



DISTRICT OF COLUMBIA IMMUNIZATION INFORMATION SYSTEM

A guide to using the District of Columbia Bulk Printing

(Version 3.0)

Section 1: Starting a Bulk Print Job

To access the Immunization Web Bulk Form Printing, make sure you are connected to the internet, then open your web browser and go to D.C. Immunization Program's home page at <https://dchealth.dc.gov/dociis> (make sure that there is an s at the end of *https*).

Your web browser should now look like this:

DC Health

Home Services Health Professionals Infants, Children and Teens HIV/AIDS Resources Vital Records About DC Health

DC Health Listen SHARE

DC HEALTH
District of Columbia Immunization Information System (DOCIIS)

Office Hours
Monday to Friday, 8:15 am to 4:45 pm, except District holidays

Connect With Us
899 North Capitol Street, NE.
Washington, DC 20002
Phone: (202) 442-5955
Fax: (202) 442-4795
TTY: 711
Email: doh@dc.gov

Ask the Director
Agency Performance

Amharic (አማርኛ)
Chinese (中文)
French (Français)
Korean (한국어)
Spanish (Español)
Vietnamese (Tiếng Việt)

LaQuandra S. Nesbitt MD, MPH
Director

Database Access

- Access DOCIIS (Registry) - now with 2012 ACIP/AAP Recommendations
- EHR IT Teams - Download files (Use as way of downloading error reports)

Trainings

- Registration for In-Person Training
- DOH Immunization Program Online Training - Learning Management System

Forgot your DOCIIS password?

- DOCIIS (Registry) Password Reset Request

DOCIIS Account Management (Need to Change Your DOCIIS Password?)

- DOCIIS (Registry) Password Change

DOCIIS Reports

- Facility Compliance Listing - now with links to records
- Facility Compliance Listing Instructions [PDF]
- Facility Enrollment Listing
- Doses Administered - Standard and Custom - now with links to records
- Doses Administered Instructions [PDF]
- VFC coCASA-AFIX Patient Listing
- VFC coCASA File Export
- VFC Profile Report
- VFC Profile Report Instructions [PDF]
- My Saved DOCIIS Report Files

DOCIIS Bulk Printing

- Bulk Immunization Form Printing
- Bulk Form Printing Instructions [PDF]

DOCIIS Documents

- District of Columbia Immunization Information System (DOCIIS) Release of Information Form (ROI)

Important Telephone Numbers

Use our DOH Service Telephone Directory to view the telephone numbers for various DOH services.

Free STD Testing

The DC Health and Wellness Center provides free and confidential clinical services for persons over 13 years of age and older.

more

Flu Resource Center

Immunization Homepage

Under “DOCIIS Bulk Printing,” click on the words “Bulk Immunization Form Printing.” This will take you to a new window that will allow you to log into the bulk form printing. Each user should have been given a unique *User Name*, *Password*, and *Context* which you will need to type into the appropriate box. (Note: The password is case sensitive, so the password must be typed with the correct lower case and capitalization.) Once you have entered all of the information, then click on the “Login” button. This will log you into the bulk form printing and take you to the facility type page to select the appropriate form for bulk printing.

User Name:

Password:

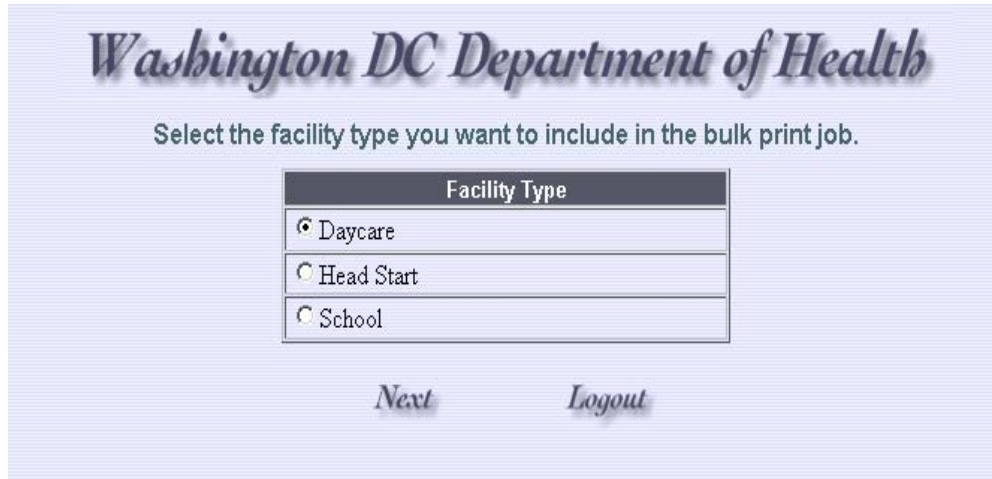
Context:

