



# Back-to-School: Read Only Functions

imMTrax User Role Training

Montana Immunization Program

Last Revision 07/2020

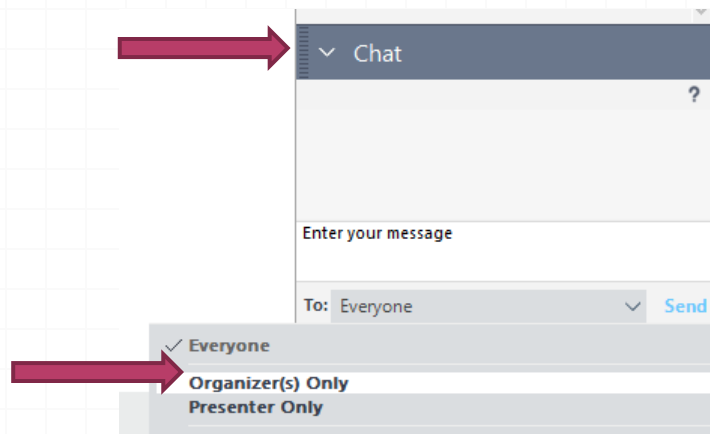


# Housekeeping

All participants are muted upon entering the presentation. **DO NOT PUT YOUR PHONE ON HOLD!!!**

To ask a question:

I. Send the host a message through the “Chat” function.



# Webinar Objectives

- Program update & School Requirements
- Discuss Montana Patient Consent Rules
- Review imMTrax Read-Only Accessible features
- Review how to search/view patient records
- Review how to view vaccine data
- Review how to update patient consent
- Review how to edit patient demographics
- Review how to print patient record reports

# Program Updates



- o The program is currently working on hiring a staff person who will serve as the program's School Care Coordinator

# School Requirements

Questions on new or existing school requirements, procedures, documents, etc?

Contact the Immunization Program at (406) 444-5580



## School Resources

This section contains information and resources about immunization rules and laws in Montana regarding children entering preschool-12th grade and post-secondary. This information is for parents/guardians, school staff, and healthcare providers.

▸ [School Requirements](#)

▸ [School Forms](#)

▸ [School Resources](#)

▸ [School Immunization Assessment Results](#)

▸ [Post-Secondary](#)

<https://dphhs.mt.gov/publichealth/Immunization/childcareandschoolresources>

# imMTrax and Patient 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/imMTraxForms>.



## **imMTrax Consent Form for Children**

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.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# imMTrax and Patient Consent Resources

[Home](#) » [Public Health & Safety](#) » [imMTrax](#) » [imMTrax Resources](#)

## Public Health & Safety

**Immunization Program**

**Forms**

**Training**

**Resources**

**Data Exchange**

**Contact Us:**  
(406) 444-5580

## *imMTrax Resources*

### Resources for All imMTrax Users

- [Instructions for adding an OPV in imMTrax](#)
- [Medical Home Association Guide](#)
- [imMTrax Record Guide](#)
- [Sample Brochure: imMTrax and My Child](#)
- [Sample Brochure: imMTrax and My Teen](#)
- **\*NEW\*** [imMTrax Consent Q and A \(November 2017\)](#)
- **\*NEW\*** [imMTrax Consent FAQs](#)
- **\*NEW\*** [Short Answers to 3 FAQs about imMTrax](#)
- **\*NEW\*** [Tips for Talking with Patients and Their Families about imMTrax](#)
- **UPDATED** [imMTrax Forecasting: Known Limitations and Issues](#)

### External Links

- [CDC Immunization Information Systems](#)
- [State Immunization Information System \(IIS\) Directory](#)
- [AIRA \(American Immunization Registry Association\)](#)
- [Every Child by Two](#)
- [Immunization Action Coalition](#)

<http://dphhs.mt.gov/publichealth/imMTrax/imMTraxResources>

# Accessible Features, Read Only With Consent

- View patient immunization records

## ***Search page***

- Print patient immunization records and reports
- Document patient consent

The screenshot shows the imITax Montana Immunization Information System interface. At the top, it displays the login status 'Logged in: STAFF TRAINING1' and the organization 'Organization (IRMS)/Facility: ABCD (18505) / KIDS CLUB'. The date 'Date: December 21, 2018' is shown in the top right. A sidebar on the left contains a menu with options: Main, Home, Logout, Document Center, Help, Message, View Messages, Favorites, Patient (selected), Search, Demographics, Vaccinations, Reports, Settings, Scheduled Reports, Change Password, Administration, and Answers. The main content area is titled 'Patient Search' and includes a link to 'Click here to use the 'advanced' search'. Below this, there are input fields for 'First Name or Initial:', 'Last Name or Initial:', 'Birth Date:', 'ID:', 'SIIS Patient ID / Bar Code:', and 'Chart Number:'. A section titled 'Family and Address Information:' contains fields for 'Guardian First Name:', 'Mother's Maiden Name:', 'Street:', 'City:', 'State:' (a dropdown menu), 'Zip Code:', 'Phone Number:', and 'Country:' (a dropdown menu showing 'United States'). At the bottom, a note states: 'Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and \_ to replace a single character.' There are 'Clear' and 'Search' buttons at the bottom right.

Logged in: STAFF TRAINING1  
Organization (IRMS)/Facility: ABCD (18505) / KIDS CLUB  
Date: December 21, 2018

**imITax**  
Montana Immunization Information System

**Main**  
Home  
Logout  
Document Center  
Help  
**Message**  
View Messages  
**Favorites**  
**Patient**  
Search  
Demographics  
**Vaccinations**  
**Reports**  
**Settings**  
**Scheduled Reports**  
**Change Password**  
**Administration**  
**Answers**

**Patient Search** [Click here to use the 'advanced' search](#)

First Name or Initial:  ID:   
Last Name or Initial:  SIIS Patient ID / Bar Code:   
Birth Date:  Chart Number:

**Family and Address Information:**

Guardian First Name:  Mother's Maiden Name:   
Street:   
City:  State:   
Zip Code:  Phone Number:   
Country:

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and \_ to replace a single character.

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

\* Read Only with Consent role users do not have inventory functions..



