

Welcome to VaxRef! Companion Guide

This written guide is the companion piece to the "Welcome to VaxRef!" video tutorial, which can be found on <u>Clinical Guidance and Clinical Decision Tools: Minnesota Center of Excellence in Newcomer Health</u> (www.health.state.mn.us/communities/rih/coe/clinical/index.html#vax).

Before you begin, make sure you have the original vaccine record that needs to be translated with you. There are two ways to access VaxRef. For both, you will need to open a web browser:

- 1. To access the form directly, go to the web address: VaxRef Form (https://forms.web.health.state.mn.us/form/vaxref).
- 2. You can also access VaxRef through CareRef, an interactive tool that guides healthcare workers through the Centers for Disease Control and Prevention's Domestic Medical Exam for newcomers.
 - a. Go to CareRef (https://careref.web.health.state.mn.us/).
 - b. Then, scroll down the page and select the "Go to VaxRef" button to access the form.

Now that you are on the VaxRef form, you can begin translating. The main screen will open in English.

To start, select the language of the original vaccine record you wish to translate into English using the dropdown menu at the top of the page.

DEPARTMENT OF MALTH				
VaxRef Form				
Translate: English -				
* Asterisk (*) Indicates required field	_			
Please select the language from the boy vaccine record. This application will tra	odown me n. late you dep of	ARTMENT HEALTH		
Please provide the information of the person whose vaccines are b	being translated i	VaxRef	Form	
First Name:	Last Name:	ranslate	English	
First name must be written in English/Latin characters Date of Birth	Last name must be State	* Asterisk (*) n. Uha	 <u>українська</u> <u>Русский</u> 	
mm/dd/yyyy	- Select -		 Español 	
Enter the date of birth in month (MM), day (DD), year (YYY) of the person whose vaccines are being transitized Please provide a valid email (English). We will send a copy of the tr to prior be save a copy to thate with the health care provider	Select your state o	Please selec matches the	 <u>Français</u> <u>Português</u> 	irom the dru l. This appli
to print or save a copy to share with the health care provider.		vaccine reco	I US LU ENGIN	511.

If you need to, please take a moment to review the form in English before selecting the language of the vaccine record. Once you select a language, the form will be translated.

Once the form is translated, the instructions and fields may not use the Latin/English alphabet, depending on the language selected. However, **your entries must be in English/Latin characters**.

Note that many of the fields and instructions will appear side-by-side in English and your selected language, as shown below:

DE PARTMENT OF HEALTH	Имя/ <mark>First Name:</mark>	Фамилия/Last Name:	
VaxRef Form	Test	Test	
Translate:	Имя должно быть написано английскими/ латинскими буквами./ <mark>First name must be written</mark>	Фамилия должна быть написана на английском языке./ <mark>Last name must be written in English</mark>	
Русский 🕶	in English/Latin characters		
 Указывает обязательное поле Покалийста выбелите заки из расканаваниетося межо внице который 	Дата рождения/ <mark>Date of Birth</mark>	Состояние/State	
соответствует записи о вакцине. Это приложение переведет ваши запи и о	mm/dd/yyyy	- Выберите - 🗧 🗢	
вакцинах на английский язык.	Введите дату рождения в месяце (ММ), дне	Выберите свой штат проживания (на английском	
Пожалуйста, выберите язык из раскрывающегося менксизыше, который соответствует записи о вакцине. Это приложение переведет ваши записи о вакцинах на английский язык.	(ДД), году (ГГГГ) человека, вакцины которого переводятся./ <mark>Enter the date of birth in month</mark>	языке)./ <mark>Select your state of residence (in English)</mark>	
Пожалуйста, предоставьте информации о лице, чьи вакцины переводятся,	(MM), day (DD), year (YYYY) of the person whose		
Имя/First Name: Фамилия/Last Name:	vaccines are being translated.		
Имя должно быть написано английскими/ Фамилия должна быть написана на английском латинскими букаами./First name must be written in English/Last name must be written in English	(VaxRef in Russian)		

Begin filling out the form with the following information for the person who received the vaccine(s).