Login

Login Screen

Section 2: Selecting a Facility Type

The facility type page allows you to select the type of facility for which you would like to run a bulk print job by placing a check in the appropriate facility type box (Daycare, HeadStart, and School). Once you have checked the facility type, click on the “Next” button at the bottom of the screen. This will take you to the facility name page.



The screenshot shows a web interface for the Washington DC Department of Health. At the top, the department's name is displayed in a stylized font. Below it, a heading asks the user to select a facility type for a bulk print job. A table with three rows allows selection via radio buttons. The 'Daycare' option is selected. At the bottom, there are two buttons: 'Next' and 'Logout'.

Facility Type
<input checked="" type="radio"/> Daycare
<input type="radio"/> Head Start
<input type="radio"/> School

Next *Logout*

Facility Type Screen

Section 3: Selecting a Facility Name

The facility name page allows you to select the name of the facility for which you would like a bulk print job by placing a check in the box next to the appropriate facility name. (Note: If you have selected a school for bulk printing, then system allows you to run ONLY one grade at a time). Once you have checked the facility name, click on the “Next” button at the bottom of the screen. (Note: Users will only have “RIGHTS” to view his/her facility). This will take you to the form selection page.

Washington DC Department of Health

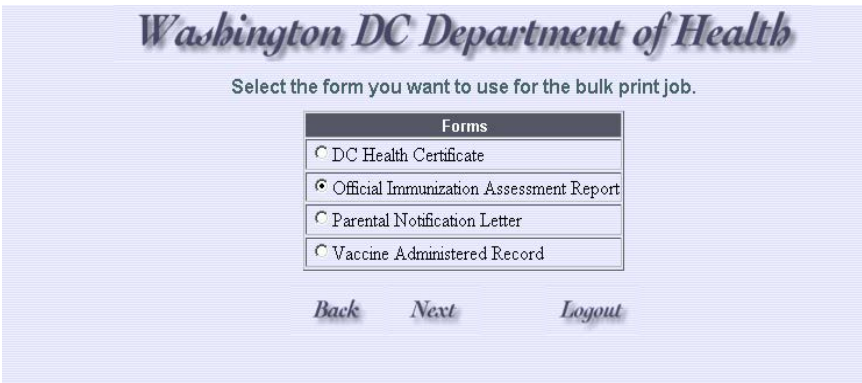
Select the daycare you want to include in the bulk print job.