# imMTrax Homepage, Read Only With Consent

The screenshot shows the imMTrax homepage. At the top left is the imMTrax logo. To its right, it says 'Logged in: STAFF TRAINING1' and 'Organization (IRMS)/Facility: ABCD (18505) / KIDS CLUB'. A red arrow points from the text 'Organization, Site and User' to the organization name. On the far right, it says 'Date: December 21, 2018'. On the left is a blue sidebar menu with the following items: Main (Home, Logout, Document Center, Help), Message (View Messages), Favorites, Patient (Search, Demographics), Vaccinations, Reports, Settings, Scheduled Reports, Change Password, Administration, and Answers. A red arrow points from the text 'Announcements review with each imMTrax login' to the 'Message' menu item. Another red arrow points from the text 'Available Functions' to the 'Patient' menu item. A third red arrow points from the text 'On-demand Resources' to the 'Answers' menu item. The main content area has a 'Patient Search' section with a link 'Click here to use the \'advanced\' search'. Below this are input fields for 'First Name or Initial:', 'Last Name or Initial:', 'Birth Date:', 'ID:', 'SIIS Patient ID / Bar Code:', and 'Chart Number:'. Below these is a 'Family and Address Information' section with fields for 'Guardian First Name:', 'Mother's Maiden Name:', 'Street:', 'City:', 'State:' (a dropdown menu), 'Zip Code:', 'Phone Number:', and 'Country:' (a dropdown menu showing 'United States'). At the bottom of this section is a note: 'Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and \_ to replace a single character.' At the bottom right of the search section are 'Clear' and 'Search' buttons.

imMTrax  
Minnesota Immunization  
Information System

Logged in: STAFF TRAINING1  
Organization (IRMS)/Facility: ABCD (18505) / KIDS CLUB  
Date: December 21, 2018

**Main**  
Home  
Logout  
Document Center  
Help

**Message**  
View Messages

**Favorites**

**Patient**  
Search  
Demographics

**Vaccinations**

**Reports**

**Settings**

**Scheduled Reports**

**Change Password**

**Administration**

**Answers**

**Patient Search** [Click here to use the 'advanced' search](#)

First Name or Initial:  ID:   
Last Name or Initial:  SIIS Patient ID / Bar Code:   
Birth Date:  Chart Number:

**Family and Address Information:**

Guardian First Name:  Mother's Maiden Name:   
Street:   
City:  State:   
Zip Code:  Phone Number:   
Country:

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and \_ to replace a single character.

Announcements  
review with each imMTrax login

Available  
Functions

On-demand  
Resources

# Search Patient Record

The screenshot displays the imMTrax Montana Immunization Information System interface. The top navigation bar includes the logo, login status (STAFF TRAINING1), organization (ABCD (18505) / KIDS CLUB), and date (December 21, 2018). A left sidebar contains a menu with options like Main, Message, Favorites, Patient (highlighted with a red circle), Search, Demographics, Vaccinations, Reports, Settings, Scheduled Reports, Change Password, Administration, and Answers. The main content area is titled 'Patient Search' and includes a link to 'advanced' search. It features input fields for First Name or Initial (min%), Last Name or Initial (ice%), Birth Date, ID, SIIS Patient ID / Bar Code, and Chart Number. Below this is a 'Family and Address Information' section with fields for Guardian First Name, Mother's Maiden Name, Street, City, State (a dropdown menu), Zip Code, Phone Number, and Country (United States). A note explains wildcard usage. The 'Patient Search Results' section shows 'Records Found = 1' and 'Search Criteria: First Name / Last Name (Like)'. It includes a table with one entry: MINT, ICECREAM, 08/08/2012, 5571, CHOCOLATE. The table headers are First Name, Middle Name, Last Name, Birth Date, SIIS Patient ID, Grd First Name, and Grd Last Name. A red circle highlights the first row of the table. The bottom left shows a logo and 'IWeb'.

imMTrax  
Montana Immunization  
Information System

Logged in: STAFF TRAINING1  
Organization (IRMS)/Facility: ABCD (18505) / KIDS CLUB  
Date: December 21, 2018

**Patient Search** [Click here to use the 'advanced' search](#)

First Name or Initial: min% ID:   
Last Name or Initial: ice% SIIS Patient ID / Bar Code:   
Birth Date:  Chart Number:

**Family and Address Information:**

Guardian First Name:  Mother's Maiden Name:   
Street:   
City:  State:   
Zip Code:  Phone Number:   
Country:

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and \_ to replace a single character.

**Patient Search Results**

Records Found = 1 Search Criteria: First Name / Last Name (Like)

Show  entries Search:

| First Name | Middle Name | Last Name | Birth Date | SIIS Patient ID | Grd First Name | Grd Last Name |
|------------|-------------|-----------|------------|-----------------|----------------|---------------|
| MINT       |             | ICECREAM  | 08/08/2012 | 5571            | CHOCOLATE      |               |

Showing 1 to 1 of 1 entries


IWeb

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

% = wildcard functionality allowing to find patient if you don't know exact spelling of patient's name

## Demographics

|                          |  |  |  |
|--------------------------|--|--|--|
| <b>Home</b>              |  |  |  |
| Logout                   |  |  |  |
| Document Center          |  |  |  |
| Help                     |  |  |  |
| <b>Message</b>           |  |  |  |
| <b>Favorites</b>         |  |  |  |
| <b>Patient</b>           |  |  |  |
| Search                   |  |  |  |
| Demographics             |  |  |  |
| <b>Vaccinations</b>      |  |  |  |
| View                     |  |  |  |
| Forecast                 |  |  |  |
| Summary                  |  |  |  |
| <b>Reports</b>           |  |  |  |
| <b>Settings</b>          |  |  |  |
| <b>Scheduled Reports</b> |  |  |  |
| <b>Change Password</b>   |  |  |  |
| <b>Administration</b>    |  |  |  |
| <b>Answers</b>           |  |  |  |

IWeb

Version: July 2018.2

STC|ONE

| <b>Patient Demographic Master View</b>  |                             |                          |                               |         |
|---|-----------------------------|--------------------------|-------------------------------|---------|
| <b>Record Info</b>                      |                             |                          |                               |         |
| SITS Patient ID:                        | 5571                        |                          |                               |         |
| Organization (RMS) Owner:               | 18505 - ABCD                |                          |                               |         |
| Facility Owner:                         | 24045 - KIDS CLUB           |                          |                               |         |
| Entry Date:                             | 11/28/2018 02:07:36 PM      | Last Update:             | 11/28/2018 02:07:36 PM        |         |
| Entered By:                             | DATA ENTRY                  | Last Updated By:         | STAFF TRAINING1               |         |
| <b>Status</b>                           |                             |                          |                               |         |
| Patient Status:                         | Active                      |                          |                               |         |
| <b>Patient</b>                          |                             |                          |                               |         |
| First Name:                             | MINT                        | Race:                    |                               |         |
| Middle Name:                            |                             | Ethnicity:               | Not Hispanic or Latino        |         |
| Last Name:                              | ICECREAM                    | Language:                |                               |         |
| Suffix:                                 |                             |                          |                               |         |
| Birth Date:                             | 08/08/2012                  | Medicaid #:              |                               |         |
| Birth File #:                           |                             | Multi Birth Indicator:   | N                             |         |
|   |                             | Birth Order:             |                               |         |
| Age:                                    | 332 weeks, 76 months, 6 yrs | Military:                |                               |         |
| Reminder/Recall Publicity Code          |                             | Recall Attempts:         | 0                             |         |
| Sex:                                    | FEMALE                      |                          |                               |         |
| Mother Maiden Nm:                       | VANILLA                     | VFC status:              | VFC eligible- Medicaid PUBLIC |         |
|   |                             | Vaccine Supply:          |                               |         |
| <b>Consented:</b>                       |                             |                          |                               |         |
| Yes                                     |                             |                          |                               |         |
| <b>- Primary Address</b>                |                             |                          |                               |         |
| Address 1:                              | 12345 CANDY LANE            | Address 2:               |                               |         |
| City:                                   | HELENA                      | State:                   | MT                            |         |
| Zip Code:                               | 59601                       |                          |                               |         |
| Email                                   |                             |                          |                               |         |
| Country:                                | United States               | County/Parish:           | LEWIS AND CLARK               |         |
| <b>+ Patient Phone Number(s)</b>        |                             |                          |                               |         |
| Phone Number                            | Extension:                  | Phone Use Code           | Equipment Type                | Primary |
| (406)444-9539                           |                             | Primary residence number | Telephone                     | Y       |
| (406)444-5580                           |                             | Other residence number   | Telephone                     | N       |
| <b>- Family &amp; Contact</b>           |                             |                          |                               |         |
| Guardian 1:                             | CHOCOLATE                   |                          |                               |         |
| <b>+ Alias</b>                          |                             |                          |                               |         |
| <b>+ Secondary Patient Demographics</b> |                             |                          |                               |         |
| <b>+ School</b>                         |                             |                          |                               |         |
| <b>+ Birth &amp; Death</b>              |                             |                          |                               |         |
| <b>+ Patient Specific Reports</b>       |                             |                          |                               |         |

