



# Read Only With Consent

imMTrax User Role Training

Montana Department of  
Health and Human  
Services

Public Health and Safety  
Division

Last Revision 11/2015

# imMTrax and Client Consent

Montana has a voluntary inclusion or “opt-in” policy requiring client consent for *imMTrax* participation. Consent may be obtained in writing.

Changing client consent without authorization is in violation of HIPAA and state confidentiality laws.

When obtaining consent from a client, DPHHS recommends using the language in the IIS consent form available on the Immunization Program’s *imMTrax* website <http://dphhs.mt.gov/publichealth/imMTrax>.



## Child imMTrax Permission Form

**Please Print**

Child's Name: \_\_\_\_\_ Sex: M\_\_ F\_\_ Date of Birth: \_\_\_\_\_

I authorize my health care provider and a public health agency to collect and enter my child's immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS). The IIS is a confidential, computer system that contains immunization records. I understand that information in the registry may be released to a public health agency as well as my health care providers to assist in my child's medical care and treatment. In addition, information may be released to child care facilities and schools in which my child is enrolled to comply with state immunization requirements. I understand that I can revoke this authorization and have my record removed at any time by contacting my local health department.

Client/Parent/  
Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Health Care Provider: \_\_\_\_\_

# imMTrax Homepage, Read Only With Consent

Available  
Functions

Switch Site or  
Organization  
for users with more than  
one location assigned.  
Example: Clinic-West and  
Clinic-East

Link to  
imMTrax  
Information  
Page

imMTrax  
Montana  
Immunization  
Information  
System

TEST v3.15.7.0.1

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Too Health Center/98765 • User: Michelle Funchess

Announcements:

11/19/2013 ~ [TEST](#)

11/19/2013 ~ [test announcement - hyperlink test](#)

11/19/2013 ~ [more test announcements](#)

Immunization Coverage:

[No Clients available between 19 months and 35 months with a primary association](#)

Release Notes:

05/22/2015 ~ [Release Version 1.1.1](#) Josh Release Notes Test

resources on the web: [imMTrax Informational Page](#)  
Click above for additional imMTrax user resources

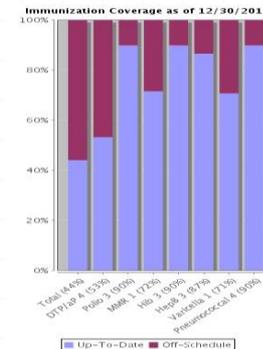
upcoming events:  
Currently, there are no events listed.

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Organization,  
Site and User

Announcements  
review with each imMTrax login

Immunization  
Coverage  
if applicable, users may  
see a graph populated  
in this section



# Accessible Features, Read Only With Consent

- o View client immunization records
  - client summary view**
  - or-**
  - manage client**
- o Print client immunization records and reports
- o Document client consent
- o Create and manage client lists (optional)

Training document available at:

<http://dphhs.mt.gov/publichealth/imMTrax/imMTraxTraining.aspx>

imMTrax  
Montana  
Immunization  
Information  
System

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Too Health Center/98765 • User: Michelle Funchess

Announcements:

- NEW 11/19/2013 ~ [TEST](#)
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Immunization Coverage:

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resources on the web: [imMTrax Informational Page](#)

upcoming events: Currently, there are no events listed.

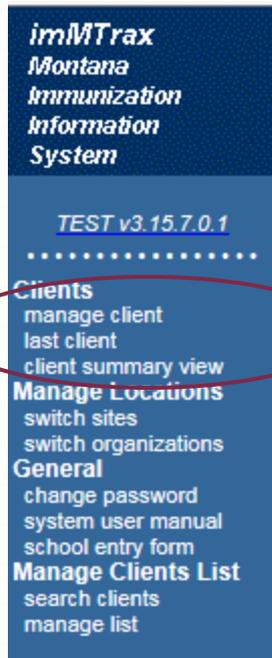
Click above for additional imMTrax user resources

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Read Only access roles do not include the ability to enter or edit immunization information.

# Client Summary View vs. Manage Client



**Client Summary View-** Allows the user to search for existing client records. User will only be able to access those that have consent already established. See *slides 7-11*.

**Manage Client-** Allows the user to search for existing client records. If a client record does not have consent established (undetermined or denied), the user will be able to update consent status. If consent was obtained and applied successfully, the user will be able to view or print the immunization record. See *slides 12-17*.

# Client Summary View vs. Manage Client

Client Summary View

Manage Client

Org: Imafake Clinic • Site: Imafake Clinic/ • User: Michelle Funchess

Client Search Criteria

Last Name\*  SSN  -  -

First Name\*  Phone  -  -

Birth Date\*  Chart#

Mother's First Name  imMTrax ID

Mother's Maiden Last  Organization ID

Medical Home Association

\* Fields displayed in *italics* are required for adding new patients.

Possible Matches: 3

Index [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Last Name	First Name	Middle Name	imMTrax ID	Birth Date	Chart #	Mother's Maiden First	Mother's Maiden Last	Gender
<b>SOUP</b>	BROCCOLI	CHEDDAR	4261709	01/01/2010	POTATO			F
<b>SOUP</b>	TOMATO		4261708	01/01/2009	POTATO			M

The above client has not consented. Please contact your local public health department for further information. [Consent Form](#)

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Org: Imafake Clinic • Site: Imafake Clinic/ • User: Michelle Funchess

Client Search Criteria

Last Name\*  SSN  -  -

First Name\*  Phone  -  -

Birth Date\*  Chart#

Mother's First Name  imMTrax ID

Mother's Maiden Last  Organization ID

Medical Home Association

\* Fields displayed in *italics* are required for adding new patients.

