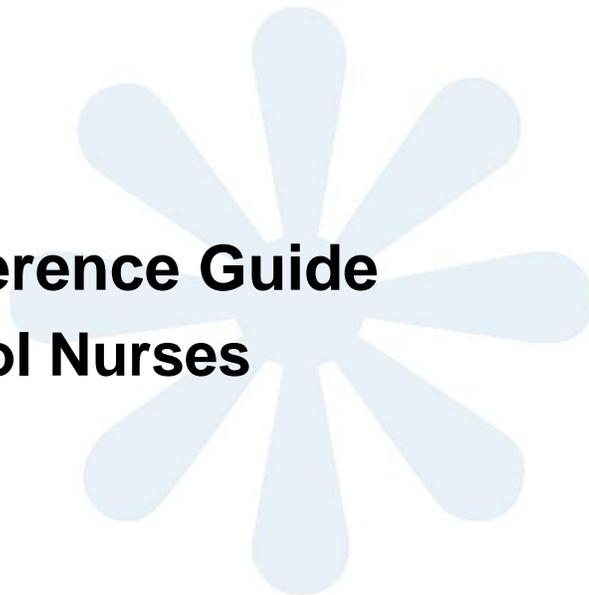




Protecting Our Children's Health
Securely, Accurately, Confidentially

**Quick Reference Guide
For School Nurses**



* Support Telephone: 1-888-6VT-IMMS (1-888-688-4667)

* E-mail: imr@state.vt.us

VERMONT IMMUNIZATION REGISTRY (IMR3)

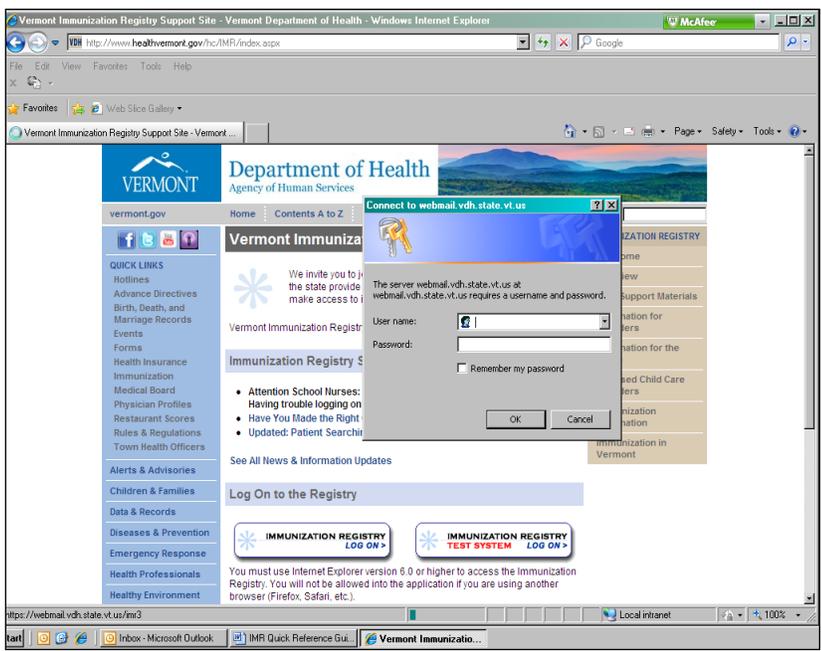
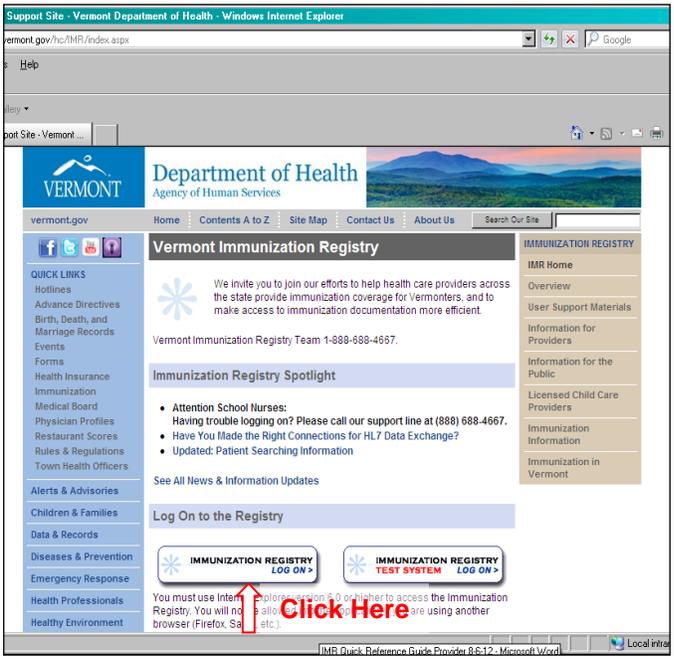
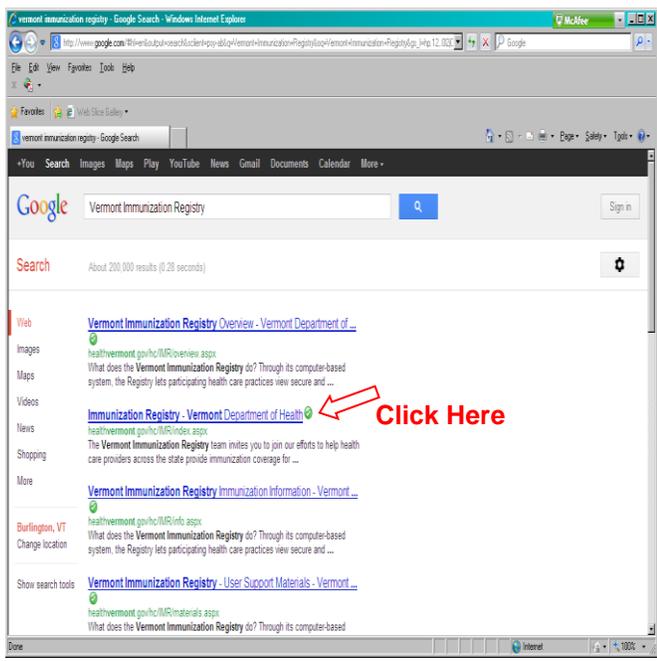
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LOGGING INTO THE VERMONT IMMUNIZATION REGISTRY