## Summary

| <b>Main</b><br>Home<br>Logout<br>Document Center<br>Help<br><b>Message</b><br><b>Favorites</b><br><b>Patient</b><br>Search<br>Demographics<br><b>Vaccinations</b><br>View<br>Forecast<br><b>Summary</b><br><b>Reports</b><br><b>Settings</b><br><b>Scheduled Reports</b><br>Change Password<br>Administration  | <b>Patient</b><br>Name: MINT ICECREAM      SIIS Patient ID: 5571<br>Date of Birth: 08/08/2012      Age: 332 weeks, 76 months, 6 yrs<br>Guardian: CHOCOLATE      Status: Active  |   |        |     |            |   |           |            |   |   |             |                       |  |  |  |  |  |  |  |     |                         |                           |  |  |  |  |  |  |       |                         |  |  |  |  |  |  |  |           |                         |                           |  |  |  |  |  |  |  |
|--|---|---|--------|-----|------------|---|-----------|------------|---|---|-------------|-----------------------|--|--|--|--|--|--|--|-----|-------------------------|---------------------------|--|--|--|--|--|--|-------|-------------------------|--|--|--|--|--|--|--|-----------|-------------------------|---------------------------|--|--|--|--|--|--|--|
|  | <b>Vaccination Summary</b><br>Vaccinations outside the ACIP schedule are marked with an 'X'.  |   |        |     |            |   |           |            |   |   |             |                       |  |  |  |  |  |  |  |     |                         |                           |  |  |  |  |  |  |       |                         |  |  |  |  |  |  |  |           |                         |                           |  |  |  |  |  |  |  |
|  | <table border="1"> <thead> <tr> <th>Vaccine</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> </tr> </thead> <tbody> <tr> <td>DTaP/DTP/Td</td> <td>10/03/2018<br/>6 years</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MMR</td> <td>08/08/2013<br/>12 months</td> <td>X 08/28/2013<br/>12 months</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hep A</td> <td>09/09/2014<br/>25 months</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Varicella</td> <td>08/08/2013<br/>12 months</td> <td>X 08/28/2013<br/>12 months</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Vaccine   | 1      | 2   | 3          | 4   | 5         | 6          | 7   | 8 | DTaP/DTP/Td | 10/03/2018<br>6 years |  |  |  |  |  |  |  | MMR | 08/08/2013<br>12 months | X 08/28/2013<br>12 months |  |  |  |  |  |  | Hep A | 09/09/2014<br>25 months |  |  |  |  |  |  |  | Varicella | 08/08/2013<br>12 months | X 08/28/2013<br>12 months |  |  |  |  |  |  |  |
|  | Vaccine   | 1   | 2      | 3   | 4          | 5   | 6         | 7          | 8   |   |             |                       |  |  |  |  |  |  |  |     |                         |                           |  |  |  |  |  |  |       |                         |  |  |  |  |  |  |  |           |                         |                           |  |  |  |  |  |  |  |
|  | DTaP/DTP/Td   | 10/03/2018<br>6 years   |        |     |            |   |           |            |   |   |             |                       |  |  |  |  |  |  |  |     |                         |                           |  |  |  |  |  |  |       |                         |  |  |  |  |  |  |  |           |                         |                           |  |  |  |  |  |  |  |
| MMR  | 08/08/2013<br>12 months   | X 08/28/2013<br>12 months   |        |     |            |   |           |            |   |   |             |                       |  |  |  |  |  |  |  |     |                         |                           |  |  |  |  |  |  |       |                         |  |  |  |  |  |  |  |           |                         |                           |  |  |  |  |  |  |  |
| Hep A  | 09/09/2014<br>25 months   |   |        |     |            |   |           |            |   |   |             |                       |  |  |  |  |  |  |  |     |                         |                           |  |  |  |  |  |  |       |                         |  |  |  |  |  |  |  |           |                         |                           |  |  |  |  |  |  |  |
| Varicella  | 08/08/2013<br>12 months   | X 08/28/2013<br>12 months   |        |     |            |   |           |            |   |   |             |                       |  |  |  |  |  |  |  |     |                         |                           |  |  |  |  |  |  |       |                         |  |  |  |  |  |  |  |           |                         |                           |  |  |  |  |  |  |  |
| <b>Invalid Vaccinations</b>  |   |   |        |     |            |   |           |            |   |   |             |                       |  |  |  |  |  |  |  |     |                         |                           |  |  |  |  |  |  |       |                         |  |  |  |  |  |  |  |           |                         |                           |  |  |  |  |  |  |  |
| <table border="1"> <thead> <tr> <th>Invalid Vaccinations</th> <th>Date</th> <th>Reason</th> </tr> </thead> <tbody> <tr> <td>MMR</td> <td>08/28/2013</td> <td>Live vaccines not administered on same date must be separated by 28 days.</td> </tr> <tr> <td>VARICELLA</td> <td>08/28/2013</td> <td>Live vaccines not administered on same date must be separated by 28 days.</td> </tr> </tbody> </table> | Invalid Vaccinations  | Date  | Reason | MMR | 08/28/2013 | Live vaccines not administered on same date must be separated by 28 days. | VARICELLA | 08/28/2013 | Live vaccines not administered on same date must be separated by 28 days. |   |             |                       |  |  |  |  |  |  |  |     |                         |                           |  |  |  |  |  |  |       |                         |  |  |  |  |  |  |  |           |                         |                           |  |  |  |  |  |  |  |
| Invalid Vaccinations   | Date  | Reason  |        |     |            |   |           |            |   |   |             |                       |  |  |  |  |  |  |  |     |                         |                           |  |  |  |  |  |  |       |                         |  |  |  |  |  |  |  |           |                         |                           |  |  |  |  |  |  |  |
| MMR  | 08/28/2013  | Live vaccines not administered on same date must be separated by 28 days. |        |     |            |   |           |            |   |   |             |                       |  |  |  |  |  |  |  |     |                         |                           |  |  |  |  |  |  |       |                         |  |  |  |  |  |  |  |           |                         |                           |  |  |  |  |  |  |  |
| VARICELLA  | 08/28/2013  | Live vaccines not administered on same date must be separated by 28 days. |        |     |            |   |           |            |   |   |             |                       |  |  |  |  |  |  |  |     |                         |                           |  |  |  |  |  |  |       |                         |  |  |  |  |  |  |  |           |                         |                           |  |  |  |  |  |  |  |

