

**Patient Search** Click here to use the 'advanced' search

First Name or Initial:	em%	ID:	
Last Name or Initial:	test%	SIIS Patient ID / Bar Code:	
Birth Date:	02/02/1992	Chart Number:	

**Family and Address Information:**

Guardian First Name:		Mother's Maiden Name:	
Street:			
City:		State:	Select...
Zip Code:		Phone Number:	
Country:	United States		

**Note:** When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and \_ to replace a single character.  
 Check here if adding a new patient.

Clear **Search**

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**Patient Search Results**

Records Found = 2      Search Criteria: First Name / Last Name / Birth Date (Like)

First Name	Middle Name	Last Name	Birth Date	City	Grd First Name	Grd Last Name
EMILY		TEST	02/02/1992	COLUMBUS		

Showing 1 to 2 of 2 entries

Log into <https://ohioimpactsiis.org/> using your username and password, which was either provided by ODH or an ImpactSIIS administrator at your facility.

After logging in, if not already opened to patient search, Click on the blue **Patient** tab to the left, then click **Search/Add**.

- SEARCH for the individual who needs the vaccination added to their Impact chart.
  - For the best search: use **First Name, Last Name,** and **Birth Date**.
  - The “%” character acts as a wildcard search if needed.
- Click **Search**
- Select your patient from the **Patient Search Results** list.
  - If your patient does not populate, please refer to the “Add New Patient” document.

Clicking on the correct patient name will pull up the **Patient Demographics** page.

If anything needs corrected or updated on the **Patient Demographics** page, this can be done by clicking the **Edit** button, making any necessary changes, then clicking **Save**.

- The **Add** button and the **Primary** button must be clicked in the **Patient Phone Number** and **Address** sections.

- If you can confirm this is the correct individual, and you have updated the:

**address,**  
**phone,**  
**race** and **ethnicity** information,  
 then proceed to the next step.

**Patient Demographic Master View**

**Record Info**

SIIS Patient ID:	12185686	Last Update:	11/13/2020
Organization Owner:	363 - ODH OHIO IMPACTSIIS	Last Updated By:	EMILY TEST
Facility Owner:	363 - ODH OHIO IMPACTSIIS		
Entry Date:	04/30/2019		
Entered By:	EMILY TEST		

**Patient Status**

State Level:	Active	<b>Organization Level:</b>	<b>Inactive</b>
County Level:	Active (Franklin)		

**Patient**

First Name:	EMILY	Race:	
Middle Name:		Ethnicity:	Not Hispanic or Latino
Last Name:	TEST	Language:	English
Suffix:		SSN:	XXX-XX-2221
Birth Date:	02/02/1992	Medicaid #:	
Birth File #:		Multi Birth Indicator:	N
Age:	28 yrs	Birth Order:	
Reminder/Recall Publicity Code:		Military:	
Sex:	FEMALE	Recall Attempts:	0
Mother Maiden Nm:	DOE	Nationality:	
VFC status:	Not VFC Eligible	Passport #:	
		Visa #:	
		Vaccine Supply:	PRIVATE

**Primary Address**

Address 1:	200 VACCINATION WAY	Address 2:	
City:	COLUMBUS	State:	OH
Zip Code:	43201		
Email:			
Country:	United States	County/Parish:	FRANKLIN

**Family & Contact**

Guardian 1 First:		Guardian 1 SSN:	
Guardian 1 Middle:		Guardian 2 First:	
Guardian 1 Last:		Guardian 2 Last:	
Phone Number:	Phone Use Code	Equipment Type:	

+ Alias  
 + Secondary Patient Demographics  
 + School  
 + Primary Insurance  
 + Medical Home  
 + Birth & Death  
 + Associated Campaigns/Tiers  
 + Patient Specific Reports

Back **Edit**

**Patient Demographic Master View**

**Record Info**  
 SIIS Patient ID: 12185686  
 Organization Owner: 17830 - ODH OUTBREAK VACCINATION TEAM  
 Facility Owner: -  
 Entry Date: 04/30/2019 Last Update: 10/16/2020  
 Entered By: EMILY Last Updated By: EMILY

**Patient Status**  
 State Level: Active **Organization Level: Inactive**  
 County Level: Active (Franklin)

**Patient**  
 First Name: EMILY Race:  
 Middle Name: Ethnicity:  
 Last Name: TEST Language:  
 Suffix: SSN:  
 Birth Date: 02/02/1992 Medicaid #: Multi Birth Indicator: N  
 Birth File #: Birth Order:  
 Age: 28 yrs Military:  
 Reminder/Recall Publicity Code: Recall Attempts: 0  
 Sex: FEMALE Nationality:  
 Mother Maiden Nm: DOE Passport #:  
 VFC status: Not VFC Eligible Visa #: Vaccine Supply: PRIVATE

