

imMTrax Comments and Varicella

Documenting a Provider Diagnosis or Laboratory
Evidence of Immunity

Step One

From the Personal Information page, select **Client Comments**.

Personal Information

Last Name* SOUP SSN [] - [] - [] **Save**

First Name* LUNCH Mother's Maiden Last [] **Cancel**

Middle Name [] Mother's First Name [] **Record Immunization**

Birth Date* 01/05/2002 [] County* PARK **History/Recommend**

Gender FEMALE Medicare Id (Part B) [] **Reports**

imMTrax Id 4367473

Student Id []

Client Information **Responsible Persons** **Client Comments** **Contact History**

Chart # [] Tracking Schedule* ACIP

Ethnicity [] Status Active

Race [] Status Change Date []

Medical Home Association* Not Associated School []

Primary Provider Not Associated Allow Reminder & Recall Contact? Yes

VFC Eligibility* Medicaid Recipient Last Notice Date []

Other Eligibility* [] Primary Association []

Secondary Associations Park County Health Department

Insurance Providers Selected Providers

5 STAR LIFE INSURANCE COMPANY Add >

A & I Benefit Plan Administrators, Inc. < Remove

AAA LIFE INSURANCE COMPANY

Step Two

Locate the **Vaccine Contraindication/Schedule Event** portion of the imMTrax Client Comments Section.

Personal Information

Last Name* SOUP SSN - - - Save
First Name* LUNCH Mother's Maiden Last Cancel
Middle Name Mother's First Name Record Immunization
Birth Date* 01/05/2002 County* PARK History/Recommend
Gender FEMALE Medicare Id (Part B) Reports
imMTrax Id 4367473
Student Id

Client Information Responsible Persons Client Comments Contact History

Vaccine Contraindication/Schedule Event
Enter New Client Contraindication (this event may result in vaccine schedule changes)
Vaccine Group All Vaccine Groups Add New
Contraindication/Event
Start Date*
 Permanent Temporary

Select	Date	Client Contraindication/Event	Update Selected
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Delete Selected

Client Comment Listing
Enter New Client Comment ... (this comment will not result in vaccine schedule changes)
Client Comment Add New
Applies-To Date
 Permanent Temporary

Select	Date	Client Comment	Update Selected
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Delete Selected

Step Three

Select **Varicella*** from the Vaccine Group dropdown menu.



Personal Information

Last Name* SOUP SSN [] - [] - [] **Save**

First Name* LUNCH Mother's Maiden Last [] **Cancel**

Middle Name [] Mother's First Name [] **Record Immunization**

Birth Date* 01/05/2002 County* PARK **History/Recommend**

Gender FEMALE Medicare Id (Part B) [] **Reports**

imMTrax Id 4367473

Student Id []

Client Information **Responsible Persons** **Client Comments** **Contact History**

Vaccine Contraindication/Schedule Event

Enter New Client Contraindication (this event may result in vaccine schedule changes)

Vaccine Group Varicella **Add New**

Contraindication/Event []

Start Date* []

Permanent Temporary

Select	Date	Client Contraindication/Event
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Client Comment Listing

Enter New Client Comment ... (this comment will not result in vaccine schedule changes)

Client Comment [] **Add New**

Applies-To Date []

Permanent Temporary

Select	Date	Client Comment
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*A selection of the Zoster Vaccine Group will also provide the appropriate option when documenting *Healthcare Provider Diagnosis: Varicella or Zoster*.

Step Four

Select the appropriate selection from the **Contraindication/Event** dropdown options:

*Healthcare Provider
Diagnosis: Varicella or Zoster*

*Varicella: Laboratory
Evidence of Immunity*

The screenshot shows a web application interface with two main sections. The top section, titled 'Personal Information', contains several input fields: Last Name* (SOUP), First Name* (LUNCH), Middle Name, Birth Date* (01/05/2002), Gender (FEMALE), SSN, Mother's Maiden Last, Mother's First Name, County* (PARK), Medicare Id (Part B), imMTrax Id (4367473), and Student Id. There are buttons for Save, Cancel, Record Immunization, History/Recommend, and Reports. Below this is a navigation bar with buttons for Client Information, Responsible Persons, Client Comments, and Contact History. The second section, titled 'Vaccine Contraindication/Schedule Event', has a sub-header 'Enter New Client Contraindication (this event may result in vaccine schedule changes)'. It includes a dropdown for Vaccine Group (Varicella), a dropdown for Contraindication/Event (Healthcare Provider Diagnosis: Varicella or Zoster), and a Start Date* field. There are radio buttons for Permanent and Temporary (selected). An 'Add New' button is present. Below this is a table with columns 'Select', 'Date', and 'Client Contraindication/Event', and buttons for 'Update Selected' and 'Delete Selected'. The third section, titled 'Client Comment Listing', has a sub-header 'Enter New Client Comment ... (this comment will not result in vaccine schedule changes)'. It includes a large text area for Client Comment, an Applies-To Date field, and radio buttons for Permanent and Temporary (selected). An 'Add New' button is present. Below this is a table with columns 'Select', 'Date', and 'Client Comment', and a button for 'Update Selected'.

