Maryland DEPARTMENT OF HEALTH

Quick Reference Guide
School Access

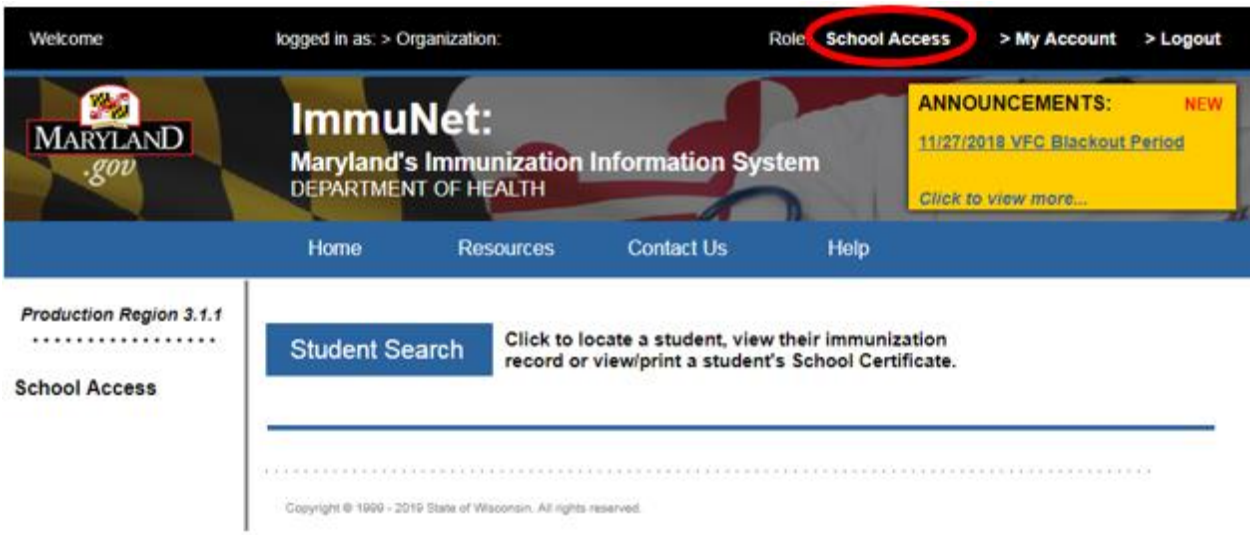
ImmuNet: Maryland's Immunization Information System

Welcome to ImmuNet!

The ImmuNet user role of **School Access** is a **read-only** access role, especially for users of school and child care organizations. If you are assigned this role you will be able to:

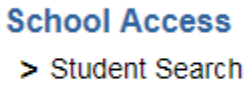
- **Search for the immunization record**
- **View the immunization record**
- **Print the Immunization Certificate**
- **Save the Immunization Certificate**
- **Change your ImmuNet password**

Your main screen will look like this:



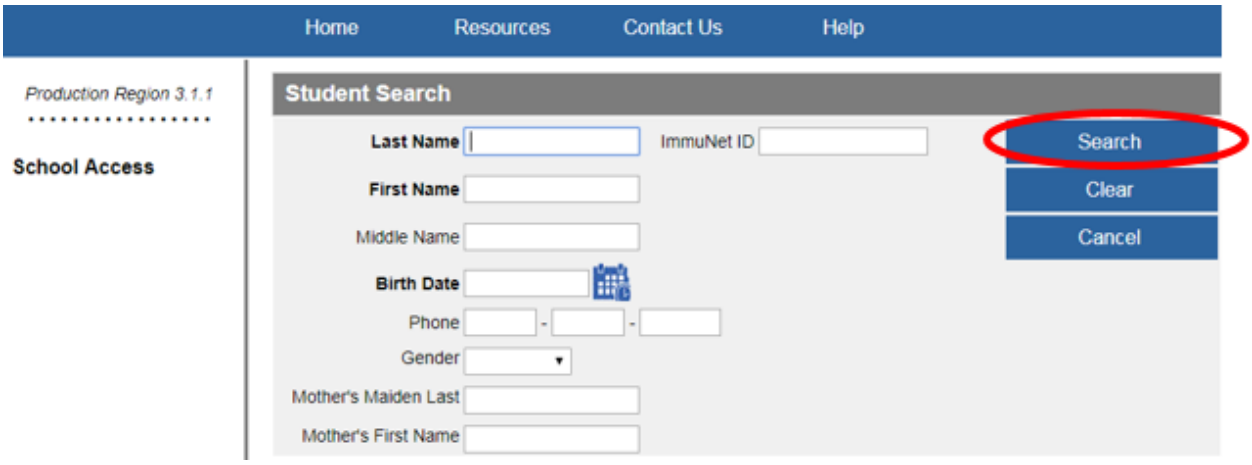
Search for the Immunization Record

On the left navigator click **School Access**, **Student Search**

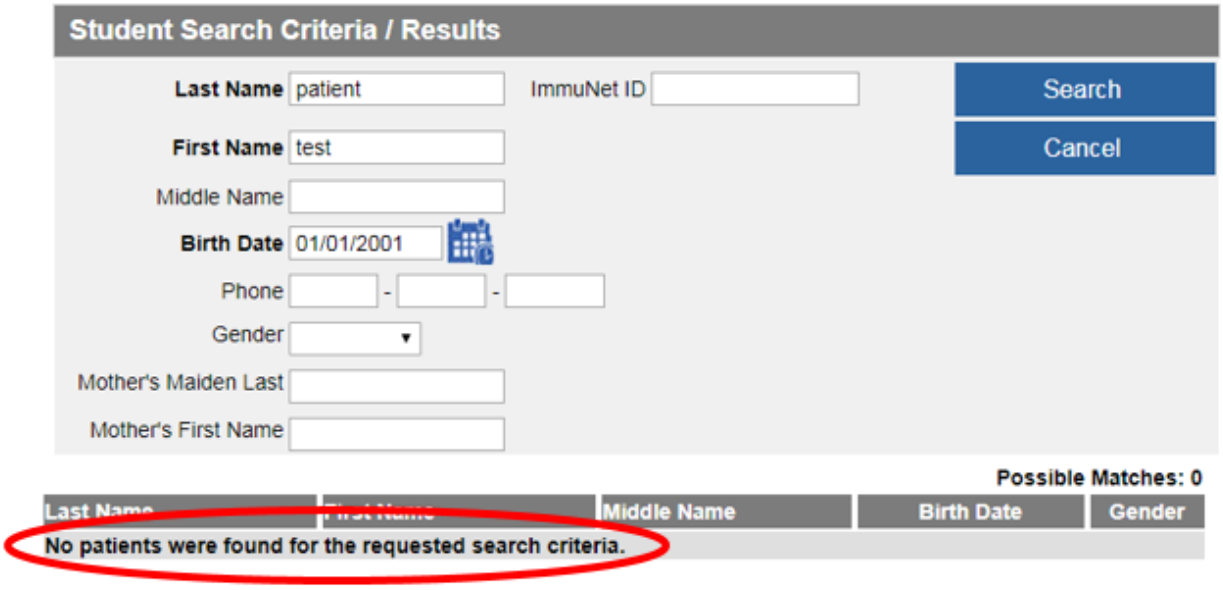


or click the blue button **Student Search**.