- Open Internet Explorer or Firefox.
- Type <http://healthvermont.gov/hc/imr> in the address bar.
- OR type [Vermont Immunization Registry](#) into your search bar or search engine.
- Select the option saying, [Immunization Registry – Vermont Department of Health](#).
- Click [Immunization Registry](#) graphic to log into the registry.
- Enter your user name, password, and click [OK](#).

* Logging In *



BASICS ON USING THE VERMONT IMMUNIZATION REGISTRY

STEP ONE: SEARCHING FOR A PATIENT

- Click [Search Patient](#).
- Enter the patient's last name, first name, and date of birth. (Use the Tab key or mouse)
- Click [Find](#). A list of possible matches will be displayed.
- Click [Select](#) next to the correct patient name.

IMR4 [SPHINX-test / dbSphina] - Windows Internet Explorer

VERMONT DEPARTMENT OF HEALTH

Individual Profile

User: meganm.barnes Practice: Vermont Department of Health Patient: None Selected Logout

Search Patient

To find a record, please search for LAST NAME + FIRST NAME + DATE OF BIRTH. TIP: Please do not use "wild card searches, where you enter "J" or "J*" to find a record for "Jenkins" -- even if you have done so in the past. These searches make it easy to miss finding a record. TIP: Please do not include the middle name in the search.

First Name: molly Date of Birth: 12/1/01

Middle Name:

Last Name: december

Identifiers:

	IMR Patient	Last Name	First Name	Middle Name	Date of Birth
Select	<input checked="" type="checkbox"/>	DECEMBER	MOLLY		1/1/2001

New Search Find Add New Save Cancel

For questions, or help with this application, please contact imr@state.vt.us or call (888)688-4667

STEP TWO: FINDING A PATIENT'S RECORD

- First select the correct patient and you will now be looking at the patient profile page. You won't need to use or do anything with the information on this page, which is why it is all greyed out.
- Click the blue tab on the left hand side of the screen [Immunization Registry](#) to access the patient's immunization record.

IMR5 [SPHINX-TEST / dbSphina] - Windows Internet Explorer

VERMONT DEPARTMENT OF HEALTH

Individual Profile

User: meganm.barnes Practice: IMR Test5 Patient: December, Molly Logout

Patient Information

Patient ID: IMR Status: Active

Preferred Name: *Primary Practice: Loom Practice

*First Name: Molly *Date of Birth: 1/1/2001

Middle Name: *Gender: Female

December *Residence: Burlington

Ethnicity: Patient of Hispanic Origin? (Check the box that best describes whether patient is Spanish/Hispanic/Latino. Check the "No" box if patient is not Spanish/Hispanic/Latino.)

