Maryland
DEPARTMENT OF HEALTH

Quick Reference Guide
Basic Guide

ImmuNet:
Maryland's Immunization Information System

Welcome to ImmuNet!

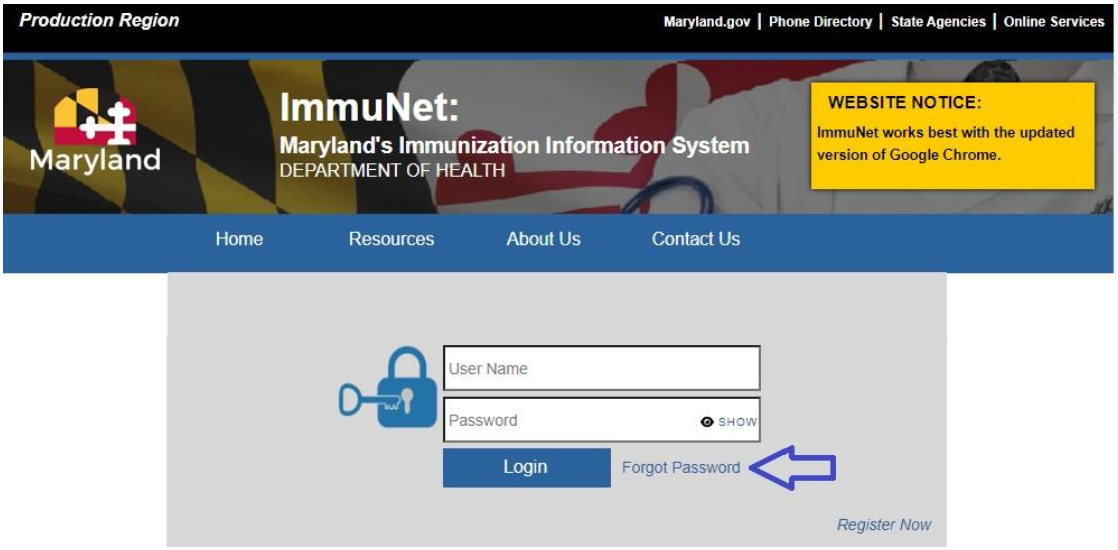
By referring to the **Basic Quick Reference Guide** you will be able to:

- Log in to ImmuNet
- Change your ImmuNet Password
- Patient Search
- View the Immunization Record
- Print/Save the Immunization Certificate/Reports
- Enter a New Patient
- Add an Immunization to a Patient Record

Log in to ImmuNet

Go to www.mdimmunet.org and enter your User Name and Password to Login.

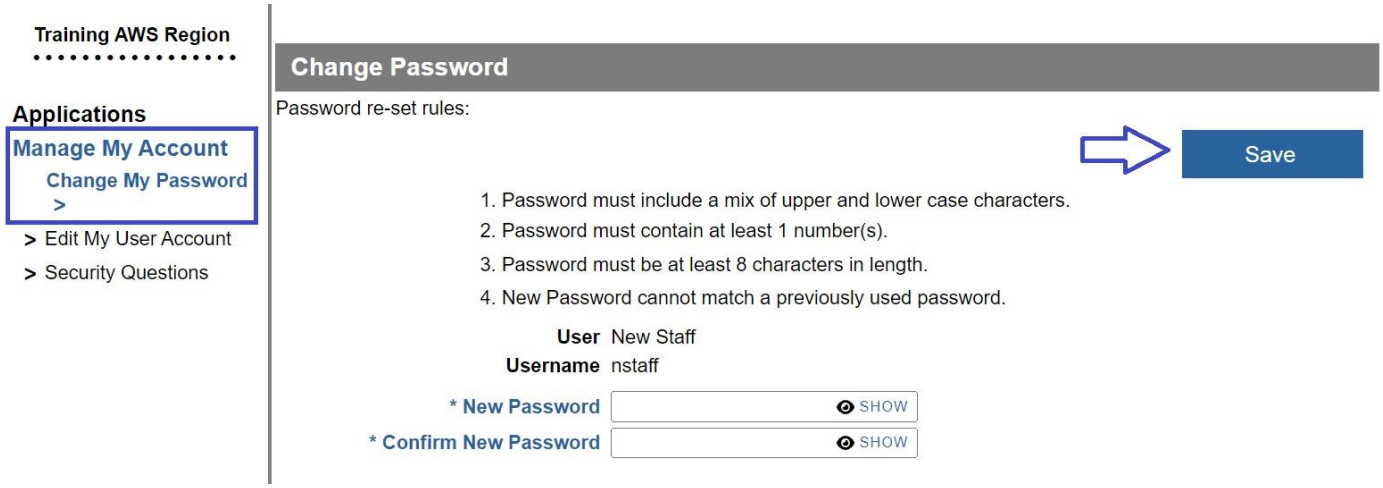
If you have forgotten your password, click **Forgot Password.** Enter your **User Name** and **Email Address** (that was registered in ImmuNet). Check your email for the link to reset your password. If your organization has an ImmuNet Admin User, s/he can also reset your password.



