## **Clinic User**

**Objectives:** At the completion of this section, the learner will know how to:

- assign chart numbers to patients in ImmPRINT
- generate a patient list
- perform clinic user functions
- complete additional tasks for HL7 sites

A clinic user is a clinic personnel delegated with the responsibility to administer and document patients' vaccinations. Medical authorities are professionals with a national provider identifier (NPI) number, who order and authorize the administration of vaccines at their practice. Medical authorities can have a clinic user account, but it is not required.

## **Assigning Chart Numbers**

Clinic users should assign a chart number to their patients. The chart number is the unique identifier the clinic has for each individual patient (i.e. medical record number). After searching and selecting the correct patient, select the Chart #/Follow Up tab from the "Patient Details" page.

-1	- Patient Details								
	alient Details								
	Name	DOB	Age	RegistryID					
	TES, TEST	01/23/1994	24 Yrs 2 Mo 26 days	(15919272)					
	Patient Details Contact Info Parent Info	o Insurance Information Chart #/Follow U	Patient Notes						

If the "Chart #" box is empty, enter the patient's chart number in the indicated space.

Add	Chart #	Site Name IMMPRINT TEST CLINIC	Follow-Up ACTIVE	×				
			immo	nt				
	ALABAM Vaccines for Cl PROGRA	A hildren M Alabama Department of P upization Division 201 Monroe St	ublic Health					
	Immunization Division, 201 Monroe St, Montgomery, AL 36104 1-800-469-4599 www.alabamapublichealth.gov/immunization/index.html 11/17/17							

The user will also see a "Follow-up" drop down box. This field allows the user to notate patient information as well. See the image below.



Once complete select "Add". If at any time this information needs to be modified, simply

return to the Chart #/Follow Up tab to make the necessary corrections, and select "Update".

Name TES, TEST	D0 01	OB 1/23/1994	Age 24 Yrs 2 Mo 26 days	RegistryID (15919272)					
Patient Detail	Patient Details Contact Info Parent Info Insurance Information Chart #/Follow Up Patient Notes								
	Site Name	Chart#	Follow-Up						
Update	IMMPRINT TEST CLINIC	4568	ACTIVE	Ŧ	Delete				

# **Generating the Patient List**

Once patients have been assigned a site in ImmPRINT, site users are able to view their Patient List". From the Site Maintenance tab on the left side of the screen choose "Patient List".



The "Patient List" page will appear showing the patients that are in ImmPRINT and assigned to the user's site. The list defaults to showing only active patients, but users can compile a list showing inactive or both active and inactive patients. Once a selection has been made, click "Search". Select "Cancel" to default back to showing active patients only.









The list defaults to showing patients in alphabetical order using both first and last names, but users can sort further by patients' first names or last names. When a user clicks the radio button next to the criteria, the system automatically sorts the list. Selecting "Cancel" will default the list to sorting by both first and last name.



See below a Patient List showing active and inactive patients that are sorted according to first

and last names.

Patient List								
Select a site								
IMMPRINT TEST CLINIC •	IMMPRINT TEST CLINIC *							
OActive Patients OInactive	Patients •Active	and Inactive P	atients					
Search								
Sort By								
Both OLast Name OFirs	st Name							
Undate Cancel Print Certifica	ate of Imm(COI)	int Full List of Pati	ents Print Patients Without Chart #					
D		T						
Name	DOB	Number	Status	COI	Exemption			
DAVIS, TEA	8/19/1955	12458	NO RECALLS/REMINDER, PLEASE					
DEOLIVEIRA, TEST GWENDOLYN	5/10/1999	1425	INACTIVE-MOVED OR GONE ELSEWHERE(MOGE) V					
DOE, JANE B	1/1/2011	123	INACTIVE-MOVED OR GONE ELSEWHERE(MOGE) V		Partial Religious Exemption			
TES, TES	2/26/2018	1998	ACTIVE					
TES, TEST	1/23/1994	4568	ACTIVE					
TESSTER, TESS	6/27/2009	1584	ACTIVE		Partial Religious Exemption			







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From the generated list, users can further sort according to patient names, dates of birth, chart numbers, or exemption statuses. The three print buttons above the patient list allow users to easily print the indicated document for their entire list of patients. Users can also modify patient's statuses from this page by clicking on the dropdown arrow in the status column. When the change is made, select "Update".