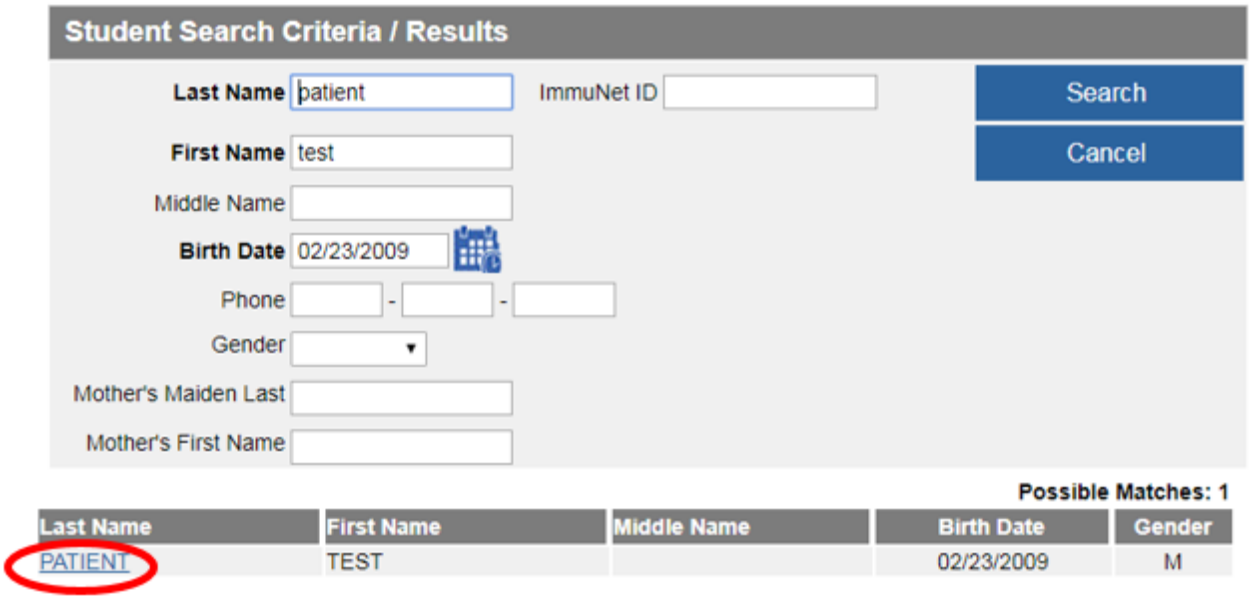
Type in the **Last Name**, **First Name**, and **Birth Date** and click **Search**.



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



If you find the student, click on the blue last name link for the student's last name.



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	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		11/27/2016	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	

To view the immunization record, click the blue button **MD 896 School Cert**.

Student Information	Print	Print Confidential	MD 896 School Cert.	Blood Lead	Cancel

Student Name (First - MI - Last)	DOB	Gender	Tracking Schedule
TEST PATIENT	02/23/2009	M	ACIP

Comments

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

CHILD'S NAME PATIENT (LAST) TEST (FIRST) (MI)

SEX: MALE ■ FEMALE ☐ BIRTHDATE 02/23/2009

COUNTY Montgomery SCHOOL _____ GRADE _____

PARENT OR GUARDIAN NAME KIA SMITH PHONE NO. _____

ADDRESS 3513 SILVER PARK DRIVE CITY TAKOMA PARK ZIP 20913

RECORD OF IMMUNIZATIONS (See Notes on Other Side)

Vaccines Type

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	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr
1	11/11/2015	11/11/2015							1	05/27/2016	11/11/2015	11/11/2015	
2									2				
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	Menit Mo/Day/Yr	Other Mo/Day/Yr
4													
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

Archbishop Borders School
3500 Foster Ave.
BALTIMORE, MD 21224
(410) 276-6534

MDH - Maryland ImmuNet Immunization Registry Program
201 W. Preston St., 3rd floor
Baltimore, MD 21201
(410)-767-6606

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: _____

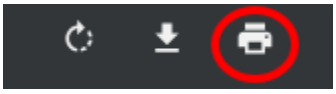
MDH Form 896 (Formally DHMH 896)
Rev. 10/17

