

# Indiana Department of Health Children and Hoosier Immunization Registry Program

# School Nurse Training Guide

### What is CHIRP?

The Children and Hoosier Immunization Registry Program (CHIRP) was established in 2002 as a database to collect immunization records for individuals of all ages in Indiana. By centralizing immunization records, individuals in the state can gain access to their records through private providers, local health departments, schools, and MyVaxIndiana.

The Indiana Code that established CHIRP is IC 16-38-5.

#### What is the requirement for schools to use CHIRP?

Indiana Code requires schools to report immunization data in CHIRP by the first Friday of February each year. Schools must report immunization data for all grades K-12. FERPA requires that schools gain written permission from parents to share data from school records with the Indiana State Department of Health.

#### How can I get access to CHIRP?

School health personnel who maintain medical licensure or certification with the Indiana Professional Licensing Agency (IPLA) can access CHIRP. In addition, administrative staff, nonlicensed health care personnel and parent volunteers may also access the system if the school nurse at the school deems it appropriate for them to have access. This form will require the signature of the school principal in order to be processed.

Each person who needs access to CHIRP is required to have a unique user name and password. To obtain a user name and password please follow the steps below:

- 1. Go to https://www.in.gov/isdh/27937.htm
- 2. Under "Forms" select CHIRP Individual User Agreement for Schools.
- 4. Print form out and read it completely.
- 5. Fill out the area (including e-mail) for the employee information.
- 6. For the facility information, include your school district and school.
- 7. Specify whether this is a public or private school.
- 8. Have your school principal or district school nurse sign the form to indicate you need CHIRP access.
- 9. Fax the form to the number at the top of the form.
- 10. It takes between 3 and 5 business days for your user name to be emailed to you along with the instructions for resetting your password.





### **Confidentiality Agreement**

If you are a first time user or it is the beginning of the school year, a Confidentiality Agreement will appear before you can access CHIRP. If you are in agreement and understand the Confidentiality Agreement, please click Accept. Otherwise, click Do Not Accept. If you do not accept, you will not be able to access CHIRP.

### **Getting Started**

After you log in to CHIRP and you have accepted the Confidentiality Agreement the next screen that appears is the Choose School screen. This screen has two fields: School and Default Grade. Please follow the following steps to complete this screen:

#### 1. School (required)

a. Since many school nurses go to several schools CHIRP allows you to select the school so students will be assigned to a specific school.

- b. You may not type in the box for school.
- c. You may only select a school associated with your district.
- d. Click on "Click to select."
- e. A pop-up window appears DO NOT change any settings, simply click on Search.

f. All schools associated with your district will appear. If a school does not appear, please call the CHIRP Helpdesk at (888) 237-4439.

g. If the school you are looking for appears, then click the arrow next to the school in the Select Column.

h. The school name now appears in the box.

#### 2. Default Grade (optional)

- a. Default grade allows you to have a pre-selected grade for all students you are targeting.
- b. This may be changed at any time when editing a student record.
- c. This may be helpful if you know all the data you are entering will be for a specific grade.

#### 3. Click the Continue button to process.

If you are entering records for students who do not attend your school(s) it is important that you select the appropriate school from the drop-down list of schools when logging into CHIRP. Otherwise, the students entered will be assigned to your school.

| Selec           |  |                                  |                            |            |       |                      |                            |  |  |
|-----------------|--|----------------------------------|----------------------------|------------|-------|----------------------|----------------------------|--|--|
|                 | Criteria:  |                                  |                            |            |       |                      |                            |  |  |
| State:          |  | INDIANA                          |                            |            |       |                      |                            |  |  |
| Count           | -  | All Counties V                   |                            |            |       |                      |                            |  |  |
| Schoo           | I District:  | Alexandria Co                    | Alexandria Com School Corp |            |       |                      |                            |  |  |
| Туре            |  | 💌 All 🔍 Pub                      | olic Only 🔍 Privat         | e Only     |       |                      |                            |  |  |
| Name            | Begins with: Contains:   |                                  |                            |            |       |                      |                            |  |  |
| ituille.        |  |                                  |                            |            |       |                      |                            |  |  |
| earre.          |  |                                  |                            |            |       |                      | Search                     |  |  |
|                 | h Results  |                                  |                            |            |       |                      | Search                     |  |  |
| Searc           | h Results  | ol Name                          | Street                     | City       | State | Zip<br>Code          | Search<br>Public<br>School |  |  |
| Searc<br>Select | h Results<br>Scho  | ol Name                          | Street<br>800 N Central    | City       | State |                      | Public                     |  |  |
| Searc<br>Select | t <mark>h Results Scho</mark><br>Alexandria-M<br>Alexandria      |                                  |                            |            |       | Code                 | Public<br>School           |  |  |
| Searc<br>Select | ch Results<br>Scho<br>Alexandria-M<br>Alexandria<br>S<br>Alexand | onroe Elementary<br>-Monroe High | 800 N Central              | Alexandria | IN    | <b>Code</b><br>46001 | School<br>Public           |  |  |