<input type="checkbox"/> 2 New Heights CDC	<input type="checkbox"/> ACC Model Cities Center	<input type="checkbox"/> APRA DCC B&A
<input type="checkbox"/> ARE Ballou HS CDC Infant Prog & B&A	<input type="checkbox"/> ARE Celebration in Learn CDC & B&A	<input type="checkbox"/> ARE Dunbar Infant Program Ctr
<input type="checkbox"/> ARE Hart Infant Center	<input type="checkbox"/> Academy for Ideal Education B&A	<input type="checkbox"/> Adas Israel Congregation & B&A
<input type="checkbox"/> Adventureland Day Nursery & B&A #1	<input type="checkbox"/> Adventureland Day Nursery & B&A #2	<input type="checkbox"/> Agape Cabbag Patch&LeMae's ELC &B&A
<input type="checkbox"/> Agape Cabbage Patch LeMae III	<input type="checkbox"/> Aidan Montessori School PS & B&A	<input type="checkbox"/> Akin, Gump, Strauss, Hauer & Feld
<input type="checkbox"/> All My Children CDC #1	<input type="checkbox"/> All My Children CDC #2 & B&A	<input type="checkbox"/> All Saints AllDay-Mann & B&A
<input type="checkbox"/> Allen Chapel AME Church DCC & B&A	<input type="checkbox"/> Amazing Life Games Preschool #2	<input type="checkbox"/> American University CDC
<input type="checkbox"/> Angels' Cradle CDC	<input type="checkbox"/> Appletree EL PCS Ami-School PS	<input type="checkbox"/> Appletree Early Learn PCS PS & B&A
<input type="checkbox"/> Appletree Institute for Ed PCS PS	<input type="checkbox"/> Aramark Ed Res CDC -World Bank I St	<input type="checkbox"/> Armstrong Preparatory Center I
<input type="checkbox"/> Armstrong Preparatory Center II	<input type="checkbox"/> Arnold and Porter Children's Ct&B&A	<input type="checkbox"/> Assembly of the Saints ELC &B&A
<input type="checkbox"/> Auguste Montessori School PS & B&A	<input type="checkbox"/> Barbara Chambers Children's Ct&B&A	<input type="checkbox"/> Barbara's Montessori School PS
<input type="checkbox"/> Beauvior Nursery School & B&A	<input type="checkbox"/> Bell Teen Parent and Child DC	<input type="checkbox"/> Bennett Babies Inc & B&A
<input type="checkbox"/> Bennett Babies Inc & B&A II	<input type="checkbox"/> Big Mama's Children's Center & B&A	<input type="checkbox"/> Board of Child Care CDC
<input type="checkbox"/> Bridges Academy Inc #2 & B&A	<input type="checkbox"/> Bridges Babies CDC & B&A	<input type="checkbox"/> Bridges Early Childhood Academy
<input type="checkbox"/> Bridges PCS PS	<input type="checkbox"/> Bright Beginnings - B&A HEAD START	<input type="checkbox"/> Bright Horizons Child Ctr II & B&A
<input type="checkbox"/> Bright Horizons Children's Center	<input type="checkbox"/> Bright Horizons EE III & B&A	<input type="checkbox"/> Bright Horizons EE IV & B&A
<input type="checkbox"/> Bright Start CC	<input type="checkbox"/> British Scl of Wash Prescl	<input type="checkbox"/> Broad Branch Children's House
<input type="checkbox"/> Broadcasters CDC	<input type="checkbox"/> Bundles of Joy	<input type="checkbox"/> C.H.I.L.D. Center, Inc. & B&A
<input type="checkbox"/> CDC of the First Baptist Church of	<input type="checkbox"/> CDI Azeeze Bates - HEAD START	<input type="checkbox"/> Calominis YMCA Prog Ctr & B&A

Facility Name Screen

Section 4: Selecting Form Type

The form selection page allows you to select the type of form that you would like run for bulk printing by placing a check in the box next to the appropriate form type. Once you have checked the appropriate box, click on the "Next" button at the bottom of the screen. This will take you to the report options page.



The screenshot shows a web interface for the Washington DC Department of Health. At the top, the department's name is displayed in a stylized font. Below it, a heading reads "Select the form you want to use for the bulk print job." A table with a dark header "Forms" contains four rows, each with a radio button and a form name. The second row, "Official Immunization Assessment Report", has its radio button selected. At the bottom of the table area, there are three buttons: "Back", "Next", and "Logout".

Forms
<input type="radio"/> DC Health Certificate
<input checked="" type="radio"/> Official Immunization Assessment Report
<input type="radio"/> Parental Notification Letter
<input type="radio"/> Vaccine Administered Record

Back *Next* *Logout*

Form Type Screen

This will print in bulk form the entire facility/grade as an “Official Immunization Assessment Report”, “Vaccine Administered Record”, “DC Health Certificate”, or a “Parental Notification Letter”.

