## Edit a Person's Immunization Record

You may only edit or delete immunizations administered or reported by your immunizing site provider. A <u>Petition for Modification</u> form is found on <u>MCIR.org</u>. **Fax** completed form to the **MCIR Helpdesk 517-763-0370** to change or delete immunizations added by another provider.

- Log in to the <u>Michigan Care</u> <u>Improvement Registry, (MCIR)</u>, and <u>Search a Person</u> to retrieve the record.
- 2. On the General Information screen, Click <u>History</u>.
- On the Immunization History screen click the <u>hyperlinked</u> <u>vaccine</u> to edit, *Figure 1*.
- 4. The Edit Immunization History Screen will appear.
- 5. Enter immunization edits.
- 6. Select **Submi**t to save.

у	Person: Test, I Birth Date: Provider: Over	Person	View	Print Help Home Exit	
VIM	Imp/Exp	My Site Ad	im Rpt	s Oth	
Information Status	History				
			MCIRI	D: 17170031552	
O Date Administered		O Vaccine/Da	O Vaccine/Date Summary		
Date	Entered By		Manufacturer	Lot #	
08/31/2020 Test Provider Site			Glaxo	Delete	
Date	Reason	Entered By			
and forward					
	y Information Status Obste Adminis Date 08/31/202 Date	y Person: Text, Birth Date: Provider: Over Information Status History Date Administered Date Entered By 08/31/2020 Test Provider Site Date Reason	y Person: Test, Person Birth Date: Provider: Overfidee Information Status History Date Administered Date Entered By 08/31/2020 Test Provider Site Date Reason Entered By	y Person: Test, Person Birth Date: Provider: Overlage Information Status History Date Administered Date Administered By Manufacturer 08/31/2020 Test Provider Site Glaxo Date Reason Entered By	

Edit Immunization History		Person: Test, Person Birth Date: Provider: Overdue		<u>View</u>		Print Help Home Exit	
Person Re Add/Find Roster Add	m/Rcl VIM	Imp/Exp Is History	My Site	Adm	Rpts	Oth	
Vaccine Details					_		
Provider	Test Provider Site						
Date Administered*	08/31/2020			List as point reminder/recall r	of contact notices	t for	
Vaccine*	Zoster RZV (Shingrix)		~				
Mfr (Product)*	Glaxo (SHINGRIX)	~					
Lot Number				Select Active	Lot		
Vaccine Eligibility*	Private Pay/Insurance	~		Dose Qty (ml)*	0		
Site on Body	~			Route		~	
Additional Info							
Client Used Pro	vider Thin Client	Record St	atus	approved for provider u		se	
Created By	on 08/31/2020	Modified I	Ву				
All fields marked wit	h * are mandatory	Submit	Cancel				

Figure 2