| Choose School         |                            |                 |
|-----------------------|----------------------------|-----------------|
| Choose a school to we | ork from for this session. |                 |
| School:               | ST. MARY SCHOOL            | Click to select |
| Default Grade:        | 2nd 🔻                      |                 |





### Searching for a Student in CHIRP

If a student is already in CHIRP you will not have to update or enter demographic data. You will simply need to indicate that the student is associated with your school and verify that all immunizations are entered into CHIRP.

The Patient Search screen appears automatically after making your school choice. To search for a patient/student follow the steps below:

- 1. Enter either the student's first name or first initial with wild card.
  - Example: Enter Betty into the first name field. If you are unsure if the student spells their name "Betty" or "Bettie" then you would want to just enter "B" with the wild card character of '%' (not case sensitive) (i.e. B%).

2. Enter either the student's last name or last initial with wild card.

3. Enter the student's date of birth. If you are unsure about the accuracy of the date of birth, then leave that field blank

4. Click on the Search button.

5. A list of possible students will appear.

6. If the student does not appear on the list, please refer to "Adding a New Student" on the next page.

| Patient Search                     |               |   |                  | Click <u>here</u> to use t | he 'advanced' searcl |
|------------------------------------|---------------|---|------------------|----------------------------|----------------------|
| First Name or Initial:             | Т%            |   | SIIS Patient ID: |                            |                      |
| Last Name or Initial:              | test%         |   | Student ID:      |                            |                      |
| Birth Date:                        |               |   |                  |                            |                      |
| Family and Address Information:    |               |   |                  |                            |                      |
| Guardian First Name:               |               |   |                  |                            |                      |
| Street:                            |               |   |                  |                            |                      |
| City:                              |               | ] | State:           | Select                     |                      |
| Zip Code:                          |               |   | Phone Number:    |                            |                      |
| Country:                           | United States |   | × •              |                            |                      |
| Check here if adding a new patient |               |   |                  |                            |                      |

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and \_ to replace a single character.

| Patient Search Results |                        |               |                 |  |                   |                  |                 |  |  |
|------------------------|------------------------|---------------|-----------------|--|-------------------|------------------|-----------------|--|--|
| 250 have been displa   | yed, Please refine you | ur search.    | Search Criteria | Search Criteria: First Name / Last Name (Like) |                   |                  |                 |  |  |
|                        |                        |               |                 |  |                   |                  |                 |  |  |
| Show 10 • entries      |                        |               |                 |  |                   | Search:          |                 |  |  |
| First Name 🔺           | Middle Name 🔶          | Last Name 🔶   | Birth Date      | ŧ  | SIIS Patient ID 🔶 | Grd First Name 🜲 | Grd Last Name 🔶 |  |  |
| AMY                    |                        | TESTER        | 09/10/1975      |  | 7331181           | RAYMOND          | EPPS            |  |  |
| BOBBY                  |                        | JOHNSON-PEREZ | 01/02/1995      |  | 2610913           | MARIA            | TEST            |  |  |
| DESMOND                |                        | TESTER        | 01/01/2000      |  | 7140371           | MOMY             | TESTER          |  |  |
| Т                      |                        | TEST          | 04/27/2005      |  | 2339274           |                  |                 |  |  |
| TAHOOLA                |                        | TESTING       | 01/01/2005      |  | 3420557           | CAMERON          | TEST PATIENT    |  |  |



