



VIIS User Guide

VIIS Client Reports Only

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Introduction

The “VIIS User Guide: VIIS Client Reports Only” is a simplified instructional for common tasks within VIIS for users assigned to the Client Reports Only Role. The VIIS Client Reports Only Role enables you to search for and print patient records. Client Reports Only Users cannot create nor modify patient records, inventory, or user accounts in VIIS.

It is recommended that any personnel that will **only search for and print patient immunization information** (e.g., school personnel, out-of-state providers) be assigned to the Client Reports Only Role.

VIIS Help Desk:

Monday-Friday

8:30 am – 5:00 pm

(866) 375-9795

VIIS_HelpDesk@vdh.virginia.gov



Set up VIIS Account (for First Time Users)

1. Enter the following URL into your browser:
<https://viis.vdh.virginia.gov/VIIS/portalInfoManager.do>
2. On the left-hand side of the VIIS Homepage, enter the following information:
 - a. **Organization Code** (“Org Code”)
 - i. Org Code is case sensitive with a capital letter
 - b. **Username**
 - i. Username typically is first initial and last name in *lower-case* letters
 - c. **Password**
 - i. A temporary password should be provided to you by your site’s VIIS Administrator
3. Once you have filled in your Org Code, Username and Temporary Password, click **“Login.”**

VIIS .. [Portal Main Page]

<https://viis.vdh.virginia.gov/VIIS/portalInfoManager.do>

Virginia Immunization Information System

HOME USER MANUAL RELATED LINKS TRAINING

Hot Topics

Welcome to the Virginia Immunization Information System site!

VIIS is best viewed in Internet Explorer 9.0 or higher

Please use your Organization Code, Username, and Password to login. If you have any questions contact the VIIS Help Desk at (866) 375-9795 or by email at: viis_helpdesk@vdh.virginia.gov. The Help Desk will be staffed from 8:30 am until 5:00 pm, Monday through Friday.

- [About Virginia Immunization Information System](#)
- [Disclaimer](#)
- [Contact Us](#)

Warning: All Computer System Users
The Virginia Department of Health's computer system is the property of and subject to the laws, rules and regulations of the Commonwealth of Virginia. It is intended for use only by authorized persons and only for official state business. All users of this system give their expressed consent to the monitoring of their activities on it. If such monitoring reveals possible evidence of unauthorized or criminal activity, it may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution.

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VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

4. You will then be redirected to a new page with the note “Validation Errors: Your password has expired. Please update before continuing” to change your password.
 - a. Passwords are case sensitive and must be between 12-20 characters in length
 - b. Users cannot repeat the last 24 passwords
 - c. Passwords must contain at least 3 of the following criteria:
 - i. Special Characters such as @#\$\$%
 - ii. Alphabetic Characters
 - iii. Numeric Characters
 - iv. Combination of upper- and lower-case letters
5. Once you’ve created your new password, click **“Save.”**



6. Once you save your password, you will be prompted to accept VIIS Information Systems Security Access Agreement. Review the terms and, once complete, click “**I Agree**” at the bottom of the page.

It is time to renew the Information System Security Access agreement and the User Confidentiality agreement for VIIS. Users are required to sign the agreement forms every 365 days. The following is the Information System Security Access agreement. Please read. Once completed, you will be automatically directed to the User Confidentiality agreement.

Information Systems Security Access Agreement

As a user of the Virginia Department of Health (VDH) information systems, I understand and agree to abide by VDH Security Policy and the following terms which govern my access to and use of the information and computer services of VDH.

Access has been granted to me by VDH as a necessary privilege in order to perform my authorized job functions for VDH. Passwords and login IDs should not be shared. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (such as Logon IDs, passwords, terminal IDs or file protection) for any purposes other than those required to perform my authorized employment functions. I agree to change passwords immediately if they are compromised. I will not incorporate passwords into any sign on software.

If, due to my authorized job functions, I require access to information on VDH information systems which are not owned by my organization, I must obtain authorized access to that information from the information owner and present access documentation to the data owner at VDH.

I will not disclose any confidential, restricted or sensitive data to unauthorized persons. I will not disclose information concerning any access control mechanism of which I have knowledge unless properly authorized to do so, and I will not use access mechanisms which have not been expressly assigned to me. I will not use VDH system(s) for commercial or partisan political purposes, such as using electronic mail to circulate advertising for products or for political candidates or issues.