**Primary Address**  
 Address 1: 200 VACCINATION WAY Address 2:  
 City: COLUMBUS State: OH  
 Zip Code: 43201  
 Email:  
 Country: United States County/Parish: FRANKLIN

**Family & Contact**  
 Guardian 1 First: Guardian 1 SSN:  
 Guardian 1 Middle: Guardian 2 First:  
 Guardian 1 Last: Guardian 2 Last:  
 Phone Number: Phone Use Code Equipment Type

+ Alias  
 + Secondary Patient Demographics  
 + School  
 + Primary Insurance  
 + Medical Home  
 + Birth & Death  
 + Associated Campaigns/Tiers  
 + Assessment  
 + Patient Specific Reports

**Edit High Risk Categories** [Back] [Edit]

## REQUIRED at time of first dose:

After saving the Patient Demographics.

1. Click the *Edit High Risk Categories* box.
2. Select the most appropriate Target Population or Occupation and assign it to the individual using the > arrow to the right.
  - There should be a notification at the top stating "Patient High Risk Categories Successfully Changed"

**Patient**  
 Name: EMILY TEST SIIS Patient ID: 12185686  
 Date of Birth: 02/02/1992 Age: 28 yrs  
 Guardian: Organization Level Status: Inactive

**Patient High Risk Categories**

Available Categories  
 ASSISTED LIVING FACILITY RESIDENT  
 ASSISTED LIVING FACILITY STAFF  
 CONGREGATE CARE FACILITY RESIDENT  
 CONGREGATE CARE FACILITY STAFF  
 EMERGENCY MEDICAL SERVICES  
 HOSPITAL ADMINISTRATIVE STAFF  
**HOSPITAL CLINICAL STAFF**  
 NONHOSPITAL HEALTHCARE ADMINISTRATIVE STAFF  
 NONHOSPITAL HEALTHCARE ANCILLARY STAFF

Current Categories

[Back]

- proceed to next step -

**Vaccination View/Add**  
 (H - Historicals , # - Adverse Reaction , I - Warning , I - Warning , I - Warning , U - Unverified Historicals , ^ - Compromised Vaccination )

Documented By: --select--  
 Double-click in any date field below to enter the default date: 12/01/2020

Vaccine	1	2	3	4	5	6
COVID-19, mRNA, LNP-S, PF, 100 mcg/ 0.5 mL dose (MODERNA)	11/10/2020					
COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose (PFIZER)						
DTaP						
DTaP, 5 pertussis antigens (Daptacel)						
DTaP-Hib-IPV (Pentacel)						
DTaP-Hep B-IPV (Pediatrix)						
DTaP-IPV						
Hep B, adolescent or pediatric						
Hib (PRP-T)						
IPV						
MMR						
Pneumococcal conjugate PCV 13 (Prenar 13)						
MMRV						
varicella						
Hep A, ped/adol, 2 dose						
HPV9 (Gardasil 9)						
rotavirus, pentavalent (Rotateq)						
Tdap						
meningococcal MCV4P (Menactra)						

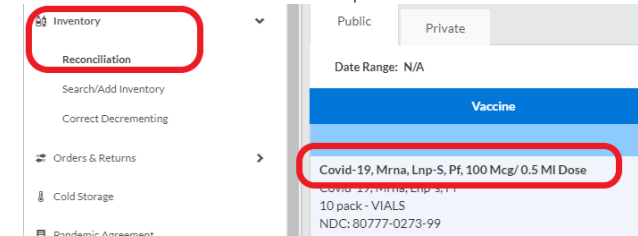
--select--

**Add Administered** Clear Add Historicals

\* If a combination vaccine is marked with a 'X', please verify which components of the vaccine are outside the ACIP schedule by viewing the Vaccination Summary .

After confirming and editing the patient demographics:

1. Click on the **Vaccinations** tab on the left. Then click on **View/Add**
  - This will bring you to the Impact **Vaccination View** page.
2. If adding a first dose of a vaccine other than COVID, the vaccine may need to be chosen from the **--select--** dropdown box. If COVID, simply add the **date of vaccine administration** in the next empty textbox.
  - It is important to select the correct COVID vaccine type from this page. COVID vaccine types are specific to the manufacturer and not interchangeable.
  - If unsure what vaccine type your facility has, this can be confirmed in VOMS. In **VOMS -> Inventory -> Reconciliation** the corresponding vaccine name type should be in **bold**. screen cap below



3. Click **Add Administered**

**Patient**

Name:	EMILY TEST	SIIS Patient ID:	12185686
Date of Birth:	02/02/1992	Age:	28 yrs
Guardian:		Organization Level Status:	Inactive

**VFC Eligibility Update**

Current VFC Status: Not VFC Eligible  
 Update VFC Eligibility Ineligible

Cancel **Continue**

After clicking Add Administered, the next page will be the patient eligibility screen for the Vaccines for Children, or "VFC" program.

