Quick Reference Guide: WyIR School Module

Last Revised: 07/2024

This quick reference guide outlines the process for using the Wyoming Immunization Registry (WyIR) School Module. School-authorized users can search for a student, print an Official Record of Immunization (certificate of immunization status), view a vaccination forecast, run reports, and add historical vaccines.

The school-authorized user can only access the student's immunization record in the WyIR if parent or guardian consent is obtained. For more information on parent or guardian consent, please visit the Immunization Unit's <u>webpage</u>. Access must NOT be used to search for school staff, family, or friends.

Steps for logging in and accessing the WyIR school module:

- 1. Log in to the WyIR.
- WyIR users with school district access will be shown the "Choose School" page. Use the "Click to select" button to choose the school from a list.

Choose School		
Choose a school to work fro	m for this session.	
School:		Click to select
Default Grade:	1 •	

3. The "Select School" page will populate. Use the "Name" box to search for the school. Click the selected school within the "Search Results" box. Then click "Continue."

Select School	
Search Criteria:	
State:	WYOMING
County:	ALBANY •
School District:	ALBANY #1
Туре:	All Public Only Private Only
Name:	O Begins with: Contains:
	Search



Wyoming Department of Health Immunization Unit (307) 777-7952 <u>www.immunizewyoming.com</u> 4. This will direct the school district-authorized user to the "Patient Search" page. The school nurse access level authorized user will automatically populate the page.

Patient Search				Click here to use the 'advand	ced' search
First Name or Initial:			SIIS Patient ID:		
Last Name or Initial:			Student ID:		
Birth Date:					
Family and Address Information:					
Guardian First Name:					
Street					
City:]	State:	Select	
Zip Code:			Phone Number:		
Country:	United States of Amer	ica	× •		
Check here if adding a new patient.					
				Clear	Search

Search for a student:

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- 1. To search for a student, please see the <u>Quick Reference Guide: Search for a Patient</u>.
- 2. From the "Patient Search Results" select the correct student.

Records Found = 1 Search Criteria: First Name / Last Name (Exact)						
		Search:				
🗧 🗧 Last Name 🗢	Birth Date 🗢	City 🔶 Grd First Nam	e 🔶 🛛 Grd Last Name 🖨			
TEST	07/04/2005 CHE	YENNE MOMMY				
	♦ Last Name ♦ TEST	 ♦ Last Name ♦ Birth Date ♦ TEST 07/04/2005 CHE 	Search Criteria: First Name / Last Name (Exact) ♦ Last Name Search: [TEST 07/04/2005 CHEYENNE MOMMY			

3. Once you select the correct student, the "Patient Detail" screen will populate.

Patient Detail				
First Name:	TIMMY	Street:	6101 YELLOWSTONE	
Middle Name:		City:	TORRINGTON	
Last Name:	TEST	County:	GOSHEN	
Birth Date:	07/04/2005	State:	WYOMING	
Multi Birth Indicator	N	Zip Code:	82240	
Birth Order		Home Phone:		
Sex:	MALE	Cell Phone:		
Student ID:				
Guardian Name:	MOMMY			
+ Patient Specific Reports				
School Reporting				
School:	ANDERSON ELEMENTARY SCHOOL	✓	Include on Reports:	Z
Grade Level:	▼			
School Entry Date:				
			Cancel Edit	Update

4. From this screen, you can update the grade level and choose to include this student on your school reports. Once you have made the changes and selections, click the "Update" button.

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- 5. The school-authorized user can use the patient detail report to view student demographic information, vaccination history, forecast, and summary.
 - a. To navigate to this report, click on the "Reports" tab on the left side of the menu bar. Under this tab click "School Reports."

Steps for viewing and printing the certificate of immunization status (CIS):

1. After a student is selected, click on the "Reports" tab on the left side of the menu bar. Under this tab click "School Reports."

⊿ Main	School Nurse Reports
Home	School Immunization Report, First Time Enterer
Select School	First Time Enterers Action Report
Document Center	Action Report
Patient	Action Report Notice/Letter
Vaccinations	Action Report Notice/Letter Message
Settings	Facilities Not Reporting
> Schools	Summary of School Enterers Data
▲ Reports School Reports	Patient Detail
Scheduled Reports	Certificate of Immunization
Change Password	Batch Print Official Records of Immunization
Answers	
Contact Us	

- 2. The "School Nurse Reports" page will populate. Click on "Certificate of Immunization."
- 3. On this page, click on the options from the "Series" box. Click on the appropriate selection. Click on the appropriate selection, then select "Create PDF." This will populate the form so that it can be viewed and printed.

Certificate of Immunization				
Series:	AGES 4-6 YEARS (KINDERGARTEN)	×	-	
	AGES 11-12 YEARS (MIDDLE SCH.)	×	-	
		×	Bac	k 📄 Create P