Step Five

Determine and Enter an appropriate date (i.e. diagnosis date, laboratory sample date, etc) into the **Start Date** field.

The screenshot displays a web application interface with two main sections: 'Personal Information' and 'Vaccine Contraindication/Schedule Event'.

Personal Information Section:

- Last Name*: SOUP
- First Name*: LUNCH
- Middle Name: (empty)
- Birth Date*: 01/05/2002
- Gender: FEMALE
- SSN: (empty)
- Mother's Maiden Last: (empty)
- Mother's First Name: (empty)
- County*: PARK
- Medicare Id (Part B): (empty)
- imMTrax Id: 4367473
- Student Id: (empty)

Vaccine Contraindication/Schedule Event Section:

- Enter New Client Contraindication (this event may result in vaccine schedule changes)
- Vaccine Group: Varicella
- Contraindication/Event: Healthcare Provider Diagnosis: Varicella or Zoster
- Start Date*: 05/02/2015
- Radio buttons: Permanent (unselected), Temporary (selected)

An arrow points to the 'Start Date*' field in the 'Vaccine Contraindication/Schedule Event' section.

Client Comment Listing Section:

- Enter New Client Comment ... (this comment will not result in vaccine schedule changes)
- Client Comment: (empty text area)
- Applies-To Date: (empty)
- Radio buttons: Permanent (unselected), Temporary (selected)

Navigation buttons include 'Save', 'Cancel', 'Record Immunization', 'History/Recommend', 'Reports', 'Client Information', 'Responsible Persons', 'Client Comments', 'Contact History', 'Add New', 'Update Selected', and 'Delete Selected'.

Step Six

A status of
Temporary defaults
to all comments.

To move to
Permanent select
the radio button.

Personal Information

Last Name* SOUP SSN [] - [] - [] Save
First Name* LUNCH Mother's Maiden Last [] Cancel
Middle Name [] Mother's First Name [] Record Immunization
Birth Date* 01/05/2002 County* PARK History/Recommend
Gender FEMALE Medicare Id (Part B) [] Reports
imMTrax Id 4367473
Student Id []

Client Information Responsible Persons Client Comments Contact History

Vaccine Contraindication/Schedule Event
Enter New Client Contraindication (this event may result in vaccine schedule changes)

Vaccine Group Varicella Add New
Contraindication/Event Healthcare Provider Diagnosis: Varicella or Zoster
Start Date* 05/02/2015

Permanent Temporary

Select	Date	Client Contraindication/Event	Update Selected
			Delete Selected

Client Comment Listing
Enter New Client Comment ... (this comment will not result in vaccine schedule changes)

Client Comment [] Add New

Applies-To Date []

Permanent Temporary

Select	Date	Client Comment	Update Selected
			Delete Selected

Step Seven

Click the **Add New** button.

Personal Information

Last Name* SOUP SSN [] - [] - [] Save
First Name* LUNCH Mother's Maiden Last Cancel
Middle Name Mother's First Name Record Immunization
Birth Date* 01/05/2002 County* PARK History/Recommend
Gender FEMALE Medicare Id (Part B) Reports
imMTrax Id 4367473
Student Id

Client Information Responsible Persons Client Comments Contact History

Vaccine Contraindication/Schedule Event
Enter New Client Contraindication (this event may result in vaccine schedule changes)

Vaccine Group Varicella Add New
Contraindication/Event Healthcare Provider Diagnosis: Varicella or Zoster
Start Date* 05/02/2015
 Permanent Temporary

Select	Date	Client Contraindication/Event	Update Selected
			Delete Selected

Client Comment Listing
Enter New Client Comment ... (this comment will not result in vaccine schedule changes)

Client Comment Add New

Applies-To Date Permanent Temporary

Select	Date	Client Comment	Update Selected
			Delete Selected

Step Eight

Your comment is now shown with a radio button.