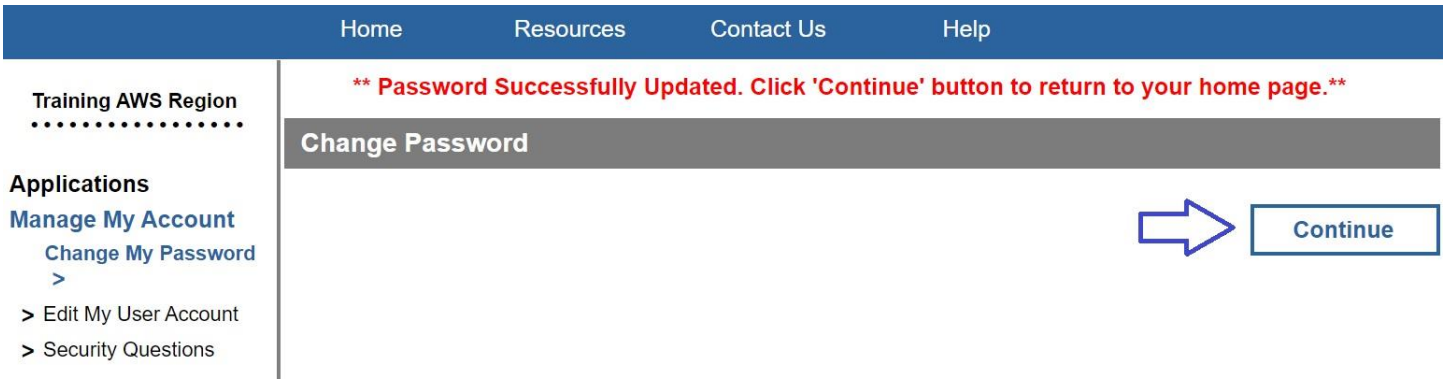
Change your ImmuNet Password

To change your ImmuNet password, click **My Account**.

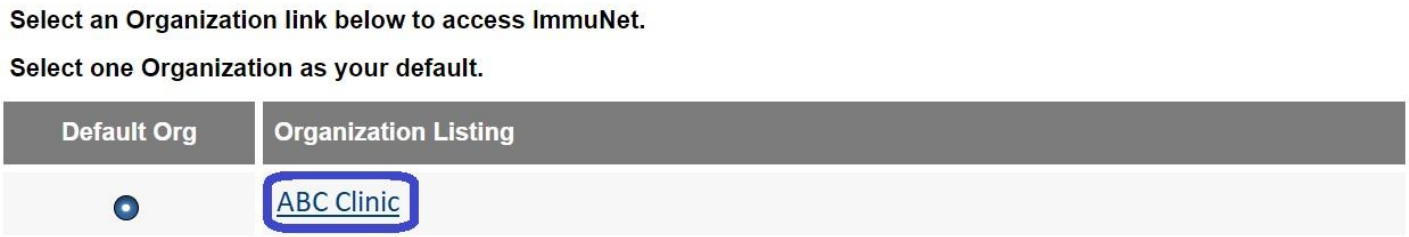
Under **Manage My Account** on the left menu, click **Change My Password.**
Enter a new password in the **New Password** and **Confirm New Password** fields, keeping to the password reset rules.
Click **Save**.



If your password is accepted, you will see the following message in red at the top of the screen (see below).
Click **'Continue'**.

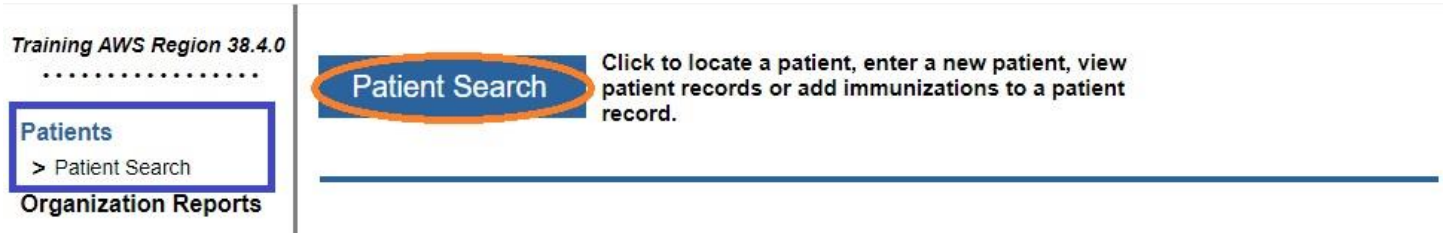


If you have access to more than one organization, click on the appropriate organization name under organization listing.

