

Welcome to ImmuNet!

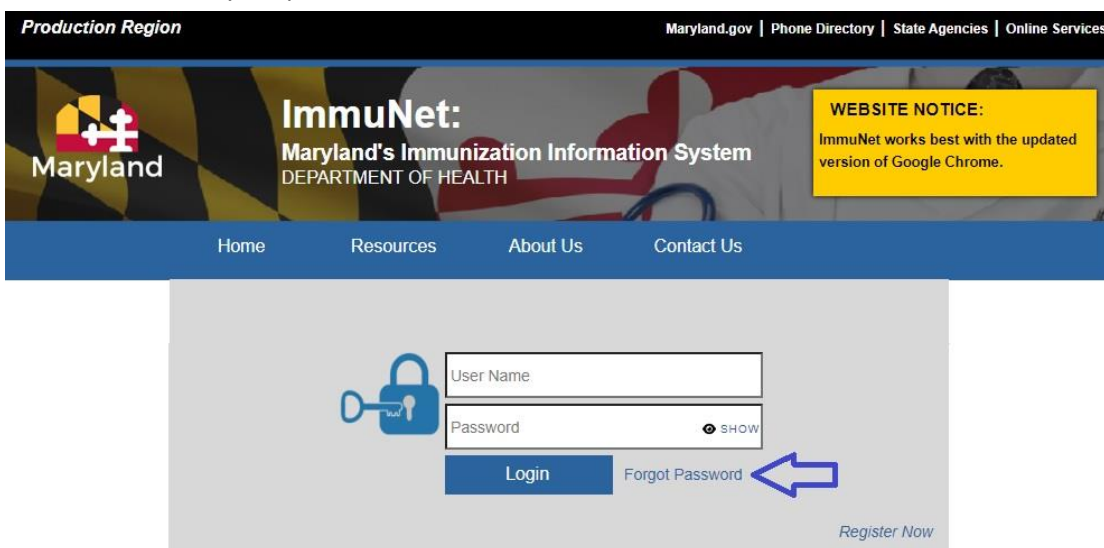
By referring to the **Basic Quick Reference Guide** you will be able to:

- [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](http://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.



The screenshot shows the ImmuNet login page. At the top, there is a navigation bar with links: "Production Region", "Maryland.gov", "Phone Directory", "State Agencies", and "Online Services". Below this is a banner with the Maryland Department of Health logo and the text "ImmuNet: Maryland's Immunization Information System". A yellow box on the right contains a "WEBSITE NOTICE" stating "ImmuNet works best with the updated version of Google Chrome." Below the banner is a navigation bar with links: "Home", "Resources", "About Us", and "Contact Us". The main content area features a login form with a blue padlock icon, a "User Name" input field, a "Password" input field with a "SHOW" button, a "Login" button, and a "Forgot Password" link with a blue arrow pointing to it. A "Register Now" link is at the bottom right.

## Change your ImmuNet Password

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



The screenshot shows the ImmuNet user account page. At the top, there is a navigation bar with links: "Welcome", "New Staff", "logged in as: > Organization: ABC Clinic", "Role: Standard User", and a circled "> My Account" link. A "Logout" link is also present. Below this is a banner with the Maryland Department of Health logo and the text "ImmuNet: Maryland's Immunization Information System". A yellow box on the right contains an "ANNOUNCEMENTS" section with a "NEW" tag, dated "08/06/2024", titled "ImmuNet User Role Updates", and a "Click to view more..." link. Below the banner is a navigation bar with links: "Home", "Resources", "Contact Us", and "Help".

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**.

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**Applications**

**Manage My Account**

Change My Password  
>

> Edit My User Account

> Security Questions

### Change Password

Password re-set rules:


1. Password must include a mix of upper and lower case characters.
2. Password must contain at least 1 number(s).
3. Password must be at least 8 characters in length.
4. New Password cannot match a previously used password.