Person Contact Information

Address Loc.: Home *Street: A STREET

Address Type: Mailing Address *City/Town: Burlington

Confidentiality: Normal *State: VT *Zip: 05401 +4

Communication: *Country: UNITED STATES

Parent/Guardian Information

Mother First Name: KELLY Guardian First Name: MICHAEL

Mother Middle Name: Guardian Middle Name:

*Mother Last Name: DECEMBER *Guardian Last Name: DECEMBER

USING THE VACCINE FORECASTER

This feature provides a list of immunizations due for each patient based on age, immunization history, and the CDC Immunization Schedule.

- Click [Recommendations](#). The forecaster will display which vaccines can be given, which vaccines are recommended, and which vaccines are overdue.
 - The **RECOMMENDED DATE** shows the date the next dose should be administered based on the ACIP schedule, the patient age, and previous vaccines given.
 - The **EARLIEST DATE** shows the absolute earliest date a child could receive the vaccine and still have it be valid. This is helpful for determining Minimum Intervals.
- Check [Include Vaccination Record](#) then click [Recommendations](#). The forecaster will then first display a chart indicating not only the immunization dates by series, but whether each immunization is valid according to the ACIP schedule.

Vaccines Recommended by Tracking Schedule

Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
DTP/aP	Complete			
HepA	1/1/2002	1/1/2002	1/1/2003	
HepB	Complete			
Hb	Complete			
HPV	1/1/2010	1/1/2012	1/1/2027	12/31/2027
Influenza	7/1/2001	7/1/2001	3/1/2002	
Meningococcal	1/1/2003	1/1/2012	1/1/2020	12/31/2022
MMR	1/30/2005	1/30/2005	1/1/2007	
Pneumococcal	Complete			
Polio	1/1/2002	1/1/2005	1/1/2008	
Rotavirus	Complete			
Td	1/1/2011	1/1/2016	3/1/2016	
Tdap	1/1/2011	1/1/2012	1/1/2014	
Varicella	1/30/2005	1/30/2005	1/30/2005	12/31/2013

Vaccination Record

Vaccine Group	Date Administered	Status
DTP/aP	3/1/2001	1 of 5
DTP/aP	5/1/2001	2 of 5
DTP/aP	7/1/2001	3 of 5
DTP/aP	4/1/2002	4 of 5
DTP/aP	1/1/2006	5 of 5
HepB	3/1/2001	1 of 3
HepB	5/1/2001	2 of 3
HepB	7/1/2001	3 of 3
Hb	3/1/2001	1 of 4
Hb	5/1/2001	2 of 4
Hb	7/1/2001	3 of 4
Hb	1/1/2002	4 of 4
MMR	1/2/2005	1 of 2
Pneumococcal	3/1/2001	1 of 4
Pneumococcal	5/1/2001	2 of 4
Pneumococcal	7/1/2001	3 of 4
Pneumococcal	1/1/2002	4 of 4
Polio	3/1/2001	1 of 5
Polio	5/1/2001	2 of 5
Polio	7/1/2001	3 of 5
Rotavirus	3/1/2001	1 of 3
Rotavirus	5/1/2001	2 of 3
Rotavirus	7/1/2001	3 of 3

- **Note:** **Pink** shows completed series, **Green** shows immunizations due, **Blue** shows overdue dates, and all **White** shows the patient is on target with the Immunization Schedule.

HOW TO PRINT FORECASTER RESULTS:

- Click on [Print Forecaster Results](#) on the left side of the screen under Patient Reports.
- Click [Create Report](#). It will open a new window using adobe reader or another .pdf reader.
- To print, click the printer icon on menu bar in the upper left corner.