I agree to abide by all applicable Federal, Commonwealth of Virginia, and VDH agency policies, procedures and standards which relate to the security of VDH information systems and the data contained therein.

If I observe incidents of non-compliance or data breach with the terms of this agreement, I am responsible for immediately reporting them to the management of VDH.

I give consent to the monitoring of my activities on the VDH information systems, and other systems accessed through VDH systems.

By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to the same. I further acknowledge that any infractions of this agreement will result in disciplinary action according to the State Employee Rules of Conduct, including but not limited to the termination of my access privileges.

Click the “I agree” button to abide by the terms of the Information System Security Access agreement. Once clicked, you will be directed to the User Confidentiality Agreement. If you do not agree to the terms of the Information System Security Access agreement, close your browser to exit VIIS. Users that don’t agree to both access forms will not be able to enter VIIS.

7. You will be prompted to accept the VIIS Security Policy & User Confidentiality Agreement. Review the terms and, once complete, click “**I Agree**” at the bottom of the page.

It is time to renew the User Confidentiality agreement for VIIS. Please read. Once completed, click the “I agree” button.

VIIS Security Policy & User Confidentiality Agreement

The Code of Virginia, § 32.1-46.01 authorizes the Virginia Immunization Information System (VIIS), a statewide immunization information system that manages electronic immunization records. This policy states behavior required of VIIS users, Virginia Department of Health (VDH), and Division of Immunization (DOI) to protect the confidentiality, privacy and accuracy of client information. VIIS is consistent with the Department of Health and Human Services and the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Authorized users of VIIS will include:

- Health care provider or health plans
- Schools or other organizations that provide health care services
- Individuals or organizations as required by law or in the management of a public health crisis
- Other immunization registries

The review of this policy must involve the participation of representatives from the private and public health care sectors.

VDH/DOI Host Site Security:

- The system will force users to change their password every 90 days.
- The VIIS system will time-out after 30 minutes.
- The VIIS system will maintain an audit trail for all information accessed.
- VDH will conduct a self-assessment of the potential risks and areas of vulnerability regarding VIIS and will develop, implement, and maintain appropriate security measures on an ongoing basis.
- The release of immunization information shall be for statistical purposes or for studies that do not identify individuals.
- VDH/DOI will work with interested data exchange partners through Data Exchange steps outlined in MOA.

Provider/ User Security:

- Access to VIIS information is authorized under the condition that it is required to perform my job function to promote the provision of immunization services or other clinical care services.
- All VIIS users will be required to sign a Confidentiality/ Security Agreement with VDH.
- Each user must renew the user confidentiality/security agreement every year.
- Each user is responsible for maintaining confidentiality.
- The user has the obligation to act on any request by an individual to opt out of VIIS. If the patient elects to opt out, the provider should promptly mark the record in VIIS as “Do Not Share”, so that only that provider may view the client’s immunization records.
- The user will make a reasonable effort to ensure the accuracy of all immunization and demographic information entered or edited.
- Virus protection is recommended for each client site.
- User desktops/laptops must have physical security and password screen savers when not being used by authorized individuals.
- Users will terminate the VIIS application prior to leaving the VIIS workstation.
- An ID and Password are required to access VIIS.
- Users will not share or disclose their ID or Password to anyone.
- VIIS records will be treated with the same vigilance, confidentiality, and privacy as any other patient medical record.
- Participants in data exchange shall provide an acceptable level of data quality, such as correct data fields, data accuracy and enough information to correctly merge with existing clients. Upon initial data delivery, and periodically thereafter, data shall be reviewed to determine data quality. Any rejected records shall be resolved by the participant in a timely way. VDH may suspend system privileges and refer to Virginia Code § 32.1-27 for additional action for any organization that submits inaccurate data.
- Any inappropriate use of VIIS data shall result in immediate suspension of user privileges and result in an investigation conducted by VDH. Additional actions may be taken in accordance with Virginia Code § 32.1-27. The VIIS program manager may reinstate privileges upon satisfactory completion of required remedial actions and guarantee of proper use of VIIS in the future.

I have read and agree to the security policy and certify all user accounts in VIIS are in accordance with the above statements.