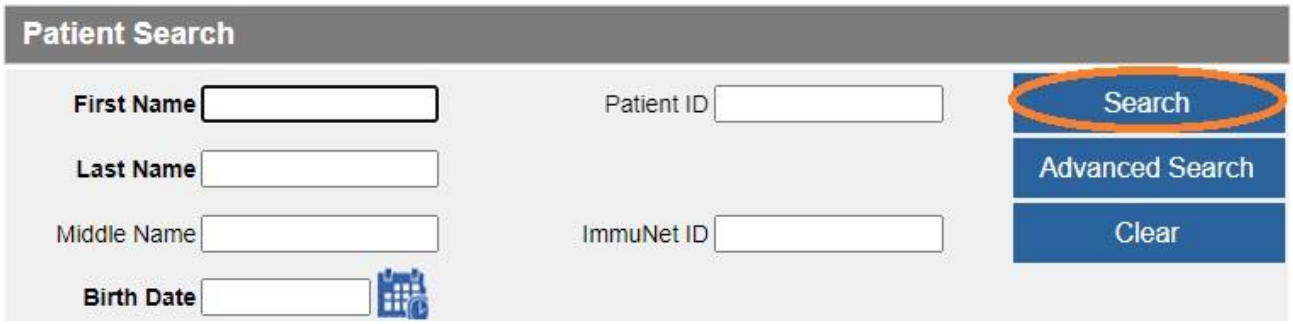


Patient Search

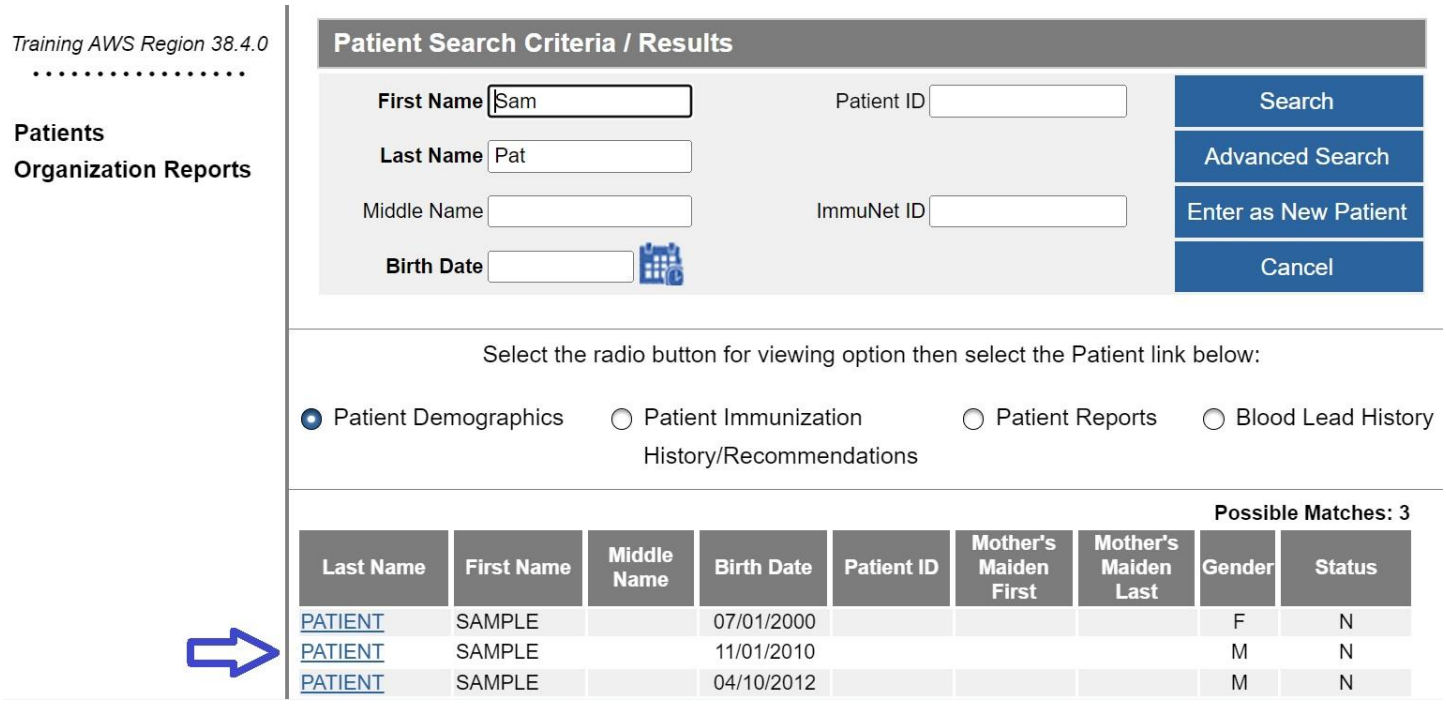
On the left navigator click **Patients**, then click **Patient Search** or click the blue button **Patient Search**.



Type in the **First Name**, **Last Name**, and **Birth Date** and click **Search**. To broaden your search, enter the first three letters of the first/last name, reverse first/last name, reverse date of birth (date/month), blank date of birth, and reverse order of multiple last names.



