

Welcome to ImmuNet!

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

- [Log in to ImmuNet](#)
- [Manage Patients](#)
- [Enter a New Patient](#)
- [Add an Ordering Authority or Clinician](#)
- [Add an Immunization to a Patient Record](#)
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Log in to ImmuNet

To go to the ImmuNet application, type www.mdimmunet.org into the address bar of your browser session and press **Enter**.

Enter your **User Name** and **Password** and click **Login**.

If you have forgotten your password, click **Forgot Password**. Enter your **User Name** and **E-mail Address** (that was used to register you with ImmuNet). You will be e-mailed a link that will enable you to reset your password or see your organization's Admin User, who can reset your password.



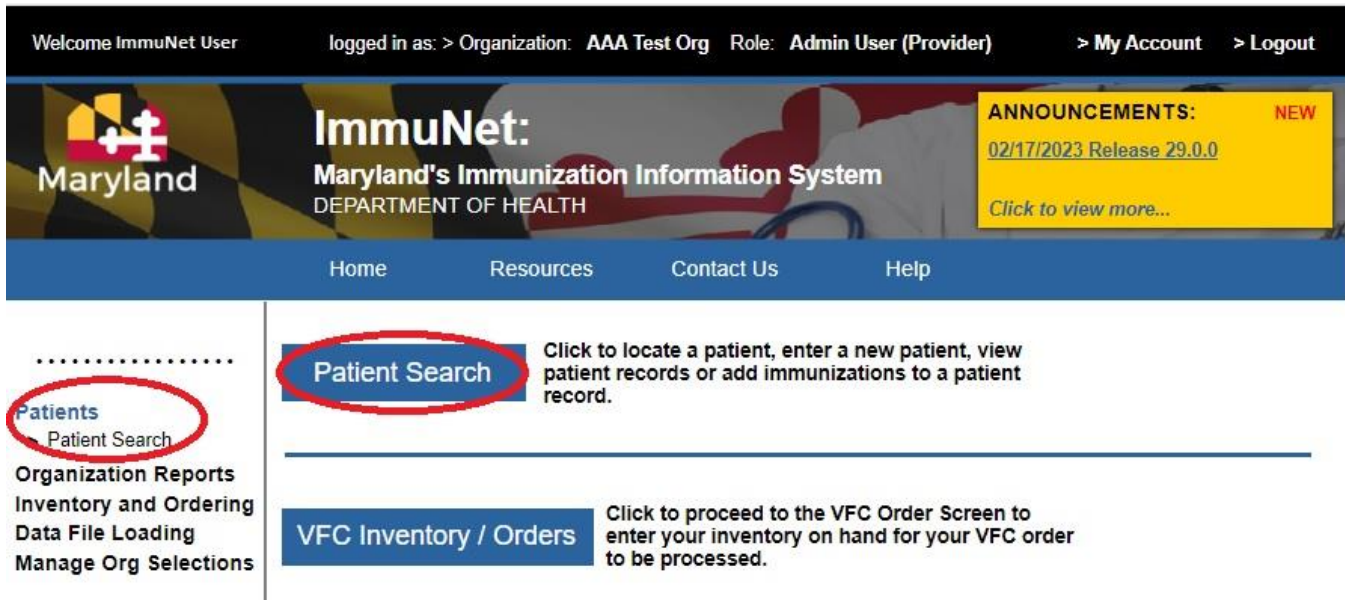
The banner features the Maryland Department of Health logo on the left. The main text reads "ImmuNet: Maryland's Immunization Information System" and "DEPARTMENT OF HEALTH". On the right, a yellow box contains an announcement: "ANNOUNCEMENTS: 11/15/2022 ImmuNet Tutorial Videos are now available! Click to view more...". Below the banner is a blue navigation bar with links for Home, Resources, Contact Us, and Help.



The login form is displayed on a light gray background. It includes a blue padlock icon with a keyhole. To the right of the icon are two input fields: "User Name" and "Password". The "Password" field has a "SHOW" button with an eye icon. Below the input fields are two buttons: "Login" and "Forgot Password". The "Forgot Password" button is highlighted with a red border. In the bottom right corner, there is a link that says "Register Now".