## **Clinic User Functions**

#### **Document Patients' Vaccinations**

The primary function of the clinic user is to accurately document patients' vaccine histories. Clinic users can document both administered and historical vaccinations. Please refer to the "Vaccine History" section of this manual for instructions on how to document vaccines.

#### **View/Print Vaccination Resources**



Clinic users have access to the Vaccine Forecaster,

Patient/Parent Card, and COI, which assist clinic staff and users in providing the best care possible. After selecting the correct patient, the user can choose the desired document from the left side of the screen. We will briefly discuss each document's purpose.

#### Vaccine Forecaster

The vaccine forecaster is a document that shows the recommended vaccines for a patient based upon the vaccination history in ImmPRINT. The document lists the names and dates the vaccines were given. Each vaccine is evaluated as either valid, invalid, or accepted







according to Advisory Committee on Immunization Practices' (ACIP) recommendations. For invalid vaccines, the reason is displayed, and will not be counted towards meeting the vaccine series. Lastly, a list of recommended vaccines will be provided. Please note that the forecaster will always display recommendations according to ACIP, and does not change standards even if a patient has a medical and/or religious exemption. An example of the forecaster report is displayed below.

RP-T) RP-T) PED/ADOL 2 RP-T) ELLA	Vaccination Date 10/10/2014 10/05/2011 10/05/2011 12/06/2011 12/06/2011 12/06/2011 12/06/2011 02/07/2012 02/07/2012 08/05/2015 01/02/2016 08/05/2015 10/10/2012 08/06/2012	Evaluation Valid	Invalio	<u>d Reason</u>
RP-T) RP-T) PED/ADOL 2 RP-T) ELLA	10/10/2014 10/05/2011 10/05/2011 12/06/2011 12/06/2011 12/06/2011 12/06/2011 02/07/2012 02/07/2012 02/07/2012 08/05/2015 01/02/2016 08/05/2015 10/10/2012 08/06/2012	Valid Valid Valid Valid Valid Valid Valid Valid Valid Valid Valid Valid Valid Valid		
RP-T) RP-T) PED/ADOL 2 RP-T) ELLA	10/05/2011 10/05/2011 12/06/2011 12/06/2011 12/06/2011 12/06/2011 02/07/2012 02/07/2012 08/05/2015 01/02/2016 08/05/2015 10/10/2012 08/09/2012	Valid Valid Valid Valid Valid Valid Valid Valid Valid Valid Valid Valid Valid Valid		
RP-T) RP-T) PED/ADOL 2 RP-T) ELLA	10/05/2011 10/05/2011 12/06/2011 12/06/2011 12/06/2011 02/07/2012 02/07/2012 02/07/2012 08/05/2015 01/02/2016 08/05/2015 10/10/2012 08/09/2012	Valid Valid Valid Valid Valid Valid Valid Valid Valid Valid Valid Valid Valid		
RP-T) RP-T) PED/ADOL 2 RP-T) ELLA	10/05/2011 12/06/2011 12/06/2011 12/06/2011 02/07/2012 02/07/2012 02/07/2012 08/05/2015 01/02/2016 08/05/2015 10/10/2012 08/06/2012	Valid Valid Valid Valid Valid Valid Valid Valid Valid Valid Valid Valid		
RP-T) PED/ADOL 2 RP-T) ELLA	12/06/2011 12/06/2011 12/06/2011 02/07/2012 02/07/2012 02/07/2012 08/05/2015 01/02/2016 08/05/2015 10/10/2012 08/06/2012	Valid Valid Valid Valid Valid Valid Valid Valid Valid Valid Accepted		
RP-T) PED/ADOL 2 RP-T) ELLA	12/08/2011 12/08/2011 02/07/2012 02/07/2012 02/07/2012 08/06/2015 08/05/2015 01/02/2016 08/05/2015 10/10/2012 08/09/2012	Valid Valid Valid Valid Valid Valid Valid Valid Valid Accepted		
