

# GUÍA RÁPIDA PARA ACCESAR AL REGISTRO DE VACUNACIÓN

El Registro de Vacunación de California (CAIR) por sus siglas en inglés, es un sitio web estatal que tiene muchas de las vacunas administradas en el estado de California, incluido el Condado de Imperial. Esta guía le ayudará a cómo crear una cuenta e imprimir el registro de vacunación que está buscando. Si no encuentra sus vacunas en éste registro, debe comunicarse directamente con su proveedor de salud para solicitar éstos datos.

Para el acceso al registro de vacunación visite el sitio: <http://cairweb.org/>

Haga clic en buscar su registro de vacunación y encontrará como CAIR2 puede ayudar:

CAIR2 Welcome Imperial County  
Find out more ▶

- ▶ **Manage Patient Status – Remove 'Inactive' Patients From Your CAIR2 Reports!**  
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- ▶ **Have Questions About the New School/Daycare Medical Exemption Law?**  
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- ▶ **Enroll Your Organization in CAIR2!**  
[Enroll to submit information electronically from your EHR](#)  
[Enroll to enter information manually into CAIR2](#)
- ▶ **CAIR2 Account Update (Supervisors Only)**  
[Manage your existing CAIR2 Organization Account](#)
- ▶ **Data Exchange Submitters**  
[How to Maintain High Data Quality](#)  
[View CAIR2 Patient Data In Your EHR – Sign Up Now for BIDX](#)  
[Data Exchange \(DX\) FAQs](#)
- ▶ **Pharmacies**  
[Learn How to Report Immunizations to CAIR2](#)
- ▶ **Looking for Your Immunization Record?**  
[Find Out How CAIR2 Can Help](#)

Ingrese la información del paciente del cual le gustaría recuperar el registro de vacunación, una vez que haya ingresado los datos requeridos, haga clic en buscar:

## CAIR2

### Authorization To Release Healthcare Information - Patient Search

To start the Record Request process, enter the patient information below and then click the 'Search' button to search CAIR2 for the patient. If a matching patient is found, you will be asked to complete the full Form and also submit additional identifying information.

Required fields are marked by an \*

Patient Information	
First Name * <input type="text" value="Test"/>	DOB * <input type="text" value="09/01/2020"/>
Middle Name <input type="text" value="M"/>	Gender * <input type="text" value="Male"/>
Last Name * <input type="text" value="Patient"/>	Parent/Guardian First Name: <input type="text" value="Guardian"/>

Disclosure:

For any questions regarding this patient search, contact the CAIR Help Desk [CAIRHelpDesk@cdph.ca.gov](mailto:CAIRHelpDesk@cdph.ca.gov)

[View CDPH's privacy policy](#)



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Al encontrar el nombre del paciente, se le pedirá que llene un formulario de solicitud, deberá cargar una identificación con foto que coincida con la información ingresada en el formulario de solicitud.



## Authorization To Release Healthcare Information

Patient Match Found

**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.

Required fields are marked by an \*

Patient Information	
First Name * <input type="text" value="Test"/>	Relationship To Patient * <input type="radio"/> Self <input checked="" type="radio"/> Parent/Guardian
Middle Name <input type="text" value="M"/>	Name of Parent/Guardian (if patient is a minor *)
Last Name * <input type="text" value="Patient"/>	First Name: <input type="text" value="Guardian"/>
DOB * <input type="text" value="9/01/2020"/>	Last Name: <input type="text" value="Test"/>
Gender * <input type="text" value="Female"/>	Phone * ( <input type="text" value="111"/> ) <input type="text" value="111"/> - <input type="text" value="1111"/>
Requestor Information	
Name * <input type="text" value="Test Patient"/>	Please indicate below how and where you would like your/your child's immunization record sent (choose 1 method only)
Address * <input type="text" value="123 E St"/>	<input checked="" type="radio"/> Email <input type="text"/>
City * <input type="text" value="El Centro"/>	Email * <input type="text" value="testemail@yahoo.com"/>
Zip Code * <input type="text" value="92243"/>	
<b>Requestor:</b> Please upload a copy of a current 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"/>	<input type="button" value="Browse..."/>
Electronic Signature	
<input checked="" 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" value="Guardian Test"/>	Date <input type="text" value="9/30/2020"/>

Haga clic para enviar el formulario:

<input type="button" value="Submit Form"/>	<input type="button" value="Cancel"/>
* THIS AUTHORIZATION EXPIRES NINETY (90) DAYS AFTER IT IS SIGNED	
For any questions regarding these Disclosure and Share Policies, contact the CAIR Help Desk <a href="tel:800-578-7889">800-578-7889</a> <a href="mailto:CAIRHelpDesk@odph.ca.gov">CAIRHelpDesk@odph.ca.gov</a>	
<a href="#">View CDPH's privacy policy</a>	

Cuando el formulario es enviado, recibirá un número de confirmación por correo electrónico. Luego se le pedirá que cree una cuenta en la que podrá descargar el registro de vacunación que solicitó. Al crearse el registro de vacunación, finalmente puede imprimirlo para sus registros.

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