To apply the comment to the record, you still must **SAVE**.

Personal Information

Last Name* SOUP SSN [] - [] - [] **Save**

First Name* LUNCH Mother's Maiden Last []

Middle Name [] Mother's First Name []

Birth Date* 01/05/2002 County* PARK

Gender FEMALE Medicare Id (Part B) []

imMTrax Id 4367473

Student Id []

Record Immunization

History/Recommend

Reports

Client Information Responsible Persons Client Comments Contact History

Vaccine Contraindication/Schedule Event

Enter New Client Contraindication (this event may result in vaccine schedule changes)

Vaccine Group Varicella Add New

Contraindication/Event Healthcare Provider Diagnosis: Varicella or Zoster

Start Date* 05/02/2015

Permanent Temporary

Select	Date	Client Contraindication/Event	Update Selected
<input checked="" type="radio"/>	05/02/2015	Healthcare Provider Diagnosis: Varicella or Zoster	Delete Selected

Client Comment Listing

Enter New Client Comment ... (this comment will not result in vaccine schedule changes)

Client Comment [] Add New

Applies-To Date []

Permanent Temporary

Select	Date	Client Comment	Update Selected
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Client Information VFC Eligible: Yes

Client Name (First - MI - Last) DOB Gender Mother's Maiden Tracking Schedule Chart #
 LUNCH SOUP 01/05/2002 F ACIP

Address 4567 AVE P, Helena, MT 59601

Contraindications/Events {1 of 1} .. 05/02/2015 ~ Healthcare Provider Diagnosis: Varicella or Zoster

History Add Immunization Edit Client Reports Print Print Confidential

Vaccine Group	Date Administered	Series	Trade Name	Dose	Owned?	Reaction	Hist?	Edit
DTP/aP	01/01/2003	1 of 5	Pediarix ®		No		Yes	
	03/03/2003	2 of 5			Yes		Yes	
Hep B	01/01/2003	1 of 3	Pediarix ®		No		Yes	
	05/01/2004	2 of 3			No		Yes	
MCV4	05/15/2014	1 of 2	Menveo ®		No		Yes	
Polio	01/01/2003	1 of 4	Pediarix ®		No		Yes	

Current Age: 13 years, 4 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
DTP/aP	Maximum Age Exceeded			
Hep A	01/05/2003	01/05/2003	01/05/2004	
Hep B	06/26/2004	06/26/2004	08/01/2004	
HPV	01/05/2011	01/05/2013	01/05/2028	01/04/2029
Influenza	07/05/2002	07/05/2002	08/05/2002	
MCV4	01/05/2018	01/05/2018	01/05/2021	01/04/2024
MMR	01/05/2003	01/05/2003	05/05/2003	
Polio	01/29/2003	01/29/2003	04/01/2003	
Tdap > 7 years	01/05/2009	01/05/2009	02/04/2009	01/05/2067
Varicella	Immunity Recorded for Vaccine Group			

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

[View Explanation of Schedule Highlighting](#)

Your comment displays for all users accessing the client's record.

The forecast for Varicella is updated and immunity is recorded.



State of Montana Official
Immunization Record
0000 DEFAULT ORGANIZATION / DEFAULT
ORGANIZATION



Pin: 999998 Phone:
05/28/2015

Client Name (L, F, M): SOUP, LUNCH				Primary Provider:						
Birth Date: 01/05/2002				Tracking Schedule: ACIP						
Gender: FEMALE										
Vaccine	Date Admin	Dose Number	Trade Name	Dose	Mfg Code	Lot #	Body Route	Body Site	Transcription	Reaction
DTP/aP	01/01/2003	1 of 5	Pediarix						Park County Health Department	
	03/03/2003	2 of 5							DEFAULT ORGANIZATION	
Polio	01/01/2003	1 of 4	Pediarix						Park County Health Department	
Hep B	01/01/2003	1 of 3	Pediarix						Park County Health Department	
	05/01/2004	2 of 3							Park County Health Department	
MCV4	05/15/2014	1 of 2	Menveo						Park County Health Department	

Contraindications
Healthcare Provider Diagnosis: Varicella or Zoster
No Comments Found

Your comment displays on the Complete Immunization Report*.

*Currently, the Start Date or Applies-To Date does not display. Future changes are being pursued to include that field.