Manage Patients

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



Welcome ImmuNet User logged in as: > Organization: **AAA Test Org** Role: **Admin User (Provider)** > My Account > Logout

ImmuNet:
Maryland's Immunization Information System
DEPARTMENT OF HEALTH

ANNOUNCEMENTS: NEW
02/17/2023 Release 29.0.0
[Click to view more...](#)

Home Resources Contact Us Help


Patients (circled in red)
Patient Search
Organization Reports
Inventory and Ordering
Data File Loading
Manage Org Selections

Patient Search (circled in red) Click to locate a patient, enter a new patient, view patient records or add immunizations to a patient record.

VFC Inventory / Orders Click to proceed to the VFC Order Screen to enter your inventory on hand for your VFC order to be processed.

Type in the **First Name**, **Last Name**, and **Birth Date** and click **Search**.

Patient Search

First Name	<input type="text"/>	Patient ID	<input type="text"/>	Search (circled in red) Advanced Search Clear
Last Name	<input type="text"/>			
Middle Name	<input type="text"/>	ImmuNet ID	<input type="text"/>	
Birth Date	<input type="text"/> 			

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

ImmuNet:
Marylands Immunization Information System
 DEPARTMENT OF HEALTH

WEBSITE NOTICE:
 ImmuNet works best with the most current version of Internet Explorer or Google Chrome.

Home
Resources
Contact Us
Help

Patient Search Criteria / Results

First Name	<input type="text" value="Test"/>	Patient ID	<input type="text"/>	Search
Last Name	<input type="text" value="Patient"/>			Advanced Search
Middle Name	<input type="text"/>	ImmuNet ID	<input type="text"/>	Enter as New Patient
Birth Date	<input type="text" value=""/>			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: 1

Last Name	First Name	Middle Name	Birth Date	Patient ID	Mother's Maiden First	Mother's Maiden Last	Gender	Status
PATIENT	TEST		01/01/2008	12345	EXAMPLE	MOTHER	M	A

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

Patient Search Criteria / Results			
First Name	<input type="text" value="Test1"/>	Patient ID	<input type="text"/>
Last Name	<input type="text" value="Patient"/>		
Middle Name	<input type="text"/>	ImmuNet ID	<input type="text"/>
Birth Date	<input type="text"/> 		
			Search
			Advanced Search
			Enter as New Patient
			Cancel

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.								

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
- Address Information
- Responsible Persons

Click **Save**.

Enter New Patient

Personal Information

* First Name	<input type="text" value="new"/>	* Gender	<input type="text" value="Unknown"/>
* Last Name	<input type="text" value="patient"/>	Medicaid ID	<input type="text"/>
Middle Name	<input type="text"/>	Birth Order	<input type="text" value=""/> <i>(for multiple births)</i>
Suffix	<input type="text"/>	Birth Country	<input type="text" value="UNITED STATES"/>
* Birth Date	<input type="text"/> 		
* Mother's First Name	<input type="text"/>		
* Mother's Maiden Last	<input type="text"/>	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) ▼

Add an Ordering Authority or Clinician

To perform this operation, you must have an ImmuNet access role of **Admin User**.

To add a clinician, on the left navigator, click **Manage Org Selections, Manage Clinicians**.

- Patients
- Organization Reports
- Inventory and Ordering
- Data File Loading
- Manage Org Selections**
- > Manage Clinicians
- > Manage Physicians
- > Manage Schools

On the right, click **Add Clinician**

Organization Name: Maryland Department of Health (Child)

Site List:

Add Clinician
Find Clinician
Clinician List

Clinician Name	Role	Signature
No clinicians were found for the selected site.		

Click the radio button **Clinician**.

Type in the **First Name**, **Last Name** of the clinician.

Under **Complete Site Listing**, click directly on the name of the organization and click **Add** (to add it under **Selected Sites**).

Click **Save**.

The message **Record Updated** will be displayed in **red** at the top, if successful.

Record Updated

Edit Clinician Information

Role Clinician Ordering Authority / Clinician Ordering Authority

Prefix

First Name

Last Name

Middle Name

Suffix

Save
Delete
Cancel

Complete Site Listing
Site 2
test site 1

Selected Sites
MD Department of Health

Add >
Add All >>
< Remove
<< Remove All

Join Perinatal Hep B Module Yes No

To add an **Ordering Authority/Clinician**, on the left navigator, click **Manage Org Selections**, **Manage Clinicians**.



