

# QUICK GUIDE TO ACCESS IMMUNIZATION RECORD

The California Immunization Registry (CAIR) is a state website that has many of the immunizations for the state of California including Imperial County. This guide will assist you on how to create an account and print the immunizations you are searching for. Please note that if you do not find your immunizations in this registry, you should contact your provider directly to inquire for this data.

Access immunization record by going to : <http://cairweb.org/>

Click on **Looking for your Immunization Record, Find out how CAIR2 can help:**

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Enter the patient's information that you would like to retrieve immunization information for, once you have entered the required data, click on Search:



## 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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Once the patient is found you will be asked to complete a request form, you will need to upload a photo identification matching the information entered on request form.



## 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
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	
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.	
<input checked="" type="checkbox"/>	
Full Name * <input type="text" value="Guardian Test"/>	Date <input type="text" value="9/30/2020"/>

Click on Submit Form:

<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> CAIRHelpDesk@odph.ca.gov	
<a href="#">View CDPH's privacy policy</a>	

Once the form is submitted, you will receive a confirmation number via email. You will then be prompted to create an account and be able to download the immunization record you requested. Once the immunization record is created, you can print it out for your records.

For further information, contact Imperial County Public Health Department at 442-265-1444.