Search

Clear

# Adding a New Student

| Q |   |               | Ó |                  |                   |                       | φ  |  |
|---|---|---------------|---|------------------|-------------------|-----------------------|----|--|
|   | Patient Search  |               |   |                  | Click here to use | the 'advanced' search | L  |  |
|   | First Name or Initial:  | Т%            |   | SIIS Patient ID: |                   |                       | L  |  |
|   | Last Name or Initial:   | test%         |   | Student ID:      |                   |                       | L  |  |
|   | Birth Date:   |               |   |                  |                   |                       | L  |  |
|   | Family and Address Information:   |               |   |                  |                   |                       | L  |  |
|   | Guardian First Name:  |               |   |                  |                   |                       | L  |  |
|   | Street:   |               |   |                  |                   |                       | L  |  |
| þ | City:   |               |   | State:           | Select            |                       | þ  |  |
|   | Zip Code:   |               |   | Phone Number:    |                   |                       | L  |  |
|   | Country:  | United States |   | × •              |                   |                       |    |  |
| ſ | Check here if adding a new patient  |               |   |                  |                   |                       |    |  |
|   |   |               |   |                  |                   | Clear Search          | L  |  |
|   | Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and _ to replace a single character. |               |   |                  |                   |                       |    |  |
| б |   |               |   |                  |                   |                       | Ċ. |  |

| Status                               |                  |                |   |    |           |                  |          |   |   |              |                      |      |
|--------------------------------------|------------------|----------------|---|----|-----------|------------------|----------|---|---|--------------|----------------------|------|
| Patient Status:                      |                  | Active         |   |    |           |                  |          |   |   |              |                      |      |
| Patient                              |                  |                |   |    |           |                  |          |   |   |              |                      |      |
| First Name:                          |                  | Diller         |   |    |           |                  |          |   |   | Other Race   | )<br>/aiian or Other | A    |
| First Name:                          |                  | Bilbo          |   |    |           | Race:            |          |   |   | Multi-racial |                      | - di |
| Middle Name:                         |                  |                |   |    |           |                  |          |   |   |              |                      |      |
| Last Name:                           |                  | Baggins        |   |    |           |                  |          |   |   |              |                      |      |
| Suffix:                              | uffix:none       |                |   | •  |           |                  |          |   |   |              |                      |      |
| Birth Date:                          |                  | 08/11/1906     |   |    |           |                  |          |   |   |              |                      |      |
| Birth File #:                        |                  |                |   |    |           | Birth Orde       | erc      |   |   | Single Birth | 1 🔻                  |      |
| Sex:                                 |                  | MALE           |   | T  |           |                  |          |   |   |              |                      |      |
|                                      |                  |                |   |    |           | VFC Sta          | tus:     |   |   | Eligible     |                      |      |
| Student ID:                          |                  |                |   |    |           |                  |          |   |   |              |                      |      |
| – Address                            |                  |                |   |    |           |                  |          |   |   |              |                      |      |
| Address 1:                           |                  | 2 N Meridian   |   |    |           |                  |          |   |   |              |                      |      |
| Address 2:                           |                  |                |   |    |           | City:            |          |   |   | INDIANAPO    | DLIS                 |      |
| Country:                             |                  | United States  |   | •  |           | State:           | IN       | Ŧ |   | Zip Code:    | 46204                |      |
| County/Parish:                       |                  | MARION •       |   |    |           | Email:           |          |   |   |              |                      |      |
| <ul> <li>Patient Phon</li> </ul>     |                  |                |   |    |           |                  |          |   |   |              |                      |      |
| Phone Number                         | Extension:       | Phone Use Code |   |    | nent Type | l.               |          |   |   | Primary      |                      |      |
|                                      |                  | select         | · | se | :t        |                  |          |   | • | $\bigcirc$   |                      | Add  |
| <ul> <li>Family &amp; Cor</li> </ul> |                  |                |   |    |           |                  |          |   |   |              |                      |      |
| Guardian 1 First                     |                  | Sarah          |   |    |           |                  |          |   |   |              |                      |      |
| Guardian 1 Mide                      |                  |                |   |    |           | Guardian         | 2 First: |   |   |              |                      |      |
|                                      | Guardian 1 Last: |                |   |    |           | Guardian 2 Last: |          |   |   |              |                      |      |
| Phone Number                         |                  | Phone Use Code |   |    |           | Equipmen         | it Type  |   |   |              |                      |      |
| Alias                                |                  | select         |   |    | •         | select           |          |   |   |              | •                    |      |
| + Alias<br>+ School                  |                  |                |   |    |           |                  |          |   |   |              |                      |      |

### **Select Your Student**

A list of students will come up. Double click on the correct student to open their demographic information.