RP-T) PED/ADOL 2 RP-T) ELLA	12/08/2011 02/07/2012 02/07/2012 02/07/2012 08/05/2015 01/02/2016 08/05/2015 10/10/2012 08/09/2012	Valid Valid Valid Valid Valid Valid Valid Valid Accepted		
RP-T) PED/ADOL 2 RP-T) ELLA	02/07/2012 02/07/2012 02/07/2012 08/05/2015 08/05/2015 01/02/2018 08/05/2015 10/10/2012 08/09/2012	Valid Valid Valid Valid Valid Valid Valid Accepted		
PED/ADOL 2 RP-T) ELLA	02/07/2012 02/07/2012 08/05/2015 08/05/2015 01/02/2018 08/05/2015 10/10/2012 08/09/2012	Valid Valid Valid Valid Valid Valid Accepted		
PED/ADOL 2 RP-T) ELLA	02/07/2012 08/05/2015 08/05/2015 01/02/2016 08/05/2015 10/10/2012 08/09/2012	Valid Valid Valid Valid Valid Accepted		
PED/ADOL 2 RP-T) ELLA	08/05/2015 08/05/2015 01/02/2018 08/05/2015 10/10/2012 08/09/2012	Valid Valid Valid Valid Accepted		
PED/ADOL 2 RP-T) ELLA	08/05/2015 01/02/2016 08/05/2015 10/10/2012 08/09/2012	Valid Valid Valid Accepted		
PED/ADOL 2 RP-T) ELLA	01/02/2016 08/05/2015 10/10/2012 08/09/2012	Valid Valid Accepted		
RP-T)	08/05/2015 10/10/2012 08/09/2012	Valid Accepted		
ELLA	10/10/2012 08/09/2012	Accepted		
ELLA	08/09/2012		Below	Minimum Age for the Series
ELLA		Valid		
	08/09/2012	Valid		
	08/05/2015	Valid		
ELLA	08/05/2015	Valid		
	10/05/2011	Valid		
	12/06/2011	Valid		
	02/07/2012	Valid		
	08/05/2015	Valid		
JLT P FREE	09/16/2015	Accepted	Extra D	Dose
31		Not Recommend	led Vac	cines:
Dose Numbe	er Date Needed	Vaccine		Reason
1	Due Now	Hib		Series Complete
2	Due Now	MMR		Series Complete
1	08/05/2022	Pneumococcal Con	jugate	Series Complete
1	08/05/2022	Polio		Series Complete
1	08/05/2022	Varicella		Series Complete
	08/05/2076	Rotavirus		Too Old
	ULT P FREE 8: Dose Numbr 1 2 1 1 1	Dose Number         Date Needed           1         Due Now           2         Due Now           1         Due Now           1         Due Now           1         08/05/2022           1         08/05/2022           1         08/05/2022           1         08/05/2022           1         08/05/2022           1         08/05/2022           1         08/05/2022	LLL I         Clock Color         Claid           10/05/2011         Valid           12/06/2011         Valid           12/06/2011         Valid           02/07/2012         Valid           08/05/2015         Valid           08/05/2015         Valid           08/05/2015         Valid           09/16/2015         Accepted           s:         Not Recomment           1         Due Now           1         Due Now           1         08/05/2022           1         08/05/2022           1         08/05/2022           1         08/05/2022           1         08/05/2022           1         08/05/2022	LLL I     Calculation     Calculation       10/05/2011     Valid       12/08/2011     Valid       02/07/2012     Valid       08/05/2015     Valid       08/05/2015     Valid       09/16/2015     Accepted       Extra IC       Dose Number     Date Needed       Valid       Due Now     Hib       2     Due Now       1     08/05/2022       Pneumococcal Conjugate       1     08/05/2022       Varicella