8. You will be prompted to establish your security questions and answers. Once complete, click **“Submit.”**

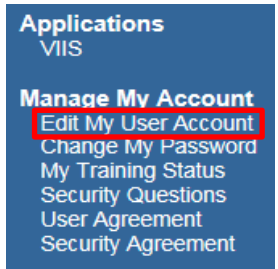
Please establish Security Questions and Answers

Question 1:
 Answer:
 Confirm Answer:

Question 2:
 Answer:
 Confirm Answer:

Question 3:
 Answer:
 Confirm Answer:

9. You will be redirected to the homepage. To enter contact information, on the left-hand menu under “Manage My Account,” select **“Edit My User Account.”** This will redirect you to the “Edit User” page.

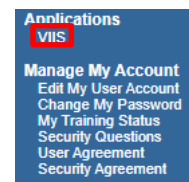


10. Populate the fields, then click **“Save.”**

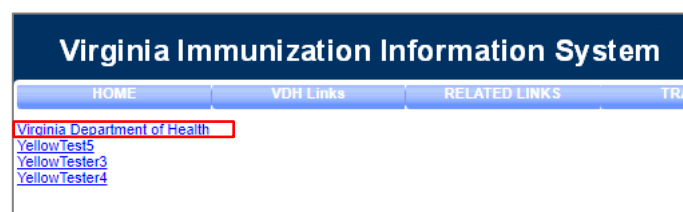
Edit User

* User First Name
 * User Last Name
 User Middle Initial
 Street Address
 Other Address
 P.O. Box
 City
 State Zip -
 Email
 Phone Number - Ext

11. To continue to your site’s VIIS account, on left-hand menu under “Applications,” select **“VIIS.”**



12. *For organizations with multiple sites only:* All sites associated to your account will appear as a hyperlink. To enter a specific site’s immunization registry, click on that site’s hyperlink.



Log into VIIS

1. To access VIIS, enter the following URL into your browser:
<https://viis.vdh.virginia.gov/VIIS/portallInfoManager.do>
2. On the left-hand side of the VIIS Homepage, enter the following:
 - a. **Organization Code** (“Org Code”)
 - i. Org Code is case sensitive with a capital letter
 - b. **Username**
 - i. Username is typically first initial and last name in *lower-case* letters
 - c. **Password**
3. Once you have filled in your Org Code, Username and Password, click **“Login.”** The Homepage will then refresh to reflect your site’s VIIS page
 - a. For *VIIS Users with multiple sites*, click on the hyperlink for the relevant site you wish to access.

Forgot Password

If forgotten password, active users (i.e., users that log into VIIS at least once every 60 days) have the ability to reset their own password provided they have a valid email address and answer the three (3) security questions. If a Typical User’s account becomes inactive, they will need to contact their site’s VIIS Administrator(s) to reactivate their account and reset their password.

1. On the VIIS login screen, click **“Forgot Password?”**
2. Enter your VIIS **Org Code, Username, and Email Address.**
3. Click **“Submit,”** after which a notification will pop up with the statement “A password reset link will be sent to the email address associated with your account and will be valid for 24 hours.”

4. You should receive an email from VIIS_HelpDesk@vdh.virginia.gov with the Subject “Requested Information.” Open this email.
 - a. Note: Please check your spam if cannot find email in your Inbox.
5. In the email, click on the password reset link.

A request has been submitted to change your VIIS password. Please follow the link below to reset your password. This link will be available for 24 hours.

<https://viis.vdh.virginia.gov/VIIS/securityChallenge.do?token=15992b1023bd0e12a33e047226cf8159d7389dbec97e503b2bbb2a115e92cbb1>

If you did not initiate this request, please contact the VIIS Help Desk.

VIIS Help Desk | (866) 375-9795 | viis_helpdesk@vdh.virginia.gov



6. Answer your first security question, then click **“Submit.”**

- a. Note: If you do not answer your first security question correctly, you will be prompted to answer another security question.

Please provide the answer to your security question.

What is your Fathers middle name??

Submit

7. Once you’ve successfully answered a security question, the “Change Password” screen will display.

- a. Enter a new password into the **“New Password”** field.
 - b. Re-enter the password into the **“Confirm New Password”** field.
 - c. Click **“Save.”**

Change Password

User Minnie Mouse

Username mmouse

* New Password

* Confirm New Password

Save

Cancel

8. You will then be redirected to the VIIS homepage.

Reset Expired Password

VIIS user passwords expire every 90 days. The system will prompt users to change their password at the next log-in. If user does not log into VIIS at least every 60 days, their account will become inactive and will need to contact their site’s VIIS Administrator(s) to reset their password. If the administrator is unable to reset the password, then the user should contact their VIIS Consultant or the VIIS Help Desk.

