

## Clinic User

**Objectives: At the completion of this section, the user 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.

-Patient Details

| Name      | DOB        | Age                 | RegistryID |
|-----------|------------|---------------------|------------|
| TES, TEST | 01/23/1994 | 24 Yrs 2 Mo 26 days | (15919272) |

[Patient Details](#) [Contact Info](#) [Parent Info](#) [Insurance Information](#) [Chart #/Follow Up](#) [Patient Notes](#)

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

|                     |                      |                      |           |
|---------------------|----------------------|----------------------|-----------|
| <a href="#">Add</a> | Chart #              | Site Name            | Follow-Up |
|                     | <input type="text"/> | IMMPRINT TEST CLINIC | ACTIVE    |

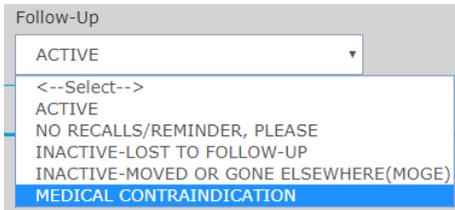


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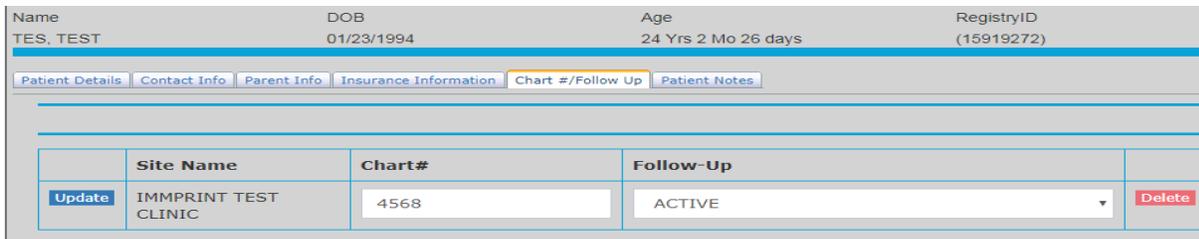
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The user will also see a “Follow-up” drop down box. This field allows the user to notate patient information as well. See the image below.



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”.



### 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.



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Patient List

Select a site  
 IMMPRINT TEST CLINIC ▾

Active Patients
  Inactive Patients
  Active and Inactive Patients

Search

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.

Sort By

Both
  Last Name
  First Name

Update
 Cancel
 Print Certificate of Imm(COI)
 Print Full List of Patients
 Print Patients Without Chart #

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



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Patient List

Select a site  
 IMMPRINT TEST CLINIC ▾

Active Patients
  Inactive Patients
  Active and Inactive Patients

Search

---

Sort By  
 Both
  Last Name
  First Name

D T

| Name                       | DOB       | Chart Number | Status                                   | Print COI                | Exemption                   |
|----------------------------|-----------|--------------|--|--------------------------|-----------------------------|
| DAVIS, TEA                 | 8/19/1955 | 12458        | NO RECALLS/REMINDER, PLEASE ▾            | <input type="checkbox"/> |                             |
| DEOLIVEIRA, TEST GWENDOLYN | 5/10/1999 | 1425         | INACTIVE-MOVED OR GONE ELSEWHERE(MOGE) ▾ | <input type="checkbox"/> |                             |
| DOE, JANE B                | 1/1/2011  | 123          | INACTIVE-MOVED OR GONE ELSEWHERE(MOGE) ▾ | <input type="checkbox"/> | Partial Religious Exemption |
| TES, TES                   | 2/26/2018 | 1998         | ACTIVE ▾                                 | <input type="checkbox"/> |                             |
| TES, TEST                  | 1/23/1994 | 4568         | ACTIVE ▾                                 | <input type="checkbox"/> |                             |
| TESSTER, TESS              | 6/27/2009 | 1584         | ACTIVE ▾                                 | <input type="checkbox"/> | Partial Religious Exemption |

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.



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## 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.