1. Click **Continue**

**Vaccination Detail Add**

**Vaccine 1:** COVID-19, mRNA, LNP-S, PF, 100 mcg/ 0.5 mL dose

**Date Administered:** 11/10/2020

**Historical:**  YES  NO

**Manufacturer:** MODERNA US,INC. [Click to select](#) 1

**Lot Number:** PF5582389

**Lot Facility:** COVID TEST - COLUMBUS OFFICE

**Funding Source:** PAN

**Provider Noted on Record:**

**Lot Noted on Record:**

**Manufacturer Noted on Record:**

**Facility:** COVID TEST - COLUMBUS OFFICE x

**Vaccinator:** Select...

**Anatomical Site:** Right Arm x

**Anatomical Route:** Intramuscular x

**Dose Size:** Full

**Volume (CC):**

**VFC Status:** Patient is not VFC Eligible.

**District/Region:**

**VIS Publications Dates:** 1. 10/01/2020 2. 3. 4.

**Date VIS Form Given:** 11/10/2020

**Ordering Provider:** Sel...

**Comments:**

Cancel Save 4

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**Patient**

Name: EMILY TEST SIIS Patient ID: 12185686  
 Date of Birth: 02/02/1992 Age: 28 yrs  
 Guardian: Organization Level Status: Active

[Print Page](#) [View Print Page](#)

**Vaccination Forecast**

The forecast automatically switches to the catch-up schedule when a patient is behind schedule.

Vaccine Group	Forecasted Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status
HEP-B 3 DOSE	1	02/02/1992	02/02/1992	02/29/1992	Past Due
Tdap	1	02/02/1999	02/02/1999	02/02/1999	Past Due
HEP-A	2	11/20/2019	11/20/2019	12/20/2020	Due Now
MMR	2	04/29/2020	04/29/2020	05/29/2020	Past Due
VARICELLA	1	04/29/2020	04/29/2020	05/29/2020	Past Due
FLU	1	07/01/2020	07/01/2020	07/28/2020	Past Due

**Vaccination View/Add**

(H - Historicals, # - Adverse Reaction, ! - Warning, ! - Warning, ! - Warning, U - Unverified Historicals, ^ - Compromised Vaccination)

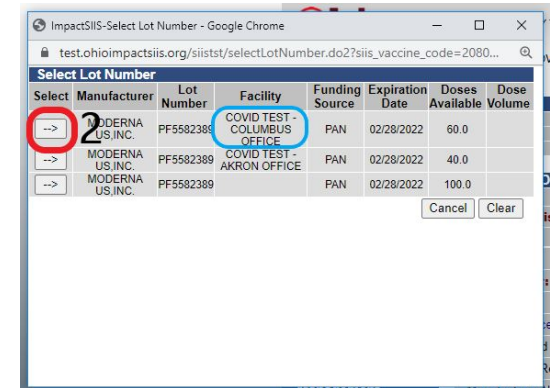
Documented By: --select--

Double-click in any date field below to enter the default date: 11/13/2020

Vaccine	1	2	3	4	5	6
COVID-19, mRNA, LNP-S, PF, 100 mcg/ 0.5 mL dose	11/10/2020					
Hep A, adult	04/02/2019	X 05/06/2019	X 05/20/2019			

This will prompt the Vaccination Detail Add page.

1. Click the *Click to select* link on the *Manufacturer* line.
2. This will generate a pop-up box in the internet browser containing available vaccine lots. Select the correct lot number along with the corresponding facility of administration (if applicable).



- Lots that appear in the pop-up box have been added in *VOMS -> Inventory -> Reconciliation*. If the vaccine is not available in the pop-up, the vaccine order may need to be “received” into inventory. Please refer to the “VOMS” document to resolve this issue.
3. After the correct lot number is selected, select the appropriate *Facility, Anatomical Site, Anatomical Route*, and update the *VIS/EUA* dates if needed.
  4. Then click *Save*.

**Complete:** The vaccination has been successfully added to the patient chart.

- The recommended date for the next dose will be in the Vaccination Forecast.
- When administered, the second dose administration date can be added in the next available date box to the right.