

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
- <u>Save the Immunization Certificate</u>
- <u>Change your ImmuNet password</u>

Your main screen will look like this:

Welcome	logged in as: > O	rganization:		Role School	Access > My Account > Logout
MARYLAND .gov		States and States of States	Information Sy	stem	ANNOUNCEMENTS: NEW 11/27/2018 VFC Blackout Period Click to view more
Production Region 3.1.1	Home	Resources	Contact Us	Help	
School Access	Student Se		ocate a student, vier r view/print a studen		
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Search for the Immunization Record

On the left navigator click School Access, Student Search

School Access

> Student Search

or click the blue button Student Search.

Student Search



	Home	Resources	Contact Us	Help	
Production Region 3.1.1	Student Search	ı			
Sebeel Assess	Last Nan	ne	ImmuNet ID	<	Search
School Access	First Nan	ne 📃			Clear
	Middle Nan	ne			Cancel
	Birth Da	te 🔤 📩	1		
	Phor	ne -	-		
	Gend	er 🔹			
	Mother's Maiden La	st			
	Mother's First Nan	ne			

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

Student Search (Criteria / Results				
Last Name	patient	ImmuNet ID]	Sea	rch
First Name	test			Can	icel
Middle Name					
Birth Date	01/01/2001				
Phone	·				
Gender	•				
Mother's Maiden Last					
Mother's First Name					
				Possible	Matches: 0
Last Name	The Hume	Middle Name	Bir	th Date	Gender
No patients were found	for the requested sea	rch criteria.			



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

	Student Search (Criteria / Results					
	Last Name	þatient	ImmuN	let ID		Sea	rch
	First Name	test				Can	cel
	Middle Name						
	Birth Date	02/23/2009					
	Phone	· · · ·]			
	Gender	•					
	Mother's Maiden Last						
	Mother's First Name						
						Possible	Matches: 1
	.ast Name	First Name		Middle Name	Bir	th Date	Gender
I	PATIENT	TEST			02/2	23/2009	M



View the Immunization Record

History							
Vaccine Group	Date Administer	ed S	Series	Trade Name [Va	iccine]	Dose	Reaction
DTP/aP	<u>11/11/2015</u>	1	1 of 5	Kinrix®		Full	
НерА	05/27/2016	1	1 of 2			Full	
Hib	05/27/2016					Full	
	06/01/2016					Full	
MMR	<u>11/11/2015</u>	1	1 of 2	Proquad®)	Full	
Pneumo-Poly	04/18/2016	1	1 of 2	Prevnar 13	®	Full	
Polio	<u>11/11/2015</u>	1	1 of 3	Kinrix®		Full	
Varicella	<u>11/11/2015</u>	1	1 of 2	Proquad®)	Full	
Current Age: 10	years, 1 month, 4 days						
Vaccines Reco	ommended by Selected	Tracking Sch	nedule				
Vaccine Group	Recommended Vaccine	Earliest Date	Rec	ommended Date	Overdue	Date	Latest Date
DTP/aP		Maximum	Age Ex	ceeded			
<u>HepA</u>		11/27/2016		11/27/2016	40/07/0		
<u>HepB</u>		0010010000		11/2//2010	12/27/2	017	
Hib		02/23/2009		02/23/2009	03/23/2		
		Maximum	Age Ex	02/23/2009			
HPV			Age Ex	02/23/2009		009	02/22/2024
HPV Influenza		Maximum	Age Ex	02/23/2009 (ceeded	03/23/2	009	02/22/2024
<u></u>		Maximum 02/23/2018	Age Ex	02/23/2009 cceeded 02/23/2020	03/23/2 03/23/2	009 022 010	02/22/2024
Influenza		Maximum 02/23/2018 08/23/2009	Age Ex	02/23/2009 cceeded 02/23/2020 08/01/2018	03/23/2 03/23/2 02/23/2	009 022 010 022	
Influenza Meningo	Pneumococcal 23	Maximum 02/23/2018 08/23/2009 02/23/2020	Age Ex	02/23/2009 cceeded 02/23/2020 08/01/2018 02/23/2020	03/23/2 03/23/2 02/23/2 02/23/2	009 022 010 022 016	
Influenza Meningo MMR	Pneumococcal 23	Maximum 02/23/2018 08/23/2009 02/23/2020 12/09/2015	Age Ex	02/23/2009 cceeded 02/23/2020 08/01/2018 02/23/2020 12/09/2015	03/23/2 03/23/2 02/23/2 02/23/2 01/11/2	009 022 010 022 016 076	
Influenza Meningo MMR Pneumo-Poly	Pneumococcal 23 TdaP > 7 years	Maximum 02/23/2018 08/23/2009 02/23/2020 12/09/2015 02/23/2074	Age Ex	02/23/2009 cceeded 02/23/2020 08/01/2018 02/23/2020 12/09/2015 02/23/2074	03/23/2 03/23/2 02/23/2 02/23/2 01/11/2 02/23/2	009 022 010 022 016 076 016	
Influenza Meningo MMR Pneumo-Poly Polio		Maximum 02/23/2018 08/23/2009 02/23/2020 12/09/2015 02/23/2074 12/09/2015	Age Ex	02/23/2009 cceeded 02/23/2020 08/01/2018 02/23/2020 12/09/2015 02/23/2074 12/09/2015	03/23/2 03/23/2 02/23/2 02/23/2 01/11/2 02/23/2 02/11/2	0009 022 010 022 016 076 016 016	