Possible Matches: 3

Index [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Last Name	First Name	Middle Name	imMTrax ID	Birth Date	Chart #	Mother's Maiden First	Mother's Maiden Last	Gender
<b>SOUP</b>	BROCCOLI	CHEDDAR	4261709	01/01/2010	POTATO			F
<b>SOUP</b>	TOMATO		4261708	01/01/2009	POTATO			M

Consent has not been documented for the above client, please click on the client name to update the consent status. [Consent Form](#)

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Consent must be documented in imMTrax before the record is available. Once consent is obtained, the client's consent status must be changed using the *manage client* option.

# Client Summary View, Read Only With Consent

Consent Form' with a red arrow pointing to the link. The footer contains copyright information for Wisconsin and Maine."/>

imMTrax  
Montana  
Immunization  
Information  
System

TEST 3.13.11.1.1

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic/ • User: Michelle Funchess

**Client Search Criteria**

Last Name\*  SSN  -  -

First Name\*  Phone  -  -

Birth Date\*   Chart#

Mother's First Name  imMTrax ID

Mother's Maiden Last  Organization ID

Medical Home Association

\* Fields displayed in *italics* are required for adding new patients.

Possible Matches: 3

Last Name	First Name	Middle Name	imMTrax ID	Birth Date	Chart #	Mother's Maiden First	Mother's Maiden Last	Gender
SOUP	BROCCOLI	CHEDDAR	4261709	01/01/2010		POTATO		F
SOUP	TOMATO		4261708	01/01/2009		POTATO		M

The above client has not consented. Please contact your local public health department for further information. [Consent Form](#)

SO  
TI

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## Link to Consent Forms

Consent form provided for convenience of the user. Consent form is available to print/view only, no update or submission of consent functions are given. Consent may be obtained verbally or in writing.

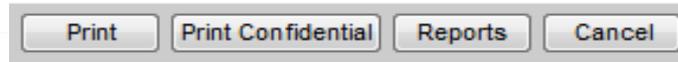
Most clients in imMTrax have consent documented. Under *client summary view*, select the client's last name to proceed onto viewing and printing immunization reports.



Clients without documented consent are not available for viewing until consent has been obtained.

# Client Summary View, Read Only With Consent

Print directly from *summary view*  
-or-  
Proceed to *Reports* for more  
options



imTrax Montana Immunization Information System

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic • User: Michelle Funchess

Client Information VFC Eligible: Yes **Print** **Print Confidential** **Reports** **Cancel**

Client Name (First - MI - Last) DOB Gender **Michelle Maiden** Tracking Schedule **Chart 1**

BROCCOLI CHEDDAR SOUP 01/01/2010 F ACIP

Provider (PCP) *Not on file*

School *Not on file*

Funding P/E *Not Insured*

Insurance Providers *No Insurance Providers on file*

Contraindications/Events

Responsible Person Information

Name	Relationship	Address	Phone	Notices?
POTATO SOUP	Unknown	5555 Montana Ave, Helena, MT 59601	(406)444-4444	Yes

History Return

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?
HepB	01/01/2010	1 of 3			No		Yes
	02/01/2010	2 of 3			No		Yes
	07/01/2010	3 of 3			No		Yes
MMR	01/15/2011	1 of 2			No		Yes
	03/15/2010	1 of 4			No		Yes
Polio	03/15/2010	1 of 3			No		Yes
	05/15/2010	2 of 3			No		Yes

Current Age: 3 years, 11 months, 23 days

Vaccines Recommended by Selected Tracking Schedule

Non-validated doses are not included in the forecasting logic.  
Non-validated doses should be confirmed.

Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
DTPaP	02/12/2010	03/01/2010	04/01/2010	12/31/2016
Hep A	01/01/2011	01/01/2011	01/01/2012	
HepB			<b>Complete</b>	
Hib	02/12/2010	03/01/2010	04/01/2010	12/31/2014
Influenza	07/01/2010	07/01/2010	08/01/2010	
MMR	02/12/2011	01/01/2014	01/01/2016	
Pneumococcal	02/12/2010	03/01/2010	04/01/2010	11/30/2015
Polio	04/12/2010	05/15/2010	06/15/2010	
Rotavirus			<b>Maximum Age Exceeded</b>	
Tdap > 7 years	01/01/2020	01/01/2021	01/01/2022	
Varicella	01/01/2011	01/01/2011	05/01/2011	12/31/2022

Yellow = Can Administer Green = Due Blue = Overdue Pink = Completed or Invalid

[View Explanation of Schedule Highlighting](#)

Vaccination History



Vaccines Recommended



# Client Summary View, Read Only With Consent

Occasionally, a previous immunization may be shown with the designation **NOT VALID**.

Selecting the Date Administered of the **NOT VALID** immunization will prompt a pop-up with more information.