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## **Certificate of Immunization (COI)**

Clinic users can view and print an official and unexpired ADPH COI for patients under 21 years of age. Please note that the COI follows the immunization requirements according to Alabama School Law, and it only counts valid doses. You cannot print a COI if the patient is not up to date for school-required vaccines. After clicking on "Certificate of Imm (COI)", users are able to see the pre-populated COI expiration date. A medical or religious exemption may affect the expiration date. Users are also able to print the patient's parent or guardian information on the COI. Once users make the selections, click "Submit" to view and/or print the COI.

- Certificate of Imm (COI)			
Name	DOB	Age	RegistryID
DOE, JOHN	08/05/2011	6 Yrs 5 Mo 4 days	(14105868)
Submit			
Invalid doses will not appear	on COI (see forecaster).		
Medical and/or Religious exe school and/or child care cent expiration date populated.	mptions noted at the ter may affect the		
Expiration Date			
12/22/2028			
Print Parent or Guardian Info	2		
Print Temporary COI			

Below is an example of an approved school COI. Notice the official ADPH seal transposed on the document and the ImmPRINT logo in the top left corner. COI's printed from a school will have the ImmPRINT logo in the bottom left corner.







DOE JOHN							12/22/2028 Date of Expiration			
Child's Name (fi	rst, middle, last)		Birthdate	80		(Next	Requir	red Immuni:	zation)	
Parent/Guardian	Name (first, midd	lle, last)								
Unless Specifically schools and licens www.adph.org/imn	v exempted by law, A ed child care facilitie nunization	labama law(code o s in Alabama. Instru	f Alabama 1975, Se uctions for this form	ection 16-30-4) requ and immunization (	ires a certificate on equirements by age	file for each child in a re detailed via th	n attendan e ADPH w	ce in all veb site at		
Vaccine	DOSE1 DATE MM   DD   YY	DOSE2 DATE MM   DD   YY	DOSE3 DATE MM   DD   YY	DOSE4 DATE MM   DD   YY	DOSE5 DATE MM   DD   YY	DOSE6 DATE MM   DD   YY	Total Doses	Confirmed Lab MM   YY	History MM   YY	
	2X	Requ	ired Vaccines	for School or	Child Care Att	endance	90)	NS 4		
DTP,DTaP,DT	DTAP-HIB-IPV 10/05/11	DTAP-HIB-IPV 12/06/11	DTAP-HIB-IPV 02/07/12	DTAP 10/10/14	DTAP-IPV 08/05/15					
ГD	TD 09/16/15	10	Y IV			2				
Tdap		6. 2		15		US	~		8	
PV,OPV	DTAP-HIB-IPV 10/05/11	DTAP-HIB-IPV 12/06/11	DTAP-HIB-IPV 02/07/12	DTAP-IPV 08/05/15			2			
Hib (Under Age 5)	DTAP-HIB-IPV 10/05/11	DTAP-HIB-IPV 12/06/11	DTAP-HIB-IPV 02/07/12	25					1	
Measles	MMRV 08/09/12	MMRV 08/05/15	1000	and they	E Contraction	<u></u>	E	6		
Mumps	MMRV 08/09/12	MMRV 08/05/15	af the of		K Chault	8	F	-1		
Rubella	MMRV 08/09/12	MMRV 08/05/15	APP AND	* <b>E</b>		ak b	Ì	-		
PCV	60		1233							
/aricella	MMRV 08/09/12	MMRV 08/05/15	Sec. MA		MAN NO	ξ	1			
	EI		Reco	mmended Vac	cines		E	51		
HenA	HEP A					1	10	7		
Jan D	01/02/16				6				1	
перв						10	7/			
HPV	10/10/12	S S	22			10.2	and the second s		1	
MCV, MPSV,MENB		N.C.	N.		1	Y		66		
Rotavirus		_	A	187	3					
NOTES	÷				Site N	ame : TEST		LMENT CLINI	с	
A licensed phys	ician or qualified (	amployee of the J	Alabama Dent of	Public Health is		erro (0)				
responsible for and year. In ca	the content of this	certificate. All d	ates must include	the month, day,	ear Addre	ss: 12 MAII			<b>IERY</b>	
of infection or te	est must be filled in	n the appropriate	box(es).			0.			35	
The certificate expiration, nar	is NOT valid with	hout the name a of the physician	nd birth date of or health depart	the child, date of the child, date of the child of the ch	of Telepi	none #: (444)	5555555	5		
issue. A school file for each chi the Certificate	l or facility offical is Id in attendance. V of Immunization	s responsible for When a child lea should be giver	keeping a curren ves or transfers n to a parent/gua	t valid Certificate to another facil ardian.	on ity, Date o	of Issue: 1/9	/2018			
						-				
						1				

Alabama Department of Public Health

IMMUNIZATION DIVISION

Immunization Division, 201 Monroe St, Montgomery, AL 36104

ALABAMA Vaccines for Children PROGRAM

County Health Department clinic users can print a temporary COI, if necessary. On the Certificate of Imm (COI) page, check the "Print Temporary COI" box, and select "Submit". The new expiration date will auto populate to reflect 10 days from the date issued.

#### **Immunization Record**

The Immunization Record provides a printout of the patient's vaccination history. This report is to be used as a reference for clinic staff, and an example is provided below. Besides displaying the name and date the vaccine was given, it also lists clinical data such as the dose, site, vaccine lot and manufacturer information, and the clinic/vaccinator's name.

If the vaccine was given at a different site, then the clinic/vaccinator name will only display "Outside Clinic". If the clinic/vaccinator information is unavailable, it will state the clinic is "Unknown" or left blank.