On the right, click **Add Clinician**



Click the radio button **Ordering Authority/Clinician**

Enter the **Individual NPI** (of the responsible provider of the organization) and click **Validate**.

The **First Name**, **Last Name** and **Address** (not shown) information should automatically populate in the fields.

Under **Complete Site Listing**, click directly on the name of your organization and click **Add** (to add it under **Selected Sites**).

Click **Save**.

Add Clinician Information

Role Clinician Ordering Authority / Clinician Ordering Authority

Individual NPI : [Validate](#) [Clear](#) [Save](#) [Cancel](#)

Prefix :

First Name :

Last Name :

Middle Name :

Suffix :

Complete Site Listing
AK Test Org A

Selected Sites

[Add >](#)
[Add All >>](#)
[< Remove](#)
[<< Remove All](#)

The message (not shown) **Record Updated** will be displayed in **red** at the top, if successful.

To remove a clinician,

on the left navigator, click **Manage Org Selections, Manage Clinicians**.

- Patients
- Organization Reports
- Inventory and Ordering
- Data File Loading
- Manage Org Selections**
 - > **Manage Clinicians**
 - > Manage Physicians
 - > Manage Schools

Click on the appropriate [blue](#) link of the clinician name.

Organization Name: Maryland Department of Health (Child)

Site List:

[Add Clinician](#)
[Find Clinician](#)
[Clinician List](#)

Clinician Name	Role	Signature
SMITH, JANE	Clinician	N

Click **Delete**

Edit Clinician Information

Role Clinician Ordering Authority / Clinician Ordering Authority

Prefix

First Name

Last Name

Middle Name

Suffix

[Save](#)
[Delete](#)
[Cancel](#)

Complete Site Listing
Site 2
test site 1

Selected Sites
MD Department of Health

[Add >](#)
[Add All >>](#)
[< Remove](#)
[<< Remove All](#)

Join Perinatal Hep B Module Yes No

Click **OK** to the question that will be displayed at the top of the screen.

immunet.health.maryland.gov says
Are you sure you want to delete this record?

[OK](#) [Cancel](#)

Add an Immunization to a Patient Record

Within the patient record, click **Add Immunization**.

Patient Demographics ImmuNet ID: 13665

Personal Information

* First Name: TEST * Gender: Male

* Last Name: PATIENT Medicaid ID:

Middle Name: Birth Order: (for multiple births)

Suffix: Birth Country: UNITED STATES

* Birth Date: 01/01/2008

* Mother's First Name: EXAMPLE Last Reminder Recall:

* Mother's Maiden Last: MOTHER

Save

History/Recommend

Add Immunization

Patient Reports

Perinatal Hep B Case Listing

Blood Lead

Cancel

Go to the appropriate immunization name (row) under the appropriate vaccine type (column).

Patient Information ImmuNet ID: 1249707

Patient Name (First - MI - Last): SAMPLE PATIENT Maiden: Tracking Schedule: ACIP Patient ID:

Address: 01 (410) 123-4567

Comments:

Immunizations Administered:

Other Providers:

For Private Vaccines Administered – click in the box to select then click OK

For VFC Vaccines Administered – click in the box to select then click OK

For Historical Vaccines Administered by another provider – enter a number then click OK

Date Administered: **Activate Expired** **Ok** Cancel Unselect All

Immunization	ImmuNet Inv ¹	Non-ImmuNet Inv ²	Other Providers ³	Immunization	ImmuNet Inv ¹	Non-ImmuNet Inv ²	Other Providers ³
Adeno	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MeningB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anthrax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPD Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DTP/aP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plague	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pneumo-Poly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu H1N1-09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H5N1 Flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rabies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rotavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HepA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HepB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smallpox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Td	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IG-RSV IgIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tdap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lyme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Typhus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yellow Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Zoster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. "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).
 2. "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.
 3. "Other Providers" - Enter the number of records that were administered by another provider organization (if not previously reported).

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

Click **Save**.