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic/123 • User: Iguana Reptile

**Client Information** VFC Eligible: No

Client Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Chart #
KERMITT FROG	05/16/1955	M		ACIP	
Provider (PCP)	Not on file				
School	Not on file				
Funding P/E	Not Eligible				
Insurance Providers	No Insurance Providers on file				
Contraindications/Events					

**Responsible Person Information**

Name	Relationship	Address	Phone	Notices?
KERMIT FROG	Self	123 Muppet Lane, Bearcreek, MT 59007		Yes

**History**

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?
Hep B	<a href="#">09/02/2000</a>	1 of 3			No		Yes
	<a href="#">09/15/2000</a>	<b>NOT VALID</b>			No		Yes
Influenza	<a href="#">10/13/2012</a>	Booster			No		Yes
	<a href="#">10/03/2013</a>	Booster			No		Yes
	<a href="#">11/14/2014</a>	Booster			No		Yes
Pneumo-Poly	<a href="#">11/14/2014</a>	1 of 2			No		Yes
Tdap > 7 years	<a href="#">11/14/2014</a>	1 of 1			No		Yes

Current Age: 59 years, 6 months, 22 days

**Vaccines Recommended by Selected Tracking Schedule**  
Non-validated doses are not included in the forecasting logic.  
Non-validated doses should be confirmed.

Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
<a href="#">Hep A</a>	05/16/1956	05/16/1956	05/16/1957	
<a href="#">Hep B</a>	10/13/2000	10/13/2000	11/15/2000	
<a href="#">Influenza</a>	12/12/2014	11/14/2015	11/14/2015	
<a href="#">Pneumo-Poly</a>	11/14/2017	11/14/2019	12/14/2019	
<a href="#">Polio</a>	06/27/1955	07/16/1955	08/16/1955	
<a href="#">Td</a>	12/12/2014	12/14/2014	01/14/2015	
<a href="#">Tdap &gt; 7 years</a>	<b>Complete</b>			
<a href="#">Varicella</a>	05/16/1968	05/16/1968	05/16/1968	
<a href="#">Zoster</a>	05/16/2015	05/16/2015	05/16/2015	

**Yellow** = Can Administer **Green** = Due **Blue** = Overdue **Pink** = Completed or Invalid  
[View Explanaton of Schedule Hihlohting](#)

# Client Summary View, Read Only With Consent

https://immtrax-test.hhs.mt.gov/?scheduleId=2057&vaccineGroupId=12&seriesId=7565&doselId=17566&r - Windo...

**Explanation of Status**  
Dose was given too soon after the previous dose.

**Series: Hep B {Vaccine Group: Hep B}**

Dose	Min Age	Min Rec Age	Min Overdue Age	Min Valid Interval	Min Interval Between	Rec Interval Between	Overdue Interval Between	Max Age
1			3 M					
2	28 D	1 M	3 M		28 D	1 M	2 M	
3	168 D	6 M	19 M	168 D	56 D	2 M	3 M	

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home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic/123 • User: Iguana Reptile

VFC Eligible: No

MI - Last) DOB Gender Mother's Maiden Tracking Schedule Chart #  
05/16/1955 M ACIP

Not on file  
Not on file  
Not Eligible

No Insurance Providers on file

Person Information

Relationship	Address	Phone	Notices?
Self	123 Muppet Lane, Bearcreek, MT 59007		Yes

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?
Hep B	<del>08/22/2008</del> 09/16/2000	1 of 3			No		Yes
		NOT VALID			No		Yes
Influenza	10/13/2013	Booster			No		Yes
	10/03/2013	Booster			No		Yes
	11/14/2014	Booster			No		Yes
Pneumo-Poly	11/14/2014	1 of 2			No		Yes
Tdap > 7 years	11/14/2014	1 of 1			No		Yes

Current Age: 59 years, 6 months, 22 days

### Vaccines Recommended by Selected Tracking Schedule

Non-validated doses are not included in the forecasting logic.  
Non-validated doses should be confirmed.

Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
Hep A	05/16/1956	05/16/1956	05/16/1957	
Hep B	10/13/2000	10/13/2000	11/15/2000	
Influenza	12/12/2014	11/14/2015	11/14/2015	
Pneumo-Poly	11/14/2017	11/14/2019	12/14/2019	
Polio	06/27/1955	07/16/1955	08/16/1955	
Td	12/12/2014	12/14/2014	01/14/2015	
Tdap > 7 years	Complete			
Varicella	05/16/1968	05/16/1968	05/16/1968	
Zoster	05/16/2015	05/16/2015	05/16/2016	

Yellow = Can Administer Green = Due Blue = Overdue Pink = Completed or Invalid  
View Explanation of Schedule Highlighting

# Reports, Read Only With Consent

imMTrax  
Montana  
Immunization  
Information  
System

TEST 3.13.11.1.1

- Clients
  - manage client
  - last client
  - client summary view
- Manage Locations
  - switch sites
  - switch organizations
- General
  - change password
  - system user manual

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic/ • User: Michelle Funchess

### Client Information VFC Eligible: Yes

Client Name (First - MI - Last)	DOB	Gender	Mother's Maiden	Tracking Schedule	Chart #
BROCCOLI CHEDDAR SOUP	01/01/2010	F		ACIP	
Address 5555 Montana Ave, Helena, MT 59601 (406)444-4444					

### Reports Available for this Client

Report	Description	Additional Information
<a href="#">Vaccine Administration</a>	Displays demographics, contact information, immunization history, as well as immunizations available.	Site* <input type="text"/> Language* ENGLISH
<a href="#">Complete Immunization</a>	Displays demographics, registry data, contact information, as well as detailed immunization history.	None
<a href="#">Immunizations Needed</a>	Displays demographics, contact information, immunization history, as well as immunizations needed.	None
<a href="#">School Entry Form</a>	Displays Form HES-101, the School/Child Care Certificate of Immunization.	None

Cancel

### Report Viewing Requirements



Registry reports are *best viewed* with Adobe Acrobat Reader 5.0 or later. Earlier versions of Adobe may work, but there will probably be formatting differences. If you do not have a qualifying version, click the Adobe image to the left to download the current version of Acrobat Reader. In addition, you may find helpful guidelines at the Adobe Support Site for configuring Acrobat Reader to work with your browser. Configuration guidelines for the Internet Explorer browser may be found at <http://www.adobe.com/support/techdocs/331025.html>, while the guidelines for the Netscape Browser may be found at <http://www.adobe.com/support/techdocs/328635.html>.

