

# Protect Your Yellow Card

Have it entered into the California Immunization Registry (CAIR)  
**It's free and easy!**

## What is CAIR?

The California Immunization Registry (CAIR) is a secure and confidential computer system used by doctors and other health care providers to keep track of their patients' immunization (shot) records. If you change doctors, your new doctor can use CAIR to look up a shot record and add new information. CAIR is even used by many schools, or other agencies like WIC to make sure your child's (or your own) shot records are ready whenever you need them. CAIR helps make sure that you/your child gets all needed shots at the right time.

## How can CAIR help you?

CAIR helps your doctor keep your family healthy. But CAIR can also save you time and money. Lost your/your child's "yellow card" record? You can get a new one from any participating doctor's office—or from our CAIR office—for free.

## To have a record added into CAIR, follow these steps, 1, 2, 3, 4...

1. Read the "disclosure form"
2. Fill out the form below and tear it off
3. Make a copy of your (or your child's) immunization "yellow card"
4. Fax, mail, or email this **form and a copy of the Yellow Card** to:

CAIR  
 Ventura County Public Health, Immunization Programs  
 2240 E. Gonzales Rd., Suite 250  
 Oxnard, CA, 93036

Fax: 805-981-5210

Email: [Immunization.Program@ventura.org](mailto:Immunization.Program@ventura.org)

If your yellow card is ever lost, contact the CAIR office at 805-981-5211 to get a new one.

----- ✂ ----- **-cut along here-** ----- ✂ ----- ✂ -----

Registration Form (1 form per person)

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_
  2. Date of Birth: \_\_\_\_\_ 3. Sex (Circle one): Male Female
  4. Mother's First Name (required): \_\_\_\_\_ Last Name: \_\_\_\_\_
  5. Address (optional) \_\_\_\_\_
  6. Phone number (*We may need to call you*) \_\_\_\_\_
  7. I have read the "disclosure form" & wish to have my/my child's immunization record in CAIR
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STAFF ONLY: Entered by: Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_