Individual Profile

VERMONT DEPARTMENT OF HEALTH

User: megann.barnes Practice: IMR TESTS Patient: December, Molly Logout

Actions:
 Search Patient
 Current Patient
 Immunization Information for Providers
 Immunization Information for Families & the Public
 Programs:
 Immunization Registry
 Patient Reports
 Immunization Record
 Objections and Contraindications
 Print Forecaster Results
 Vaccine Administration Record

Patient Summary
 Patient: December, Molly Date of Birth: 1/1/2001 Patient Age: 12 years 0 months and 23 days
 Residence: Burlington Practice Name: Loom Practice

Immunizations

Status	Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	DTaP-HepB-IPV	3/1/2001	5/1/2001	7/1/2001		
	DTaP-IPV/Hb					
	Hb-PRP-T	3/1/2001	5/1/2001	7/1/2001	1/1/2002	
	PCV 7, Pneumococcal conjugate	3/1/2001	5/1/2001	7/1/2001	1/1/2002	
	PCV-13 Pneumococcal					
	DTaP	4/1/2002	1/1/2006			
	DTaP-IPV					
	IPV					
	HepA, ped/adol 2 dose					
	HepA-Adult					
	HepA-HepB Adult					
	HepB, pediatric or adolescent					
	HepB-Adult					
	Rotavirus (3 dose) RV5	3/1/2001	5/1/2001	7/1/2001		
	Rotavirus (2 dose) RV1					
	MMR	1/2/2005				
	Varicella					
	MCV4, Meningococcal conjugate					
	HPV, Quadrivalent					
	Influenza inactiv					
	Influenza inact, preserv free					
	Influenza, Live IntraNasal					
	PPV 23, Pneumococcal polysaccharide					
	Tdap					
	Td					
	Zoster					

Print Forecaster Results

Include Vaccination History with Report?

Create Report

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Loom Practice
 555 Main Street
 Saint Albans, VT 05478
 Phone: (802) 625-4321

Vaccines Recommended Based on ACIP Schedule and Immunization History
 as of 09/05/2012

Patient Name: **MOLLY DECEMBER**
 Date of Birth: **01/01/2001**

Vaccines Recommended by Tacking Schedule

Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
DTaP-aP	Complete			
HepA	01/01/2002	01/01/2002	01/01/2003	
HepB	Complete			
Hb	Complete			
HPV	01/01/2010	01/01/2012	01/01/2027	12/31/2027
Influenza	01/01/2001	01/01/2001	01/01/2002	
Meningococcal	01/01/2003	01/01/2012	01/01/2020	12/31/2022
Tdap	01/30/2005	01/30/2005	01/01/2027	
Pneumococcal	Complete			
Polio	01/01/2002	01/01/2006	01/01/2008	
Rotavirus	Complete			
Td	01/01/2011	01/01/2016	03/01/2016	
Tdap	01/01/2011	01/01/2012	01/01/2014	
Varicella	01/30/2005	01/30/2005	12/31/2013	

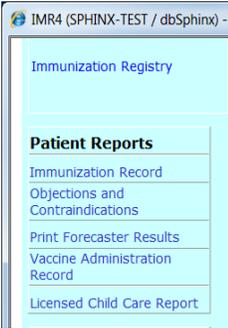
Vaccination Record

Vaccine Group	Date Administered	Status
DTaP-aP	03/01/2001	1 of 5
DTaP-aP	05/01/2001	2 of 5
DTaP-aP	07/01/2001	3 of 5
DTaP-aP	04/01/2002	4 of 5
DTaP-aP	01/01/2006	5 of 5
HepB	03/01/2001	1 of 3
HepB	05/01/2001	2 of 3
HepB	07/01/2001	3 of 3
Hb	03/01/2001	1 of 4
Hb	05/01/2001	2 of 4
Hb	07/01/2001	3 of 4
Hb	01/01/2002	4 of 4
MMV4	01/30/2005	1 of 2
Pneumococcal	03/01/2001	1 of 4
Pneumococcal	05/01/2001	2 of 4
Pneumococcal	07/01/2001	3 of 4
Pneumococcal	01/01/2002	4 of 4

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VERMONT DEPARTMENT OF HEALTH
 Division of Health Surveillance
 P.O. Box 70 * 108 Cherry Street * Burlington VT 05402
 Phone: (802) 951-4094 * FAX: (802) 613-6157

FINDING THE REPORTS



To find the report menu, you must be in a patient record first.

- Click [Search Patient](#). Search for any patient, and click select.
- Click the blue [Immunization Registry](#) link on the left side of the screen. All patient reports are on the left side of the screen.

Patient Reports are reports based on an individual. These include several ways of viewing the patient's vaccine history, a report showing the vaccines due according to the Forecaster, and a report documenting the contraindications and objections you have recorded for that patient.