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Vaccine Forecast for : **DOE, JOHN**

As of: 01/09/2018

DOB: 08/05/2011

Age: 6 Yrs 5 Mo 4 days

| Given Vaccine          | Evaluated Vaccine      | Vaccination Date | Evaluation | Invalid Reason                   |
|------------------------|------------------------|------------------|------------|----------------------------------|
| DTAP                   | DTAP                   | 10/10/2014       | Valid      |                                  |
| DTAP-HIB-IPV           | DTAP                   | 10/05/2011       | Valid      |                                  |
| DTAP-HIB-IPV           | IPV                    | 10/05/2011       | Valid      |                                  |
| DTAP-HIB-IPV           | HIB (PRP-T)            | 10/05/2011       | Valid      |                                  |
| DTAP-HIB-IPV           | DTAP                   | 12/06/2011       | Valid      |                                  |
| DTAP-HIB-IPV           | HIB (PRP-T)            | 12/06/2011       | Valid      |                                  |
| DTAP-HIB-IPV           | IPV                    | 12/06/2011       | Valid      |                                  |
| DTAP-HIB-IPV           | IPV                    | 02/07/2012       | Valid      |                                  |
| DTAP-HIB-IPV           | HIB (PRP-T)            | 02/07/2012       | Valid      |                                  |
| DTAP-HIB-IPV           | DTAP                   | 02/07/2012       | Valid      |                                  |
| DTAP-IPV               | IPV                    | 08/05/2015       | Valid      |                                  |
| DTAP-IPV               | DTAP                   | 08/05/2015       | Valid      |                                  |
| HEP A PEDI/ADOL 2 DOSE | HEP A PEDI/ADOL 2 DOSE | 01/02/2016       | Valid      |                                  |
| HIB (PRP-T)            | HIB (PRP-T)            | 08/05/2015       | Valid      |                                  |
| HPV9                   | HPV9                   | 10/10/2012       | Accepted   | Below Minimum Age for the Series |
| MMRV                   | MMR                    | 08/09/2012       | Valid      |                                  |
| MMRV                   | VARICELLA              | 08/09/2012       | Valid      |                                  |
| MMRV                   | MMR                    | 08/05/2015       | Valid      |                                  |
| MMRV                   | VARICELLA              | 08/05/2015       | Valid      |                                  |
| PCV13                  | PCV13                  | 10/05/2011       | Valid      |                                  |
| PCV13                  | PCV13                  | 12/06/2011       | Valid      |                                  |
| PCV13                  | PCV13                  | 02/07/2012       | Valid      |                                  |
| PCV13                  | PCV13                  | 08/05/2015       | Valid      |                                  |
| TD ADULT P FREE        | TD ADULT P FREE        | 08/16/2015       | Accepted   | Extra Dose                       |

**Recommended Vaccines:**

**Not Recommended Vaccines:**

| Vaccine       | Dose Number | Date Needed | Vaccine                | Reason          |
|---------------|-------------|-------------|------------------------|-----------------|
| HepB          | 1           | Due Now     | Hib                    | Series Complete |
| HepA          | 2           | Due Now     | MMR                    | Series Complete |
| HPV           | 1           | 08/05/2022  | Pneumococcal Conjugate | Series Complete |
| Meningococcal | 1           | 08/05/2022  | Polio                  | Series Complete |
| Tdap          | 1           | 08/05/2022  | Varicella              | Series Complete |
| PneumoPPV     | 1           | 08/05/2026  | Rotavirus              | Too Old         |

\*This information, based on ACIP recommendations, is only a guide and should not be used exclusively to determine your patients' vaccination needs.

\*Meningococcal B recommendations are classified as Category B allow for individual clinical decision making.

### 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



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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.

The screenshot shows a web form titled "Certificate of Imm (COI)". At the top, there is a table with the following data:

| Name      | DOB        | Age               | RegistryID |
|-----------|------------|-------------------|------------|
| DOE, JOHN | 08/05/2011 | 6 Yrs 5 Mo 4 days | (14105868) |

Below the table is a blue "Submit" button. Underneath, there is a red warning message: "Invalid doses will not appear on COI (see forecaster). Medical and/or Religious exemptions noted at the school and/or child care center may affect the expiration date populated." Below this is a section for "Expiration Date" with a text input field containing "12/22/2028". There are two radio button options: "Print Parent or Guardian Info" with "No" selected and "Yes" unselected. At the bottom, there is a checkbox for "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.