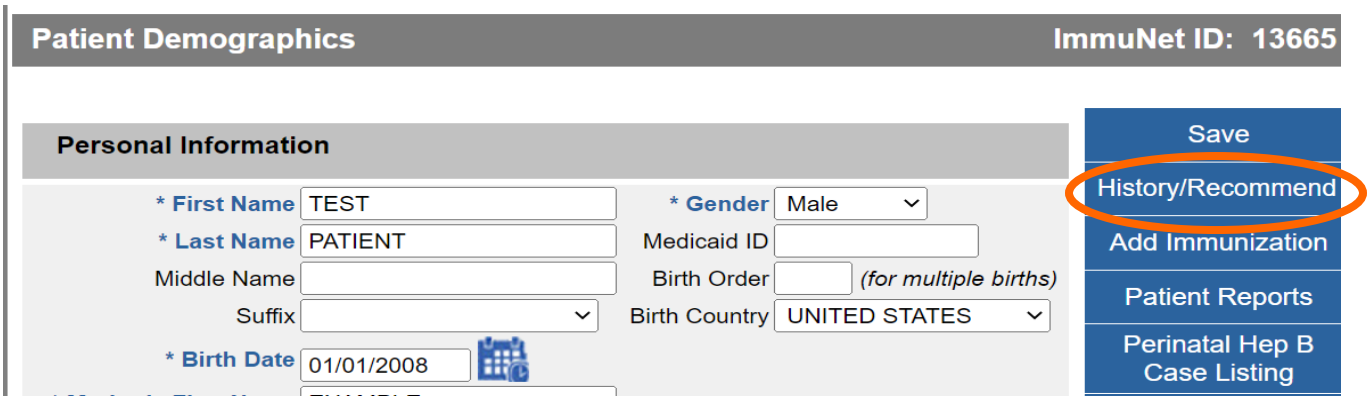
If you find more than one patient, click on the appropriate blue last name link to access the record.



If there are no records for the patient, you will see this message:

View the Immunization Record

To view the immunization record on the screen, click **History/Recommend.**



The patient's immunization history is displayed in the **History** section. The **Vaccines Recommended by Selected Tracking Schedule** evaluates if the patient completed a vaccine series, and forecasts when recommended vaccines are due (based on ACIP vaccine recommendations and guidelines).

Patient Notes (0) *view or update notes*

History | Add Immunization | Patient Demographics | Patient Reports | Blood Lead | Print | Print Confidential

Vaccine Group	Date Administered	Series	Trade Name [Vaccine]	Dose Amount	Owned?	Reaction	Hist?	Edit
DTP/aP	10/20/2015	1 of 5	Kinrix®				Yes	
	11/30/2015	2 of 5	Kinrix®				Yes	
	01/18/2016	3 of 5	Kinrix®				Yes	
	04/10/2017	4 of 5	Kinrix®	Full				
	09/30/2019	5 of 5	Kinrix®	Full				
HepA	09/09/2016	1 of 2	Havrix-Peds 2 Dose®	Full				
	03/20/2017	2 of 2	Havrix-Peds 2 Dose®	Full				
HepB	09/08/2015	1 of 4					Yes	
	10/08/2015	2 of 4					Yes	
	12/09/2015	3 of 4					Yes	
	03/14/2016	4 of 4	Engerix-B Peds®				Yes	
Polio	10/20/2015	1 of 5	Kinrix®				Yes	
	11/30/2015	2 of 5	Kinrix®				Yes	
	01/18/2016	3 of 5	Kinrix®				Yes	
	04/10/2017	4 of 5	Kinrix®	Full				
	09/30/2019	5 of 5	Kinrix®	Full				

Current Age: 8 years, 11 months, 22 days

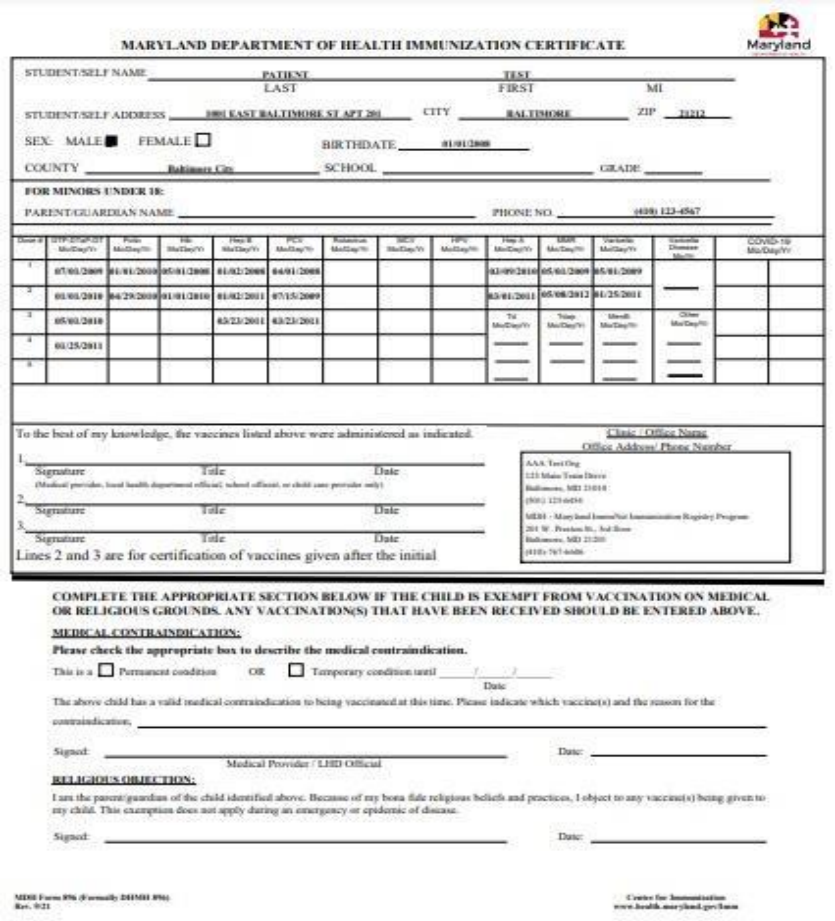
Vaccines Recommended by Selected Tracking Schedule | Add Selected