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Choose and  
select a report to  
view or print

**STATE OF MONTANA - CHILD CARE FACILITY/SCHOOL  
CERTIFICATE OF IMMUNIZATION**

Complete immunization requirements and provider for those who fail to meet the requirements set forth in Section V. This form is required for ALL persons attending school or child care for the first time after the implementation of CACR000101 and 0001020001.

**PLEASE PRINT CLEARLY**

<b>SECTION I</b>	<b>Birth Date</b> 01/01/2010	<b>Sex</b> F	<b>Primary Provider</b>
<b>Child Care Facility Name</b> SOUPE BROCCOLI C.	<b>Address</b> 5555 Montana Ave	<b>City State Zip</b> Helena MT 59601	<b>Telephone</b> (406) 444-4444
<b>Parent/Guardian Name</b> POTATO SOUP			<b>Phone</b>

**SECTION II** Valid only when filed out by school, child care, or public health department (PHD) to be filed out by the parent.

**IMMUNIZATION HISTORY**

Month, Day & Year of Each Dose

Required Vaccines (ACIP/Child Care Recommendation, School/Child Care Recommendation)	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (DTPa)	01/01/2010	01/01/2010	01/01/2010	01/01/2010	01/01/2010
Measles/Mumps/Rubella (MMR)	01/01/2010	01/01/2010	01/01/2010	01/01/2010	01/01/2010
Polio (IPV or OPV)	01/01/2010	01/01/2010	01/01/2010	01/01/2010	01/01/2010
Vaccine (Checkmark [V] or [X])	[X]	[X]	[X]	[X]	[X]

1 = 1st valid immunization, 2 = 2nd valid immunization, etc. = 5th valid immunization.

**ACIP Recommended Vaccines**

Vaccine	Month, Day & Year of Each Dose	1	2	3	4	5
Hepatitis A	01/01/2010	01/01/2010	01/01/2010	01/01/2010	01/01/2010	01/01/2010
Hepatitis B	01/01/2010	01/01/2010	01/01/2010	01/01/2010	01/01/2010	01/01/2010
Human Papillomavirus (HPV) - for adolescents						
Influenza, recommended annually for all ages 6 mos.						
Management of Congenital Varicella (MCMV) (Age 1, 1.1 & later)						
Immunization of Contacts (infectious diseases)	01/01/2010	01/01/2010	01/01/2010	01/01/2010	01/01/2010	01/01/2010

1 = 1st valid immunization, 2 = 2nd valid immunization, etc. = 5th valid immunization.

**THIS IS NOT A COMPLETE IMMUNIZATION RECORD. CONTACT YOUR PROVIDER OR PUBLIC HEALTH AGENCY FOR MORE INFORMATION.**

If filed out by health department or health care provider:  
If CCRIP's site information has been transferred from supporting documentation as noted in the Administrative Rules of Montana.

To the best of my knowledge, this child has received the above immunizations.

Signature: _____ <small>(Health Department/Health Care Provider)</small>	Date: _____	Signature: _____ <small>(Child Care Official and role)</small>	Date: _____
Signature: _____ <small>(Health Department/Health Care Provider)</small>	Date: _____	Signature: _____ <small>(Child Care Official and role)</small>	Date: _____
Signature: _____ <small>(Health Department/Health Care Provider)</small>	Date: _____	Signature: _____ <small>(Child Care Official and role)</small>	Date: _____
Signature: _____ <small>(Health Department/Health Care Provider)</small>	Date: _____	Signature: _____ <small>(Child Care Official and role)</small>	Date: _____

FORM No. 12-000101 (Revised 09/2011)

Sample School Entry Form  
Additional samples located on slides 16-19

# Manage Client, Read Only With Consent

**imMTrax**  
Montana  
Immunization  
Information  
System

TEST 3.13.11.1.1

**Clients**  
manage client  
last client  
client summary view

**Manage Locations**  
switch sites  
switch organizations

**General**  
change password  
system user manual

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic/ • User: Michelle Funchess

**Client Search Criteria**

Last Name\* soup SSN - - Find

First Name\* Phone - -

Birth Date\* Chart#

Mother's First Name imMTrax ID

Mother's Maiden Last Organization ID

Medical Home Association

\* Fields displayed in *italics* are required for adding new patients.

Possible Matches: 4

Index	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
Last Name	First Name	Middle Name	imMTrax ID	Birth Date	Chart #	Mother's Maiden First	Mother's Maiden Last	Gender																		
<a href="#">SOUP</a>	BROCCOLI	CHEDDAR	4261709	01/01/2010		POTATO		F																		
<a href="#">SOUP</a>	FRENCH	ONION	4269047	06/06/2011		POTATO		M																		
Consent has been denied for the above client. Click on the name to update the consent status or deduct inventory. <a href="#">Consent Form</a>																										
<a href="#">SOUP</a>	TOMATO		4261708	01/01/2009		POTATO		M																		
Consent has not been documented for the above client, please click on the client name to update the consent status. <a href="#">Consent Form</a>																										

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Consent denied

Consent not documented

Link to Consent Forms

Consent form provided for convenience of the user to view/print. Consent may be obtained verbally or in writing.