PATIENT LEVEL REPORTS

IMMUNIZATION RECORD

This report provides a summary of which vaccines have been administered. This is the best record to use when parents ask for immunization histories for their children.

- Click [Immunization Record](#) under Patient Reports on the left side of the screen.
- Click [Create Report](#). It will open a new window using adobe reader or another .pdf reader.

Individual Profile

User: meganm.barnes Practice: IMR TEST5 Patient: December, Molly Logout

Patient Summary

Patient: December, Molly Date of Birth: 1/1/2001 Patient Age: 12 years 0 months and 23 days
 Residence: Burlington Practice Name: Loom Practice

Immunizations

Status	Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	DTaP-HepB-IPV	3/1/2001	5/1/2001	7/1/2001		
	DTaP-IPV/Hib					
	Hib-PRP-T	3/1/2001	5/1/2001	7/1/2001	1/1/2002	
	PCV 7, Pneumococcal conjugate	3/1/2001	5/1/2001	7/1/2001	1/1/2002	
	DTaP					
	DTaP-IPV					
	IPV					
	HepA, ped/adol 2 dose					
	HepA-Adult					
	HepA-HepB Adult					
	HepB, pediatric or adolescent					
	HepB-Adult					
	Rotavirus (3 dose) RV5	3/1/2001	5/1/2001	7/1/2001		
	Rotavirus (2 dose) RV1					
	MMR					
	MMR	1/2/2005				
	Varicella					
	MCV4, Meningococcal conjugate					
	HPV, Quadrivalent					
	Influenza inactiv					
	Influenza inact, preserv free					
	Influenza, Live Intranasal					
	PPV 23, Pneumococcal polysaccharide					
	Tdap					
	Td					
	Zoster					

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Loom Practice
555 Main Street
Stout Alban, VT 05478
Phone (802) 625-4321

Vermont Immunization Registry
Immunization Record
Immunizations as of 10/29/2012

Patient Name: MOLLY DECEMBER
Date of Birth: 01/01/2001

Vaccination	Date	Date	Date	Date	Date
DTaP-HepB-IPV	03/01/2001	05/01/2001	07/01/2001		
Hib-PRP-T					
Hib-PRP-T	03/01/2001	05/01/2001	07/01/2001	01/01/2002	
PCV 7, Pneumococcal conjugate	03/01/2001	05/01/2001	07/01/2001	01/01/2002	
PCV-13 Pneumococcal					
DTaP	04/01/2002	01/01/2006			
DTaP-IPV					
IPV					
HepA, ped/adol 2 dose					
HepA-Adult					
HepA-HepB Adult					
HepB, pediatric or adolescent					
HepB-Adult					
Rotavirus (3 dose) RV5	03/01/2001	05/01/2001	07/01/2001		
Rotavirus (2 dose) RV1					
MMR	01/02/2005				
Varicella					
MCV4, Meningococcal conjugate					
HPV, Quadrivalent					
Influenza inactiv					
Influenza inact, preserv free					
IPV 23, Pneumococcal polysaccharide					
Tdap					
Td					
Zoster					

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VERMONT
DEPARTMENT OF HEALTH

Division of Health Surveillance
P.O. Box 70 * 108 Chazy Street * Burlington VT 05402
Phone (802) 951-4094 * FAX (802) 652-4157

VACCINE ADMINISTRATION RECORD

This report provides a thorough history of which vaccines have been administered. It includes the Route/Site of Administration, Manufacturer and Lot Number, Expiration Date of Vaccine given, Vaccines for Children Eligibility (VFC), and Vaccine Administrator Initials; provided these fields have been completed. This is the best report to use for adults because it shows only the immunizations given.

- Click [Vaccine Administration Record](#) under Patient Reports on the left side of the screen.
- Click [Create Report](#). It will open a new window using adobe reader or another .pdf reader.