1. Access the VIIS Homepage.
2. Enter your Org Code and existing login credentials and click **“Login.”**
3. You will be redirected to a page that will state “Validation Errors: Your password has expired. Please update before continuing.”
4. Under the section titled “Change Password,” enter your new password in the “New Password” field and re-enter the new password in the “Confirm New Password” field.
5. Once the new password has been entered in both fields, click **“Save.”**
6. Once you have saved your password, you will be directed to a new page. Click on the link titled **“CLICK HERE TO CONTINUE.”**
7. You will then be redirected to the VIIS Homepage. On the left-hand menu under “Applications,” select **“VIIS”** to continue access to VIIS

Validation Errors

• Your password has expired. Please update before continuing.

Change Password

User Lucky Charms

Username lcharms

* New Password

* Confirm New Password

Save

Cancel



Search for Patients in VIIS

1. Log into VIIS.
2. On the left-hand menu, under “Query Only,” select “**View Patient Report.**” This will redirect you to the “Patient Search Criteria” page. Follow the rest of the steps to access the patient’s information.
3. On the “Patient Search Criteria” page, it is recommended that you search for the specific patient using their Medical Record Number, or a combination of last name, first name, and date of birth.
 - a. Note: At least two fields are required when conducting a search using fields other than the VIIS ID or Medical Record Number. Start your search with just a few letters of the patient’s first and last name. Too much information at once can decrease the odds of finding the patient.
4. Once patient information is entered, click “**Find.**”

Query Only
view patient report

Patient Search Criteria


Search by Patient

** Minimum search criteria includes any two fields.*

Last Name Mother's Maiden Name **Find**

First Name Mother's First Name

Middle Name Home Phone - - **Clear**

Birth Date  Cell Phone - -

Gender ☐ M ☐ F ☐ N/A

Search by Medical Record Number

** Medical Record Number*

5. The results of your search will appear at the bottom of the page, under “Possible Matches.” Click on the hyperlink in the patient’s last name to access their Patient Information.

Patient Search Criteria


Search by Patient

** Minimum search criteria includes any two fields.*

Last Name Mother's Maiden Name **Find**

First Name Mother's First Name

Middle Name Home Phone - - **Clear**

Birth Date  Cell Phone - -

Gender ☐ M ☐ F ☐ N/A

Search by Medical Record Number

** Medical Record Number*

Possible Matches: 8

Last Name	First Name	Middle Name	Birth Date	Primary Patient Identifier	Mother's First	Mother's Maiden Last	Gender	Status	VIIS ID
TESTL	TEST F		01/01/1953				M	N	13233583



- a. If there are multiple results, click on the relevant link by based on the corresponding Date of Birth and/or other information such as Middle Name or Medical Record Number.
- b. If you see any of the following messages, please take the subsequent steps listed:
 - i. ***“Please refine your search criteria to limit your patient list”*** – Please enter patient information in the additional fields and search again by clicking on **“Find.”**
 - ii. ***“No patients were found for the requested search criteria”*** – Please check your spelling and try again, enter information in the additional fields, or search by nicknames, maiden names, or hyphenated names (Note: If you continue to see this message, the patient is not documented in VIIS).

View Patient Immunization History

1. Follow the steps listed in [Search for Patients in VIIS](#).
2. You will then be redirected to the “Patient Information” page. On this page, you can view the following three sections:
 - A. Patient Information (see section “Patient Information)
 - B. Patient’s immunization history (See section “Immunization Record”)
 - C. List of recommended vaccines and dates for immunizations to be administered based off the patient’s age and history in VIIS (See section “Vaccines Recommended by Selected Tracking Schedule”)
3. If you wish to print this information, click **“Print,”** which will automatically open a PDF version of the report that you can print from your computer. Once printed, click **“Cancel”** to return to the “Patient Information” Page.
 - a. Note: Clicking on **“Print Confidential”** will hide the patient’s Provider, School, and Comments in the PDF version.