# Vaccine Summary

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

Selecting the Date Administered of the **NOT VALID** immunization will open the Vaccination Detail page

| Patient        |             |                  |        |  |  |  |  |
|----------------|-------------|------------------|--------|--|--|--|--|
| Name:          | SUNNY SKIES | SIIS Patient ID: | 15354  |  |  |  |  |
| Date of Birth: | 01/01/2001  | Age:             | 17 yrs |  |  |  |  |
| Guardian:      | HAZEL       | Status:          | Active |  |  |  |  |

| Vaccination Summary  |                           |                         |                        |                           |                       |   |     |
|--|---------------------------|-------------------------|------------------------|---------------------------|-----------------------|---|-----|
| Vaccinations outside the ACIP schedule are marked with an 'X'. |                           |                         |                        |                           |                       |   |     |
| Vaccine  | 1                         | 2                       | 3                      | 4                         | 5                     | 6 | 7 8 |
| DTaP/DTP/Td  | 03/05/2001<br>9 weeks     | 05/20/2001<br>4 months  | 08/20/2001<br>7 months | X 12/05/2001<br>11 months |                       |   |     |
| Tdap   | 01/01/2008<br>7 years     |                         |                        |                           |                       |   |     |
| OPV/IPV  | 03/05/2001<br>9 weeks     | 05/20/2001<br>4 months  | 08/20/2001<br>7 months | 12/05/2001<br>11 months   | 01/01/2005<br>4 years |   |     |
| MMR  | 01/01/2002<br>12 months   |                         |                        |                           |                       |   |     |
| Hep A  | 01/01/2002<br>12 months   | 07/05/2002<br>18 months |                        |                           |                       |   |     |
| Hep B - 3 Dose   | 03/05/2001<br>9 weeks     | 05/20/2001<br>4 months  | 08/20/2001<br>7 months | 12/05/2001<br>11 months   |                       |   |     |
| Varicella  | 01/01/2002<br>12 months   |                         |                        |                           |                       |   |     |
| Rotavirus  | X 07/07/2002<br>18 months |                         |                        |                           |                       |   |     |
| Influenza  | 09/10/2017<br>16 years    |                         |                        |                           |                       |   |     |
| Meningococcal  | 12/04/2018<br>17 years    |                         |                        |                           |                       |   |     |
| HPV  | 08/20/2013<br>12 years    | 02/20/2014<br>13 years  |                        |                           |                       |   |     |

| Invalid Vaccinations |            |  |
|----------------------|------------|--|
| Invalid Vaccinations | Date       | Reason                                       |
| DTaP/DT/Td           | 12/05/2001 | Minimum age for this dose not met.           |
| ROTA VIRUS           | 07/07/2002 | Patient age outside of recommended schedule. |

| Vaccine Deferrals |      |      |
|-------------------|------|------|
| Vaccine           | Dose | Date |

| Vaccine Contraindications / Exemptions / Precautions |  |                           |                 |           |              |
|--|--|---------------------------|-----------------|-----------|--------------|
| Contraindications                                    |  |                           |                 |           |              |
| Vaccine  | Special Consideration  | Facility Where Documented | Date Documented | Permanent | Disease Date |
| varicella  | A special consideration has been reported for this vaccine. Please contact Organization (IRMS):DEB'S DISNEYWORLD for more information. | TINKERBELLS' TOTS         | 12/17/2018      | Y         | 10/15/2005   |
| Hib (PRP-D)  | History of HIB Infection   | KIDS CLUB                 | 12/17/2018      | N         |              |

# Vaccination Detail

Additional information about the vaccination, including the invalid vaccination reason if listed

| Vaccination/Medicine Detail   |   |
|-------------------------------|---|
| <b>Vaccine:</b>               | rotavirus, pentavalent  |
| <b>Date Administered:</b>     | 07/07/2002  |
| <b>Invalid Vaccination:</b>   | Invalid ROTAVIRUS: Patient age outside of recommended schedule. |
| Historical:                   | Yes   |
| Provider Noted on Record:     |   |
| Lot Noted on Record:          |   |
| Manufacturer Noted on Record: |   |
| Manufacturer:                 |   |
| Lot Number:                   |   |
| Lot Facility:                 |   |
| Funding Source:               |   |
| Vaccinator:                   |   |
| Organization (IRMS):          | 18507 - DEB'S DISNEYWORLD                                       |
| Facility:                     | TINKERBELLS' TOTS   |
| Anatomical Site:              |   |
| Anatomical Route:             |   |
| Dose Size:                    | Full  |
| Volume (CC):                  |   |
| VFC Status:                   | VFC eligible- Medicaid  |
| Revaccination Reason:         |   |
| Adverse Reaction:             |   |
| District/Region:              |   |
| Dates of VIS Publications:    |   |
| Date VIS Form Given:          |   |
| Ordering Provider:            |   |
| Comments:                     |   |
| Entered By:                   | MADDIE BARBER   |
| Entry Date:                   | 12/04/2018 02:53:32 PM  |
| Last Updated By:              | MADDIE BARBER   |
| Last Update:                  | 12/04/2018 02:53:32 PM  |

Select Cancel to return back to Summary

Cancel

# Special Considerations

Selecting the Date Administered of the **NOT VALID** immunization will open the Vaccination Detail page

| Patient        |             |  |  |                  |        |  |  |
|----------------|-------------|--|--|------------------|--------|--|--|
| Name:          | SUNNY SKIES |  |  | SIIS Patient ID: | 15354  |  |  |
| Date of Birth: | 01/01/2001  |  |  | Age:             | 17 yrs |  |  |
| Guardian:      | HAZEL       |  |  | Status:          | Active |  |  |

