

Welcome to ImmuNet!

Reports Only and **School Access** ImmuNet roles allow users to look up patient/student records.

Both roles can do the following:

- [Change your ImmuNet password](#)
- [Search for immunization records](#)
- [View the immunization record](#)
- [Print/Save the Immunization Certificate/Reports](#)

If your role is **Reports Only**, your main screen will look like this:



The screenshot shows the ImmuNet interface for the 'Reports Only' role. The top navigation bar includes 'Welcome New Staff', 'logged in as: > Organization: ABC Clinic', 'Role: **Reports Only**', '> My Account', and '> Logout'. The main header features the Maryland Department of Health logo and the text 'ImmuNet: Maryland's Immunization Information System'. A yellow announcement box on the right states 'ANNOUNCEMENTS: NEW 08/06/2024 ImmuNet User Role Updates' with a 'Click to view more...' link. Below the header is a blue navigation bar with 'Home', 'Resources', 'Contact Us', and 'Help'. On the left, it says 'Production Region 38.5.0' and 'Report View Only'. The main content area has a 'Patient Search' button and a description: 'Click to locate a patient, view their immunization record or view/print a patient report.'

If your role is **School Access**, your main screen will look like this:



The screenshot shows the ImmuNet interface for the 'School Access' role. The top navigation bar includes 'Welcome New Nurse', 'logged in as: > Organization: ABC Elementary School', 'Role: **School Access**', '> My Account', and '> Logout'. The main header features the Maryland Department of Health logo and the text 'ImmuNet: Maryland's Immunization Information System'. A yellow announcement box on the right states 'ANNOUNCEMENTS: NEW 08/06/2024 ImmuNet User Role Updates' with a 'Click to view more...' link. Below the header is a blue navigation bar with 'Home', 'Resources', 'Contact Us', and 'Help'. On the left, it says 'Production Region 38.5.0' and 'School Access'. The main content area has a 'Student Search' button and a description: 'Click to locate a student, view their immunization record or view/print a student's School Certificate.'

Change Your ImmuNet Password

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



This screenshot shows the top navigation bar of the ImmuNet system. It includes 'Welcome', 'logged in as: > Organization:', 'Role: Reports Only OR School Access', and a red circle highlighting the '> My Account' link, followed by '> Logout'.

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

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

Change Password

[Continue](#)

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Applications

- Manage My Account**
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- > Edit My User Account
- > Security Questions

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"/>	ABC Clinic

To update your security questions/answers, click **'My Account'**, **'Manage My Account'**, then **'Security Questions'**. Please note that answers to your security questions are also case-sensitive. Answering your security questions correctly will allow you to unlock/reset your password.

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- Applications**
- Manage My Account**
 - > Change My Password
 - > Edit My User Account
 - > **Security Questions**

Select an Organization link below to access ImmuNet.
Select one Organization as your default.

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

Search Immunization Records

On the left menu, click the [blue](#) button **Patient Search** or **Student Search**.

Patient Search

Student Search

or click **Report View Only**, **View Patient Report** or **School Access**, **Student Search**

Report View Only

> [View Patient Report](#)

School Access

> [Student 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.

Student Search

First Name

ImmuNet ID

Search


Clear

Cancel

Last Name

Middle Name

Birth Date



Phone - -

If there are no records for the patient or student, 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
No patients were found for the requested search criteria.								

If you find the patient/student, click on the [blue](#) last name link for the student's last name.

First Name

ImmuNet ID

Search

Cancel


Last Name

Blood Lead ID

Middle Name

Vital ID

Birth Date



Phone - -

Gender

Mother's First Name

Mother's Maiden Last

Possible Matches: 1

Last Name	First Name	Middle Name	Birth Date	Gender
PATIENT	TEST		01/01/2008	M

View the Immunization Record

History					
Vaccine Group	Date Administered	Series	Trade Name [Vaccine]	Dose	Reaction
DTP/aP	11/11/2015	1 of 5	Kinrix®	Full	
HepA	05/27/2016	1 of 2		Full	
Hib	05/27/2016			Full	
	06/01/2016			Full	
MMR	11/11/2015	1 of 2	Proquad®	Full	
Pneumo-Poly	04/18/2016	1 of 2	Prenvar 13®	Full	
Polio	11/11/2015	1 of 3	Kinrix®	Full	
Varicella	11/11/2015	1 of 2	Proquad®	Full	
Current Age: 10 years, 1 month, 4 days					
Vaccines Recommended by Selected Tracking Schedule					
Vaccine Group	Recommended Vaccine	Earliest Date	Recommended Date	Overdue Date	Latest Date
DTP/aP		Maximum Age Exceeded			
HepA		11/27/2016	11/27/2016	12/27/2017	
HepB		02/23/2009	02/23/2009	03/23/2009	
Hib		Maximum Age Exceeded			
HPV		02/23/2018	02/23/2020	03/23/2022	02/22/2024
Influenza		08/23/2009	08/01/2018	02/23/2010	
Meningo		02/23/2020	02/23/2020	02/23/2022	02/22/2031
MMR		12/09/2015	12/09/2015	01/11/2016	
Pneumo-Poly	Pneumococcal 23	02/23/2074	02/23/2074	02/23/2076	
Polio		12/09/2015	12/09/2015	02/11/2016	
Td	TdaP > 7 years	02/23/2016	02/23/2016	02/23/2016	
Tdap	TdaP > 7 years	02/23/2016	02/23/2020	02/23/2022	
Varicella		02/03/2016	02/03/2016	03/23/2016	

