

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Community Care Coordinator: \_\_\_\_\_ Agency: \_\_\_\_\_

## Immunization Screening Pathway

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

**Start Date:** \_\_\_\_\_

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 ImpactSIS registry.
- Document how records were obtained and reviewed.
  - Family's record
  - ImpactSIS
  - 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Community Care Coordinator: \_\_\_\_\_ Agency: \_\_\_\_\_

## Immunization Referral Pathway

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

**Start Date:** \_\_\_\_\_

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.

- |  |   |
|--|---|
| <input type="checkbox"/> Family's record           | <input type="checkbox"/> Health care provider |
| <input type="checkbox"/> ImpactSIIS                | <input type="checkbox"/> Health department    |
| <input type="checkbox"/> Other electronic registry | <input type="checkbox"/> Other _____          |

**Completion Date:** \_\_\_\_\_

Record reason if finished INCOMPLETE: \_\_\_\_\_

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