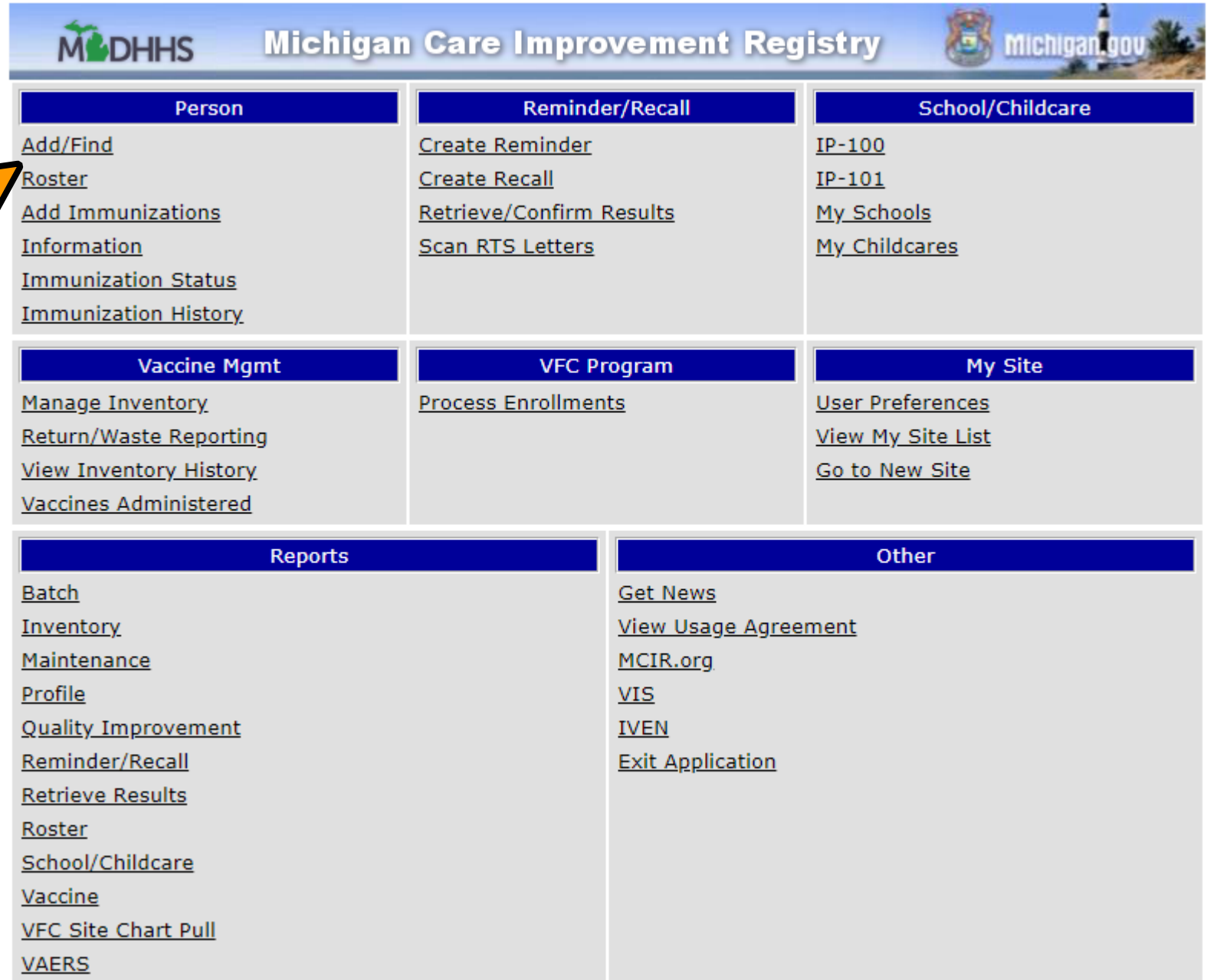


Print an Official MCIR Immunization Record



Search for the Person



MDHHS Michigan Care Improvement Registry Michigan.gov

Person	Reminder/Recall	School/Childcare
Add/Find	Create Reminder	IP-100
Roster	Create Recall	IP-101
Add Immunizations	Retrieve/Confirm Results	My Schools
Information	Scan RTS Letters	My Childcares
Immunization Status		
Immunization History		