| ecords Found = 181 |             |           | Search Crite     | Search Criteria: First Name / Last Name (Exact) |                   |                  |                 |  |  |
|--------------------|-------------|-----------|------------------|---|-------------------|------------------|-----------------|--|--|
| ow 10 🔻 entries    |             |           |                  |   |                   | Search:          |                 |  |  |
| First Name 🔺       | Middle Name | Last Name | \$<br>Birth Date | \$  | SIIS Patient ID 💠 | Grd First Name 🗢 | Grd Last Name 🖨 |  |  |
| AMY                |             | TESTER    | 09/10/1975       |   | 7331181           |                  |                 |  |  |
| TEST               | А           | TEST      | 09/12/1960       |   | 8456793           |                  |                 |  |  |
| TEST               | А           | TEST      | 05/06/1950       |   | 9208235           | JOHN             | JOHN            |  |  |
| TEST               | А           | TEST      | 05/27/2004       |   | 9817322           |                  |                 |  |  |
| TEST               | A1          | TEST      | 09/12/1980       |   | 6677290           |                  |                 |  |  |
| TEST               | С           | TEST      | 01/01/2013       |   | 7861483           | TEST             | TEST            |  |  |
| TEST               | С           | TEST      | 01/01/2001       |   | 9861876           | CHIH             | CHANG           |  |  |
| TEST               | D           | TEST      | 01/07/2005       |   | 5982672           | TESTINA          | TEST            |  |  |
| TEST               | D           | TEST      | 01/01/1984       |   | 9004355           |                  |                 |  |  |
| TEST               | E           | TEST      | 07/23/1960       |   | 8723780           |                  |                 |  |  |



## Adding a Student to Your Roster

Once you have selected the appropriate student you need to add the student to the school roster. The steps below add a student to your school roster:

- 1. When you select the appropriate student in the above instructions the Patient Detail screen comes up.
- 2. Click the box next to "Include on Reports" so that a check appears in the box. You must have a signed FERPA consent form on file to check this box. A sample CHIRP parent consent form is available on the DOE website: <a href="https://www.doe.in.gov/student-services/health/immunizations">https://www.doe.in.gov/student-services/health/immunizations</a>
- 3. Click the "Update" button. YOU MUST CLICK UPDATE OR THE CHECK IN THE BOX WILL DISAPPEAR.
- 4. This student is now included in your school reports.

| Patient Status             |                                  |             |                     |
|----------------------------|----------------------------------|-------------|---------------------|
| Patient Status:            | Active                           |             |                     |
| Patient Detail             |                                  |             |                     |
| First Name:                | TEST                             | Street:     |                     |
| Middle Name:               |                                  | City:       |                     |
| Last Name:                 | TEST                             | County:     |                     |
| Birth Date:                | 03/01/2000                       | State:      |                     |
| Multi Birth Indicator      |                                  | Zip Code:   |                     |
| Birth Order                |                                  | Home Phone: |                     |
| Sex:                       | MALE                             | Cell Phone: |                     |
| Student ID:                |                                  |             |                     |
| Guardian Name:             |                                  |             |                     |
| + Patient Specific Reports |                                  |             |                     |
| School Reporting           |                                  |             |                     |
| School:                    | Arsenal Technical High School 🔻  |             | Include on Reports: |
| Grade Level:               | 10th 🔻                           |             |                     |
| School Entry Date:         |                                  |             |                     |
| Exemption:                 | None      Medical      Religious |             |                     |
|                            |                                  |             |                     |



**Note:** To remove a student from your roster, click the "Include on Reports" box so the check mark disappears and click "Update." Students can only be on one school roster at a time so if a student moves to another school in Indiana, the new school nurse will likely add them so you won't need to remove them.

# Changing a Student's School or Grade Level

| Patient Status             |                           |             |                     |                 |
|----------------------------|---------------------------|-------------|---------------------|-----------------|
| Patient Status:            | Active                    |             |                     |                 |
| Patient Detail             |                           |             |                     |                 |
| First Name:                | TEST                      | Street:     |                     |                 |
| Middle Name:               |                           | City:       |                     |                 |
| Last Name:                 | TEST                      | County:     |                     |                 |
| Birth Date:                | 03/01/2000                | State:      |                     |                 |
| Multi Birth Indicator      |                           | Zip Code:   |                     |                 |
| Birth Order                |                           | Home Phone: |                     |                 |
| Sex:                       | MALE                      | Cell Phone: |                     |                 |
| Student ID:                |                           |             |                     |                 |
| Guardian Name:             |                           |             |                     |                 |
| + Patient Specific Reports |                           |             |                     |                 |
| School Reporting           |                           |             |                     |                 |
| School:                    | HOOSIER ACADEMIES V       |             | Include on Reports: |                 |
| Grade Level:               | 4th 🔻                     |             |                     |                 |
| School Entry Date:         |                           | 1           |                     |                 |
| Exemption:                 | None      Medical      Re | ligious     |                     |                 |
|                            |                           |             | Can                 | cel Edit Update |