Consent forms also available at:  
<http://dphhs.mt.gov/publichealth/imMTrax>

# Manage Client, Read Only With Consent

imMTrax  
Montana  
Immunization  
Information  
System

TEST 3.13.11.1.1

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic/ • User: Michelle Funchess

Client Search Criteria

Consent Notification - Windows Internet Explorer

Caution!!  
Consent has not been documented for this client!!  
To comply with HIPAA and state confidentiality laws please ensure consent is obtained prior to changing status.

Consent Obtained Consent Denied & Deduct Inventory Consent Denied

\* Fields displayed in *italics* are required for adding new patients.

Possible Matches: 4

Last Name	First Name	Middle Name	imMTrax ID	Birth Date	Chart #	Mother's Maiden First	Mother's Maiden Last	Gender
<a href="#">SOUP</a>	BROCCOLI	CHEDDAR	4261709	01/01/2010		POTATO		F
<a href="#">SOUP</a>	FRENCH	ONION	4269047	06/06/2011		POTATO		M
<a href="#">SOUP</a>	TOMATO		4261708	01/01/2009		POTATO		M

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## Consent Not Documented

Clicking on the last name of a client whose consent status has not been documented will cause a pop-up box to appear. The available options are *Consent Obtained* or *Consent Denied*.

If the client was selected in error and consent remains undetermined, close the pop-up box by selecting the "X" in the top right corner.



Read Only with Consent role users do not have inventory functions. Selecting *Consent Denied & Deduct Inventory* will send the user back to the home page.

# Manage Client, Read Only With Consent

imMTTrax  
Montana  
Immunization  
Information  
System

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic/ • User: Michelle Funchess

Client Search Criteria

Last Name\* soup SSN Find

First Name

Birth Date

Mother's First Name

Mother's Maiden Last Name

Medical Home Association

\* Fields displayed in *italics* are required for adding new patients.

Possible Matches: 4

Last Name	First Name	Middle Name	imMTTrax ID	Birth Date	Chart #	Mother's Maiden First	Mother's Maiden Last	Gender
<a href="#">SOUP</a>	BROCCOLI	CHEDDAR	4261709	01/01/2010		POTATO		F
<a href="#">SOUP</a>	FRENCH	ONION	4269047	06/06/2011		POTATO		M
Consent has been denied for the above client. Click on the name to update the consent status or deduct inventory. <a href="#">Consent Form</a>								
<a href="#">SOUP</a>	TOMATO		4261708	01/01/2009		POTATO		M
Consent has not been documented for the above client, please click on the client name to update the consent status. <a href="#">Consent Form</a>								

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## Consent Denied

Clicking on the last name of a client that has denied consent will cause a pop-up box to appear. The only available option is *Consent Obtained*.

If the client was selected in error and consent remains denied, close the pop-up box by selecting the "X" in the top right corner.



Read Only with Consent role users do not have inventory functions. Selecting *Deduct Inventory* will send the user back to the home page.

# Manage Client, Read Only With Consent

imMTrax  
Montana  
Immunization  
Information  
System

TEST 3.13.11.1.1

home change password logout help desk

Org: Imafake Clinic • Site: Imafake Clinic/ • User: Michelle Funchess

### Personal Information

Last Name\* SOUP SSN [ ]-[ ]-[ ] Save  
First Name\* FRENCH Mother's Maiden Last Cancel  
Middle Name ONION Mother's First Name POTATO Record Immunization  
Birth Date\* 06/06/2011 County\* LEWIS & CLARK History/Recommend  
Gender MALE Medicare Id (Part B) Reports  
imMTrax Id 4269047

Client Information Responsible Persons Client Comments Contact History

Chart # Tracking Schedule\* ACIP  
Ethnicity Status Active  
Race Status Change Date  
Medical Home Association\* School  
Primary Provider\* Not Associated Allow Reminder & Recall Contact? Yes  
VFC Eligibility\* Not Eligible Last Notice Date  
Other Eligibility\* Insured Primary Association  
Secondary Associations

Insurance Providers Selected Providers  
5 STAR LIFE INSURANCE COMPANY Add >  
A & I Benefit Plan Administrators, Inc. < Remove  
AAA LIFE INSURANCE COMPANY

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After selecting  
*Consent Obtained*,  
imMTrax  
automatically  
changes the client's  
consent status to  
*Active*.

# Manage Client, Read Only With Consent

The screenshot shows the imMTrax Montana Immunization Information System interface. The top navigation bar includes 'home', 'change password', 'logout', and 'help desk'. The user is logged in as 'Michelle Funchess' at 'Imafake Clinic'. The main form is titled 'Personal Information' and contains the following fields:

- Last Name\*: SOUP
- First Name\*: FRENCH
- Middle Name: ONION
- Birth Date\*: 06/06/2011
- Gender: MALE
- SSN: [Redacted]
- Mother's Maiden Last: [Redacted]
- Mother's First Name: POTATO
- County\*: LEWIS & CLARK
- Medicare Id (Part B): [Redacted]
- imMTrax Id: 4269047

Buttons for 'Save', 'Cancel', 'Record Immunization', 'History/Recommend', and 'Reports' are visible. The 'Save' button is circled in red. Below the main form are tabs for 'Client Information', 'Responsible Persons', 'Client Comments', and 'Contact History'. The 'Medical Home Association\*' dropdown is also circled in red. At the bottom, there are sections for 'Insurance Providers' and 'Selected Providers'.

