

# Immunization Entry Quick Reference Guide



**Tip:** The Vaccination View/Add screen will be used to add and edit administered and historical immunizations. Sites that manage inventory directly in imMTrax person by person, dose by dose will enter doses given manually in imMTrax as “administered.” All other immunizations recorded by sites will be recorded as “historical”, including sites that manage inventory by aggregate count that are not exchanging information electronically and immunizations given by an outside site.

Recorded administered immunizations can only be edited or deleted by the facility that entered the immunization.

## Add Administered Immunization Steps to Follow:

**Directions to add historical immunizations start on page 3.**

1. Click Search/Add, located under the Patient panel.
2. Select a patient record.
3. Click View/Add, located under the Vaccinations panel.
4. Enter the date each vaccine was given in the field next to the correct vaccine name.
5. Select Add Administered.
  - If you enter an administered immunization and your facility is not a routine vaccinator for this patient (i.e. administered a flu vaccination), check the box “Do not take ownership when adding vaccination” before selecting Add Administered.

Vaccine	1	2	3	4	5	6
DTaP	X 10/28/2013 *	10/03/2018 4				
DTaP-Hep B-IPV	11/26/2013 *	X 01/27/2014 *	03/31/2014 *	X 03/24/2015 * &		
Hep A, ped/adol, 2 dose	03/24/2015 *	09/28/2015 *				
Hep B Ped/Adol - Preserv Free	09/28/2013 *					
Hib, unspecified formulation	11/26/2013 *	01/27/2014 *	09/30/2014 *			
Influenza, seasonal, injectable	03/31/2014 *	09/30/2014 *	09/28/2015 *	12/28/2016 *		
MMR	12/29/2014 *					
MMRV	06/08/2015	08/17/2016 &				
Pneumococcal conjugate PCV 13	11/26/2013 *	01/27/2014 *	03/31/2014 *	09/30/2014 *		
rotavirus, monovalent	11/26/2013 *	01/27/2014 *				

Do not take ownership when adding vaccinations.

\* If a combination vaccine is marked with a 'X', please verify which components of the vaccine are outside the ACIP schedule by viewing the Vaccination Summary .

6. Verify VFC Eligibility (for patients 18 years of age or younger).

7. Click Continue.

Guardian: CHOCOLATE Status: Active

**VFC Eligibility Update**  
 Current VFC Status: VFC eligible- Medicaid  
 **Update VFC Eligibility**

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--select--  
 Not VFC Eligible- Privately Insured  
 VFC eligible- underinsured at FQHC/RHC/deputized provider  
 VFC eligible- American Indian/Alaska Native  
**VFC eligible- Medicaid**  
 State Funded Adolescent (Tdap, MCV4, HPV)  
 Adult- Uninsured  
 Adult- Underinsured  
 VFC eligible- Uninsured  
 Adult- Privately Insured

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8. Enter required vaccine specific information (text in red).

**Vaccination Detail Add**

**Vaccine 1:** DTaP  
**Date Administered:** 10/03/2018  
**Historical:**  YES  NO  
 Manufacturer:  [Click to select](#)  
**Lot Number:**   
 Lot Facility:   
 Funding Source:   
**Facility:** KIDS CLUB  
**Vaccinator:** Select...  
**Anatomical Site:** Select...  
**Anatomical Route:** Select...  
 Dose Size: Full  
 Volume (CC):   
 VFC Status: VFC eligible- Medicaid  
 District/Region:   
 VIS Publications Dates: 1. 08/24/2018 2.  3.  4.   
 Date VIS Form Given: 10/03/2018  
 Ordering Provider: Sel...  
 Comments:

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imMTrax-Select Lot Number - Internet Explorer  
 https://immtraxtest.org/iweb/selectLotNumber.do2?siis\_vaccine\_code=2

**Select Lot Number**

Select	Manufacturer	Lot Number	Facility	Funding Source	Expiration Date	Doses Available
-->	GLAXOSMITHKLINE	3333333	KIDS CLUB	PRVT	01/26/2019	20.0
-->	GLAXOSMITHKLINE	11111111	KIDS CLUB	VFC	04/27/2019	19.0

