL ARCHIVO                                                           |                      |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------|
| Nombre:                                                                                                                | Apellido:                                                                         |                      |
| Dirección:                                                                                                             | Primer nombre:                                                                    |                      |
| Ciudad:                                                                                                                | Fecha de nacimiento:                                                              |                      |
| Código Postal                                                                                                          | Genero:                                                                           |                      |
| Correo electrónico:                                                                                                    |                                                                                   |                      |
| Teléfono:                                                                                                              |                                                                                   |                      |
| Parentesco con persona del archivo                                                                                     | <b>Los datos abajo le ayudara a localizar el archivo de vacunas en el futuro:</b> |                      |
| <input type="checkbox"/> Padre de familia                                                                              | <input type="checkbox"/> Apellido de soltera de la madre:                         |                      |
| <input type="checkbox"/> Guardián                                                                                      | <input type="checkbox"/> Número de archivo médico #                               |                      |
| <input type="checkbox"/> Si mismo                                                                                      |                                                                                   |                      |
| <input type="checkbox"/> Otro [especifica]                                                                             |                                                                                   |                      |
| <b>CAIR USE ONLY:</b>                                                                                                  |                                                                                   |                      |
| <input type="checkbox"/> ENTERED IN SDIR                                                                               | DATE: ___/___/___                                                                 | STAFF INITIALS _____ |
| Para archivos de la escuela: Doy permiso para compartir esta información con SDIR/CAIR.<br>Firma de Padre/Tutor: _____ |                                                                                   |                      |

Nota: El archivo de vacunas está compartido con programas de salud pública, proveedores de salud, escuelas, guarderías y otros programas con autorización que necesitan revisar el archivo de vacunas para inscripción.