Select	Vaccine Group	Recommended Vaccine	Earliest Date	Recommended Date	Overdue Date	Latest Date
	DTP/aP	Complete				
	HepA	Complete				
	HepB	Complete				
☑	Influenza		03/08/2016	08/01/2024	09/08/2016	
☐	Meningo		09/08/2026	09/08/2026	09/08/2028	09/07/2037
☑	MMR		09/08/2016	09/08/2016	01/08/2017	
	Polio	Complete				
☐	Td	TdaP > 7 years	09/30/2024	09/30/2029	10/30/2029	
☐	Tdap	TdaP > 7 years	09/08/2022	09/08/2026	09/08/2028	
☑	Varicella		09/08/2016	09/08/2016	02/08/2017	09/07/2028

Select other IIS | Send Query

Note: ImmuNet is connected to other IIS' such as the IISs in the District of Columbia (DC), Delaware (DE) and Virginia (VA). This means that if a Maryland resident received a vaccination in any of these jurisdictions, their records are automatically sent to ImmuNet. Please reach out to the ImmuNet Support team if there are vaccination records administered in DC, DE or VA not viewable under the patient's vaccination history.

The **Maryland 896 School Certificate is available under Patient Reports** Select your organization from the drop-down menu under **Site.** The 896 form does not print immunizations marked 'Not Valid'.



MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

STUDENT/SELF NAME: PATIENT LAST TEST FIRST MI

STUDENT/SELF ADDRESS: 1000 EAST BALTIMORE ST APT 201 CITY: BALTIMORE ZIP: 21212

SEX: MALE ■ FEMALE ☐ BIRTHDATE: 01/01/2008

COUNTY: Baltimore City SCHOOL: GRADE:

FOR MINORS UNDER 18:

PARENT/GUARDIAN NAME: PHONE NO.: (410) 123-4567

Dose #	DTP/DTaP/DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	Varicella Disease Mo/Yr	COVID-19 Mo/Day/Yr	
1	07/01/2009	01/01/2010	05/01/2008	01/02/2008	04/01/2008				12/09/2010	05/01/2009	05/01/2009			
2	01/01/2010	04/29/2010	01/01/2010	01/02/2011	07/15/2009				03/01/2011	05/08/2012	01/25/2011			
3	05/01/2010			03/23/2011	03/23/2011				Td Mo/Day/Yr	Tdap Mo/Day/Yr	Meningococcal Mo/Day/Yr	Other Mo/Day/Yr		
4	01/25/2011													
5														

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name
Office Address/ Phone Number

1. Signature Title Date
(Medical provider, local health department official, school official, or child care provider only)
2. Signature Title Date
3. Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a ☐ Permanent condition OR ☐ Temporary condition until ___/___/___ Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication: _____

Signed: _____ Date: _____
Medical Provider / LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

MDH Form 896 (Formally DHMH 896) Rev. 9/21

Center for Immunization www.health.maryland.gov/Imm

Print/Save the Immunization Certificate/Reports

Click Print to get a hard copy of the 896 form or click the printer icon in the top-right corner of the screen.

Click '**Save As'** to download/save a copy of the 896 form or click the down-arrow icon in the top-right corner of the screen.

Enter a New Patient

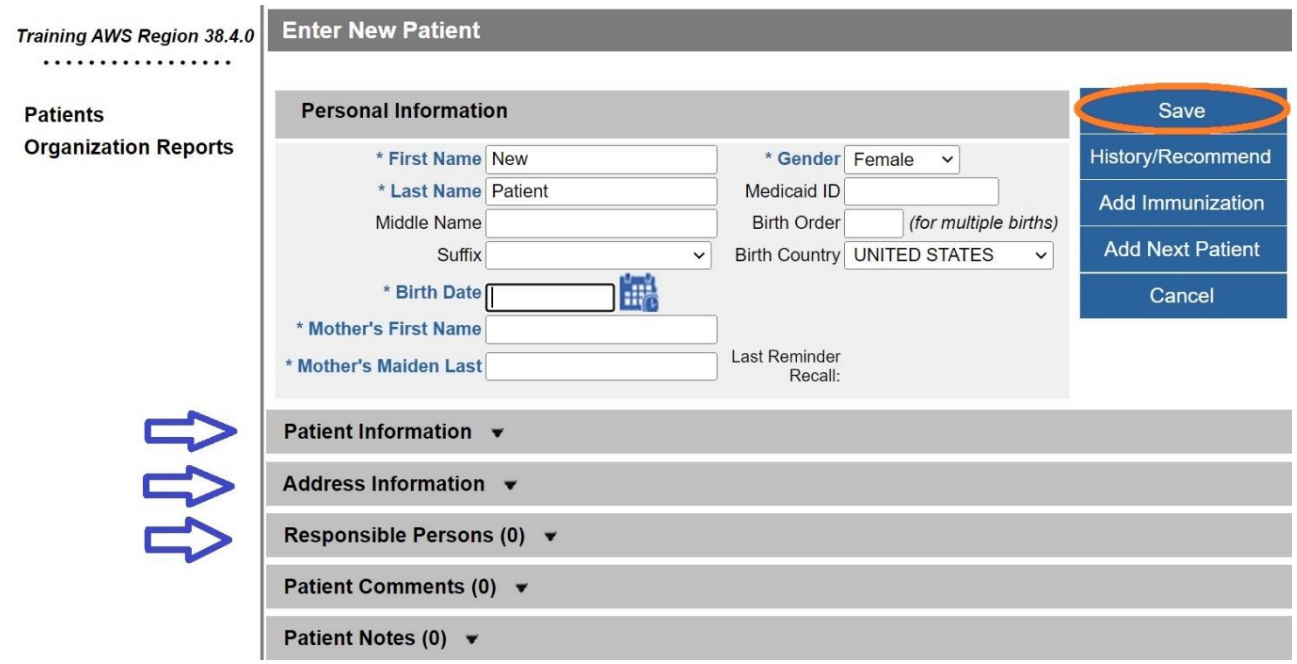
To create a new patient record, click **Enter as New Patient.**