A →

B →

C →

Patient Information
Print
Print Confidential
Reports
Cancel

Patient Name (First - MI - Last)	DOB	Gender	Tracking Schedule	Medical Record Number	VIIS ID
TEST F TEST L	01/01/1953	M	ACIP		13233583
Provider (PCP)	Not on file				
School	Not on file				
Comments					

Current Age: 68 years, 5 months, 15 days

Immunization Record

Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?
Influenza	11/08/2017	Booster	Influenza Quadrivalent P-Free	Full	No		
	11/13/2017		Influenza Quadrivalent P-Free	Full	No		

Vaccines Recommended by Selected Tracking Schedule

Vaccine Group	Trade Name	Earliest Date	Recommended Date	Past Due Date
HepA	Hep A, NOS	01/01/1954	01/01/1954	08/01/1954
HepB	Hep B, NOS	01/01/1953	01/01/1953	04/01/1953
HPV	HPV, NOS	01/01/1962	01/01/1962	01/01/1962
Influenza	Influenza, NOS	12/11/2017	11/13/2018	11/13/2018
Meningo	Meningococcal, NOS	01/01/1969	01/01/1969	01/01/1971
MMR	MMR	01/01/1954	01/01/1954	05/01/1954
Pneumo-Poly	Pneumococcal 23	01/01/2018	01/01/2018	01/01/2019
Polio	Polio, NOS	02/12/1953	03/01/1953	04/01/1953
Td	Td, preservative-free	01/01/1960	01/01/1960	01/01/1960
Zoster	Zoster Unspecified	01/01/2003	01/01/2003	01/01/2004

Print the Official Immunization Report

- Follow steps listed in [Search for Patients in VIIS](#).
- Once you've clicked on the relevant patient's link, click **"Reports"** to open the Reports page.

Patient Information
Print
Print Confidential
Reports
Cancel

Patient Name (First - MI - Last)	DOB	Gender	Tracking Schedule	Medical Record Number	VIIS ID
TEST F TEST L	01/01/1953	M	ACIP		13233583
Provider (PCP)	Not on file				
School	Not on file				
Comments					



3. There are two reports listed on this page:

Report	Description	Additional Information
Official Immunization	Displays demographics and detailed immunization history. No address or contact information is displayed.	None
Immunizations Needed	Displays demographics, contact information, immunization history, as well as immunizations needed.	None

- a. **Official Immunization:** An official copy of the patient's immunization history.
- i. Note: The official record can be identified by the state seal in the center of the page and the words "Official Immunization Record" at the top of the page.

26 Mar 2021 Page: 1 of 2

Virginia Immunization Information System
Virginia Department of Health
Official Immunization Record

Chart Number: _____ Tracking Schedule: **ACIP** VHS ID: **13739141**

Client Name (L, F, M): **BELL, WILLIAM TESTTEST** Mother's Maiden Name (L, F): **ROSS, BETSY**

Birth Date: **02/01/2000** Gender: **Male** Race: _____ Ethnicity: _____

Client Comments:

Patient Comments: Allergy to neomycin (anaphylactic) - MMR IPV VZV Allergy to Latex (anaphylactic) Clinician has decided to repeat the Hep B series Clinician has decided to repeat the Varicella series History of Chicken Pox/Varicella History of Meningococcal	Start Date: _____ End Date: 10/26/2020
---	--

Vaccine Group	Date Admin	Series	Trade Name	Dose	Qty Code	Lot #	Exp Dt	Exp St	Provider of Information	Administered By	VS Date	React
Adenovirus	01/08/2021	1 of 6	Adenovirus (Adenovirus R)	Ful	MR	01/285	02	LA	Yellow-Taster	Stan Pham	03/10/2016	
Cholera	02/08/2021	Not Valid	Cholera, live attenuated (R)	Ful	PAK	20786/25	08	LA	Yellow-Taster	Stan Pham		
Contraceptive	03/03/2021	1 of 2	Contraceptive (Injectable) (R)	Ful	PR	000000	08	LA	Yellow-Taster	Stan Pham		
Diphtheria	03/03/2021	Diphtheria (Diphtheria R)	Ful	PR	01/285	02	LA	Yellow-Taster	Stan Pham	03/10/2016		
HepA	01/13/2021	1 of 2	Hep A (Hep A R)	Ful	MR	01/285	02	LA	Yellow-Taster	Stan Pham		
HPV	02/11/2021	1 of 3	HPV (Bivalent) (Bivalent R)	Ful	MR	01/285	02	LA	Yellow-Taster	Stan Pham	12/02/2016	
IPV	11/23/2020	IPV (IPV (IPV R)	Ful	MR	01/285	02	LA	Yellow-Taster	Stan Pham			
MMR	02/16/2021	MMR (MMR (MMR R)	Ful	MR	01/285	02	LA	Yellow-Taster	Stan Pham			
Influenza	08/11/2018	Booster	Influenza Quadrivalent	Ful	MR	01/285	02	LA	Yellow-Taster	Stan Pham	08/07/2015	Yes(1)
Influenza	02/18/2021	Booster	Influenza Quadrivalent	Ful	MR	01/285	02	LA	Yellow-Taster	Stan Pham	08/07/2015	
Polio	02/03/2021	Polio (Polio (Polio R)	Ful	MR	01/285	02	LA	Yellow-Taster	Stan Pham			
Td	02/03/2021	1 of 3	Td (Td R)	Ful	MR	01/285	02	LA	Yellow-Taster	Stan Pham		
Tdap	02/03/2021	1 of 3	Tdap (Tdap R)	Ful	MR	01/285	02	LA	Yellow-Taster	Stan Pham		
Typhoid	08/11/2018	Typhoid (Typhoid R)	Ful	MR	01/285	02	LA	Yellow-Taster	Stan Pham			