### Indicating a Student is Exempt from Immunization

In Indiana, students may be exempt from receiving immunizations for two reasons: a medical exemption or a religious objection. Philosophical objections are **not** permitted. The exemption/objection is noted on the same screen as the Patient Detail screen used in the above procedure.

- 1. When you click the appropriate student in the above instructions the Patient Detail screen comes up.
- 2. In to the Exemption field click on the appropriate exemption (none, medical, religious).
- 3. Click the "Update" button. YOU MUST CLICK UPDATE OR THE CHOICE WILL BE LOST.
- 4. This student's exemption has been noted in CHIRP.

| Patient Status             |                    |             |                     |        |             |
|----------------------------|--------------------|-------------|---------------------|--------|-------------|
| Patient Status:            | Active             |             |                     |        |             |
| Patient Detail             |                    |             |                     |        |             |
| First Name:                | TEST               | Street:     |                     |        |             |
| Middle Name:               |                    | City:       |                     |        |             |
| Last Name:                 | TEST               | County:     |                     |        |             |
| Birth Date:                | 03/01/2000         | State:      |                     |        |             |
| Multi Birth Indicator      |                    | Zip Code:   |                     |        |             |
| Birth Order                |                    | Home Phone: |                     |        |             |
| Sex:                       | MALE               | Cell Phone: |                     |        |             |
| Student ID:                |                    |             |                     |        |             |
| Guardian Name:             |                    |             |                     |        |             |
| + Patient Specific Reports |                    |             |                     |        |             |
| School Reporting           |                    |             |                     |        |             |
| School:                    | ISDH TEST SCHOOL V |             | Include on Reports: |        |             |
| Grade Level:               | 10th 🔻             |             |                     |        |             |
| School Entry Date:         |                    |             |                     |        |             |
| Exemption:                 | None Medica        | Religious   |                     |        |             |
|                            |                    |             |                     | Cancel | Edit Update |

### **Viewing and Adding Vaccination Records**

School nurses may review and/or enter vaccination records for individual students. Follow the steps below to review and/or add immunization records to CHIRP once you have searched for the appropriate student:

- 1. Verify the correct patient/student and click on the arrow under the select column next to the patient/student.
- 2. The Patient Detail screen appears for the selected individual.
- 3. On the left menu, click on Vaccinations
- 4. On the left menu, under Vaccinations, click on View/Add.
- 5. To add vaccinations

a. Find the appropriate vaccine. The CHIRP Document Center contains a document called "Vaccine Trade Name to CHIRP Code Sheet" that you may find helpful.

b. In a blank box on the same line as the appropriate vaccine type in the date of vaccination (mm/dd/yyyy). CHIRP will automatically put in date order after you click "Add Historicals."

- d. Continue adding all dates as needed.
- e. Click the "Add Historicals" button.

When entering student records, it is best to enter 5-10 vaccinations and then hit the "Add Historicals" button. This will prevent CHIRP from logging the user out of the system in the middle of data entry. CHIRP remains idle until a button is clicked in the system.





### **Adding History of Varicella**

School nurses may need to add a history of varicella (chickenpox) for specific students. Follow the steps below after you have searched for the appropriate student:

- 1. Verify the correct patient/student.
- 2. The Patient Detail screen appears for the selected individual.
- 3. On the left menu click on Vaccinations.
- 4. On the left under Vaccinations click on View/Add.
- 5. Scroll to the bottom of the screen until you see any listed contraindications. If varicella is listed under the contraindications, you are finished.
- 6. If not, then click the "Special Considerations" button on the screen.
- 7. The Add Special Consideration screen will appear.
- 8. Select the name of the school from the drop-down list for the "Facility Where Documented."
- 9. Select "Contraindication."
- 10. Select "Varicella" from the drop-down list for the Vaccine field. Select "History of varicella infection" from the drop-down list for the Contraindication field.
- 11. Add the month and year of disease.
- 12. Click Save.