User New Staff

Username nstaff

\* New Password  [SHOW](#)

\* Confirm New Password  [SHOW](#)

 **Save**

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

Home Resources Contact Us Help

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**Applications**

**Manage My Account**


Change My Password  
>

> Edit My User Account

> Security Questions

**\*\* Password Successfully Updated. Click 'Continue' button to return to your home page.\*\***

### Change Password

 **Continue**

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

Select an Organization link below to access ImmuNet.

Select one Organization as your default.

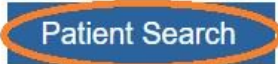
Default Org	Organization Listing
<input checked="" type="radio"/>	<b>ABC Clinic</b>

## Patient Search

On the left navigator click **Patients**, then click **Patient Search** or click the [blue](#) button **Patient Search**.

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**Patients**  
 > Patient Search  
 Organization Reports




Click to locate a patient, enter a new patient, view patient records or add immunizations to a patient record.

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.

### Patient Search

**First Name**   
**Last Name**   
**Middle Name**   
**Birth Date**  

**Patient ID**   
**ImmuNet ID**


  
**Advanced Search**  
**Clear**

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

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**Patients**  
 Organization Reports

### Patient Search Criteria / Results

**First Name**   
**Last Name**   
**Middle Name**   
**Birth Date**  

**Patient ID**   
**ImmuNet ID**

**Search**  
**Advanced Search**  
**Enter as New Patient**  
**Cancel**

Select the radio button for viewing option then select the Patient link below:

☒ Patient Demographics
 ☐ Patient Immunization
 ☐ Patient Reports
 ☐ Blood Lead History
 

History/Recommendations

Possible Matches: 3

Last Name	First Name	Middle Name	Birth Date	Patient ID	Mother's Maiden First	Mother's Maiden Last	Gender	Status
<a href="#">PATIENT</a>	SAMPLE		07/01/2000				F	N
<a href="#">PATIENT</a>	SAMPLE		11/01/2010				M	N
<a href="#">PATIENT</a>	SAMPLE		04/10/2012				M	N

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

No patients were found for the requested search criteria. Please enter additional search criteria or perform an Advanced Search for more options. If this is a new patient to ImmuNet please select the "Enter as New Patient" button.

Possible Matches: 0

Last Name	First Name	Middle Name	Birth Date	Patient ID	Mother's Maiden First	Mother's Maiden Last	Gender	Status
<div style="display: flex; align-items: center;"> <div style="border: 2px solid orange; padding: 2px 5px; display: inline-block;">No patients were found for the requested search criteria.</div> </div>								