			_		Nar	ne: <u>TEST,</u>	TES A		
Allergies:		DO	B: <u>09/28/2</u>	2003					
Reactions:					Cha	rt# <u>12345</u>			
					Dat	e of Service:	04/05/2018		
Vaccine Family	Type of Vaccine (no Brand Name)	Date Given (mm/dd/yy)	Age at Adm	Dose (cc/mL)	Route & Site	Mfr.	Lot #	VIS Date	Vaccinator Signature
Diphtheria, Tetanus,	DTAP	11/28/03	2 m	0.5					
e.g., DTaP, DTaP-Hib,	DT	11/29/04	14 m	0.5					
DTaP-HepB-IPV, DT, Tdap,	DTAP-HIB-IPV	01/01/12	8 y	0.5					
ru, bran Hibhr V)	DTAP	04/01/17	13 y	0.5					
	DTAP	11/22/17	14 y	0.5					OUTSIDE CLINIC
	TDAP	02/05/18	14 y	0.5		PMC			OUTSIDE CLINIC
Polio	DTAP-HIB-IPV	01/01/12	8 y	0.5					
(e.g., IPV, DTaP-HepB-Hib, DTaP-Hib-IPV)	IPV	04/07/17	13 y	0.5		AP	L1130-1		OUTSIDE CLINIC
	IPV	05/09/17	13 y	0.5		PMC	L14621		OUTSIDE CLINIC
	IPV	01/21/18	14 y	0.5					
Haemophilus influenzae	HIB (PRP-T)	11/29/03	2 m	0.5					
type b (e.g., Hib, HepB-Hib, DTaP-	DTAP-HIB-IPV	01/01/12	8 y	0.5					
Hib, DTaP-Hib-IPV)									
Measles, Mumps, Rubella	MEASLES	09/28/04	12 m	0.5					
(MMR, MMRV)	MEASLES	02/01/10	6 y	0.5					
	MMR	02/20/12	8 y	0.5					
	MMR	05/06/17	13 y	0.5					OUTSIDE CLINIC
	Rubella Disease History	04/14/17							
Varicella (Var, MMRV)	VARICELLA	09/28/04	12 m	0.5					
	VARICELLA	01/25/17	13 y	0.5	SC LA	MSD	L001325		OUTSIDE CLINIC
Hepatitis A	HEP A	04/07/17	13 y	0.5					OUTSIDE CLINIC
(e.g., HepA, HepA-HepB)	HEP A	10/18/17	14 y	0.5	IM LD	SKB	2427S	07/20/2016	OUTSIDE CLINIC
	HEP A	03/13/18	14 y	0.5		MSD			OUTSIDE CLINIC
Hepatitis B	HEP B ADOL/PED	04/07/17	13 y	0.5					OUTSIDE CLINIC
(e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-	HEP B ADOL/PED	05/10/17	13 y	0.5	IM LT	SKB	3A9R3	07/20/2016	OUTSIDE CLINIC
HepB)	HEP B	06/13/17	13 y	0.5					OUTSIDE CLINIC
	HEP B	01/05/18	14 y	0.5					
Human Papilomavirus	HPV9	05/04/17	13 y	0.5	LA			12/02/2016	OUTSIDE CLINIC
(e.g., HPV)	HPV9	05/23/17	13 y	0.5	IM LA	MSD	L013429	12/02/2016	OUTSIDE CLINIC
	HPV9	01/04/18	14 y	0.5	IM LA			12/02/2016	OUTSIDE CLINIC

## **Patient/Parent Card**

The Patient/Parent Card provides similar information as the Forecaster. This card should be used as a referral document and given to the parent or guardian. It lists vaccines given, the clinic that gave the vaccine (if known), and ACIP recommended vaccines and their due dates. An example is provided below.