| Vaccination Summary  |                           |                         |                        |                           |                       |   |   |
|--|---------------------------|-------------------------|------------------------|---------------------------|-----------------------|---|---|
| Vaccinations outside the ACIP schedule are marked with an 'X'. |                           |                         |                        |                           |                       |   |   |
| Vaccine  | 1                         | 2                       | 3                      | 4                         | 5                     | 6 | 7 |
| DTaP/DTP/Td  | 03/05/2001<br>9 weeks     | 05/20/2001<br>4 months  | 08/20/2001<br>7 months | X 12/05/2001<br>11 months |                       |   |   |
| Tdap   | 01/01/2008<br>7 years     |                         |                        |                           |                       |   |   |
| OPV/IPV  | 03/05/2001<br>9 weeks     | 05/20/2001<br>4 months  | 08/20/2001<br>7 months | 12/05/2001<br>11 months   | 01/01/2005<br>4 years |   |   |
| MMR  | 01/01/2002<br>12 months   |                         |                        |                           |                       |   |   |
| Hep A  | 01/01/2002<br>12 months   | 07/05/2002<br>18 months |                        |                           |                       |   |   |
| Hep B - 3 Dose   | 03/05/2001<br>9 weeks     | 05/20/2001<br>4 months  | 08/20/2001<br>7 months | 12/05/2001<br>11 months   |                       |   |   |
| Varicella  | 01/01/2002<br>12 months   |                         |                        |                           |                       |   |   |
| Rotavirus  | X 07/07/2002<br>18 months |                         |                        |                           |                       |   |   |
| Influenza  | 09/10/2017<br>16 years    |                         |                        |                           |                       |   |   |
| Meningococcal  | 12/04/2018<br>17 years    |                         |                        |                           |                       |   |   |
| HPV  | 08/20/2013<br>12 years    | 02/20/2014<br>13 years  |                        |                           |                       |   |   |

| Invalid Vaccinations |            |  |
|----------------------|------------|--|
| Invalid Vaccinations | Date       | Reason                                       |
| DTaP/DT/Td           | 12/05/2001 | Minimum age for this dose not met.           |
| ROTAVIRUS            | 07/07/2002 | Patient age outside of recommended schedule. |

| Vaccine Deferrals |      |      |
|-------------------|------|------|
| Vaccine           | Dose | Date |

| Vaccine Contraindications / Exemptions / Precautions |   |                           |                 |           |              |
|--|---|---------------------------|-----------------|-----------|--------------|
| Contraindications                                    |   |                           |                 |           |              |
| Vaccine  | Special Consideration   | Facility Where Documented | Date Documented | Permanent | Disease Date |
| varicella  | A special consideration has been reported for this vaccine. Please contact Organization (IRMS): DEB'S DISNEYWORLD for more information. | TINKERBELLS' TOTS         | 12/17/2018      | Y         | 10/15/2005   |
| Hib (PRP-D)  | History of HIB Infection  | KIDS CLUB                 | 12/17/2018      | N         |              |

# Vaccine Forecaster

This tool is only as good as the vaccine data entered into the system

It will show the earliest time, best time, overdue dates

Updates as new data is entered

| Vaccination Forecast  |                 |                  |                    |              |          |
|---|-----------------|------------------|--------------------|--------------|----------|
| The forecast automatically switches to the catch-up schedule when a patient is behind schedule. |                 |                  |                    |              |          |
| Vaccine Group   | Forecasted Dose | Recommended Date | Minimum Valid Date | Overdue Date | Status   |
| HEP-B 3 DOSE  | 1               | 03/01/2009       | 03/01/2009         | 03/28/2009   | Past Due |
| POLIO   | 1               | 05/01/2009       | 04/12/2009         | 06/01/2009   | Past Due |
| HEP-A   | 1               | 03/01/2010       | 03/01/2010         | 03/01/2011   | Past Due |
| Tdap  | 1               | 02/04/2020       | 02/04/2020         | 02/04/2020   | Past Due |
| HEP-B 2 DOSE  | 1               | 03/01/2020       | 03/01/2020         | 03/28/2020   | Past Due |
| MENINGOCOCCAL   | 1               | 03/01/2020       | 03/01/2020         | 03/28/2022   | Due Now  |
| MMR   | 1               | 03/13/2020       | 03/13/2020         | 04/29/2020   | Past Due |
| FLU   | B               | 07/01/2020       | 07/01/2020         | 07/28/2020   | Due Now  |
| HPV   | 2               | 07/14/2020       | 06/14/2020         | 02/10/2021   | Optional |
| MENINGOCOCCAL B, OMV (Clinical Discretion)  | 1               | 03/01/2025       | 03/01/2019         | 03/31/2025   | Optional |
| MENINGOCOCCAL B, RECOMBINANT (Clinical Discretion)  | 1               | 03/01/2025       | 03/01/2019         | 03/31/2025   | Optional |

# Demo – Search/View Patient & View Vaccinations





# Consent Denied or Undetermined,

**Patient Search** [Click here to use the 'advanced' search](#)

|                        |                                   |                             |                      |
|------------------------|-----------------------------------|-----------------------------|----------------------|
| First Name or Initial: | <input type="text" value="tes%"/> | ID:                         | <input type="text"/> |
| Last Name or Initial:  | <input type="text" value="tes%"/> | SIIS Patient ID / Bar Code: | <input type="text"/> |
| Birth Date:            | <input type="text"/>              | Chart Number:               | <input type="text"/> |

**Family and Address Information:**

|                      |  |                       |  |
|----------------------|--|-----------------------|--|
| Guardian First Name: | <input type="text"/>                       | Mother's Maiden Name: | <input type="text"/>                   |
| Street:              | <input type="text"/>                       |                       |  |
| City:                | <input type="text"/>                       | State:                | <input type="text" value="Select..."/> |
| Zip Code:            | <input type="text"/>                       | Phone Number:         | <input type="text"/>                   |
| Country:             | <input type="text" value="United States"/> |                       |  |

**Note:** When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and \_ to replace a single character.

**Patient Search Results**

Records Found = 2      Search Criteria: First Name / Last Name (Like)

Show  entries      Search:

| First Name | Middle Name | Last Name | Birth Date | SIIS Patient ID | Grd First Name | Grd Last Name |
|------------|-------------|-----------|------------|-----------------|----------------|---------------|
| TEST       |             | TEST      | 04/04/1990 | 15350           |                |               |
| TEST       |             | TESTING   | 01/01/2001 | 47              | TEST           |               |

Showing 1 to 2 of 2 entries

Consent  
denied or not  
documented

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

# Manage Patient

The screenshot displays the 'Manage Patient' interface. At the top, there is a 'Patient Search' section with a link to 'Click here to use the 'advanced' search'. Below this are input fields for 'First Name or Initial:', 'Last Name or Initial:', 'Birth Date:', 'ID:', 'SIIS Patient ID / Bar Code:', and 'Chart Number:'. The 'First Name or Initial:' and 'Last Name or Initial:' fields contain the text 'tes%'. Below these is the 'Family and Address Information' section, which includes fields for 'Guardian First Name:', 'Mother's Maiden Name:', 'Street:', 'City:', 'State:' (a dropdown menu currently showing 'Select...'), 'Zip Code:', 'Phone Number:', and 'Country:' (a dropdown menu currently showing 'United States'). A note below the form states: 'Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and \_ to replace a single character.' To the right of the note are 'Clear' and 'Search' buttons. A 'Confirm Status' pop-up box is overlaid on the form. The pop-up has a title bar with a close button (X). The text inside the pop-up reads: 'imMTrax consent for this patient is either denied or has not been documented. Please ensure consent is obtained prior to updating or viewing this record.' At the bottom of the pop-up are 'OK' and 'CANCEL' buttons. In the background, a table with columns 'First Name' and 'Grd Last Name' is partially visible, along with a 'Search:' field and a 'Show' button.