Official Immunization Assessment Report
 District of Columbia – Department of Health – Immunization Reports
 Version: 2010-07-17 (Rev. 2010-07-16)

Last Name: 22211TEST
 First Name: 22211CASE
 Middle Name: 22211TESTCASE
 Date of Birth: 08/08/1993
 Sex: _____

Immunization History				
DTaP	Date	DTaP	Date	DTaP
Td	01/01/2000		06/01/2000	
Td	08/01/2003			
MM				
MM/SS				
MM/SS				
MM/SS				
MM/SS				
MM/SS				
MM/SS				
MM/SS				
MM/SS				
MM/SS				
MM/SS				
MM/SS				
MM/SS				
MM/SS				
MM/SS				
MM/SS				
MM/SS				

Disease History			
Disease Name	History	Date of Onset	Estimated Date of Onset
Varicella	Positive		

Based on the information listed above, as of 08/15/2008, this record suggests the following immunization assessment:
 Child: **MM, B, TDAP, IPV**
 Also Consider: Meningococcal, Hep A
 (See recommendations)

*Vaccines that are shown in red and underlined are required by DC children/schools. Others are recommended only.

Official Immunization Report

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH
 IMMUNIZATION PROGRAM
 VACCINE ADMINISTERED RECORD

PATIENT INFORMATION		PROVIDER INFORMATION			
NAME	DOB	NAME	ADDRESS	CITY	STATE
22211TESTCASE, 22211TESTCASE	08/08/1993				
22211TESTCASE					

Vaccine	DT	SS	Date Administered	Age	Site	Lot #	Expiration Date	Lot #	Expiration Date	Signature of Provider	Signature of Parent/Guardian

Vaccine Administered Record

August 16, 2010

DISTRICT OF COLUMBIA CHILD HEALTH CERTIFICATE

Part 1: Child's Personal Information

Child's Name: 22211TEST
 Date of Birth: 08/08/1993
 Sex: M
 Race: Asian Black Hispanic Other

Part 2: Child's Health History, Examination & Recommendations. Health Provider: Form must be fully completed.

HEALTH CONCERNS:	REFERRED OR TREATED	HEALTH CONCERNS:	REFERRED OR TREATED
Dental/Oral Health	<input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Language/Speech	<input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx
Vision	<input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Hearing	<input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx
Communication	<input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Autism	<input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx
Behavioral/Emotional	<input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx	Neurology	<input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx
Learning/Development	<input type="checkbox"/> None <input type="checkbox"/> YES <input type="checkbox"/> Referred <input type="checkbox"/> Under Rx		

A. Significant health history, conditions, communicable illness, or restrictions that may affect school, childcare, sports or camp. NONE YES, please detail: _____

B. Significant allergies or health conditions that may require emergency medical care at school, childcare, camp, or sports activity. NONE YES, please detail: _____

DC Health Certificate

Dear Parent/Guardian of **22211ACCESSRIGHTS 22211TESTCASE (born: 05/05/1995)**
CLOSED – DC Alter Learning Acad NE

All students entering and attending child care or school in the District of Columbia are required to show documented proof of complete, correctly spaced immunizations or proof of medical or religious exemption (Immunization of School Students Act of 1979 - DC Law 3-20, and DCMR Title 22, Chapter 1). Please note that the immunization regulations were revised in 2008 to include new immunization requirements.

A review of your child's immunization record was recently completed and showed the need for the following immunizations:

IPV:

Contact your healthcare provider to make an appointment for your child to receive the required vaccine(s).

If you do not have health insurance or need a healthcare provider, please contact the Citywide Call Center at 3-1-1. If you have other questions or would like more information, please contact:

School/Childcare Personnel _____ at Phone Number _____

Parent Notification Letter

Section 5: Selecting Report Options

The report options page allows you to select the report type that you would like run for bulk printing by placing a check in the box next to the appropriate report option. (Note: The “**Overdue**” forms will print patients that have exceeded the routinely recommended age or spacing from the last dose to receive a vaccine dose which is still needed. The “**Due**” forms will print patients have reached the routinely recommended age or spacing from to receive the next vaccine dose. The “**Also Consider**” forms will print patients that have reached at least the earliest age or spacing from the last dose to validly receive a vaccine dose, or the patient is eligible to receive a routinely recommended vaccine if further medical screening indicates. The “**Compliant**” forms will print patients that are up-to-date with all immunizations). Once you have checked the appropriate box, click on the “Next” button at the bottom of the screen. This will take you to the vaccines page.