**Note:** For the 2019-20 school year, a parent report of varicella disease is valid for students in grade 12 only. All other students must have a physician note on file.

| select                               |                                      |                | 4          |                |                  |               |                 |            |                 |             |
|--------------------------------------|--------------------------------------|----------------|------------|----------------|------------------|---------------|-----------------|------------|-----------------|-------------|
|                                      |                                      |                |            |                |                  |               |                 |            |                 |             |
|                                      |                                      |                |            |                | Clear            |               |                 |            |                 | Add Histor  |
| <ul> <li>If a combination</li> </ul> | on vaccine is mark                   | ed with a 'x', | please ver | rify which com | ponents of the v | accine are ou | Itside the ACIP | schedule b | y viewing the 1 | Vaccination |
| Summary .                            |                                      | ,              |            |                |                  |               |                 |            |                 |             |
|                                      |                                      |                |            |                |                  |               |                 |            |                 |             |
|                                      |                                      |                |            |                |                  |               |                 |            |                 |             |
| Crossial Canai                       | derations                            |                |            |                |                  |               |                 |            |                 |             |
| Special Consi                        | derations                            |                |            |                |                  |               |                 |            |                 |             |
|                                      |                                      |                |            |                |                  |               |                 |            |                 |             |
|                                      | derations                            | Exemption      | ns / Preca | utions         |                  |               |                 |            |                 |             |
| Vaccine Con                          | traindications /                     | Exemption      | ns / Preca | utions         |                  |               |                 |            |                 |             |
| Vaccine Con Contrain                 | traindications /<br>dications        | Exemption      | ns / Preca | utions         |                  |               |                 |            |                 |             |
| Vaccine Con                          | traindications /<br>dications        | Exemption      | ns / Preca | autions        |                  |               |                 |            |                 |             |
| Vaccine Con                          | traindications /<br>dications<br>ons | Exemption      | ns / Preca | autions        |                  |               |                 |            |                 |             |

| Add Sp   | ecial Consideration  | n                              |
|----------|----------------------|--------------------------------|
| Facility | Where Documented:    | select                         |
| Date Do  | ocumented:           | 12/11/2017                     |
| • Co     | ntraindication 📀 Exe | emption O Precautions          |
| Vacci    | ne:                  | varicella 🗸                    |
| Contra   | aindication:         | History of Varicella Infection |
| Perman   | nent:                |                                |
| Additio  | nal Disease Inform   | ation                          |
|          | Month/Year:          |                                |
|          | Age:                 |                                |
|          |                      | Death Deur                     |



01/01/2014

Past Due

06/01/2013

# Adding Laboratory Evidence of Immunity (Titers)

School nurses may need to add a history of immunity for specific students based upon laboratory findings. The ordering physician must interpret the lab results. You should fax the lab result document to CHIRP. Follow the steps below after you have searched for the appropriate student:

- 1. Verify the correct patient/student.
- 2. The Patient Detail screen appears for the selected individual.
- 3. On the left menu click on Vaccinations.
- 4. On the left menu under Vaccinations click on View/Add.
- 5. Scroll to the bottom of the screen until you see any listed contraindications.
- 6. Click the "Special Considerations" button on the screen.
- 7. The Add Special Consideration screen will appear.
- 8. Select the name of the school from the drop-down list for the "Facility Where Documented."
- 9. Select the appropriate disease from the drop-down list for the "Vaccine" field.
- 10. Select "Laboratory Evidence of Immunity" from the drop-down list.
- 11. Click the permanent box.
- 12. Click Save.