## View the Immunization Record

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

**Patient Demographics**
**ImmuNet ID: 13665**

**Personal Information**

\* **First Name**

\* **Last Name**

Middle Name

Suffix

\* **Birth Date**

\* **Gender**

Medicaid ID

Birth Order  *(for multiple births)*

Birth Country

Save

History/Recommend

Add Immunization

Patient Reports

Perinatal Hep B Case Listing

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) <a href="#">view or update notes</a>								
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	<a href="#">10/20/2015</a>	1 of 5	Kinrix®				Yes	
	<a href="#">11/30/2015</a>	2 of 5	Kinrix®				Yes	
	<a href="#">01/18/2016</a>	3 of 5	Kinrix®				Yes	
	<a href="#">04/10/2017</a>	4 of 5	Kinrix®	Full				
	<a href="#">09/30/2019</a>	5 of 5	Kinrix®	Full				
HepA	<a href="#">09/09/2016</a>	1 of 2	Havrix-Peds 2 Dose®	Full				
	<a href="#">03/20/2017</a>	2 of 2	Havrix-Peds 2 Dose®	Full				
HepB	<a href="#">09/08/2015</a>	1 of 4					Yes	
	<a href="#">10/08/2015</a>	2 of 4					Yes	
	<a href="#">12/09/2015</a>	3 of 4					Yes	
	<a href="#">03/14/2016</a>	4 of 4	Engerix-B Peds®				Yes	
Polio	<a href="#">10/20/2015</a>	1 of 5	Kinrix®				Yes	
	<a href="#">11/30/2015</a>	2 of 5	Kinrix®				Yes	
	<a href="#">01/18/2016</a>	3 of 5	Kinrix®				Yes	
	<a href="#">04/10/2017</a>	4 of 5	Kinrix®	Full				
	<a href="#">09/30/2019</a>	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		
	<a href="#">DTP/aP</a>	Complete						
	<a href="#">HepA</a>	Complete						
	<a href="#">HepB</a>	Complete						
<input checked="" type="checkbox"/>	<a href="#">Influenza</a>		03/08/2016	08/01/2024	09/08/2016	09/07/2037		
<input type="checkbox"/>	<a href="#">Meningo</a>		09/08/2026	09/08/2026	09/08/2028			
<input checked="" type="checkbox"/>	<a href="#">MMR</a>		09/08/2016	09/08/2016	01/08/2017			
	<a href="#">Polio</a>	Complete						
<input type="checkbox"/>	<a href="#">Td</a>	TdaP > 7 years	09/30/2024	09/30/2029	10/30/2029			
<input type="checkbox"/>	<a href="#">Tdap</a>	TdaP > 7 years	09/08/2022	09/08/2026	09/08/2028			
<input checked="" type="checkbox"/>	<a href="#">Varicella</a>		09/08/2016	09/08/2016	02/08/2017	09/07/2028		
Select other IIS <input type="text"/>		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 TEST  
LAST FIRST MI

STUDENT/SELF ADDRESS: 1001 EAST BALTIMORE ST APT 201 CITY: BALTIMORE ZIP: 21212

SEX: MALE ☒ FEMALE ☐ BIRTHDATE: 01/01/2000

COUNTY: Baltimore City SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

FOR MINORS UNDER 18:  
PARENT/GUARDIAN NAME: \_\_\_\_\_ PHONE NO: (410) 123-4567

Dose #	DTaP/DTaP-IP	Polio	Td	Tdap	PCV	Rotavirus	MM	MMV	Hep B	MMR	Varicella	Conjunctive	COVID-19
	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
1	07/01/2000	01/01/2000	05/01/2000	01/01/2000	04/01/2000				03/09/2010	05/01/2009	05/01/2009		
2	08/06/2010	06/29/2010	01/01/2010	01/01/2011	07/15/2009				03/01/2011	05/08/2012	01/25/2011		
3	05/01/2010			03/23/2011	03/23/2011				01/01/2011	05/08/2012	01/25/2011		
4	08/25/2011												
5													

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

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.

Clinic / Office Name  
Office Address / Phone Number

AAA Test Org  
123 Main Street  
Baltimore, MD 21011  
(410) 123-4567  
MMR - Maryland Immunization Registry Program  
201 W. Preston St., 4th Floor  
Baltimore, MD 21201  
(410) 767-6666

**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 / LHJ 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: \_\_\_\_\_

MMR Form 896 (Formerly 241501 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 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](#).*

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Patients

Organization Reports



### Enter New Patient

#### Personal Information

\* First Name  \* Gender

\* Last Name  Medicaid ID

Middle Name  Birth Order  (for multiple births)

Suffix  Birth Country

\* Birth Date  

\* Mother's First Name

\* Mother's Maiden Last  Last Reminder Recall:

Save

History/Recommend

Add Immunization

Add Next Patient

Cancel

Patient Information ▼

Address Information ▼

Responsible Persons (0) ▼

Patient Comments (0) ▼

Patient Notes (0) ▼

### 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.

**Patient Demographics**
ImmuNet ID: 1249707

**Personal Information**

\* First Name: SAMPLE
\* Gender: Male
\* Last Name: PATIENT
Middle Name:
Suffix:
\* Birth Date: 04/10/2012
\* Mother's First Name:
\* Mother's Maiden Last:
Medicaid ID:
Birth Order: (for multiple births)
Birth Country: UNITED STATES
Last Reminder Recall:

Save  
History/Recommend  
**Add Immunization**  
Patient Reports  
Blood Lead  
Cancel

**Add Immunization Details**

**Patient Information**
Patient Name (First - MI - Last): TEST M. PATIENT
DOB: 08/01/2000
Gender: M
Tracking Schedule: ACIP
Address: TEST, ABERCROMBIE, ND 58001 (782) 178-7217