Individual Profile

VERMONT DEPARTMENT OF HEALTH

User: meganm.barnes Practice: IMR Test5 Patient: December, Molly Logout

Actions:
 Search Patient
 Current Patient
 Immunization Information for Providers
 Immunization Information for Families & the Public

Programs:
 Immunization Registry
 Patient Reports
 Immunization Record
 Objectives and Contraindications
 Print Forecaster Results
 Vaccine Administration Record

Patient Summary
 Patient: December, Molly Date of Birth: 1/1/2001 Patient Age: 12 years 0 months and 23 days
 Residence: Burlington Practice Name: Loom Practice

Immunizations
 Enter immunizations as:
 Current Historical

Status	Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	DTaP-HepB-IPV	3/1/2001	5/1/2001	7/1/2001		
	DTaP-IPV/Hib					
	Hib-PRP-T	3/1/2001	5/1/2001	7/1/2001	1/1/2002	
	PCV 7, Pneumococcal conjugate	3/1/2001	5/1/2001	7/1/2001	1/1/2002	
	PCV-13 Pneumococcal					
	DTaP	4/1/2002	1/1/2006			
	DTaP-IPV					
	IPV					
	HepA, ped/adol 2 dose					
	HepA-Adult					
	HepA-HepB Adult					
	HepB, pediatric or adolescent					
	HepB-Adult					
	Rotavirus (3 dose) RV5	3/1/2001	5/1/2001	7/1/2001		
	Rotavirus (2 dose) RV1					
	MMR	1/2/2005				
	Varicella					
	MCV4, Meningococcal conjugate					
	HPV, Quadrivalent					
	Influenza inactiv					
	Influenza inact. preserv free					
	Influenza, Live IntraNasal					
	PPV 23, Pneumococcal polysaccharide					
	Tdap					
	Td					
	Zoster					

Recommendations Include Vaccination Record
 Save Historical Dates
 Add a New Vaccine to the Immunization Record

Vaccine Administration Record - as of 08/28/2012

Loom Practice
 555 Main Street
 Saint Albans, VT 05478
 Phone (802) 625-4321

Vaccine For Children Eligibility (VFC): Children through 18 years of age who meet at least one of the following criteria are eligible for VFC vaccines:
 1 = Medicaid ID: Temporary
 2 = American Indian or Native Alaskan
 3 = No Insurance
 4 = Not eligible

Patient Name: MOLLY DECEMBER
Date of Birth: 01/01/2001

By clicking next to each dose of vaccine administered, I acknowledge the following: I have read and understand the information in the Vaccine Administration Record about the diseases and diseases prevention. I understand a choice to not get vaccinated will be made by my child/parent(s) before I authorize the health care provider(s) and not that the vaccine listed next to my child's name is given to me or to the person named above for whom I am authorized to make this request.

Physician/Chaperone Signature: _____

Vaccine	Date Given	VFC	Route/Site**	Manufacturer And Lot #	Expiration Date	Given By
DTaP-HepB-IPV	03/01/2001	+				
DTaP-HepB-IPV	05/01/2001	+				
DTaP-HepB-IPV	07/01/2001	+				
Hib-PRP-T	03/01/2001	+				
Hib-PRP-T	05/01/2001	+				
Hib-PRP-T	07/01/2001	+				
Hib-PRP-T	01/01/2002	+				
PCV 7, Pneumococcal conjugate	03/01/2001	+				
PCV 7, Pneumococcal conjugate	05/01/2001	+				
PCV 7, Pneumococcal conjugate	07/01/2001	+				
PCV 7, Pneumococcal conjugate	01/01/2002	+				
DTaP	04/01/2002	+				
DTaP	01/01/2006	+				
Rotavirus (3 dose) RV5	03/01/2001	+				
Rotavirus (3 dose) RV5	05/01/2001	+				
Rotavirus (3 dose) RV5	07/01/2001	+				
MMR	01/02/2005	+				

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VERMONT DEPARTMENT OF HEALTH
 Division of Health Surveillance
 P.O. Box 70 * 100 Cherry Street * Burlington, VT 05402
 Phone (802) 651-4294 * FAX (802) 652-4157

x 11.00 in

OBJECTIONS AND CONTRAINDICATIONS

This report provides a summary of any contraindications or objections to vaccines entered into the registry -- for an individual.