Vaccine Mgmt	VFC Program	My Site
Manage Inventory	Process Enrollments	User Preferences
Return/Waste Reporting		View My Site List
View Inventory History		Go to New Site
Vaccines Administered		

Reports	Other
Batch	Get News
Inventory	View Usage Agreement
Maintenance	MCIR.org
Profile	VIS
Quality Improvement	IVEN
Reminder/Recall	Exit Application
Retrieve Results	
Roster	
School/Childcare	
Vaccine	
VFC Site Chart Pull	
VAERS	



1. Retrieve the person's record by searching for them in MCIR.
2. Click the **Add/Find** link.

Person's General Information

3. In the upper right corner of the person's General Information screen click on the [View](#) link.

Person: Test, Person
Birth Date: 05/30/1940
Provider: **Overdue** [View](#) [Print Help](#) [Home](#) [Exit](#)

General Information

Person Rem/Rcl Sch/CC VIM VFC Rpts Oth
Add/Find Roster Add Imm Information Status History

If this is not the correct person you may [Search Again](#) or [Add Person](#).

Person Information : [Edit](#) **MCIR ID :**

Name: Test, Person Birthdate: 05/30/1940 Gender: Female
Age: 80 Years 5 Months
Resp. Party: Test, Person Jurisdiction: No County Affiliation Primary Phone:
Address: 123 Grand Avenue Secondary Phone:
Lansing, MI 48933 Address Status: Invalid
Country: United States County: No County Address Updated: 11/13/2020

High Risk Conditions : [Edit](#)

Influenza Screening Notification Potential Lead Exposure (Flint Water)
Pregnancy: [Add](#)

Immunizations						Other			
Series	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6+	Status		
No Immunizations Given									
Other Administrations									
Series								Status	
No Other Administrations Given									
Dispensed Vaccines / Biologics									
Vaccine/Biologic						Date	Age		
No Dispensed Vaccines or Biologics Found									
Non-Administered Doses/Positive Immunity									
Series/Antigen	Date		Reason	Entered by					
No Non-Administered Doses/Positive Immunities Found									
Compromised Doses									
Vaccine	Date	Age	Description						
No Compromised Doses Found									
Invalid Doses									
Series/Dose #	Vaccine	Date	Age	Reason					
No Invalid Doses Found									

[Take off Roster](#) [Unlock Person](#) [Reassess Person](#)

A Pop Up Window Appears

4. A pop-up window appears, allowing you to choose the Official State of Michigan Immunization record format you wish to view/print.

Person: Test, Person
Birth Date: 05/30/1940
Provider: **Overdue** [View](#) [Print Help](#) [Home](#) [Exit](#)

General Information

Person Rem/Rcl Sch/CC VIM VFC My Site Rpts Oth
Add/Find Roster Add Imm Information Status History

If this is not the correct person you may [Search Again](#) or [Add Person](#).

Person Information : Edit **MCIR ID :**

Name: Test, Person Birthdate: 05/30/1940 Gender: Female
Age: 80 Years 5 Months
Resp. Party: Test, Person Jurisdiction: No County Affiliation Primary Phone:
Address: 123 Grand Avenue Secondary Phone:
Lansing, MI 48933 Address Status: Invalid
Country: United States County: No County Address Updated: 11/13/2020

High Risk Conditions : Ed
 Influenza Screening Notification
Pregnancy: [Add](#)

Immunization Record

Series	Dose 1
No Immunizations Given	

Other Administrations

Series	Status
No Other Administrations Given	

Dispensed Vaccines / Biologics

Vaccine/Biologic	Date	Age
No Dispensed Vaccines or Biologics Found		

Non-Administered Doses/Positive Immunity

Series/Antigen	Date	Reason	Entered by
No Non-Administered Doses/Positive Immunities Found			

Compromised Doses

Vaccine	Date	Age	Description
No Compromised Doses Found			

Invalid Doses

Series/Dose #	Vaccine	Date	Age	Reason
No Invalid Doses Found				

Immunization Report

Report 1 Page - Official State of Michigan Immunization Record without address
Official State of Michigan Immunization Record
Official State of Michigan Immunization Record-Landscape
1 Page - Official State of Michigan Immunization Record with address
1 Page - Official State of Michigan Immunization Record without address

[Take off Roster](#) [Unlock Person](#) [Reassess Person](#)

Click Submit

5. Choose the record version and click Submit.
6. The record type selected will open in a PDF format on your screen.

If you experience issues viewing the PDF file, please click on the Print Help link in the upper right corner of your MCIR screen.