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 SOUP, LUNCH	Birth Date 01/05/2003	Sex F	Primary Provider	
Name of Parent/Guardian VIRGIN SOUP	Address 4567 AVE P		City State Zip Helena MT 59601	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 <small>(CC=Child Care Requirement, SR=School Requirement)</small>	Month, Day & Year of Each Dose				
	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (DTaP)	01/01/2003	03/03/2003	CC/SR	CC/SR	SR
Booster Dose Td (Tdap recommended)	SR				
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)	CC	CC	CC	CC	
Measles/Mumps/Rubella (MMR) or Measles vaccine only Mumps vaccine only Rubella vaccine only	CC/SR	SR			
Polio (IPV or OPV)	01/01/2003	CC/SR	CC/SR	SR	
Varicella (Chickenpox) [VZV or VAR] <input checked="" type="checkbox"/> Check here if child has documentation of disease : 05/02/2015 <small>(^ = Invalid Immunization, # = Tdap)</small>	CC	2nd Dose Recommended			

ACIP* Recommended Vaccines <small>*Advisory Committee on Immunization Practices, U.S. Centers for Disease Control and Prevention</small>	Month, Day & Year of Each Dose				
	1	2	3	4	5
Hepatitis A					
Hepatitis B	01/01/2003	05/01/2004			
Human Papillomavirus (HPV) - for adolescents					
Influenza- recommended annually for all over 6 mos.					
Meningococcal Conjugate Vaccine (MCV4) (Ages 11-12 & later)	05/15/2014				
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.

Signed: _____
(Health Department/Health Care Provider) Date

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: _____
(School or Child Care Official and title) Date

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

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

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

Using the *Healthcare Provider Diagnosis: Varicella or Zoster* comment option will produce an X to signify documentation of disease on the School Entry Report.

Multiple changes to the School Entry Report output and display are expected in 2015, including allowing the *Varicella: Laboratory Evidence of Immunity* comment option to produce the same outcome above.

Have something else that should be included in Client Comments?

Use the free text Client Comment Listing to add to the record. Follow steps 5-8 after entering your text.

Personal Information

Last Name* SOUP SSN [] - [] - [] **Save**

First Name* LUNCH Mother's Maiden Last [] **Cancel**

Middle Name [] Mother's First Name [] **Record Immunization**

Birth Date* 01/05/2002 [] County* PARK **History/Recommend**

Gender FEMALE Medicare Id (Part B) [] **Reports**

imMTrax Id 4367473

Student Id []

Client Information **Responsible Persons** **Client Comments** **Contact History**

Vaccine Contraindication/Schedule Event

Enter New Client Contraindication (this event may result in vaccine schedule changes)

Vaccine Group Varicella **Add New**

Contraindication/Event Healthcare Provider Diagnosis: Varicella or Zoster

Start Date* 05/02/2015 []

Permanent Temporary

Select	Date	Client Contraindication/Event	Update Selected	Delete Selected
<input checked="" type="radio"/>	05/02/2015	Healthcare Provider Diagnosis: Varicella or Zoster		

Client Comment Listing

Enter New Client Comment ... (this comment will not result in vaccine schedule changes)

Client Comment [] **Add New**

Applies-To Date [] []

Permanent Temporary

Select	Date	Client Comment	Update Selected
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Need to Edit or Remove a Comment?

Navigate back to Client Comments.

Choose the comment and use the **Update Selected** or **Delete Selection** options.

Don't forget to SAVE!

Personal Information

Last Name* SOUP SSN [] - [] - [] Save
First Name* LUNCH Mother's Maiden Last [] Cancel
Middle Name [] Mother's First Name [] Record Immunization
Birth Date* 01/05/2002 County* PARK History/Recommend
Gender FEMALE Medicare Id (Part B) [] Reports
imMTrax Id 4367473
Student Id []

Client Information Responsible Persons Client Comments Contact History

Vaccine Contraindication/Schedule Event
Enter New Client Contraindication (this event may result in vaccine schedule changes)

Vaccine Group All Vaccine Groups Add New
Contraindication/Event []
Start Date* []
 Permanent Temporary

Select	Date	Client Contraindication/Event	Update Selected	Delete Selected
<input checked="" type="radio"/>	05/02/2015	Healthcare Provider Diagnosis: Varicella or Zoster		

Client Comment Listing
Enter New Client Comment ... (this comment will not result in vaccine schedule changes)

Client Comment [] Add New
Applies-To Date []
 Permanent Temporary

Select	Date	Client Comment	Update Selected
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Questions?

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