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

Print the Immunization Certificate

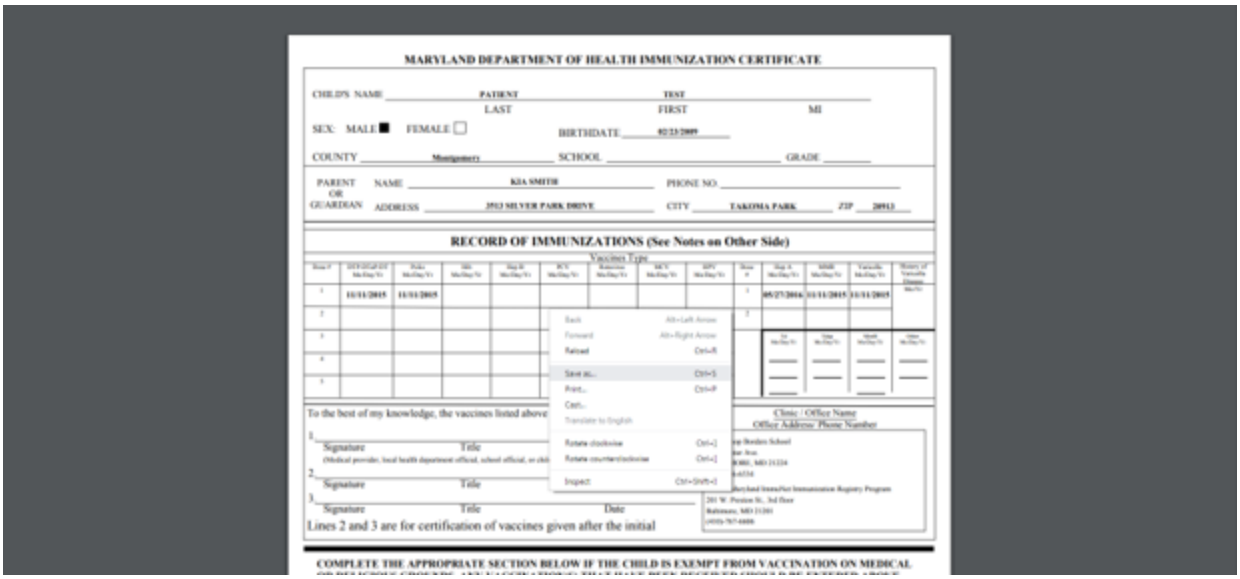
To print, right-click directly on the certificate and click **Print**

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.**

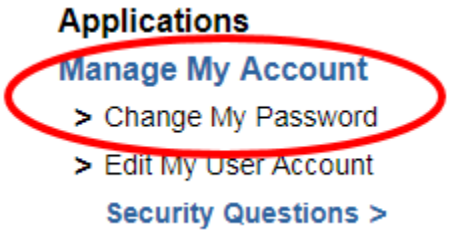


or click the down-arrow icon in the top-right corner of the screen.

Change your ImmuNet Password

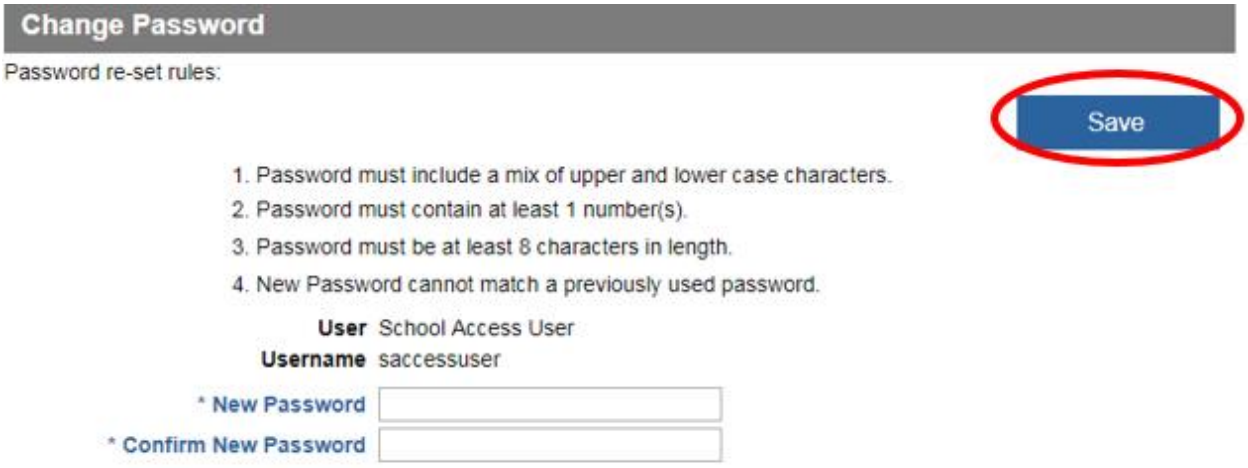
To change your ImmuNet password, click **My Account**.