- b. **Immunizations Needed:** An unofficial report as well as a "Reminder" report that serves as an unofficial copy of the patient's immunization history and includes a list of immunizations not yet received.



26 Mar 2021		Virginia Immunization Information System		Page 1 of 2	
Virginia Department of Health Immunization Record					
Chart Number:		Tracking Schedule: ACIP		VIIS ID: 13739141	
Client Name (L, F, M): BELL, WILLIAM TESTTEST		Mother's Maiden Name (L, F): ROSS, BETSY			
Birth Date: 02/01/2000		Gender: Male		Race: Black	
Age: 21 years, 1 month, 25 days		Ethnicity: Hispanic or Latino			
Name (L, F, M): BELL, WILLIAM					
Address: 12358 MAIN RD					
City: HAMPTON		State: VA		ZIP: 23503	
Phone:					
Client Comments:					
Allergy to neomycin (anaphylactic) - MMR IPV VZU		From Date:		To Date:	
Allergy to Latex (anaphylactic)		From Date:		To Date:	
Clinician has decided to repeat the Hep B series		From Date: 10/26/2020		To Date:	
Clinician has decided to repeat the Varicella series		From Date:		To Date:	
History of Chicken Pox/Varicella		From Date:		To Date:	
History of Meningococcal		From Date:		To Date:	
Immunization History					
Tracking Schedule: ACIP					
Vaccine Group	Date Admin	Series	Trade Name	Dose	Reaction
Anthrax	01/06/2021	1 of 6	Anthrax	Full	
Cholera	02/08/2021	Not Valid	Cholera, live attenuated	Full	
Coronavirus	03/25/2021	1 of 2	COVID-19, mRNA, LNP-S, PF, 30 mcg/0.5	Full	
Diphtheria	03/22/2021		Diphtheria	Full	
HepA	01/13/2007	1 of 2	Hep A, NOS	Full	

- Click on the report hyperlink, which will automatically open a PDF version of the report that you can print from your computer.
- After printing, the Signature Section needs to be completed by a physician or registered nurse as well as a Vaccination Station Staffer.

Frequently Asked Questions (FAQs)

I forgot my password, how do I reset it?

Follow the steps listed in [Forgot Password](#). Please note that you must be an active user in order to utilize this feature. You can maintain Active status by logging into VIIS at least once every 60 days. If a Typical User's account becomes inactive, they will need to contact their site's VIIS Administrator(s) to reactivate their account and reset their password.

I cannot find a patient that I know exists in VIIS, how can I find that patient's profile?

It is likely that you need to use vaguer criteria when searching for the patient. Too much information at once can decrease the odds of finding the patient. Follow the steps listed in [Search for Patients in VIIS](#). For Step #3, it is recommended that you start your search with just a few letters of the patient's first and last name (e.g., for John Smith, enter "Jo" for first name and "Sm" for last name).

How do I print a patient's Official Immunization Record?

Follow the steps listed in [Print the Official Immunization Report](#). Once you've identified the correct patient profile, click **"Reports"** to access the report page. Be sure to click on the **"Official Immunization"** hyperlink to access the patient's Official Immunization Record. Clicking on the hyperlink will automatically open a PDF version of the report that you can print from your computer.