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			

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	<input type="text"/>	<input type="text" value="Full"/>	<input type="text" value="intramuscular"/>	<input type="text"/>

Click **Cancel** or click the back arrow to enter additional vaccine administration for the same patient.

For **private vaccines** administered - 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**.

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	<input type="text"/>	Full	<input type="text"/>	<input type="text"/>	Not VFC Eligible	<input type="text"/>	Private

Save
Cancel

Click **Cancel** or click the back arrow to enter additional vaccine administration for the same patient.

For **historical vaccines** administered (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**.

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

Click **Cancel** or click the back arrow to enter additional vaccine administration for the same patient.

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.

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 (3)

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 ▼
<input type="checkbox"/>	HPV	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Source Unspecif ▼
<input type="checkbox"/>	HPV	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Source Unspecif ▼

Save
Cancel

View the Immunization Record

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

Patient Demographics
ImmuNet ID: 13665

Personal Information


* First Name <input type="text" value="TEST"/>	* Gender <input type="text" value="Male"/>	
* Last Name <input type="text" value="PATIENT"/>	Medicaid ID <input type="text"/>	
Middle Name <input type="text"/>	Birth Order <input type="text"/> <i>(for multiple births)</i>	
Suffix <input type="text"/>	Birth Country <input type="text" value="UNITED STATES"/>	
* Birth Date <input type="text" value="01/01/2008"/>		
* Mother's First Name <input type="text" value="EXAMPLE"/>	Last Reminder Recall:	
* Mother's Maiden Last <input type="text" value="MOTHER"/>		

Save
History/Recommend
Add Immunization
Patient Reports
Perinatal Hep B Case Listing
Blood Lead
Cancel

View the patient's immunization history in the section titled **History**. You can also view vaccines the patient is due based on the ACIP schedule in the section titled **Vaccines Recommended by Selected Tracking Schedule**.

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	Prevnar 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		11/27/2018	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	

To view the 896 School Certificate, click **Patient Reports**. On the right, select your organization from the drop-down menu under **Site**. On the left click **Maryland 896 School Certificate**.



MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

STUDENT/SELF NAME _____		PATIENT		TEST	
		LAST		FIRST MI	
STUDENT/SELF ADDRESS _____		180 EAST BALTIMORE ST APT 201		CITY _____ BALTIMORE	
				ZIP _____ 21212	
SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		BIRTHDATE _____ 01/01/2008			
COUNTY _____ Baltimore City		SCHOOL _____		GRADE _____	
FOR MINORS UNDER 18:					
PARENT/GUARDIAN NAME _____		PHONE NO. _____		4100 123-4567	

Order	DTaP-2/DTaP-2/1	Polio	Hib	Prep B	PCV	Rotavirus	MCP	HPV	Prep B	MM	Varicella	Haemophilus	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	07/01/2009	01/01/2009	05/01/2009	01/02/2009	04/01/2009				03/09/2010	05/01/2009	05/01/2009		
2	01/01/2010	04/29/2009	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	Tdap	MM2	Other	
4	01/25/2011												
5													

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

1. _____ Signature Title Date <small>(Medical provider, local health department official, school official, or child care provider only)</small>	<u>_____</u> Clinic / Office Name Office Address / Phone Number AAA Test Org 123 Main Street Baltimore, MD 21018 (410) 123-4567 MMR - Maryland Invasive/Not Immunization Registry Program 201 W. Preston St., 3rd Floor Baltimore, MD 21201 (410) 767-6006
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 / LHED 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: _____

Print the Immunization Certificate

To print, right-click directly on the certificate and click **Print**



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 <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		BIRTHDATE _____ 01/01/2008			
COUNTY _____ Baltimore City		SCHOOL _____		GRADE _____	
FOR MINORS UNDER 18:					
PARENT/GUARDIAN NAME _____		PHONE NO. _____ (410) 123-4567			

Dose #	DTP-dT/aP/aDT 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				03/09/2010	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	MenB 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.