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

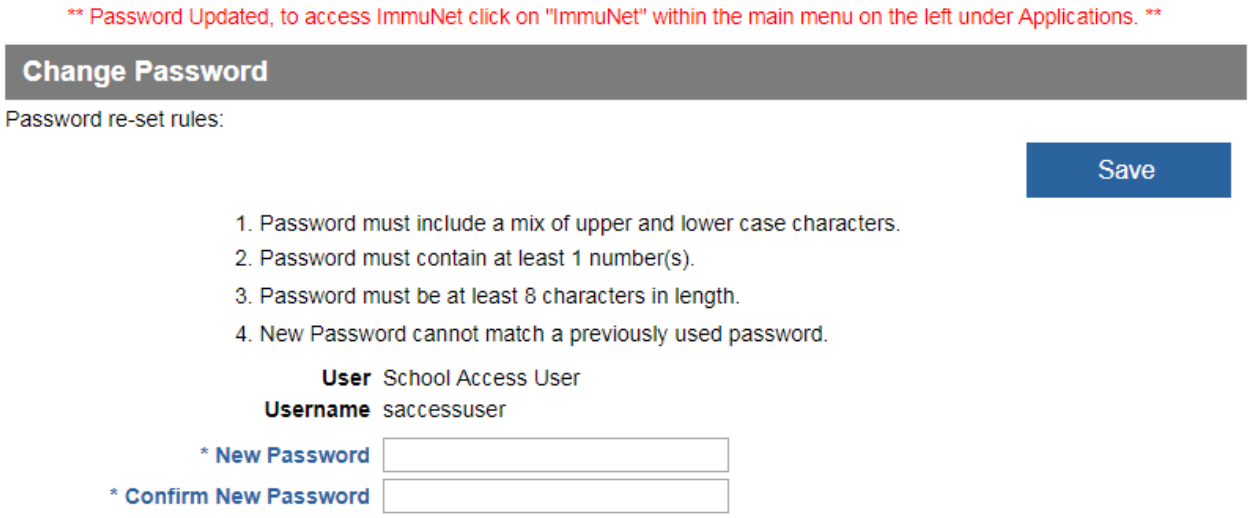


Type in a new password in the **New Password** field and again in the **Confirm New Password** field, keeping in mind the guidelines for creating a new password.

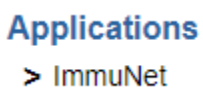
Click **Save**.

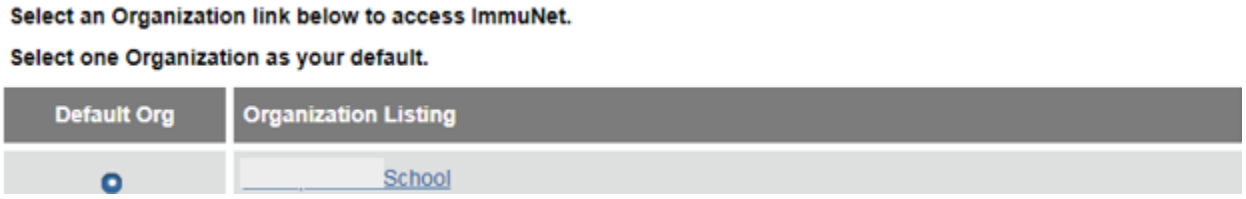


If your password is accepted, you will see the following message in red at the top of the screen (if not, you will have to type a different password into the fields New Password and Confirm New Password and click Save):



To access ImmuNet Click **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.