In order to proceed to *History/Recommend* or *Reports*:

- ✓ *Medical Home Association* must be documented
- ✓ Save changes
- ✓ If additional fields are required, user will be notified in **Red** upon attempting to save.

[imMTrax Medical Home Association Guide](#) and a link to the PDF are located on next page.

Read Only access roles do not include the ability to enter or edit immunization information. Selecting Record Immunization will send the user back to the home page.



# Medical Home Associations, Read Only With Consent



## Montana Immunization Program *imMTrax* Medical Home Association Guide



Medical Home Association\*

If this patient comes to you for **MOST** of their immunizations select **"Primary Care"** as you are their Primary Immunization Provider.

**NOTE:** This patient will be calculated into your facility's immunization coverage rate AND eligible for your facility's immunization reminder letters.

If this patient is not an established patient at your facility BUT did attend a mass immunization clinic you hosted select **"Mass Immunization"** as you do NOT provide them with ongoing immunization services.

Primary Care  
Secondary Care  
Not Associated  
Mass Immunization  
School (non-SBHC)  
WIC

If you are the patient's WIC representative, select **"WIC"** as you are accessing their record for WIC program purposes.

**NOTE:** WIC is a supplemental nutrition program for Women, Infants, and Children.

If you are the patient's K-12 school nurse select **"School"** as you are accessing their record for school related purposes.

**NOTE:** Non-SBHC stands for non-School Based Health Clinic.

If this patient comes to you for **SOME** of their immunizations select **"Secondary Care"** as you are their Secondary Immunization Provider.

**NOTE:** This patient will be calculated into your facility's immunization coverage rate AND eligible for your facility's immunization reminder letters.

If this patient is not an established patient at your facility select **"Not Associated"** as you do NOT provide them with ongoing immunization services.

**Examples of When to Select Not Associated:**

- When you access the account **ONLY** to obtain a record for the client.
- If you provide a one-time immunization service such as an influenza dose.

[Click for PDF](#)

# Sample Vaccine Administration Report

11 December 2014

Montana Immunization Information System

Page 1 of 2

Organization: Imafake Clinic Site: Imafake Clinic

## Vaccine Administration Record

I authorize my health care provider and a public health agency to collect and enter my child's immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS). The IIS is a confidential, computer system that contains immunization records. I understand that information in the registry may be released to a public health agency as well as my health care providers to assist in my child's medical care and treatment. In addition, information may be released to child care facilities and schools in which my child is enrolled to comply with state immunization requirements. I understand that I can revoke this authorization and have my record removed at any time by contacting my local health department.

Parent/Guardian  
Signature:

Date:

### CHART NUMBER

Patient's Name (Last, First Middle) <b>FROG, KERMITT</b>		Current Age <b>59 years 6 months 25 days</b>	
Social Security Number	Date of Birth (mm/dd/yyyy) <b>05/16/1955</b>	Gender <b>Male</b>	Ethnicity <b>Unknown</b>
Race (Check One) <input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other <input type="checkbox"/> Hispanic		Mother's Maiden Name (Last, First)	
Name of Physician (First Last) <b>Anne Medicine</b>		School or Day Care (if applicable)	
Name of Parent or Guardian Responsible for Patient (Last, First) <b>FROG, KERMITT</b>		Relationship to Patient <b>Self</b>	
Address <b>123 Muppet Lane</b>		P.O. Box	
City <b>Bearcreek</b>	County <b>UNKNOWN</b>	State <b>MT</b>	Zip Code <b>59007</b>
Email address (if applicable)		Work Telephone Number	Extension
Is reminder/recall contact allowed? <b>Yes</b>		Would you like reminder/recall sent to you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Eligibility Status (Check all that apply) This section must be completed.		<input type="checkbox"/> No Insurance <input type="checkbox"/> Not Eligible <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Medicaid Recipient <input type="checkbox"/> Unknown or Undetermined <input type="checkbox"/> Underinsured - VFC <input type="checkbox"/> Underinsured - State Supplied	
Funding Programs/Eligibilities: Not Eligible			
Insurance Providers: No Funding Programs Found			
Contraindications/Events: No Contraindications/Events Found			
Comments: No Comments Found			

### Immunization History

Tracking Schedule: ACIP

Immunization	Date Admin	Series	Trade Name	Dose	Reaction
Hep B	09/02/2000	1 of 3			
	09/15/2000	Not Valid			
Influenza	10/13/2012	Booster			
	10/03/2013	Booster			
	11/14/2014	Booster			
Pneumo-Poly	11/14/2014	1 of 2			
Tdap > 7 years	11/14/2014	1 of 1			

Page 1

11 December 2014

Montana Immunization Information System

Page 2 of 2

Organization: Imafake Clinic Site: Imafake Clinic

## Vaccine Administration Record

Patient's Name (Last, First Middle) <b>FROG, KERMITT</b>		Current Age <b>59 years 6 months 25 days</b>	
Social Security Number	Date of Birth (mm/dd/yyyy) <b>05/16/1955</b>	Gender <b>Male</b>	Ethnicity <b>Unknown</b>
Race (Check One) <input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other <input type="checkbox"/> Hispanic		Mother's Maiden Name (Last, First)	
Name of Physician (First Last) <b>Anne Medicine</b>		School or Day Care (if applicable)	

### FOR OFFICE USE

Vaccine	VTS Date	Body Route	Body Site *
Hep A	10/25/2011	IM	RV LV RD LD
Hep B	07/18/2007	IM	RV LV RD LD
Influenza	07/02/2012	IM	RV LV RD LD
Pneumo-Poly	04/16/2010	SC	RV LV RD LD
Polio	11/08/2011		RV LV RD LD
Td	01/24/2012	IM	RV LV RD LD
Tdap > 7 years	01/24/2012	IM	RV LV RD LD
Varicella	03/13/2008	SC	RV LV RD LD
Zoster	10/06/2009	SC	RV LV RD LD
Other			

\*RV = Right Vastus Lateralis LV = Left Vastus Lateralis RD = Right Deltoid LD = Left Deltoid Subcutaneous injections are administered in the muscle "area".