For users with **Reports Only** role, to view immunization reports, click on the **blue** button 'Reports'.

Patient Information		Print	Print Confidential	Reports	Cancel
Patient Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Patient ID
SAMPLE PATIENT	05/07/2010	F	EXAMPLE	ACIP	
Address	123 SAMPLE ST., BALTIMORE, MD 21201				

You can then choose to view/print any of the reports below by clicking on each link. Please note that for MDH Form 4500, you will need to choose your organization name under the 'Site' drop down menu.

Reports Available for this Patient			Cancel
Report	Description	Additional Information	
Vaccine Administration Report, MDH Form 4500	Official Maryland form displaying a patient's immunization history.	Site	<input type="text"/>
		Language	ENGLISH
Maryland 896 School Certificate	Official Maryland form for recording student immunization information required for school admission.	None	
Immunization History Report	Displays demographics, registry data, contact information, as well as detailed immunization history.	None	
Immunizations Needed	Displays demographics, contact information, immunization history, as well as immunizations needed.	None	

For users with **School Access** role, to view the immunization record, click the **blue** button **MD 896 School Cert.** Note that this form will not print immunizations marked as 'Not Valid'.

Student Information	Print	Print Confidential	MD 896 School Cert.	Blood Lead	Cancel
Student Name (First - MI - Last)		DOB	Gender	Tracking Schedule	
SAMPLE PATIENT		05/07/2010	F	ACIP	
Comments					

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

STUDENT/SELF NAME: PATIENT TEST: TEST MI: MI

STUDENT/SELF ADDRESS: 100 EAST BALTIMORE ST APT 201 CITY: BALTIMORE ZIP: 21212

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

COUNTY: Baltimore City SCHOOL: _____ GRADE: _____

FOR MEMBERS UNDER 18:
PARENT/GUARDIAN NAME: _____ PHONE NO: (410) 332-4567

DATE	TYPE	AGE	DOSE	STATUS	DATE	TYPE	AGE	DOSE	STATUS
01/01/2000	MM	0	1	MM	01/01/2000	MM	0	1	MM
01/01/2000	MM	0	1	MM	01/01/2000	MM	0	1	MM
01/01/2000	MM	0	1	MM	01/01/2000	MM	0	1	MM
01/01/2000	MM	0	1	MM	01/01/2000	MM	0	1	MM
01/01/2000	MM	0	1	MM	01/01/2000	MM	0	1	MM

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

Signature: _____ Date: _____
Title: _____
(Medical provider, local health department official, school official or child care provider only)

Signature: _____ Date: _____
Title: _____

Signature: _____ Date: _____
Title: _____

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 VACCINATIONS 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:
Signature: _____ Medical Provider / LHO Official Date: _____

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.
Signature: _____ Date: _____

MDH Form 976 (7/2019) (revised 04/2021) 976
Rev. 9/21

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Print/Save the Immunization Certificate/Reports

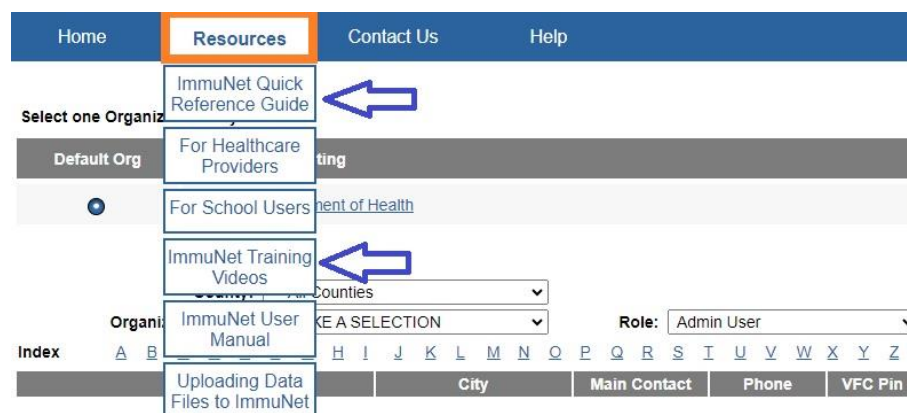
Click **Print** or click the printer icon in the top-right corner of the screen to print immunization certificates or reports.



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



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.