Person: Test, Person
Birth Date: 05/30/1940
Provider: **Overdue** [View](#) [Print Help](#) [Home](#) [Exit](#)

General Information

Person Rem/Rcl Sch/CC VIM VFC My Site Rpts Oth
Add/Find Roster Add Imm Information Status History

If this is not the correct person you may [Search Again](#) or [Add Person](#).

Person Information : Edit **MCIR ID :**

Name: Test, Person Birthdate: 05/30/1940 Gender: Female
Age: 80 Years 5 Months
Resp. Party: Test, Person Jurisdiction: No County Affiliation Primary Phone:
Address: 123 Grand Avenue Lansing, MI 48933 Secondary Phone:
Country: United States County: No County Address Status: Invalid
Address Updated: 11/13/2020

High Risk Conditions :
 Influenza Screening Notif
Pregnancy: [Add](#)

Immunization Report

Report: Official State of Michigan Immunization Record

Submit **Cancel**

Series	Dose 1
No Immunizations Given	

Other Administrations

Series	Status
No Other Administrations Given	





Dispensed Vaccines / Biologics


Vaccine/Biologic	Date	Age
No Dispensed Vaccines or Biologics Found		

Official State of Michigan Immunization Record



Print the record when you see this screen.

genInfo 1 / 2    

 STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Official State of Michigan Immunization Record



MCIR
Name: Test, Person **Gender:** F **Patient ID#:**
Responsible: Person Test **Age:** 80 Years 5 Months **DOB:** 05/30/1940
Address: 123 Grand Avenue
City,State,Zip: Lansing MI 48933
Telephone:
As of: November 16, 2020
Provider: Assessment indicates that vaccinations are overdue and should be administered today if not medically contraindicated. Please validate current responsible party address. This person is at high risk and should be tested for lead poisoning.

History of Vaccinations Given By Series							
Vaccine Series	Date#1	Date#2	Date#3	Date#4	Date#5	Date#6	Date#7
No Immunizations Given							

Immunizations Status and Shots Needed				
Vaccine	Next Dose Due	Accelerated Due	Recommended	Overdue Date
Tdap	1	06/29/2012	06/29/2012	06/29/2012
MMR	1	05/30/1941	05/30/1941	08/28/1941
Hepatitis B	Consider	05/30/1959	05/30/1959	05/30/1959
Hepatitis A	1	05/30/1941	05/30/1941	11/30/1941
Seasonal Influenza	1	09/01/2020	09/01/2020	10/01/2020
Pneumococcal PCV13	1	09/19/2014	09/19/2014	09/19/2014
Zoster RZV	1	01/26/2018	01/26/2018	01/26/2018

* Invalid Dose

Signature: _____ **Date:** ____/____/____

[Print Help](#)
[Home](#) [Exit](#)

[Rpts](#) [Oth](#)

ID : Female
Age: Invalid
Date: 11/13/2020

Other
6+ **Status**
Status
Age
by

Print Help

Person: Test, Person
Birth Date: 05/30/1940
Provider: **Overdue**

General Information

[View](#) [Home](#) [Exit](#)

Person **Rem/Rcl** **Sch/CC** **VIM** **VFC** **My Site** **Rpts** **Oth**

[Add/Find](#) [Roster](#) [Add Imm](#) [Information](#) [Status](#) [History](#)

If this is not the correct person you may [Search Again](#) or [Add Person](#).

Person Information : [Edit](#) **MCIR ID :**

Name:	Test, Person	Birthdate:	05/30/1940	Gender:	Female
		Age:	80 Years 5 Months		
Resp. Party:	Test, Person	Jurisdiction:	No County Affiliation	Primary Phone:	
Address:	123 Grand Avenue Lansing, MI 48933			Secondary Phone:	
Country:	United States	County:	No County	Address Status:	Invalid
				Address Updated:	11/13/2020

High Risk Conditions :

Influenza Screening Notif

Pregnancy: [Add](#)

Immunization Report

Report: **Official State of Michigan Immunization Record**

[Submit](#) [Cancel](#)

Series	Dose 1
<i>No Immunizations Given</i>	

Other Administrations

Series	Status
<i>No Other Administrations Given</i>	

Dispensed Vaccines / Biologics

Vaccine/Biologic	Date	Age
<i>No Dispensed Vaccines or Biologics Found</i>		

The End.