**Patient Search** [Click here to use the 'advanced' search](#)

First Name or Initial: tes% ID:

Last Name or Initial: tes% SIIS Patient ID / Bar Code:

Birth Date:  Chart Number:

**Family and Address Information:**

Guardian First Name:  Mother's Maiden Name:

Street:

City:  State:

Zip Code:  Phone Number:

Country:

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and \_ to replace a single character.

Clear Search

**Confirm Status** X

imMTrax consent for this patient is either denied or has not been documented. Please ensure consent is obtained prior to updating or viewing this record.

OK CANCEL

Search:

First Name Grd Last Name

Show

## Consent Not Documented or Denied

Clicking on patient name whose consent status has not been documented or denied will cause a pop-up box to appear. The available options are *Ok* or *Cancel*.

\* 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.

# Update Consent

**Patient Demographic Master View**

Record Info  
SIS Patient ID: 47  
Organization (IRMS) Owner: 18120 - COLSTRIP MEDICAL CENTER  
Facility Owner:  
Entry Date: 08/08/2018 01:11:14 PM Last Update: 12/21/2018 10:37:24 AM  
Entered By: MADDIE BARBER Last Updated By:

Status  
**Patient Status:** Inactive  
**Consent has not been given for this patient.**

First Name: TEST Race:  
Middle Name: Ethnicity:  
Last Name: TESTING Language:  
Suffix:  
Birth Date: 01/01/2001 Medicaid #: N  
Birth File #: Multi Birth Indicator: N  
Age: 17 yrs Birth Order:  
Reminder/Recall Publicity Code: Recall Attempts: 0  
Sex: FEMALE Military:  
Mother Maiden Nm: TEST VFC status: Not VFC Eligible- Privately Insured  
Consented: No Vaccine Supply: PRIVATE

Primary Address  
Address 1: 1234 HELENA Address 2:  
City: HELENA State: MT  
Zip Code: 59601  
Email:  
Country: United States County/Parish: LEWIS AND CLARK

Patient Phone Number(s)  
Phone Number Extension: Phone Use Code Equipment Type Primary  
(406)444-5580 Primary residence number Telephone Y

Family & Contact  
Guardian 1: TEST  
Alias  
Secondary Patient Demographics  
School  
Birth & Death  
Patient Specific Reports

Back Edit

**Confirm Status**

Activating this patient may take ownership and include this patient in Reminder/Recall and Assessments. Would you like to proceed?

Yes No

Comments:  
Consented: ☒ Yes ☐ No ☐ Undetermined  
Address  
Address 1: Primary residence number  
Address 2: telephone  
Country: United States State: MT Zip Code: 59601  
Email:  
Family & Contact  
First Name: Middle Name: Last Name:  
Contact Type: Guardian?  
Address 1: Address 2: City:  
Country: United States State: Zip Code:  
Phone Number Phone Use Code Equipment Type  
Email:  
First Last Type Phone Number Guardian? Phone Use Code Equipment Type  
TEST Y  
Alias  
Secondary Patient Demographics  
School  
Birth & Death  
Cancel Save

After selecting OK, imMTrax will open the demographic portion of the record.

The user must then update client consent. Click edit and then move the radio button to change client consent. Click Yes and then select Save.

# Update Patient Demographics

| Patient Demographic Master View |                         |                          |                |         |
|---------------------------------|-------------------------|--------------------------|----------------|---------|
| <b>Record Info</b>              |                         |                          |                |         |
| SIS Patient ID:                 | 1306204                 |                          |                |         |
| Organization Owner:             | 80812 - ABCD            |                          |                |         |
| Facility Owner:                 | 24821 - TRAINING CLINIC |                          |                |         |
| Entry Date:                     | 02/03/2020              | Last Update:             | 05/18/2020     |         |
| Entered By:                     | SARAH KEPPEEN           | Last Updated By:         | SARAH KEPPEEN  |         |
| <b>Patient Status</b>           |                         |                          |                |         |
| State Level:                    | Active                  | Organization Level:      | Active         |         |
| County Level:                   | Active (Cascade)        |                          |                |         |
| <b>Patient</b>                  |                         |                          |                |         |
| Last Name:                      | WEASLEY                 | Race:                    |                |         |
| First Name:                     | RONALD                  | Ethnicity:               |                |         |
| Middle Name:                    |                         | Language:                |                |         |
| Suffix:                         |                         |                          |                |         |
| Birth Date:                     | 03/01/2009              | Medicaid #:              |                |         |
| Birth File #:                   |                         | Multi Birth Indicator:   | N              |         |
|                                 |                         | Birth Order:             |                |         |
| Age:                            | 11 yrs                  | Military:                |                |         |
| Reminder/Recall Publicity Code  |                         | Recall Attempts:         | 0              |         |
| Sex:                            | MALE                    | Nationality:             |                |         |
| Mother Maiden Nm:               |                         | Passport #:              |                |         |
| VFC status:                     | VFC eligible- Medicaid  | Visa #:                  |                |         |
|                                 |                         | Vaccine Supply:          | PUBLIC         |         |
| <b>Consented:</b>               | Yes                     |                          |                |         |
| <b>Primary Address</b>          |                         |                          |                |         |
| Address 1:                      | 310 DIAGON ALLEY RD     | Address 2:               |                |         |
| City:                           | GREAT FALLS             | State:                   | MT             |         |
| Zip Code:                       | 59401                   |                          |                |         |
| Email:                          |                         |                          |                |         |
| Country:                        | United States           | County/Parish:           | CASCADE        |         |
| <b>Patient Phone Number(s)</b>  |                         |                          |                |         |
| Phone Number                    | Extension:              | Phone Use Code           | Equipment Type | Primary |
| (406)261-4530                   |                         | Primary residence number | Cellular phone | Y       |
| <b>Family &amp; Contact</b>     |                         |                          |                |         |
| Contact 1:                      | MOLLY WEASLEY           |                          |                |         |
| + Alias                         |                         |                          |                |         |
| + School                        |                         |                          |                |         |
| + Birth & Death                 |                         |                          |                |         |
| + Patient Specific Reports      |                         |                          |                |         |

\*It's best practice to enter patient phone number if known

# Demo – Update Consent & Demographics



# Print School Form

**Patient Demographic Master View**

**Record Info**  
 SIIS Patient ID: 1306204  
 Organization Owner: 80812 - ABCD  
 Facility Owner: 24821 - TRAINING CLINIC  
 Entry Date: 02/03/2020  
 Entered By: SARAH KEPPEN  
 Last Update: 05/18/2020  
 Last Updated By: SARAH KEPPEN

**Patient Status**  
 State Level: Active  
 County Level: Active (Cascade)  
 Organization Level: Active

**Patient**  
 Last Name: WEASLEY  
 First Name: RONALD  
 Middle Name:  
 Suffix:  
 Birth Date: 03/01/2009  
 Birth File #:  
 Race:  
 Ethnicity:  
 Language:  
 Medicaid #:   
 Multi Birth Indicator: N  
 Birth Order:  
 Military:  
 Recall Attempts: 0  
 Nationality:  
 Passport #:  
 Visa #:  
 Vaccine Supply: PUBLIC

