

Encuentre Su Cartilla de Vacunacion CAIR

El Registro de Inmunizaciones de California (CAIR) es un sitio de registro estatal que tiene varias de las vacunas del estado de California, incluyendo los del Condado de Imperial. Esta guía le ayudará a crear una cuenta e imprimir su cartilla de vacunación. Tenga en cuenta que si no encuentra su registro de vacuna en este sitio, debe comunicarse directamente con su proveedor para solicitar su cartilla de vacunación.

Acceda al registro de vacunación yendo a: <http://cairweb.org>
Busque, ¿Está buscando su registro de vacunación?
Haga clic en **Solicitar historial de vacunación completo:**



Due to a high volume of emails and online form requests, the CAIR help desk will not be available via telephone 8/16 to 8/20 to process forms and respond to emails. We apologize for the inconvenience.

The California Immunization Registry (CAIR2) is a secure, confidential, statewide computerized immunization information system for California residents.

- ▶ **Looking for Your Immunization Record?**
[Request Digital COVID-19 Vaccine Record](#) | [Troubleshoot Problems](#)
[Request Complete Immunization History](#)

Hours:
9am-4pm Monday to Thursday
10am-4pm Friday

CAIRHelpdesk@cdph.ca.gov

Phone: 800-578-7889
Fax: 888-436-8320

Lea la siguiente información antes de ingresar su información personal:

CAIR2

Authorization to Release Healthcare Information

Disclaimer: Finding a match in this initial search does not guarantee that the requested patient record will be found in CAIR. Likewise, this initial search may identify multiple matching records and CAIR staff may need to contact you to obtain additional information before the correct record can be identified and released. If additional identifying information is requested but not returned within 7 business days, the record request will be denied. Please allow at least 14 business days for resolution of each record request.

COVID-19 records: If you are looking for your COVID-19 vaccination record **ONLY**, please complete the [DIGITAL COVID-19 VACCINE RECORD](#) request form using the telephone number and email address you provided when receiving your COVID-19 vaccine. Should you have any trouble retrieving your record, please follow the instructions received via your cellular phone or email, or visit our [Frequently Asked Questions](#) page. For further assistance, please call the Public Call Center at 833-422-4255.

Adults requesting records for adult children, family, spouses, or significant others: Anyone over the age of 18 is responsible for requesting his or her own record. Please have them submit their own request to avoid any delays in processing time, as requests are processed in the order they are received.

Minors requesting immunization records: Please have your parent or guardian request your records. Any requests submitted by a minor will be denied unless you are an emancipated youth and have court documents to show this.



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Ingrese la información en los espacios proporcionados, un asterisco rojo, indica que la información es necesaria::

Patient Information	
First Name *	<input type="text"/>
Middle Name	<input type="text"/>
Last Name *	<input type="text"/>
DOB *	<input type="text"/>
Gender *	--SELECT--
Relationship To Patient *	<input type="radio"/> Self <input type="radio"/> Parent/Guardian
Name of Parent/Guardian (if patient is a minor *)	First Name: <input type="text"/>
	Last Name: <input type="text"/>
Phone *	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Requestor Information	
Name *	<input type="text"/>
Address *	<input type="text"/>
City *	<input type="text"/>
Zip Code *	<input type="text"/>
Please indicate below how and where you would like your/your child's immunization record sent (choose 1 method only)	
<input checked="" type="radio"/> Email <input type="text"/>	
Email <input type="text"/>	
Requestor: Please upload a copy of a current valid government-issued ID with picture (i.e. current driver's license). If the child is a ward of the court, or you have been given custody of the child, please include a copy of the documentation authorizing you to receive a copy of the records. If you are from a foster care agency please include a copy of your badge with this request.	
File Name *	<input type="text" value="Choose Files"/> No file chosen
Electronic Signature	
<input type="checkbox"/> By checking this box and by entering your full name below, you are declaring under penalty of perjury under the laws of the State of California that you are the Patient or Parent/Guardian of the patient and are therefore authorized to access the patient's CAIR immunization /Tb record.	
Full Name *	<input type="text"/>
Date	<input type="text" value="9/29/2021"/>
<input type="button" value="Submit Form"/>	<input type="button" value="Cancel"/>

Una vez que haya ingresado todos los datos, deberá subir una identificación con foto que coincida con la información ingresada en el formulario de solicitud. Asegúrese de ingresar su nombre completo y marcar la casilla que declara bajo pena de perjurio que usted está autorizado a recuperar los datos solicitados. Una vez hecho todo esto, haga clic en Enviar formulario. Una vez enviado el formulario, recibirá un número de confirmación por correo electrónico. Luego se le pedirá crear una cuenta y podrá descargar el registro de vacunación que solicitó. Una vez descargado su registró de vacunación, puede imprimirlo para sus registro.

Para obtener más información, comuníquese con el Departamento de Salud Pública del Condado de Imperial al 442-265-1444.

