



# California Statewide Immunization Information System Immunization Registry Quick Technology Assessment Form

Name of Person Completing this Survey \_\_\_\_\_

Phone # \_\_\_\_\_

Date Survey Completed \_\_\_\_\_

Clinic or Practice Name \_\_\_\_\_  Pediatric  
 Family Practice  Other: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Number of Site Staff: \_\_\_\_\_ MDs \_\_\_\_\_ NPs or PAs \_\_\_\_\_ RN, LVN, or MAs \_\_\_\_\_ Other Staff

Office Type: \_\_\_\_\_ Private Provider \_\_\_\_\_ Community Clinic \_\_\_\_\_ Public Health Clinic \_\_\_\_\_ Other

Clinic Hours \_\_\_\_\_ Best Time to Contact \_\_\_\_\_ Contact Person \_\_\_\_\_

### Computer Information

1. Does this office have computers?  Yes  No  
How many? \_\_\_\_\_ How many are networked? \_\_\_\_\_

2. How many computers are there of each type?  
\_\_\_\_ Thin clients (mainframe) (monitor only)  
\_\_\_\_ Pentium I-II or Pentium Pro  
\_\_\_\_ Pentium III or IV  
\_\_\_\_ Athlon, Core Duo Celebron  
\_\_\_\_ Apple/Macintosh  
\_\_\_\_ MacPowerPC  
Other: \_\_\_\_\_

3. What is the operating system of the computers? (Check all that apply)  
 Win 98  Win 2000  Win NT  Win XP  Win Vista  Mac Os  
Other: \_\_\_\_\_

4. Is there a technical expert or department that supports your office computer equipment?  
 Yes  No If yes, please list their contact information on the line below.

### Printer Information

5. What kind of printers are in the office?  
 Inkjet  LaserJet  Dot Matrix  Other:  
 Not sure/don't know  
Are these printers set up for network or shared access?  
 Yes  No  Not sure/don't know

### Internet Information

6. Does this office have internet access?  
 Yes  No  
Is there at least one internet connected computer located where any office staff person could use it?  Yes  No

### 7. Connection type?

Dial-up modem  DSL/Cable  Other: \_\_\_\_\_  
 Not sure/don't know

8. What is the internet browser type and version used? (I.E. Microsoft Internet Explorer, and Netscape are browser types)

9. Is there virus scanning software on all computers with an internet connection?  
 Yes  No  Not sure/don't know  
Is the virus scanning software up-to-date?  Yes  No  
 Not sure/don't know  
Telephone Line Information

10. Who is the telephone service provider?  
What type of telephone system is used in this practice?  
 Single line  Multi-line  PBX System  
 Other:  Not sure/don't know

### E-Medical Record System

11. Does your EMR contain an immunization module?  
 Yes  No  
If yes, what information does it collect/contain or provide to you?  
 immunization history  vaccine inventory  immunization card  
 immunization forecast  patient history record  
 other \_\_\_\_\_

12. If you are not currently recording immunizations in an EMR, are you interested in using CAIR?  
 yes  need more info  no  
If no, why not? \_\_\_\_\_

13. Are you interested in exchanging data between your current EMR and CAIR?  
 yes  need more info  no  
If no, why not? \_\_\_\_\_

### Minimum System Requirements for Accessing the Immunization Registry

- Pentium PC with a minimum 300MHz Processor
- Operating System of Windows 98/200/NT/XP with latest critical updates
- Internet connection (56K Dial-up Modem/DSL/Cable or other high speed connection)
- Internet Explorer version 5.5 or greater with default options
- LaserJet Printer

For more information on the requirements for participation in the immunization registry please call: