



Immunization records are online!

San Diego Unified School District uses the San Diego Regional Immunization Registry (SDIR), part of the California Immunization Registry (CAIR) to store immunization records for many of their students. Immunizations and tuberculosis (TB) tests are an important part of health care, but keeping track can be difficult when a person has more than one doctor. The California Immunization Registry (CAIR) - San Diego Immunization Registry (SDIR) is a computer-based immunization and TB test record tracking system. It is used to assist medical providers and other approved agencies to track and review immunization and TB test record information. CAIR-SDIR is **only** available to authorized providers/agencies, local public health departments in California, and the California Department of Public Health.

By using this system, the school can make sure that your children's immunization records can be easily located by a school nurse or health care provider when you change schools, doctors, or during a disease outbreak, or natural disaster.

San Diego Unified School District staff enters immunization records into the centralized, secure, and confidential database. Please return this completed form and a copy of the individual's immunization record to your school.

For more information, visit the SDIR Website at: www.sdiz.org/CAIR-SDIR/index.html or call the SDIR Help Desk at (619) 692-5656

Please complete the information below. **Fill out additional form(s) if submitting more than one individual's immunization record.**

Please print clearly and include your email and phone number in case we need to contact you.

PARENT/GUARDIAN	STUDENT
Name:	Last Name:
Street Address:	First Name:
City:	Middle Name:
Zip Code:	Date of Birth:
Email:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Phone:	
Relationship to student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other [specify]	The information below will help locate the immunization record in the future
	Previous Last Name (if any):
	Previous First Name (if any):
	Mother's Maiden Name:
Signature of Parent/Guardian:	Date:

Immunization records are **only shared** with public health, participating health care providers, schools, childcare and other authorized programs that require the review of immunization records for enrollment.

**** Only** check & initial here if you do NOT want the record shared with other authorized programs Initials

Office use only	<input type="checkbox"/> Entered into SDIR	By:	Date:
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