Immunization Screening Pathway

**Initiation:** Any child less than 18 years of age

Determine child’s immunization status by using the child’s immunization record.
- If record is available, use “Checking a Vaccine Record” Tool or document confirmation from ImpactSIIS registry.
- Document how records were obtained and reviewed.
  - Family’s record
  - ImpactSIIS
  - Other electronic registry
  - Health care provider
  - Health department
  - Other _________

Educate family about the importance of immunizations and maintaining an up-to-date record.

- Ages 0-10
  - Your Child Thanks You
  - Why Risk It
  - What Is Your Reason

- Ages 11-18
  - Immunization is the Best Protection
  - HPV Did You Know?

**COMPLETION:** Immunization record reviewed and documented.

1. Child is up-to-date (UTD) on all age-appropriate immunizations.
   - UTD on all
   - UTD without influenza

2. Child is behind on age-appropriate immunizations. Document reasons why and start Immunization Referral Pathway.

3. Document that no records are available and the steps taken to get records, and open the Immunization Referral Pathway.

**Completion Date:** _______________

Record reason if finished INCOMPLETE: __________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Immunization Referral Pathway

**Initiation:** Immunization record reviewed and child is confirmed to be behind on immunizations or no record is available.

Confirm appointment scheduled with provider or clinic to update immunization status.

Provider: ____________________________  
Appt. date: __________________________

Provide education about the importance of immunizations and maintaining an up-to-date record.

**Ages 0-10**  
- Your Child Thanks You  
- Why Risk It  
- What Is Your Reason

**Ages 11-18**  
- Immunization is the Best Protection  
- HPV Did You Know?

**COMPLETION:**  
Child is up-to-date (UTD) on all age-appropriate immunizations. Monitor immunization status at all visits.

- UTD on all  
- UTD without influenza

Document how records were obtained and reviewed.

- Family’s record  
- ImpactSIIS  
- Other electronic registry  
- Health care provider  
- Health department  
- Other __________

Completion Date: ____________________________

Record reason if finished INCOMPLETE: ________________________________________  
________________________________________________________  
________________________________________________________