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*			r			G 4_4	CIEN	Reviewed by:	Date
Wyoming Department of Health	WY Certific	cate of	lm	mun	ization	Status	(CIS)	Signed COE on F	ile? 🗆 Yes 🗆 No
Child's Last Name:	First Name:	1	fiddle	Name: Birthdate (MM/DD/YYYY):			DD/YYYY):	SIIS ID Number	
TEST	AAA					05/18/1952		988080	
This CIS is an immunization record generated by the Immunization Information System on behalf of the State Health Officer and qualifies as written documentary proof of immunization. See Wyo. Stat. Am. 5 $14-390(a)$; Ralles, Dept of Health, Wyo. Imm. Prog., ch. 3, § 5(a)(i) (2018). This CIS is an official state record and may not be altered.			/ h, may	I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See back for information about conditional status.					
				Parent/G	uardian Signatu	re Required if St	tarting in Condit	ional Status	Date
		N	ото	OMP	LETE				
Assessment of Required Immunizations for AGES 4-6 YEARS (KINDER) Conditional stratus Following the 30 day exclusion date, a school or child caring facility administrator may grant conditional stratus Following the 30 day exclusion date, a school or child caring facility administrator may grant conditional stratus Following the 30 day exclusion date, a school or child caring facility administrator may grant conditional stratus Following the 30 day exclusion date, a school or child caring facility administrator may grant conditional stratus Following the 30 day exclusion date, a school or child caring facility administrator may grant conditional stratus Following the 30 day exclusion date, a school or child caring facility administrator may grant conditional stratus Following the 30 day exclusion date, a school or child caring facility administrator may grant conditional stratus Following the 30 day exclusion date, a school or child caring facility administrator may grant conditional stratus Following the 30 day exclusion date, a school or child caring facility administrator may grant conditional stratus Following the 30 day exclusion date, a school or child caring facility administrator may grant conditional stratus Following the 30 day exclusion date as the school or child caring facility administrator may conditional stratus Following the 30 day exclusion date as the school or child caring facility administrator may conditional stratus Following the 30 day exclusion date as the school or child caring facility administrator may conditional stratus Following the 30 day exclusion date as the school or child caring facility administrator may conditional stratus Following the 30 day exclusion date as the school or child caring facility administrator or child caring facility administrator may conditional stratus facility administrator may grant conditional stratus facility administrator or child caring facility administrator or child caring facility administrator may grant conditional stratus facility administrator						ator may grant n in accordance with			
Date Date MM/DD/YY MM/I				DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Positive Titer
		Required vac	cines fo	r schools	(K-12) and child	care/preschool	•		
DTaP (Diphtheria, Tetanus, Per	tussis)								
Tdap (Tetanus, Diphtheria, Pert	ussis)								
DT or Td (Tetanus, Diphtheria)									
Hepatitis B									
Hib (Haemophilus influenzae ty	pe b)								
IPV/OPV (Polio)									
MMR (Measles, Mumps, Rubel	la)								
PCV (Pneumococcal)									
Varicella (Chickenpox) 🗆 Hist	ory of disease verified by IIS								
Rotavirus									
	Recommended Vaccines (Not Required for School or Child Care Entry)								
Flu (Influenza)		09/27/2022							
Hepatitis A									
HPV (Human Papillomavirus)									
MCV/MPSV (Meningococcal I	Disease types A, C, W, Y)								
MenB (Meningococcal Disease	type B)								

Viewing the vaccination forecast:

The vaccination forecast within the WyIR should assist in understanding what vaccinations are due next or may be missing.

Steps to viewing the vaccination forecast:

1. After a student is selected, Click on the "Vaccinations" tab on the left side of the menu bar. Under this tab click "Forecast."

	Patient Search		2. The
⊿ Main	First Name or Initial:	timmy	vaccination
Home	Last Name or Initial:	test	vaccination
LOGOUI Select School	Birth Date:		forecast
Document Center	Family and Address Informat	ion:	screen will
Help	Guardian First Name:		nonulate as
▲ Patient	Street:		
Search/Add Demographics	City:		snown below
✓ Vaccinations	Zip Code:		
View/Add Forecast	Country:	United States of America	





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Patient							
Name:	TIMMY TEST	SIIS Patier	SIIS Patient ID:				
Date of Birth:	07/04/2005	Age:			14	14 yrs	
Guardian:	MOMMY	Organizatio	on Level Status:		In	active	
Vaccination Forecast							
The forecast automatically switche	es to the catch-up scheo	dule when a patient is be	hind schedule.				
Vaccine Grou	q	Forecasted Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status	
HEP-B 3 DOS	E	1	07/04/2005	07/04/2005	07/31/2005	Past Due	
POLIO		1	09/04/2005	08/15/2005	10/04/2005	Past Due	
HEP-A		1	07/04/2006	07/04/2006	07/04/2007	Past Due	
MMR		1	07/04/2006	07/04/2006	12/01/2006	Past Due	
FLU		2	11/12/2010	11/12/2010	12/09/2010	Past Due	
HPV		1	07/04/2016	07/04/2014	07/31/2018	Past Due	
MENINGOCOCCAL		1	07/04/2016	07/04/2016	07/31/2018	Past Due	
DTaP/DT/Td		2	11/10/2018	11/10/2018	11/10/2018	Past Due	
MENINGOCOCCAL B, RECOMBINANT		1	07/04/2021	07/04/2015	08/03/2021	Not Yet Due	

Within the forecast table, the forecasted doses are presented in this order: "Vaccine Group," "Forecasted Dose," "Recommended Date," "Minimum Valid Date," "Overdue Date," and "Status." The WyIR presents the recommended date and status that are past due in red. This output may benefit school-authorized users by letting them know which dose is due next for the provisional students and by letting the parent or guardian know which vaccination is due next.

Adding historical vaccines:

School-authorized users can receive permission to add historical vaccinations to student records from an official record of immunization. To receive permission, school-authorized users must complete Wyoming Department of Health Immunization Unit-led editing access training. Once training is completed, permission will be assigned to the school-authorized user. To add historical vaccines (after the permission has been assigned) see the <u>Quick Reference Guide:</u> Adding Historical Vaccines.

Resources:

Quick Reference Guide: Adding Historical Vaccines Quick Reference Guide: School Module Reports Quick Reference Guide: Search for a Patient

Questions? Please contact: WyIR Help Desk: 833-231-1451 or wyir.helpdesk@wyo.gov



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