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## CERTIFICATE OF IMMUNIZATION

12/22/2028

Date of Expiration

(Next Required Immunization)

DOE, JOHN

Child's Name (first, middle, last)

08/05/2011

Birthdate

Parent/Guardian Name (first, middle, last)

Unless Specifically exempted by law, Alabama law (code of Alabama 1975, Section 16-30-4) requires a certificate on file for each child in attendance in all schools and licensed child care facilities in Alabama. Instructions for this form and immunization requirements by age are detailed via the ADPH web site at [www.adph.org/immunization](http://www.adph.org/immunization)

| Vaccine  | DOSE1<br>DATE<br>MM   DD   YY | DOSE2<br>DATE<br>MM   DD   YY | DOSE3<br>DATE<br>MM   DD   YY | DOSE4<br>DATE<br>MM   DD   YY | DOSE5<br>DATE<br>MM   DD   YY | DOSE6<br>DATE<br>MM   DD   YY | Total<br>Doses | Confirmed<br>Lab<br>MM   YY | History<br>MM   YY |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|----------------|-----------------------------|--------------------|
| <b>Required Vaccines for School or Child Care Attendance</b> |                               |                               |                               |                               |                               |                               |                |                             |                    |
| DTP,DTaP,DT  | DTAP-HIB-IPV<br>10/05/11      | DTAP-HIB-IPV<br>12/06/11      | DTAP-HIB-IPV<br>02/07/12      | DTAP<br>10/10/14              | DTAP-IPV<br>08/05/15          |                               |                |                             |                    |
| TD   | TD<br>08/16/15                |                               |                               |                               |                               |                               |                |                             |                    |
| Tdap   |                               |                               |                               |                               |                               |                               |                |                             |                    |
| IPV,OPV  | DTAP-HIB-IPV<br>10/05/11      | DTAP-HIB-IPV<br>12/06/11      | DTAP-HIB-IPV<br>02/07/12      | DTAP-IPV<br>08/05/15          |                               |                               |                |                             |                    |
| Hib<br>(Under Age 5)   | DTAP-HIB-IPV<br>10/05/11      | DTAP-HIB-IPV<br>12/06/11      | DTAP-HIB-IPV<br>02/07/12      |                               |                               |                               |                |                             |                    |
| Measles  | MMRV<br>08/09/12              | MMRV<br>08/05/15              |                               |                               |                               |                               |                |                             |                    |
| Mumps  | MMRV<br>08/09/12              | MMRV<br>08/05/15              |                               |                               |                               |                               |                |                             |                    |
| Rubella  | MMRV<br>08/09/12              | MMRV<br>08/05/15              |                               |                               |                               |                               |                |                             |                    |
| PCV  |                               |                               |                               |                               |                               |                               |                |                             |                    |
| Varicella  | MMRV<br>08/09/12              | MMRV<br>08/05/15              |                               |                               |                               |                               |                |                             |                    |

| <b>Recommended Vaccines</b> |                   |  |  |  |  |  |  |  |  |
|-----------------------------|-------------------|--|--|--|--|--|--|--|--|
| HepA                        | HEP A<br>01/02/16 |  |  |  |  |  |  |  |  |
| HepB                        |                   |  |  |  |  |  |  |  |  |
| HPV                         | 10/10/12          |  |  |  |  |  |  |  |  |
| MCV,<br>MPSV,MENB           |                   |  |  |  |  |  |  |  |  |
| Rotavirus                   |                   |  |  |  |  |  |  |  |  |

### NOTES

A licensed physician or qualified employee of the Alabama Dept of Public Health is responsible for the content of this certificate. All dates must include the month, day, and year. In cases of history of disease or laboratory confirmation, the month and year of infection or test must be filled in the appropriate box(es).

**The certificate is NOT valid without the name and birth date of the child, date of expiration, name and address of the physician or health department, and date of issue.** A school or facility official is responsible for keeping a current valid Certificate on file for each child in attendance. **When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian.**

Site Name : TEST ENROLLMENT CLINIC

Address: 12 MAIN STREET MONTGOMERY

Telephone #: (444) 5555555

Date of Issue: 1/9/2018



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## 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.