SIGNATURE AND TITLE - Person Administering Vaccine

Date Vaccine Administered

Page 2

# Sample Complete Immunization Report



## State of Montana Official Immunization Record

Imafake Clinic / Imafake Clinic

Pin: 123 Phone:  
12/11/2014



Client Name (L, F, M): **FROG, KERMITT**  
Birth Date: **05/16/1955**  
Gender: **MALE**

Primary Provider: **Anne Medicine**  
Tracking Schedule: **ACIP**

Vaccine	Date Admin	Dose Number	Trade Name	Dose	Mfg Code	Lot #	Body Route	Body Site	Transcription	Reaction
Hep B	09/02/2000	1 of 3							DEFAULT ORGANIZATION	
	09/15/2000	Not Valid							DEFAULT ORGANIZATION	
Influenza	10/13/2012	Booster					OTH		17486	
	10/03/2013	Booster							DEFAULT ORGANIZATION	
	11/14/2014	Booster							DEFAULT ORGANIZATION	
Pneumo-Poly	11/14/2014	1 of 2							DEFAULT ORGANIZATION	
Tdap > 7 years	11/14/2014	1 of 1							DEFAULT ORGANIZATION	

*No Contraindications Found*

*No Comments Found*

# Sample Immunizations Needed Report

11 December 2014

## Montana Immunization Registry

Page 1 of 1

### Imafake Clinic Immunization Record

Chart Number:		Tracking Schedule: <b>ACIP</b>	
Client Name (L, F M): <b>FROG, KERMITT</b>		Mother's Maiden Name (L, F M): _____	
Birth Date: <b>05/16/1955</b>	Gender: <b>Male</b>	Race:	Ethnicity: <b>Unknown</b>
Relationship: <b>Self</b>		Name (L, F M): <b>FROG, KERMITT</b>	
Address: <b>123 Muppet Lane</b>			
City: <b>Bearcreek</b>	State: <b>MT</b>	ZIP: <b>59007</b>	Phone:
<b>Funding Programs/Eligibilities:</b> Not Eligible <b>Insurance Providers:</b> No Funding Programs Found <b>Contraindications/Events:</b> No Contraindications/Events Found <b>Comments:</b> No Comments Found			

Immunization History			Tracking Schedule: <b>ACIP</b>		
Immunization	Date Admin	Series	Trade Name	Dose	Reaction
Hep B	09/02/2000	1 of 3			
	09/15/2000	Not Valid			
Influenza	10/13/2012	Booster			
	10/03/2013	Booster			
	11/14/2014	Booster			
Pneumo-Poly	11/14/2014	1 of 2			
Tdap > 7 years	11/14/2014	1 of 1			

Vaccines Recommended by Selected Tracking Schedule	
Vaccine	Date Needed
Tdap > 7 years	Complete
Polio	07/16/1955
Hep A	05/16/1956
Varicella	05/16/1968
Hep B	10/13/2000
Zoster	05/16/2015
Influenza	11/14/2015
Pneumo-Poly	11/14/2019
Td	11/14/2024

Appointment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider Phone Number: \_\_\_\_\_

# Sample Immunizations Needed Report

## STATE OF MONTANA - CHILD CARE FACILITY/SCHOOL CERTIFICATE OF IMMUNIZATION

Complete immunization requirements and penalties for those who fail to meet the requirements are referenced in Section V. This form is required for ALL persons attending school or child care. See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.

SECTION I PLEASE PRINT CLEARLY			
Child/Student's Name FROG, KERMITT	Birth Date 05/16/1955	Sex M	Primary Provider
Name of Parent/Guardian KERMIT FROG	Address 123 Muppet Lane		City/State/Zip Beauregard MT 59007
			Telephone Home: Work:

SECTION II IMMUNIZATION HISTORY					
Valid only when filled out by School, Child Care or Medical Personnel (NOT to be filled out by the parent).					
Required Vaccines (CC=Child Care Requirement; SR=School Requirement)	Month, Day & Year of Each Dose				
	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (DTaP)	CC/SR	CC/SR	CC/SR	CC/SR	SR
Booster Dose Td (Tdap recommended)	11/14/2014 <sup>#</sup>				
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)	CC	CC	CC	CC	
Mumps/Mumps/Rubella (MMR)	CC/SR	SR			
or Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Polio (IPV or OPV)	CC/SR	CC/SR	CC/SR	SR	
Varicella (Chickenpox) [VZV or VAR] [ ] Check here if child has documentation of disease	CC	2nd Dose Recommended			

(^ = Invalid Immunization, # = Tdap)

ACIP* Recommended Vaccines					
*Advisory Committee on Immunization Practices, U.S. Centers for Disease Control and Prevention	Month, Day & Year of Each Dose				
	1	2	3	4	5
Hepatitis A					
Hepatitis B	09/02/2000	09/15/2000 <sup>^</sup>			
Human Papillomavirus (HPV) - for adolescents					
Influenza- recommended annually for all over 6 mos.	10/13/2012	10/03/2013	11/14/2014		
Meningococcal Conjugate Vaccine (MCV4) (Ages 11-12 & later)					
Pneumococcal Conjugate vaccine (PCV)					
Rotavirus					

(^ = Invalid Immunization)

**THIS IS NOT A COMPLETE IMMUNIZATION RECORD- CONTACT YOUR PROVIDER OR PUBLIC HEALTH AGENCY FOR MORE INFORMATION**

If filled out by health department or health care provider:  
To the best of my knowledge, this child has received the above immunizations.