Save
Cancel

**Historical Immunizations (3)**

Remove	Immunization	Date Provided	Trade Name	Lot Number	Historical Org Name	Source of Imm
<input type="checkbox"/>	HPV					Source Unspecif
<input type="checkbox"/>	HPV					Source Unspecif
<input type="checkbox"/>	HPV					Source Unspecif

Save
Cancel

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

**Immunizations Administered:**  
ImmuNet, Non-ImmuNet, or Other Providers

Ok
Cancel
Unselect All

Organization Site: ABC Clinic
Ordering Authority:
Administered By:
Date Administered:

Activate Expired

Immunization	ImmuNet Inv <sup>1</sup>	Non-ImmuNet Inv <sup>2</sup>	Other Providers <sup>3</sup>	Immunization	ImmuNet Inv <sup>1</sup>	Non-ImmuNet Inv <sup>2</sup>	Other Providers <sup>3</sup>
Adeno				Measles			
Anthrax				MeningB			
BCG				Meningo			
COVID-19	<input type="checkbox"/>			Mumps			
Chikungunya				PPD Test			
Cholera				Pertussis			
DTP/aP	<input type="checkbox"/>			Plague			
Dengue				Pneumo-Poly			
Diphtheria				Pneumococcal			
Ebola				Polio			
Encephalitis				RSV			
Flu H1N1-09				Rabies			
HSN1 Flu				Rotavirus			
HPV				Rubella			
HepA				Smallpox			
HepB				Td			
Hib				Tdap			
IG-RSV IgM				Tetanus			
Ig				Typhoid			
Influenza				Typhus			
Lyme				Varicella			
MMR				Yellow Fever			
				Zoster			

Click the box under 'ImmuNet Inv' for administered VFC vaccines

Click the box under 'Non-ImmuNet Inv' for administered privately purchased vaccines

For historical vaccines administered by another provider, enter the number of doses under 'Other Providers'

<sup>1</sup>."ImmuNet Inv"- Check the box in this column when adding new records of administered vaccines used from your inventory in ImmuNet (e.g., Public/VFC inventory, or if you add your private inventory into ImmuNet).  
<sup>2</sup>."Non-ImmuNet Inv"- Check the box in this column when adding new records of administered vaccines used from your inventory (private or public) that you did not add into ImmuNet.  
<sup>3</sup>."Other Providers"- Enter the number of records that were administered by another provider organization (if not previously reported).



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](#).*

Patient Information					
Patient Name (First - MI - Last)	DOB	Gender	Tracking Schedule		
TEST M. PATIENT	08/01/2000	M	ACIP		
Address		TEST, ABERCROMBIE, ND 58001 (782) 178-7217			
				Save	Cancel

New Immunizations (1)					
Date Provided		10/22/2019			
Ordering Authority					

New Immunizations from ImmuNet Inventory (1)					
Remove	Immunization	Trade Name-Lot	Administered By / Dose	Body Site / Route	VFC Eligibility
<input type="checkbox"/>	HPV		Full	Intramuscular	
				Save	Cancel

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](#).*

Add Immunization Details							
Patient Information							
Patient Name (First - MI - Last)		DOB	Gender	Tracking Schedule			
TEST M. PATIENT		08/01/2000	M	ACIP			
Address		TEST, ABERCROMBIE, ND 58001 (782) 178-7217					
				Save	Cancel		