#### Alabama Immunization Record

Patient Name: DOE, JOHN

Date of Birth: 08/05/2011 Chart No.:

Parent(s) Name:

TEST ENROLLMENT CLINIC 12 MAIN STREET MONTGOMERY, AL 36117

444 555:5555

Vaccine	Vaccine Given	Date Given	Physician or Clinic
Diphtheria, Tetanus, Pertussis	DTAP-HIB-IPV	10/05/11	UNKNOWN CLINIC
(DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap,	DTAP-HIB-IPV	12/06/11	UNKNOWN CLINIC
Td, DTaP-Hib-IPV)	DTAP-HIB-IPV	02/07/12	UNKNOWN CLINIC
	DTAP	10/10/14	ADPH TEST SITE
	DTAP-IPV	08/05/15	UNKNOWN CLINIC
	TD ADULT P FREE	09/16/15	COVINGTON FAMIL
	Religious Exempt	05/03/17	
	Religious Exempt	05/03/17	
Polio	DTAP-HIB-IPV	10/05/11	UNKNOWN CLINIC
(IPV, DTaP-HepB-Hib, DTaP-Hib-IPV)	DTAP-HIB-IPV	12/06/11	UNKNOWN CLINIC
	DTAP-HIB-IPV	02/07/12	UNKNOWN CLINIC
	DTAP-IPV	08/05/15	UNKNOWN CLINIC
	Religious Exempt	05/03/17	
Haemophilus influenzae type b	DTAP-HIB-IPV	10/05/11	UNKNOWN CLINIC
(Hib, HepB-Hib, DTaP-Hib, DTaP-Hib-IPV)	DTAP-HIB-IPV	12/06/11	UNKNOWN CLINIC
	DTAP-HIB-IPV	02/07/12	UNKNOWN CLINIC
	HIB (PR:P-T)	08/05/15	UNKNOWN CLINIC
Measles, Mumps, Rubella (MMR, MMRV)	MMRV	08/09/12	UNKNOWN CLINIC
	MMRV	08/05/15	UNKNOWN CLINIC
Varicella (Var, MMRV)	MMRV	08/09/12	UNKNOWN CLINIC
	MMRV	08/05/15	UNKNOWN CLINIC
Hepatitis A	HEP A PED/ADOL 2 DOSE	01/02/16	UNKNOWN CLINIC
(HepA, HepA-HepB)			
Hepatitis B			
(HepB, HepB-Hib, DTaP-HepB-IPV, HepA-			
HepB)			
Human Papilomavirus(HPV)	HPV9	10/10/12	UNKNOWN CLINIC
Meningococcal (MCV4, MPSV4)			
Pneumococcal	PCV13	10/05/11	UNKNOWN CLINIC
(PCV, PPV)	PCV13	12/06/11	UNKNOWN CLINIC
	PCV13	02/07/12	UNKNOWN CLINIC
	PCV13	08/05/15	UNKNOWN CLINIC
Rotavirus (Rota)			
nfluenza (TIV, LAIV)			
"Million	HDV9	10/10/12	LINKNOWN CLINIC
Juner	HEPA PEDIADOL 2 DOSE	01/02/16	UNKNOWN CLINIC
DOF JOHN			
Becommended Vessines*			
Recommended vaccines			
Type Due Date			

Recommended	vaccines
Туре	Due Date
HepB	Due Now
HepA	Due Now
HPV	08/05/2022
Meningococcal	08/05/2022
Tdap	08/05/2022
PneumoPPV	08/05/2076







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## **Medical Exemptions**

Clinic users at a facility with a licensed physician can provide a Certificate of Medical Exemption from school required immunizations. An approved Alabama Department of Public Health (ADPH) medical exemption form is accepted in lieu of a Certificate of Immunization (COI). Users are only able to issue medical exemptions for patients assigned to their clinic with a Chart #. To issue a medical exemption, the user must first search and select the correct patient. Click "Medical Exemption" on the left side of the screen. Although a site may be able to view and see the "Medical Exemption" tab, it does not mean it has the ability to issue medical exemptions. Sites that are not authorized to issue medical exemptions will receive the following message after selecting the "Medical Exemption" tab.

_	Medical Exemption								
	Name	DOB	Age	RegistryID					
	TEST, TES A	09/28/2003	14 Yrs 7 Mo 26 days	(15667618)					
Medical Exemptions cannot be added by this site type.									

Users at approved clinical sites should proceed with issuing a medical exemption using the following steps.

Medical Exemption									
Name		В	Age	F	RegistryID				
TEST, TESTY ANOTHER		)9/2004	14 Yrs 1 Mo 8 days (		(15194656)				
Exemption Type		Antigen	Authorizer	Begin Date	End Date or Vaccine Given				
Add <select></select>	•	<select></select>	<select> V</select>	5/17/2018					
Print Partial Medical Exemption									

In the first column, the user must select the exemption type: partial or full exemption.







