



Paper Submission Instructions

For Providers who report to SAIRS through paper consent submission.

1. All providers who report their patients' vaccination information to SAIRS by manually filling out the approved **SAIRS Vaccine Administration Consent Form** must submit a **SAIRS Direct Entry Exemption Form** (forms are available at: <http://www.sanantonio.gov/health/Immunizations-SAIRS.html>).
2. The consent form should only be completed in blue or black permanent ink.
3. All writing should be legible.
4. If any information is crossed out or corrected, the person completing the form must initial next to the change.
5. The following form fields are required and the form will be returned if incomplete:
 - a. Patient's First and Last Name
 - b. Date of Birth
 - c. Gender
 - d. Address (House number, Street name, City, County, Zip Code)
 - e. Phone Number
 - f. Guardian Information
 - g. Guardian Signature and Date
 - h. Patient's Insurance Type and ID Number, if any
 - i. Vaccine Type (if it's a combination vaccine, be sure to choose the correct combination)
 - j. Vaccine Lot Number (legibly)
 - k. Vaccine Manufacturer
 - l. Body Site
 - m. Vaccine Administrator's name, signature, and date
 - n. Date of Vaccine Administration (at the top)
 - o. Clinic Code (assigned by SAIRS)
6. Also, please provide the Patient's Mother's Maiden Name in the appropriate field, and the SAIRS patient ID #, which can be found in the patient's SAIRS immunization record.
7. All completed consent forms should be mailed in at least once a week, no matter how many forms were completed.
8. Do not submit consent forms for vaccines that were refused.
9. If a patient wishes to opt out of being in SAIRS, they must fill out a **Request to Opt Out of SAIRS** form and submit it to the SAIRS Team.

Contact us!

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