Washington DC Department of Health

Select the appropriate report options below.

Include Records	
Include	<input type="checkbox"/> Overdue
	<input type="checkbox"/> Due
	<input type="checkbox"/> Also Consider
	<input type="checkbox"/> Compliant

Back *Next* *Logout*

Report Options Screen

Section 6: Selecting Vaccines

The vaccine page allows you to select the type of vaccines that you would like to have included in your bulk print job. You can choose to have the report assess either for all recommended immunizations or only for DC REQUIRED doses. If you would like to limit the report to only include DC required doses, then check the box labeled “Only include vaccine if dose is required”. (Note: If the selected form does not include compliance results, the selected vaccines will only be used to filter the records). Once you have checked the appropriate boxes, click on the “Next” button at the bottom of the screen.

Washington DC Department of Health

Select the vaccines you want to include in the bulk print job.
(If the selected form does not include compliance results, the selected vaccines will only be used to filter the records.)

DC Childcare/Schools

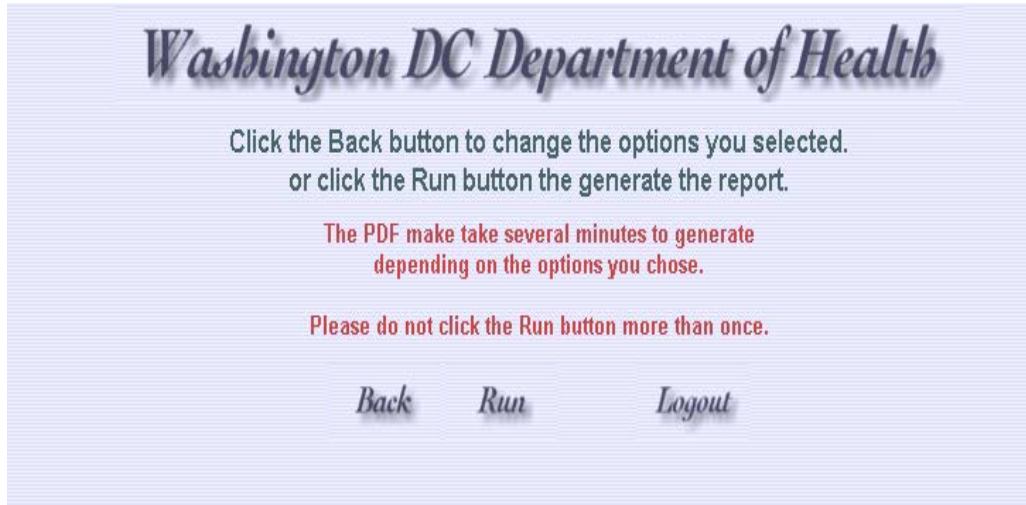
Include Vaccines Only include vaccine if dose is required.

Check DC School Requirements	Check All	Uncheck All
<input type="checkbox"/> Anthrax		
<input type="checkbox"/> DT		
<input type="checkbox"/> DTaP		
<input type="checkbox"/> Flu		
<input type="checkbox"/> HPV		
<input type="checkbox"/> Hep A		
<input type="checkbox"/> Hep B		
<input type="checkbox"/> Hib		
<input type="checkbox"/> IPV		
<input type="checkbox"/> MMR		
<input type="checkbox"/> Me		
<input type="checkbox"/> Meningococcal		
<input type="checkbox"/> Mu		

Vaccines Page

Section 7: Final Screen

The final screen of the bulk printing allows you to click the “Run” button to create a PDF file to generate forms. The PDF file can then be saved or printed. (Note: Click the “Back” button to make any changes to options selected).



Generate Report Screen

Section 8: Exiting Bulk Printing

When you have finished printing bulk forms, you can exit bulk printing by simply closing the Internet browser. This will log you out of the system.

Thank you for your interest in our Washington DC Immunization Bulk Printing. We hope that you will enjoy using this system.