Enter in as much patient information as possible into the sections:

- Patient Information (marked as active under your organization if applicable)
- Address Information (current address and phone numbers)
- Responsible Persons

Click **Save**.

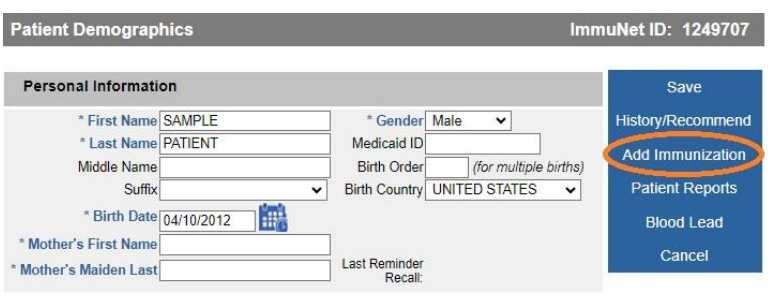
Note: For complete patient info and better record matching, CDC recommends reporting these core data elements.

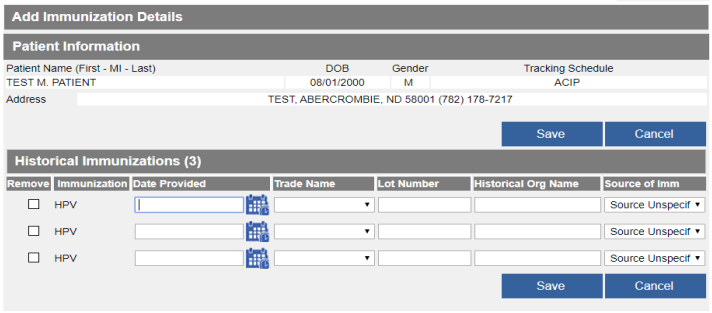


Follow these best practices to avoid overwriting any patient record:
(1) Do not have more than one browser window open with ImmuNet patient record (i.e. do not sign in to ImmuNet on more than one browser window). This will prevent writing over other patient records opened on other browser windows;
(2) Do not use the back button on your browser to go back; instead, click on the Home button to exit out of the current screen.