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		02/23/20	09 M	AC	IP.
Comments					×

		MARY	LAND DI	PARTM	ENT OF I	HEALTH	IMMUN	ZA	TION	CEF	RTIFICA	TE		
CHILD	S NAME		PA I	TIENT AST			TEST					MI		
	MALE						02/23/2							
COUN	TY	Me	ontgomery				GRA	DE						
PARE		ME		KIA SM	птн		PHO	NE	NO					_
GUARI	DIAN ADI	DRESS	3	513 SILVER	PARK DRIV	E	CITY	<u></u>	1	TAKON	IA PARK	ZI	P2091	3
			RECO	RD OF I	MMUNE	ZATION	S (See No	otes	s on O	ther	Side)			
						Vaccines Ty		_						
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 /Day/Yr	Bose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease
1	11/11/2015				1	05/27/2016	11/11/2015	11/11/2015	MoʻYr					
2										2				
3											Td Mo'Day/Vr	Tdap Mo'Day/Vr	MonR MorDay/Yr	Other Mc/Day/Yr
4										1	—	—	—	—
5										1				
To the b	est of my k	nowledge, t	he vaccines	listed abo	ve were adr	ninistered a	indicated.			0	Clinic /	Office Nan ss/ Phone N		
(Medi	ature cal provider, loci	al health departm	Title sent official, sch	ool official, or o	hild care provid	Date ier only)		_	3500 For BALTIN	ter Ave. IORE, M	ers School ID 21224			
3	ature		Title			Date		-		daryland	ImmuNet Imm L. 3rd floor	nunization Reg	istry Program	
Sigr	ature 2 and 3 are	e for certi	Title fication o	f vaccine	s given af	Date ter the in	itial	_		e, MD 2				

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

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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.

Mathage Mathage <t< th=""><th>CHILI</th><th>DS NAME</th><th></th><th></th><th></th><th></th><th></th><th>TEST</th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	CHILI	DS NAME						TEST						
PARENT OR OR NAME KALSMITH PIENCE NO	SEX:	MALE	FEMA		AST	BIRT	IDATE					м		
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the best of my knowledge, the vaccines listed above Transfer to Inglish Office Address Phone Namber	To the t	best of my i	knowledge,	the vaccine	s listed abo	ve Tard	vite to Grigdish				Clinic / Elice Addre	Office Nat two Phone 1	ne Samber	
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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	logged in as: > Organization		Role: Schoo	Access	> My Account	> Logout
MARYLAND .gov	ImmuNet: Maryland's Immur DEPARTMENT OF HE	nization Information	System	11/27/2	UNCEMENTS: 018 VFC Blackout P	NEW
Production Region 3.1.1	Home Res	ources Contact U:	s Help			
School Access	Student Search	Click to locate a student record or view/print a st				
	Copyright © 1999 - 2019 State of Wis	consin. All rights reserved.				4

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.



Change Password	
Password re-set rules:	Save
1. Password n	nust include a mix of upper and lower case characters.
2. Password n	nust contain at least 1 number(s).
3. Password n	nust be at least 8 characters in length.
4. New Passw	ord cannot match a previously used password.
User	School Access User
Username	saccessuser
* New Password	
* Confirm New Password	

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 cl	naracters.	
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	d.	
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	
0	School	