Individual Profile

User: meganm.barnes Practice: IMR Test5 Patient: De

Actions:
[Search Patient](#)
[Current Patient](#)
[Immunization Information for Providers](#)
[Immunization Information for Families & the Public](#)

Programs:
[Immunization Registry](#)

Patient Reports
[Immunization Record](#)
[Objections and Contraindications](#)

[Print Forecaster Results](#)
[Vaccine Administration Record](#)

Patient Summary
 Patient: December, Molly Date of Birth: 1/1/2001 Patient Ag
 Residence: Burlington Practice Name: Loom Practice
The Vermont Immunization Registry is a tool to assist in tracking an due and overdue, based on date of birth. It is not intended

Immunizations
 Enter immunizations as:
 Current Historical

Status	Vaccine	Dose 1	Dose 2
	DTaP-HepB-IPV	3/1/2001	5/1/2001
	DtaP-IPV/Hib		
	Hib-PRP-T	3/1/2001	5/1/2001
	PCV 7, Pneumococcal conjugate	3/1/2001	5/1/2001
	PCV-13 Pneumococcal		
	DTaP	4/1/2002	1/1/2006
	DTaP-IPV		
	IPV		
	HepA, ped/adol 2 dose		
	HepA-Adult		
	HepA-HepB Adult		
	HepB, pediatric or adolescent		
	HepB-Adult		
	Rotavirus (3 dose) RV5	3/1/2001	5/1/2001
	Rotavirus (2 dose) RV1		
	MMR	1/2/2005	
	Varicella		
	MCV4, Meningococcal conjugate		
	HPV, Quadrivalent		
	Influenza inactiv		

Contraindications and Objections

Date of Report: 09/05/2012

MOLLY DECEMBER (01/01/2001)

Vaccine Type	Contraindication	Objection (counseling provided)	Hx of Varicella
HepA, ped/adol 2 dose	09/05/2012		
MCV4, Meningococcal conjugate		09/05/2012	
Varicella			Yes

Please Note:

- This record reflects only those immunizations recorded in the Vermont Immunization Registry.
- This record may not reflect the complete immunization history for the patient.
- Accuracy of this report depends on the accuracy and completeness of records entered at the practice.
- Some contraindications may be temporary. Clinician is encouraged to evaluate each patient for immunizations at each visit regardless of whether a contraindication has been recorded.
- Clinician is encouraged to evaluate each patient for immunizations at each visit regardless of whether an objection has been recorded.

Logging a patient objection in a record allows a nurse to print this report which states specifically that counseling was provided when the objection was raised.

Page 1 of 1

VERMONT DEPARTMENT OF HEALTH

Division of Health Surveillance
 P.O. Box 70 * 108 Cherry Street * Burlington VT 05402
 Phone (802) 951-4094 * FAX: (802) 652-4157

HOW DO I LOG OUT?

Click on [Logout](#) in the upper right corner of the screen.

WHAT IF I NEED MORE HELP?

Email the Immunization Registry Team anytime at imr@state.vt.us or call 1-888-6VT-IMMS (1-888-688-4667).

TROUBLESHOOTING:

If you try to login but when you click OK with your username and password, the whole page disappears --

- You most likely have a pop-up blocker in place.
- **If using Internet Explorer.** Go to tools → pop-up blocker → pop-up blocker settings. Add our program address: <https://apps.health.vermont.gov/patientprofile>
- **If using Firefox.** Go to ☰ → options → content → pop-up blocker exceptions. Add our program address: <https://apps.health.vermont.gov/patientprofile>
- Or, call us toll free for help at 1-888-688-4667

If you have forgotten your password –

- Call us toll free for help at 1-888-688-4667.
- Or email us at imr@state.vt.us

If the window asking for your username and password keeps coming back even though you have double checked that you are entering it correctly --

- If a password is entered incorrectly a number of times, the account will lock up, such that even if you enter the correct password after that, it will not allow you to login. We recommend waiting for 10 minutes and then trying again with the correct password.
- If you are unsure of the correct password or it still does not work please call 1-888-688-4667.

If get a message saying Internet Explorer and Firefox are the only supported browsers for the Vermont Immunization Registry –

- Make sure to open Internet Explorer or Firefox and then try logging in again. Some computers have another browser, like Chrome or Safari (Mac) set up to open by default.

If you try to open a report, but when you click Create Report, nothing happens --

- Our reports require a .pdf reader in order to view them. You can download Adobe Reader for free, or use another reader of your choice if you prefer.
- Find Adobe Acrobat here: <http://get.adobe.com/reader/>
- Or, call us toll free for help at 1-888-688-4667.

If you find more than one record for a patient –

- Please call us at 1-888-688-4667.

VERMONT IMMUNIZATION REGISTRY



Protecting Our Children's Health

Securely, Accurately, Confidentially



* Support Telephone: 1-888-6VT-IMMS (1-888-688-4667)

* E-mail: imr@state.vt.us