Age: 11 yrs  
 Reminder/Recall Publicity Code:  
 Sex: MALE  
 Mother Maiden Nm:  
 VFC status: VFC eligible- Medicaid

**Consented:** Yes

**Primary Address**  
 Address 1: 310 DIAGON ALLEY RD  
 City: GREAT FALLS  
 Zip Code: 59401  
 Email:  
 Country: United States  
 Address 2:  
 State: MT  
 County/Parish: CASCADE

**Phone Number(s)**  
 Phone Number: (406)261-4530  
 Extension:  
 Phone Use Code: Primary residence number  
 Equipment Type: Cellular phone  
 Primary Y

**Family & Contact**  
 Contact 1: MOLLY WEASLEY  
 + Alias  
 + School  
 - Birth & Death  
 Birth Facility:  
 Birth Country: United States  
 Date of Death:  
 Birth State:

**Patient Specific Reports**  
 School Form  
 Complete Immunization Report

☐ Include in CASA ( currently 0 patients flagged )

## 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<br>RONALD WEASLEY   | Birth Date<br>03/01/2009       | Sex<br>MALE                                     | Primary Provider<br>TRAINING CLINIC |
| Name of Parent/Guardian<br>MOLLY WEASLEY | Address<br>310 DIAGON ALLEY RD | City State Zip<br>GREAT FALLS,<br>MONTANA 59401 | Telephone<br>Home:<br>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<br>(CC=Child Care Requirement; SR=School Requirement)                       | Month, Day & Year of Each Dose |       |       |       |    |
|---|--------------------------------|-------|-------|-------|----|
|   | 1                              | 2     | 3     | 4     | 5  |
| Diphtheria/Tetanus/Pertussis (DTaP)   | 02/04/2020                     | CC/SR | CC/SR | CC/SR | SR |
| Booster Dose Tdap required prior to 7th grade entry   | SR                             |       |       |       |    |
| Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)                         | CC                             | CC    | CC    | CC    |    |
| Measles/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]<br>[ X ] Check here if child has documentation of disease | CC/SR                          | SR    |       |       |    |
| Hepatitis B   | CC                             | CC    | CC    |       |    |
| Pneumococcal Conjugate vaccine (PCV)  | CC                             | CC    | CC    | CC    |    |

If consent is undetermined or no, the school form will be gray and the form will not be available to download.

# Print Complete Immunization Record

**Patient Demographic Master View**

**Record Info**  
 SIIS Patient ID: 1306204  
 Organization Owner: 80812 - ABCD  
 Facility Owner: 24621 - TRAINING CLINIC  
 Entry Date: 02/03/2020  
 Entered By: SARAH KEPPEN  
 Last Update: 05/18/2020  
 Last Updated By: SARAH KEPPEN

**Patient Status**  
 State Level: Active  
 County Level: Active (Cascade)  
 Organization Level: Active

**Patient**  
 Last Name: WEASLEY  
 First Name: RONALD  
 Middle Name:  
 Suffix:  
 Birth Date: 03/01/2009  
 Birth File #:  
 Age: 11 yrs  
 Reminder/Recall Publicity Code:  
 Sex: MALE  
 Mother Maiden Nm:  
 VFC status: VFC eligible- Medicaid  
 Consented: Yes  
 Primary Address:  
 Address 1: 310 DIAGON ALLEY RD  
 City: GREAT FALLS  
 Zip Code: 59401  
 Email:  
 Country: United States  
 County/Parish: CASCADE  
 Address 2:  
 State: MT  
 Phone Number(s):  
 Phone Number: (406) 261-4530  
 Extension:  
 Phone Use Code:  
 Primary residence number  
 Equipment Type:  
 Cellular phone  
 Primary Y  
 Family & Contact:  
 Contact 1: MOLLY WEASLEY  
 Alias:  
 School:  
 Birth & Death:  
 Birth Facility:  
 Birth Country: United States  
 Date of Death:  
 Birth State:  
 Patient Specific Reports:  
 Complete Immunization Report

☐ Include in CASA ( currently 0 patients flagged )



## State of Montana Official Immunization Record

Patient Name: WEASLEY, RONALD

Date of Birth: 03/01/2009

Gender: M

| Vaccine  | Dose    | Date       | Lot Number | Reporting Provider                 |
|--|---------|------------|------------|------------------------------------|
| DTaP/DT/d  |         |            |            |                                    |
| DTaP   | 1       | 02/04/2020 | T753J      | PARTNERS IN PEDIATRICS             |
| MMR  |         |            |            |                                    |
| MMR  | INVALID | 02/04/2020 | R010474    | PARTNERS IN PEDIATRICS             |
| MMR  | INVALID | 02/14/2020 | R027999    | GREAT FALLS CLINIC                 |
| FLU  |         |            |            |                                    |
| Influenza, injectable, 1 quadrivalent, preservative free |         | 01/16/2019 |            | PARTNERS IN PEDIATRICS             |
| HPV  |         |            |            |                                    |
| HPV9   | 1       | 01/14/2020 |            | ABCD                               |
| ZOSTER   |         |            |            |                                    |
| zoster recombinant                                       | INVALID | 03/10/2020 | 3FD3N      | ROOSEVELT COUNTY HEALTH DEPARTMENT |

History of Varicella Noted: 02/03/2020

If consent is undetermined or no, the Complete Immunization Report will be gray and the form will not be available to download.