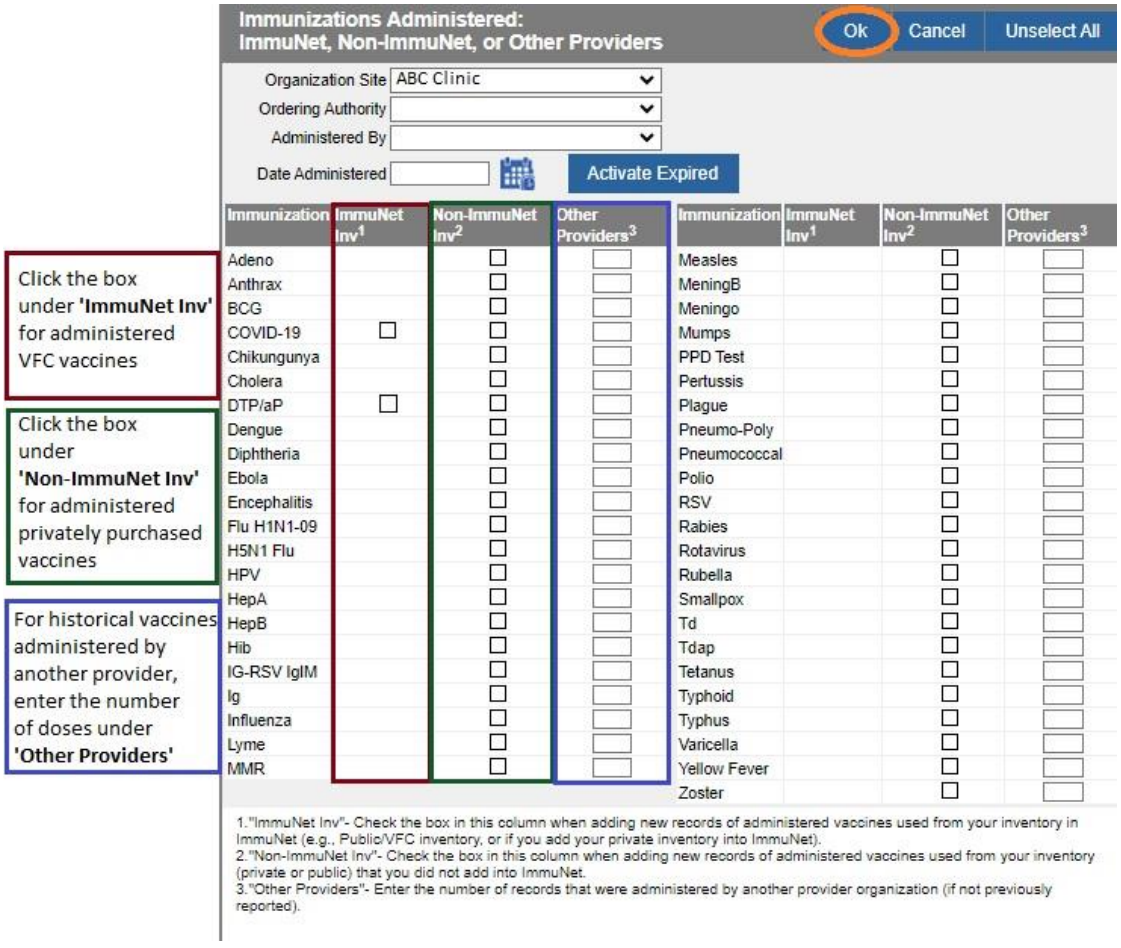
Add an Immunization to a Patient Record

For providers/schools without an EHR/EMR: to manually report an administered vaccine or enter a historical record, click **Add Immunization** within the **Patient Demographics** screen.
Note: To enter multiple doses administered of the same vaccine for the same patient, enter a number greater than 1. Multiple rows will be displayed for the information to be entered.



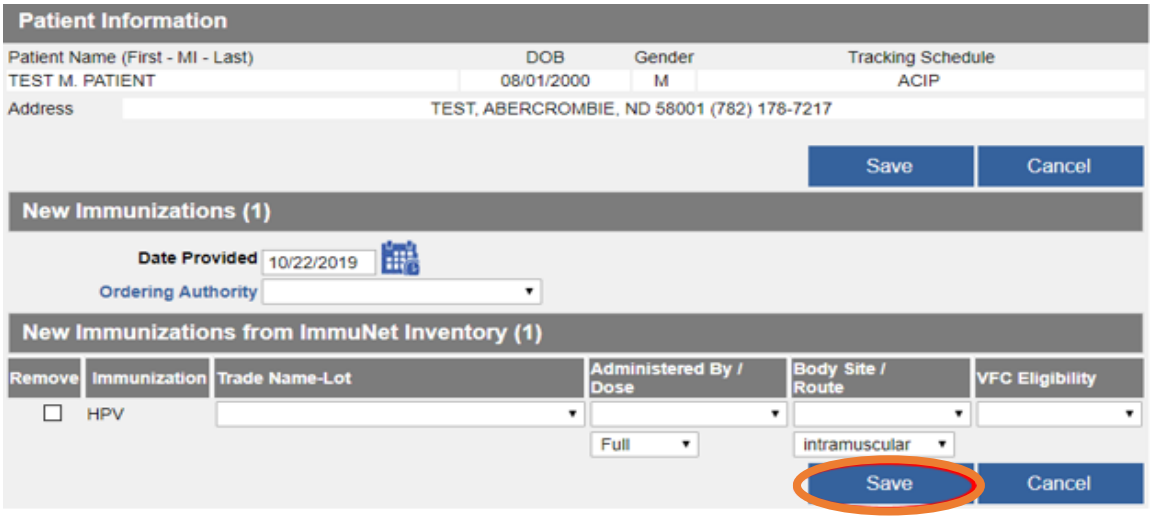


The rows list the vaccine names and the columns list three vaccine sources. Click the appropriate box to select or enter a number.



1. For administered **VFC (Vaccines for Children) vaccines:** Enter the **Date Provided**, **Ordering Authority** or **Ordering Authority/Clinician**, **Trade Name-Lot**, **Administered By/Dose, Body Site/Route**, **VFC Eligibility**. Click **Save**.

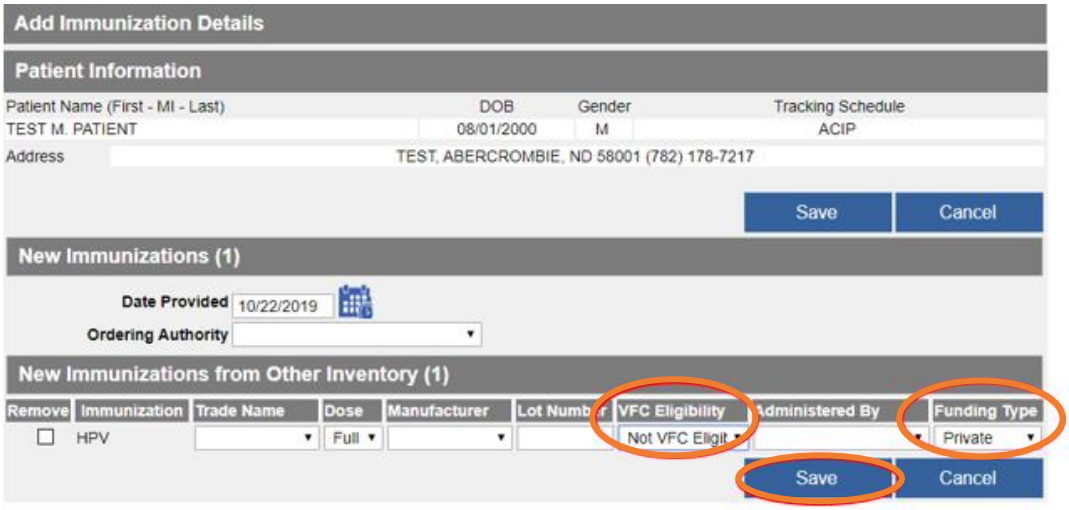
Note: For complete patient records, CDC recommends reporting these core data elements.