Exemption Type	Antigen	Authorizer
Add Partial Medical Exemption V	<select></select>	<select></select>
	<select></select>	
	DIPHTHERIA	
Print	INACTIVATED POLIO	
	MEASLES	
	MMR	
	MUMPS	
	PERTUSSIS ACELLULAR	
	RUBELLA	
	TDAP	
	TETANUS	
	VARICELLA	

The user will need to select the indicated antigen. A full medical exemption does not require this step, as the administration of any vaccine is contraindicated for the patient. However, for partial exemptions, only one antigen can be chosen at a time.

Medical Exemption						
Name DOE		OOB	Age F		egistryID	
TEST, TESTY ANOTHER 04/		4/09/2004	14 Yrs 1 Mo 8 days	(1	5194656)	
	Exemption Type	Antigen	Authorizer	Begin Date	End Date or Vaccine Given	
Update	Partial Medical Exemption	MMR	MEDICAL TEST	05/17/2018		
Add	<select></select>	<select> •</select>	<select></select>	5/17/2018		
Print						

Lastly, the user will select the medical provider authorizing the exemption. The date in the last column automatically defaults to the present date. After all information is entered, select "Add". If another antigen needs to be added, the user will repeat the above step. When complete, select "Print" to obtain an approved ADPH medical exemption form. An example is provided below. Notice the exemption has the approved ADPH seal, and there is no expiration date.







	STATE OF ALABAMA PERMANENT MEDICAL EXEM	IPTION
This Alabama Certificate of Immuniz authorized by a physician.	ation is to be used when vaccines are contraindicated for i	nedical reasons. This exemption must be
ß	TESTY ANOTHER TEST	04/09/2004
The administration of the foll Antigen MMR	Name of Child owing is/are medically contraindicated at this time. 1815 Authorizing Site: TES Phone Nbr	Date of Birth Dete of Birth PhysicianMEDICAL TEST T IMMPRINT CLINIC r: (334) 456-7890

There are two ways for an exemption to expire. The first is when the patient receives an immunization containing the exempted antigen. When the administration of that vaccine is entered into ImmPRINT, the registry automatically applies that administration date as the expiration date.

	Medical Exemption							
medical Exemption								
Name DOB					Age		egistryID	
TEST, TESTY ANOTHER 04/09		04/09/2	2004	14 Yrs 1 Mo 8 days		(15194656)		
		Exemption Type		Antigen	Authorizer	Begin Date	End Date or Vaccine Given	
		Partial Medical Exemption	1	MMR	MEDICAL TEST	05/17/2018	05/17/2018	

However, clinic users can also manually enter an expiration date. Please be aware that

expiration dates cannot be predated. The date entered must be on or before the current date.







Medical Exemption							
Name	D	OB	Age R		egistryID		
TEST, TES	TY ANOTHER 04	4/09/2004	14 Yrs 1 Mo 8 days (1		5194656)		
	1						
	Exemption Type	Antigen	Authorizer	Begin Date	End Date or Vaccine Given		
Update	Partial Medical Exemption	MMR	MEDICAL TEST	05/17/2018			
Add	<select></select>	<select></select>	<select> •</select>	5/17/2018			
Print							

The user will access the patient's medical exemption page, enter the correct date (mmddyyy)

in the "End Date or Vaccine Given" text box, and select "Update".

-Medical Exemption							
Name DOB Age RegistryID							
	TEST, TESTY ANOTHER 04/09		4/09/2004	14 Yrs 1 Mo 8 days		(15194656)	
		Exemption Type	Antigen	Authorizer	Begin Date	End Date or Vaccine Given	
		Partial Medical Exemption	MMR	MEDICAL TEST	05/17/2018	05/17/2018	

When any and all exemptions have expired, the print function will be unavailable.

Medical Exemption							
	Name DOI TEST, TESTY ANOTHER 04/0		DB Age /09/2004 14 Yrs 2 Mo 12 days		F	RegistryID	
					(	15194656)	
		Exemption Type	Antigen	Authorizer	Begin Date	End Date or Vaccine Given	
		Partial Medical Exemption	MMR	MEDICAL TEST	05/17/2018	05/17/2018	
		Partial Medical Exemption	MMR	MEDICAL TEST	05/17/2018	05/17/2018	
	Add	<select></select>	<select></select>	<select></select>	6/21/2018		

# HL7 Clinic Site Users

Clinic sites that have an HL7 interface with ImmPRINT have additional tasks. Please refer to the HL7 section of this manual for those details.