- 1. Start with the individual's first and last name, using **English/Latin characters**, as shown in the **red text** in the image above.
- 2. Next, enter their date of birth in the American order: two numbers for the month, two numbers for the day, and four numbers for the year (MM-DD-YYYY). For example, July 1, 1999 would be entered as 07/01/1999.
- 3. Then, select the U.S. state where the individual currently resides in from the dropdown menu.
- 4. In the next two fields, provide the email address where you want the translated immunization record sent and re-enter the email address to confirm its accuracy. Please note that once the form is submitted, the translated vaccine record will ONLY be sent to this verified email address. Vaccine records should ONLY be sent to people who need them. If you wish to receive the translated immunization records, please enter your email address, and forward it to the additional recipients who need them.
- 5. The next section is where you will enter the vaccine records. Using the dropdown menu under "Vaccine Name," select the name of the vaccine you are translating, which will appear in both the original language and English. This list is alphabetized by the vaccine's English name.

Nombre de vacuna/Vaccine Name
- Ninguno - 🔶
Covid-19 (Pfizer, Ages 5-11)
Covid-19 Pfizer-BioNTech - Covid-19 (Pfizer)
Difteria - Diptheria
DTP (PTaP)
Difteria, Tétanos (DT) - DT
Hemófilo tipo b,Haemophilus influenzae tipo b - Haemophilus influenzae Type B
Hepatitis A - Hepatitis A

(VaxRef in Spanish)

6. After selecting the vaccine, enter the date the vaccination was given in the next field. Be sure enter the date in the U.S. format: 2-digits for the month, 2-digits for the day, and 4-digits for the year (MM-DD-YYYY). For example, if the vaccine was given on July 01, 2020, enter 07/01/2020.

If the vaccine date(s) were documented using other calendar systems, you will need to convert them to the U.S. calendar system. The Astronomical Applications Department provides helpful resources about calendars from around the world. For more information go to <u>Introduction to Calendars</u> (<u>https://aa.usno.navy.mil/faq/calendars</u>).

You have now successfully entered the first vaccine!

7. If the vaccine record includes more than one vaccine, click the "Add Another Vaccine" button and repeat steps 5 and 6 for each additional vaccine. You can add as many vaccines entries as needed!

.ista de vacunas/Vaccine List	Lista de vacunas/Vaccine List	
Seleccione el tipo de vacuna e ingrese la fecha de la vacuna. Haga clie	Seleccione el tipo de vacuna e ingrese la fecha de la vacuna. Haga clic en "Agrega clico tra vacuna" para agregar más vacunas para t	
otra vacuna" para agregar más vacunas para t	Nombre de vacuna/Vaccine Name	
Nombre de vacuna/Vaccine Name	DTP (DTaP) +	
DTP (DTaP)	Fecha de vacuna/Vaccine Date	
Fecha de vacuna/Vaccine Date	12/01/1999	
12/01/1999	Nombre de vacuna/Vaccine Name	
	- Ninguno -	
	Fecha de vacuna/Vaccine Date	
Agregar otra vacuna/Add Another Vaccine	mm/dd/yyyy	
evise sus registros antes de enviar./Review your records before submitting.		
	Agregar otra vacuna/Add Another Vaccine	



- 8. After entering all the vaccine from the original record, take a moment to review the list and check for any errors. Once you submit the form, it is not possible to return to make any changes. If the form is incomplete, VaxRef will not be able to translate the information.
- 9. When you are ready, click the "Submit" button at the bottom of the form.

Within minutes, a PDF of the translated immunization record will be sent to the email address you provided.

	Vaccination Records for Test Test
MDH Web Administr Vaccination Records for Te Mon 3:27 PM You don't often get	MDH Web Administrator <no_re To test.health@state.mn.us Retention Policy AllMail_90 (90 days) ↓ Vaccination Records for Test Test.pdf ↓5 KB</no_re
(Vaccine record was translated from Spanish to English)	You don't often get email from <u>no reply mdhweb@state.mn.us. Learn why this is</u> important Vaccination Records for Test Test Disclaimer (Spanish):
	El Departamento de Salud de Minnesota y los Servicios de TI de Minnesota desarrollaron esta aplicación (VaxRef) para traducir los registros de vacunación. Siempre debe entregar los registros de vacunación originales con los materiales traducidos a su médico u otros profesionales de salud.
	La aplicación está destinada a personas que desean traducir sus registros de vacunación, profesionales de la salud que necesitan ayuda para traducir registros de

The original immunization records should ALWAYS be given to your doctor or other members of your health care team WITH the translated materials. Be sure to attach the original and translated vaccine record together when sharing them.



If you have more than one record to translate, repeat this process for each record.

Thank you for using VaxRef! Please reach out to the Minnesota Center of Excellence in Newcomer Health with any questions or feedback at <u>MNCOENewcomerHealth@state.mn.us</u>.

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To obtain this information in a different format, call: 651-201-5414.