If filled out by school or child care personnel:  
I CERTIFY this information has been transferred from supporting documentation as stated in the Administrative Rules of Montana:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Health Department/Health Care Provider)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(School or Child Care Official and title)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Health Department/Health Care Provider)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(School or Child Care Official and title)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Health Department/Health Care Provider)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(School or Child Care Official and title)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Health Department/Health Care Provider)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(School or Child Care Official and title)

FORM No. IZ HES101 (Revised 03/2011)

### SECTION III INSTRUCTIONS

**Health Department or Physician**

- For medical exemption purposes, a physician is a person licensed to practice medicine in any jurisdiction of the U.S. or Canada. This does not include chiropractic or naturopathic doctors, nurse practitioners or physician assistants.
- In Section II, please include vaccine doses with month, day and year for each administered dose. Immunization dates, as specified in the administrative rules, are necessary. Please sign and date the form.
- If the child is completing a vaccine series, a Conditional Attendance form can be used. The physician or health department will determine the date of each dose to be administered and put the schedule on the Conditional Attendance form. Please sign the Conditional Attendance form, and return to the school or child care facility.
- Immunization forms can be obtained directly from the local health department or the Montana Immunization Program at [www.immunization.mt.gov](http://www.immunization.mt.gov).

**School and Child Care Official**

- Prior to attending, all students and child care facility attendees must have either a) the required immunizations and documentation or b) have completed the appropriate exemption or conditional attendance documentation. This includes transfer students.
- Documentation must meet the criteria of the Administrative Rules of Montana. This is limited to other school health records and certain documents from health departments and physicians.
- Transferring information from supporting documentation to this form must be done by a school or child care official. The school or child care official must then sign and date the form (Section II) and attach the supporting documentation.
- Conditional Attendance form, once completed and attached to this document, allows attendance so long as immunization continues as scheduled.
- School Transfer Students:  
There is no transfer period allowed. Transfer students must provide adequate documentation of immunization PRIOR to attending school.  
a) Transferring In: Student who transfer into Montana from out of state must have their immunization information recorded on this form (See number 2 above regarding acceptable documentation). Student must meet Montana immunization requirements.  
b) Transferring Out: If students transfer out of your school, a copy of this record should be maintained for one year following the transfer. The Montana law requires schools to forward the original Certificate of Immunization to the school to which students transfer.  
c) Homeless Students: All homeless students must be immediately enrolled in a Montana school to ensure compliance with the McKinney-Vento Act. Students should be assigned a liaison who can assist them in obtaining either appropriate documentation of immunization or in obtaining the required immunizations.

**Parent**

- Montana law requires immunization information be recorded on this document for persons to attend Montana schools, preschools, and child care facilities.
- ONLY** school, child care and health officials can complete this form. School and child care officials need documentation from physicians or health departments as described by the Administrative Rules of Montana (examples: A completed Montana Certificate of Immunization, A signed Immunization record card). It is the parent's responsibility to provide these documents to the school or child care facility.
- Religious exemption and conditional attendance may be used in accordance with the Immunization Law and Administrative rules. The Religious Exemption may be used in school settings and must be renewed annually. Religious exemption for child care only applies to Haemophilus influenzae type B (Hib), and must be renewed annually.
- Montana law prohibits children from attending any Montana school or child care facility prior to meeting immunization requirements.
- If your child transfers to another Montana school, a copy of this completed form will allow your child to enter that school. However, the original Certificate of Immunization must be provided to the new school within 30 days of transfer in order for the child to attend.

SECTION IV EXEMPTIONS	
Please refer to the form HES101A at <a href="http://www.dphs.mt.gov/publichealth/immunization/documents/NewMedicalExemptionForm08132012.pdf">http://www.dphs.mt.gov/publichealth/immunization/documents/NewMedicalExemptionForm08132012.pdf</a>	

**SECTION V LEGAL REFERENCES**

Montana Code: Annotated  
20-5-101 - 410: Montana Immunization Law  
52-2-735: Day Care Certification

Administrative Rules of Montana  
37.114.701-721: Immunization of K-12, Preschool and Post secondary Schools  
37.95.140: Day Care Center Immunizations  
Group Day Care Homes - Health  
Family Day Care Homes - Health

If you have any questions about: 1) the use of this form; 2) obtaining copies of immunization forms, laws, or rules; or 3) whether or not a person meets attendance requirements, please contact your local health department or the Montana Immunization Program, DPHHS, Cogswell Building, Helena, MT 59620. Phone (406)444-5580. [www.immunization.mt.gov](http://www.immunization.mt.gov)

FORM No. IZ HES101 (Revised 03/2011)



← Click here for the Read Only With  
Consent Memorandum of Agreement.

Montana Department of  
Health and Human  
Services

Public Health and Safety  
Division

Immunization Program

## Questions?

Michelle Funchess, IIS Training and Support  
(406) 444-2969  
mfunchess@mt.gov