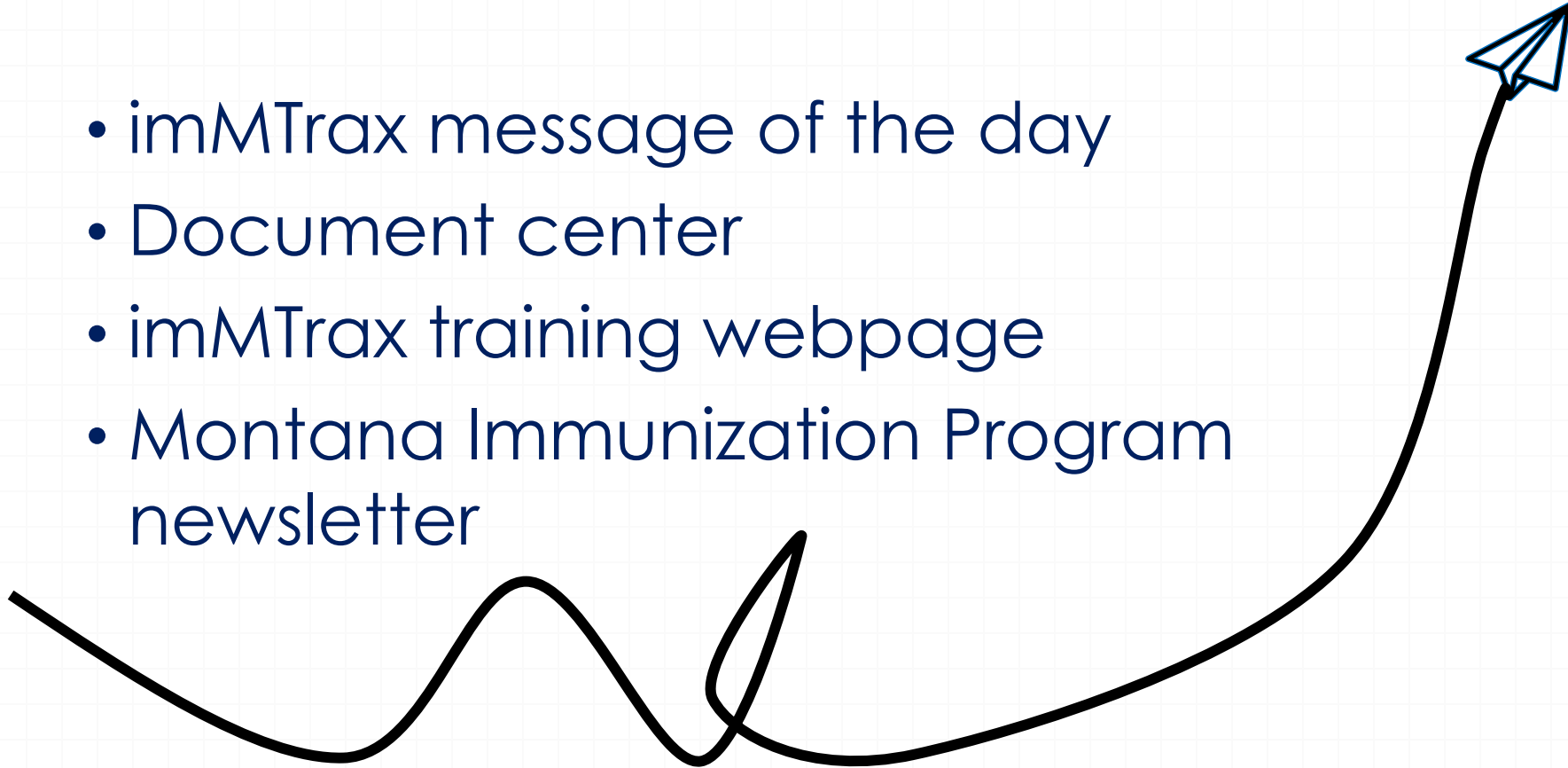
# Demo Print Immunization Records





# Be in the know!

- imMTrax message of the day
- Document center
- imMTrax training webpage
- Montana Immunization Program newsletter



# Additional Training Resources

imMTrax

Logged in: SARAH KEPPEL Date: July 24, 2020

**Document Center View**

**imMTrax Announcements**

- Influenza Data Entry Cheat Sheet [View/Download](#)
- Complete Immunization Patient Record (available 9/6/19) [View/Download](#)
- Functionality Note: Direct Data Entry and Lot Decrementing [View/Download](#)

**Forecast Known Issues and Limitations**

- Forecast Known Issues as of 02/20/2020 [View/Download](#)

**imMTrax Issues/Limitations Identified**

- imMTrax and VOMS Issues 07/22/2020 [View/Download](#)
- Recently Resolved Issues (06/08/2020) [View/Download](#)

**imMTrax Consent Form**

- Combined Child and Adult Consent Form for imMTrax [View/Download](#)

**Quick Reference Guides**

- Add Patient Record [View/Download](#)
- \*\*Revised 01/2020\*\* Update Patient Consent [View/Download](#)
- \*Revised 04/2020\* Edit Patient Demographics [View/Download](#)
- Add Immunizations (Administered and Historical) [View/Download](#)
- Record and Document PPD [View/Download](#)
- View and Manage Inventory [View/Download](#)
- Create New Vaccine Order [View/Download](#)
- Receive Vaccine Order [View/Download](#)
- Reconcile Inventory (Aggregate) [View/Download](#)
- Reconcile Inventory (Integrated) [View/Download](#)
- \*Revised 06/2020 Print Patient Record [View/Download](#)
- \*Revised 03/2020\* Coverage Rate Report [View/Download](#)
- \*Revised 04/2020\* Manage Patient Population [View/Download](#)
- \*Updated 05/2020 Jurisdictional Patient Status Reference Guide [View/Download](#)

**How-to-Videos: Main imMTrax**

- Login, Search, View Patient Record [View/Download](#)
- Update Patient Consent [View/Download](#)
- Add Patient Record [View/Download](#)
- Print School Form [View/Download](#)
- Add Immunizations (Administered and Historical) [View/Download](#)
- Review Vaccine History and Print Patient Record [View/Download](#)

**How-to-Videos: Inventory Management VOMS 2.0**

- Orientation to VOMS 2.0 [View/Download](#)
- View and Manage Inventory [View/Download](#)
- Create, Check, and Receive Vaccine Order [View/Download](#)
- Reconcile Inventory- Integrated [View/Download](#)
- Reconcile Inventory- Aggregate [View/Download](#)
- Initiate and Receive Vaccine Transfer [View/Download](#)
- Add Private Inventory [View/Download](#)

**Special Topics**

- \*\*Revised\*\* 1/2020 Report Patient Duplicates [View/Download](#)
- imMTrax Cheat Sheet [View/Download](#)
- imMTrax Manual [View/Download](#)
- \*\*Revised\*\* 3/2020 Understanding Facility Ownership and Patient Status [View/Download](#)
- Reminder/Recall Tools [View/Download](#)
- imMTrax Report Guide [View/Download](#)
- imMTrax Advanced Demographics and Reports (May 2020 Webinar) [View/Download](#)

**Navigation Links:**

- Main
- Home
- Logout
- Select Application
- Select Organization
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- Help
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- Inventory Management
- Reports
- Settings
  - CASA Export
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  - Job Queue
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**Footer:**

IWeb Version: 5.31.5

STCONE

## Welcome to the Montana Immunization Information System - imMTrax

imMTrax, Montana's Immunization Information System (IIS), is a free program administered by the Montana Department of Public Health and Human Services (DPHHS) containing immunization records for participating Montanans of all ages. imMTrax brings together multiple immunization records from Montana healthcare providers (public and private) and parental "shot cards" to form **one complete, electronically preserved record**. By sharing immunization records for mutual patients, imMTrax assists health professionals in making appropriate immunization decisions and ensuring Montanans are immunized on time, every time.

[imMTrax and how it can help your family. \(PDF\)](#)

imMTrax is only accessed by health professionals, local public health, and school personnel for authorized purposes.

[imMTrax User Login](#)



Need to reset your password?  
Please call (406) 444-5580  
Monday - Friday, 8am-5pm (MST)

[imMTrax Training](#)

[imMTrax Forms](#)

[Electronic Data Exchange](#)

[imMTrax Resources](#)

Document Center in imMTrax

<https://dphhs.mt.gov/publichealth/imMTrax.aspx>

Montana Department of  
Health and Human  
Services

Public Health and Safety  
Division

Immunization Program

Questions?

**Sarah R. Keppen, RHIA**

IIS Training and Support

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**Thank you for attending!**