Cancel Save

9. Click Save.

**Vaccination Detail Add**

**Vaccine 1:** DTaP  
**Date Administered:** 10/11/2018  
**Historical:**  YES  NO  
 Manufacturer: GLAXOSMITHKLINE [Click to select](#)  
**Lot Number:** 11111111  
 Lot Facility: KIDS CLUB  
 Funding Source: VFC  
**Facility:** KIDS CLUB  
**Vaccinator:** TEST, TEST  
**Anatomical Site:** Left Arm  
**Anatomical Route:** Intramuscular  
 Dose Size: Full  
 Volume (CC):   
 VFC Status: VFC eligible- Medicaid  
 District/Region:   
 VIS Publications Dates: 1. 08/24/2018 2.  3.  4.   
 Date VIS Form Given: 10/11/2018  
 Ordering Provider: Sel...  
 Comments:

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Cancel Save

## Add Historical Immunization Steps to Follow:

1. Click Search/Add, located under the Patient panel.
2. Select a patient record.
3. Click View/Add, located under the Vaccinations panel.
4. Enter the date each vaccine was given in the field next to the correct vaccine name.
5. Click Add Historicals.

Vaccine	1	2	3	4	5	6
DTaP	X 10/28/2013 *	10/03/2018				
DTaP-Hep B-IPV	11/26/2013 *	X 01/27/2014 *	03/31/2014 *	X 03/24/2015 * &		
Hep A, ped/adol, 2 dose	03/24/2015 *	09/28/2015 *				
Hep B Pedi/Adol - Preserv Free	09/28/2013 *					
Hib, unspecified formulation	11/26/2013 *	01/27/2014 *	09/30/2014 *			
Influenza, seasonal, injectable	03/31/2014 *	09/30/2014 *	09/28/2015 *	12/28/2016 *		
MMR	12/29/2014 *					
MMRV	06/08/2015	08/17/2018 &				
Pneumococcal conjugate PCV 13	11/26/2013 *	01/27/2014 *	03/31/2014 *	09/30/2014 *		
rotavirus, monovalent	11/26/2013 *	01/27/2014 *				

Do not take ownership when adding vaccinations.

\* If a combination vaccine is marked with a 'X', please verify which components of the vaccine are outside the ACIP schedule by viewing the Vaccination Summary .

## Optional Steps: Add Lot Information

6. Select the date of the vaccination.

Vaccine	1	2	3	4
DTaP	X 10/28/2013 *	10/03/2018		
DTaP-Hep B-IPV	11/26/2013 *	X 01/27/2014 *	03/31/2014 *	X 03/24/2015 * &
Hep A, ped/adol, 2 dose	03/24/2015 *	09/28/2015 *		
Hep B Pedi/Adol - Preserv Free	09/28/2013 *			
Hib, unspecified formulation	11/26/2013 *	01/27/2014 *	09/30/2014 *	
Influenza, seasonal, injectable	03/31/2014 *	09/30/2014 *	09/28/2015 *	12/28/2016 *

7. Click Edit Record.

Vaccination/Medicine Detail	
<b>Vaccine:</b>	DTaP
<b>Date Administered:</b>	10/03/2018
Historical:	Yes
Provider Noted on Record:	
Lot Noted on Record:	

8. Add Provider, Lot, and Manufacturer Noted on Record.
9. Select Submit Changes.

Vaccination Detail Edit	
<b>Vaccine:</b>	DTaP
<b>Date Administered:</b>	10/11/2010
Historical:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Provider Noted on Record:	<input type="text" value="Sally Joe"/>
Lot Noted on Record:	<input type="text" value="TEST1234"/>
Manufacturer Noted on Record:	<input type="text" value="GSK"/>
Manufacturer:	<input type="text"/> <a href="#">Click to select</a>
Lot Number:	<input type="text"/>
Lot Facility:	<input type="text"/>
Funding Source:	<input type="text"/>
Facility:	<input type="text" value="Select..."/>
Vaccinator:	<input type="text" value="Select..."/>
Anatomical Site:	<input type="text" value="Select..."/>
Anatomical Route:	<input type="text" value="Select..."/>
Dose Size:	<input type="text" value="Full"/>
Volume (CC):	<input type="text"/>
Revaccination Reason:	<input type="text" value="Select..."/>
VFC Status:	Not VFC Eligible- Privately Insured
District/Region:	<input type="text"/>
VIS Publications Dates:	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>
Date VIS Form Given:	<input type="text"/>
Ordering Provider:	<input type="text" value="Sel..."/>
Comments:	<input type="text"/>

Decline ownership when saving this vaccination.