Repeat the steps to enter additional vaccine administration for the same patient.

2. For administered **private vaccines:** Enter the **Date Provided**, **Ordering Authority**, **Trade Name**, **Dose**, **Lot Number**, **VFC Eligibility** (select Not VFC Eligible), **Administered By**, and **Funding Type** (select Private). Click **Save**.

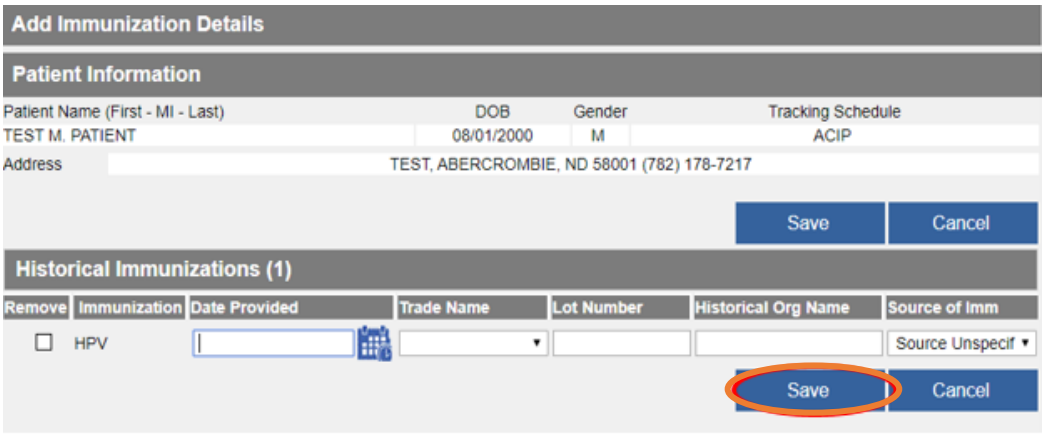
Note: For complete patient records, CDC recommends reporting these core data elements.



Repeat the steps to enter additional vaccine administration for the same patient.

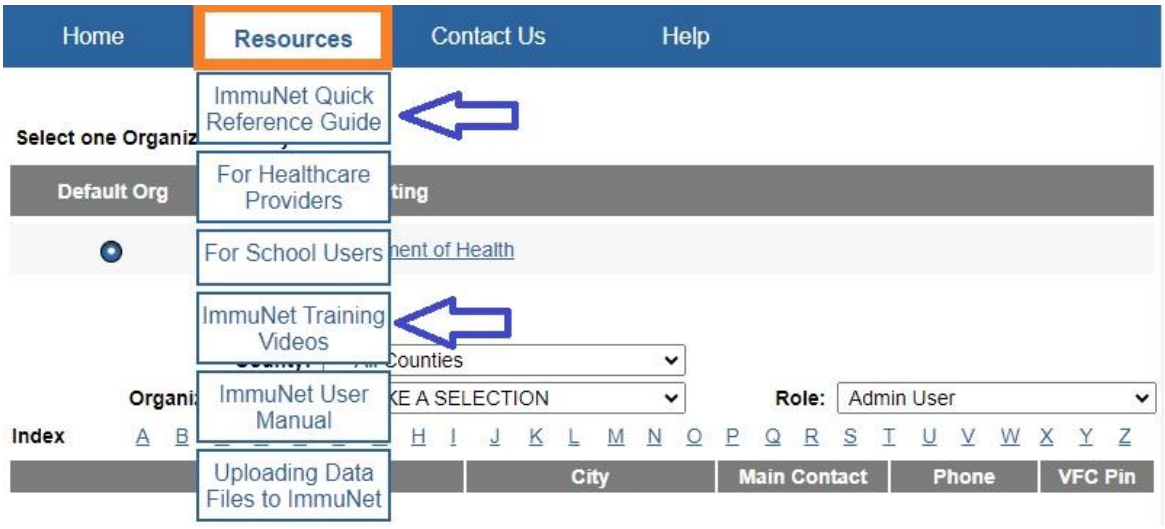
3. For **historical vaccination records** (vaccines administered by another provider): Enter the **Date Provided**, **Trade Name**, **Lot Number** (if available), **Historical Org Name** (if available), and **Source of Imm** (if available). Click **Save.**

Note: For complete patient records, CDC recommends reporting these core data elements.



Repeat the steps to enter additional vaccine administration for the same patient.

To learn how to navigate ImmuNet, click on **'Resources'** then click **ImmuNet Quick Reference Guide** and **ImmuNet Training Videos.**



Contact **ImmuNet Support** (here) with any questions.