| Patient                        |             |              |                                 |  |                  |   |                             |                       |
|--------------------------------|-------------|--------------|---------------------------------|--|------------------|---|-----------------------------|-----------------------|
|                                |             |              | IMY TWOTONE TEST                |  | SIIS Patient ID: |   | 6986133                     |                       |
|                                |             |              |                                 |  |                  |   |                             |                       |
|                                |             | 10/12/2010   |                                 |  | Age:             |   | 351 weeks, 80 months, 6 yrs |                       |
| Guardian: ANG                  |             | ANGEL TEST   | ELIESI                          |  | Status:          |   | Active                      |                       |
| Contraindications              |             |              |                                 |  |                  |   |                             |                       |
| Exemptions                     |             |              |                                 |  |                  |   |                             |                       |
| Precautions                    |             |              |                                 |  |                  |   |                             |                       |
| Add Contraindication           |             |              |                                 |  |                  |   |                             |                       |
| Facility Where Documented:     |             | ted:select   | select                          |  |                  |   |                             |                       |
| Date Documented:               |             | 07/08/2017   |                                 |  |                  |   |                             |                       |
| Vaccine:                       |             | varicella    | varicella                       |  | •                | ] |                             |                       |
| Contraindication:              |             | Laboratory e | Laboratory evidence of immunity |  |                  |   |                             |                       |
| Permanent:                     |             | <b>e</b>     |                                 |  |                  |   |                             |                       |
| Additional Disease Information |             |              |                                 |  |                  |   |                             |                       |
|                                | Month/Year: |              |                                 |  |                  |   |                             |                       |
|                                | Age:        |              |                                 |  |                  |   |                             |                       |
|                                |             |              |                                 |  |                  |   |                             |                       |
|                                |             |              |                                 |  |                  |   | Cancel                      | Add Contraindications |



**Note:** Laboratory evidence of immunity is NOT acceptable for the following diseases: diphtheria, tetanus, pertussis (DTaP or Tdap), polio, or meningococcal (MCV4).

### **CHIRP Data Submission**

There is no submit button to transmit data to the Indiana State Department of Health. Once the data is entered into CHIRP and the student is added to your school roster, the data is considered submitted.

Per IC 20-34-4-6, all student immunization records must be entered into CHIRP by the **first Friday in February**. Schools may not request a deadline extension for this date. However, if schools do not meet the deadline, ISDH requests that schools continue to enter records into CHIRP until it is complete.

Aggregate school immunization data is submitted to the Centers for Disease Control and Prevention (CDC) annually.





#### **School Nurse Reports**

There are 3 reports in the school nurse module that will assist school health personnel to ensure all students are up to date on their vaccines. These are the:

- 1. School Immunization Report
- 2. Action Report
- 3. Student Detail Report

#### How to access these reports:

- 1. Log in to CHIRP
  - a. If you have access to multiple schools, select the school you will be working on.
- 2. Click on Reports on the blue menu block on the left side of the screen.
- 3. Select School Reports

#### **Action Report**

#### This is the best way to track students who are out of compliance.

Select the most appropriate series from the drop-down list for the grade(s) you are reviewing. CHIRP defaults to ACIP recommended vaccines for the "series" field, so it is important to change it to one of the following:

- Grades K-5
- Grades 6-7
- Grades 8-11
- Grade 12
- 1. In the Search Results field, click the "Select" button to include only records for certain grade levels.
- 2. Once grade levels have been selected, click on the arrow to the left of the school name to generate the report.

#### **School Immunization Report**

Select the most appropriate series from the drop-down list for the grade(s) you are reviewing. CHIRP defaults to ACIP recommended vaccines for the "series" field, so it is important to change it to one of the following:

- Grade K-5
- Grades 6-7
- Grades 8-11
- Grade 12
- 1. Select grade levels in the "included grade levels" section.
  - You can hold down 'Ctrl' down to select multiple grades.
- 2. Select 'Needing Vaccination' or 'Completed Vaccination' in the "Vaccination Details By:" field.
- 3. Click on the "Create Report" button.

#### **Student Detail Report**

- 1. In the Search Results field, click the "Select" button to include only records for certain grade levels.
- 2. Once grade levels have been selected, click on the arrow to the left of the school name to generate the report.

For additional assistance with vaccination records, please contact the Immunization Division at (800) 701-0704.





#### **School Immunization Report**

Select the most appropriate series from the drop-down list for the grade(s) you are reviewing. CHIRP defaults to ACIP recommended vaccines for the "series" field, so it is important to change it to one of the following:

- Grade K-5
- Grades 6-7
- Grades 8-11
- Grade 12

4. Select grade levels in the "included grade levels" section.

- You can hold down 'Ctrl' down to select multiple grades.
- 5. Select 'Needing Vaccination' or 'Completed Vaccination' in the "Vaccination Details By:" field.
- 6. Click on the "Create Report" button.

#### **Student Detail Report**

- 3. In the Search Results field, click the "Select" button to include only records for certain grade levels.
- 4. Once grade levels have been selected, click on the arrow to the left of the school name to generate the report.

For additional assistance with vaccination records, please contact the Immunization Division at (800) 701-0704.

Questions? Please call the help desk at 1-888-227-4439 for more detailed instructions.