New Immunizations (1)							
Date Provided		10/22/2019					
Ordering Authority							

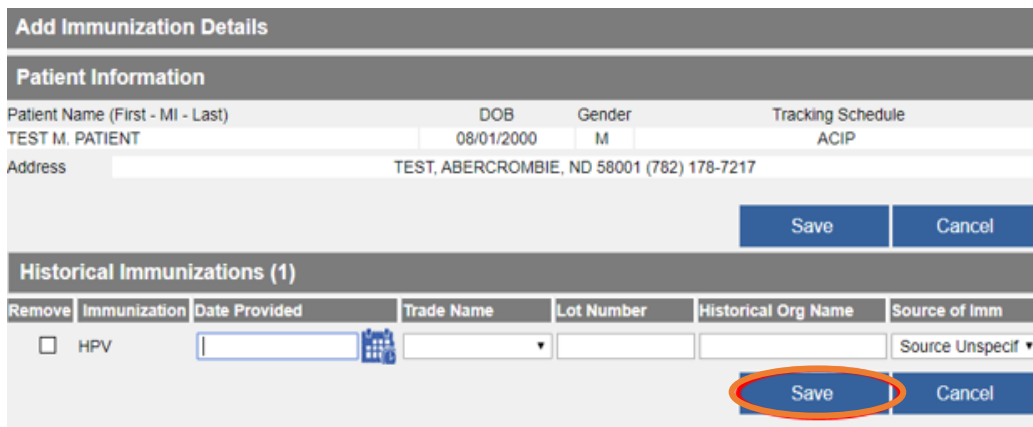
  

New Immunizations from Other Inventory (1)								
Remove	Immunization	Trade Name	Dose	Manufacturer	Lot Number	VFC Eligibility	Administered By	Funding Type
<input type="checkbox"/>	HPV		Full			Not VFC Eligible		Private
				Save	Cancel			

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**.

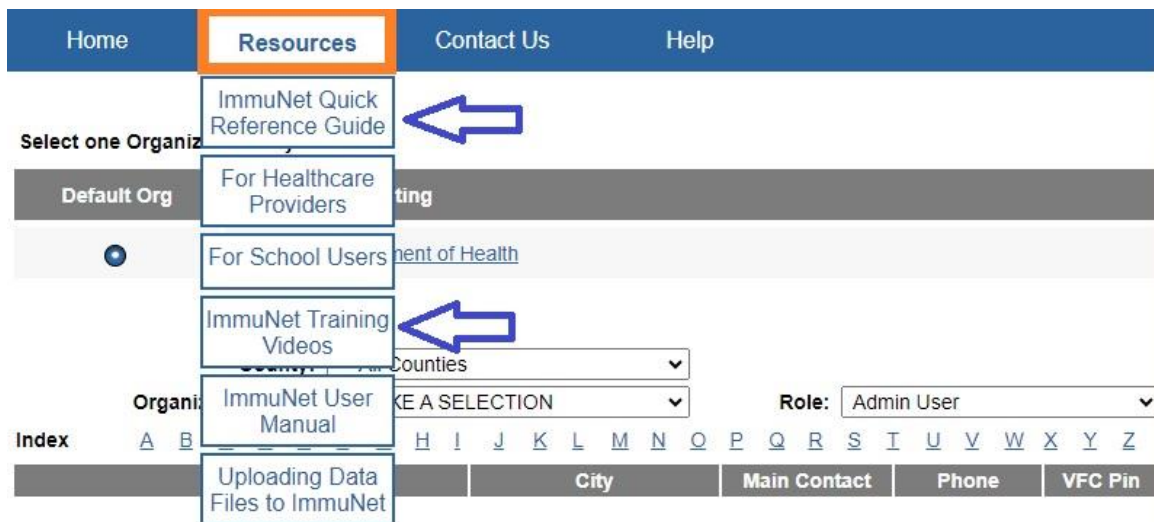
*Note: For complete patient records, CDC recommends reporting [these core data elements](#).*



Add Immunization Details						
Patient Information						
Patient Name (First - MI - Last)		DOB	Gender	Tracking Schedule		
TEST M. PATIENT		08/01/2000	M	ACIP		
Address		TEST, ABERCROMBIE, ND 58001 (782) 178-7217				
					Save	Cancel
Historical Immunizations (1)						
Remove	Immunization	Date Provided	Trade Name	Lot Number	Historical Org Name	Source of Imm
<input type="checkbox"/>	HPV	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Source Unspecif ▼
					Save	Cancel

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](#).



Home	Resources	Contact Us	Help
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Contact **ImmuNet Support** ([here](#)) with any questions.