1. _____ Signature Title Date <small>(Medical provider, local health department official, school official, or child care provider only)</small>	Clinic / Office Name Office Address/ Phone Number
2. _____ Signature Title Date	AAA Test Org 123 Main Train Drive Baltimore, MD 21010 (501) 123-6454 MDH - Maryland ImmuNet Immunization Registry Program 201 W. Preston St., 3rd floor Baltimore, MD 21201 (410)-767-6606
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

or click the printer icon in top-right corner of the screen.



Save the Immunization Certificate

To save, right-click directly on the certificate and click **Save as**



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 _____		
						ZIP _____		
SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>			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	MMII 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				03/09/2010	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	MenB 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.

<p>1. _____</p> <p>Signature Title Date</p> <p><small>(Medical provider, local health department official, school official, or child care provider only)</small></p> <p>2. _____</p> <p>Signature Title Date</p> <p>3. _____</p> <p>Signature Title Date</p> <p>Lines 2 and 3 are for certification of vaccines given after the initial</p>	<p style="text-align: center;"><u>Clinic / Office Name</u></p> <p style="text-align: center;">Office Address/ Phone Number</p> <p>AAA Test Org 123 Main Train Drive Baltimore, MD 21010 (501) 123-6454</p> <p>MDH - Maryland ImmuNet Immunization Registry Program 201 W. Preston St., 3rd floor Baltimore, MD 21201 (410)-767-6606</p>
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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

or click the down-arrow icon in the top-right corner of the screen.



Change your ImmuNet Password

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



Welcome **Sample User** logged in as: > Organization: **AAA Test Org** Role: **School Access** > **My Account** > Logout

ImmuNet:
Maryland's Immunization Information System
DEPARTMENT OF HEALTH

ANNOUNCEMENTS: **NEW**
02/17/2023 Release 29.0.0
Click to view more...

Home Resources Contact Us Help

.....
School Access

Student Search Click to locate a student, view their immunization record or view/print a student's School Certificate.

.....
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On the left navigator click **Manage My Account, Change My Password**.

Applications

Manage My Account

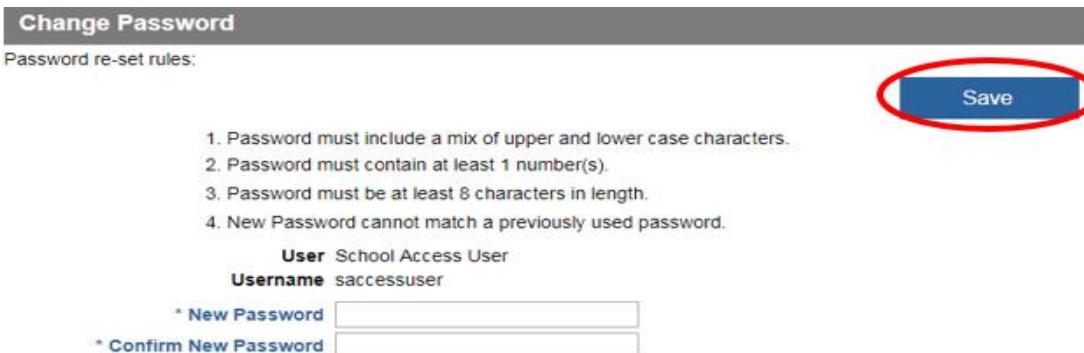
> Change My Password

> Edit My User Account

Security Questions >

Type in a new password in the **New Password** field and again in the **Confirm New Password** field, keeping in mind the guidelines for creating a new password.

Click **Save**.



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 School Access User
Username saccessuser

* **New Password**

* **Confirm New Password**

Save

If your password is accepted, you will see the following message in **red** at the top of the screen (if not, you will have to type a different password into the fields **New Password** and **Confirm New Password** and click **Save**).

**** Password Updated, to access ImmuNet click on "ImmuNet" within the main menu on the left under Applications. ****

Change Password

Password re-set rules:

[Save](#)

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 School Access User
Username saccessuser

* **New Password**

* **Confirm New Password**

To access ImmuNet, Click **Applications, ImmuNet**.

Applications

> [ImmuNet](#)

Click on the **blue** organization name link or

click on the appropriate organization link for which you are trying to access, if you have access to more than one organization.

Select an Organization link below to access ImmuNet.

Select one Organization as your default.

Default Org	Organization Listing
<input checked="" type="radio"/>	AAA Test Org

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.