

# How To Document Race and Ethnicity Directly in the MCIR

Only the following MCIR user roles: Provider Users and Site Administrators may edit person information.

1. Start by logging directly in to the MCIR via [MILogin](#).
2. [Search for a Person](#), (Figure 1).
3. From the person's general information screen, click **Edit** to the right of Person Information, (Figure 1).

Person: Test, Person  
 Birth Date: 05/30/1940  
 Provider: **Overdue**

[Print Help](#)  
[Home](#) [Exit](#)

[View](#)

Person | Roster | Sch/CC | VIM | VFC | My Site | Rpts | Oth

Add/Find Roster Add Person Information Status History

**Person Information : Edit** MCIR ID :

Name: Test, Person Birthdate: 05/30/1940 Gender: Female  
 Age: 80 Years 8 Months

Resp. Party: Test, Person Jurisdiction: No County Affiliation Primary Phone:  
 Address: 123 Grand Avenue Secondary Phone:  
 Lansing, MI 48933 Address Status: Invalid  
 Country: United States County: No County Address Updated: 11/13/2020

**High Risk Conditions**

Influenza Screening Notification  Potential Lead Exposure (Flint Water)

Pregnancy: [Add](#)

Series	Immunizations						Status
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6+	
DTP/DTaP/ DT/Td/Tdap	01/21/2021 Tdap (adol/adult) 80yrs 7mos						Td DUE NOW
MMR							MMR DUE NOW

Figure 1

4. The Edit Person screen displays, (Figure 2).

5. Scroll down to the **Additional Information** section, (Figure 2).

**Edit Person** Person: Test, Person Birth Date: 05/30/1940 Provider: Overdue [Print Help](#) [Home](#) [Exit](#)

[View](#)

Person Rem/Rcl Sch/CC VIM VFC My Site Rpts Oth

Add/Find Roster Add Imm Information Status History

**Person Information** MCIR ID :

Legal Last Name\* Test Legal First Name\* Person

Legal Middle Name Legal Suffix Name

Birthdate\* 05/30/1940 Gender Female  Multiple Birth

**High Risk Conditions**

Influenza Screening Notification  Potential Lead Exposure (Flint Water)

Pregnancy: [Add](#)

**Responsible Party : [Add New](#)**

Person Test 123 Grand Avenue Lansing MI 48933 No County 11/13/2020 ✓

**Identifiers**

Medicaid

Patient ID

**Birth Facility Information**

Name State County

**Medical Home**

Jurisdiction No County Affiliation Patient Jurisdiction Status Active

**MCIR Options**

Person does not receive medical care in Michigan  Person is deceased

Person is migrant

**Additional Information**

Race (Source:Clinical) Unknown(UNK)

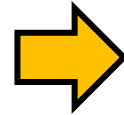
Ethnicity (Source:Clinical) Unknown(UNK)

Alias Last First Mother's Maiden Name

Submit Cancel

Figure 2

6. Click Race dropdown and make selection, (Figure 3).



**Additional Information**

Race (Source:Clinical)

Ethnicity (Source:Clinical)

Alias Last

- Unknown(UNK)
- White(2106-3)
- Black/African-American(2054-5)
- American Indian/Alaskan Native(1002-5)
- Chinese(2034-7)
- Japanese(2039-6)
- Filipino(2036-2)
- Native Hawaiian(2079-2)
- Other Race(2131-1)
- Asian(2028-9)
- Alaskan Native(1735-0)
- Arab(2129-5)
- Native Hawaiian/Other Pacific Islander(2076-8)

Figure 3

7. Click Ethnicity dropdown and continue selection, (Figure 4).



**Additional Information**

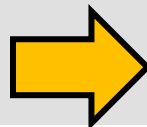
Race (Source:Clinical)

Ethnicity (Source:Clinical)

Alias Last

Figure 4

8. Click Submit, (Figure 5).



**Additional Information**

Race (Source:Clinical)

Ethnicity (Source:Clinical)

Alias Last  First  Mother's Maiden Name

Figure 5

9. After clicking submit the General Information screen will display, (Figure 6).

10. [To View Race and Ethnicity documented on a MCIR record](#), click the **Other** tab to the right of the Immunizations tab, (Figure 6).

11. Scroll down to the bottom section titled **Additional Information**, (Figure 7).

12. Race and Ethnicity is displayed as documented, (Figure 7).

Person: Test, Person  
Birth Date: 05/30/1940  
Provider: Overdue

**General Information**

Print Help Home Exit

View

Person Rem/Rcl Sch/CC VIM VFC My Site Rpts Oth

Add/Find Roster Add Imm Information Status History

If this is not the correct person you may [Search Again](#) or [Add Person](#).

**Person Information : Edit** MCIR ID :

Name: Test, Person Birthdate: 05/30/1940 Gender: Female  
Age: 80 Years 8 Months  
Resp. Party: Test, Person Jurisdiction: No County Affiliation Primary Phone:  
Address: 123 Grand Avenue Secondary Phone:  
Lansing, MI 48933 Address Status: Invalid  
Country: United States County: No County Address Updated: 1/13/2020

**High Risk Conditions**

Influenza Screening Notification  Potential Lead Exposure (Flint Water)

Pregnancy: [Add](#)

Series	Immunizations						Status
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6+	
DTP/DTaP/ DT/Td/Tdap	01/21/2021 Tdap (adol/adult) 80yrs 7mos						Td DUE NOW
MMR							MMR DUE NOW

Figure 6

**Additional Information**

Race 1 (Source:Clinical) White(2106-3) Ethnicity (Source:Clinical) Not Hispanic/Latino(2186-5)

Mother's Maiden Name:

Add to Roster Unlock Person

Figure 7