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## IMMUNIZATION RECORD

Allergies: \_\_\_\_\_  
 Reactions: \_\_\_\_\_

Name: TEST, TES A  
 DOB: 09/28/2003  
 Chart # 12345  
 Date 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 |
|--|---------------------------------|-----------------------|------------|--------------|--------------|------|---------|------------|----------------------|
| <b>Diphtheria, Tetanus, Pertussis</b><br>(e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, Td, DTaP-Hib-IPV) | DTAP                            | 11/28/03              | 2 m        | 0.5          |              |      |         |            |                      |
|  | DT                              | 11/29/04              | 14 m       | 0.5          |              |      |         |            |                      |
|  | DTAP-HIB-IPV                    | 01/01/12              | 8 y        | 0.5          |              |      |         |            |                      |
|  | DTAP                            | 04/01/17              | 13 y       | 0.5          |              |      |         |            |                      |
|  | DTAP                            | 11/22/17              | 14 y       | 0.5          |              |      |         |            | OUTSIDE CLINIC       |
| <b>Polio</b><br>(e.g., IPV, DTaP-HepB-Hib, DTaP-Hib-IPV)   | DTAP-HIB-IPV                    | 01/01/12              | 8 y        | 0.5          |              |      |         |            |                      |
|  | 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          |              |      |         |            |                      |
| <b>Haemophilus influenzae type b</b><br>(e.g., Hib, HepB-Hib, DTaP-Hib, DTaP-Hib-IPV)                      | HIB (PRP-T)                     | 11/29/03              | 2 m        | 0.5          |              |      |         |            |                      |
|  | DTAP-HIB-IPV                    | 01/01/12              | 8 y        | 0.5          |              |      |         |            |                      |
| <b>Measles, Mumps, Rubella (MMR, MMRV)</b>   | MEASLES                         | 09/28/04              | 12 m       | 0.5          |              |      |         |            |                      |
|  | 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              |            |              |              |      |         |            |                      |
| <b>Varicella (Var, MMRV)</b>   | VARICELLA                       | 09/28/04              | 12 m       | 0.5          |              |      |         |            |                      |
|  | VARICELLA                       | 01/25/17              | 13 y       | 0.5          | SC LA        | MSD  | L001325 |            | OUTSIDE CLINIC       |
| <b>Hepatitis A</b><br>(e.g., HepA, HepA-HepB)  | HEP A                           | 04/07/17              | 13 y       | 0.5          |              |      |         |            | OUTSIDE CLINIC       |
|  | 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       |
| <b>Hepatitis B</b><br>(e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)                                     | HEP B ADOL/PED                  | 04/07/17              | 13 y       | 0.5          |              |      |         |            | OUTSIDE CLINIC       |
|  | HEP B ADOL/PED                  | 05/10/17              | 13 y       | 0.5          | IM LT        | SKB  | 3A9R3   | 07/20/2016 | OUTSIDE CLINIC       |
|  | HEP B                           | 06/13/17              | 13 y       | 0.5          |              |      |         |            | OUTSIDE CLINIC       |
|  | HEP B                           | 01/05/18              | 14 y       | 0.5          |              |      |         |            |                      |
| <b>Human Papillomavirus</b><br>(e.g., HPV)   | HPV9                            | 05/04/17              | 13 y       | 0.5          | LA           |      |         | 12/02/2016 | OUTSIDE CLINIC       |
|  | 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.



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### 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 5555555

| Vaccine  | Vaccine Given         | Date Given | Physician or Clinic |
|--|-----------------------|------------|---------------------|
| Diphtheria, Tetanus, Pertussis (DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, Td, DTaP-Hib-IPV) | DTaP-HIB-IPV          | 10/05/11   | UNKNOWN CLINIC      |
|  | DTaP-HIB-IPV          | 12/06/11   | UNKNOWN CLINIC      |
|  | 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   |                     |
| Polio (IPV, DTaP-HepB-Hib, DTaP-Hib-IPV)   | DTaP-HIB-IPV          | 10/05/11   | UNKNOWN CLINIC      |
|  | DTaP-HIB-IPV          | 12/06/11   | UNKNOWN CLINIC      |
|  | DTaP-HIB-IPV          | 02/07/12   | UNKNOWN CLINIC      |
|  | DTaP-IPV              | 08/05/15   | UNKNOWN CLINIC      |
| Haemophilus influenzae type b (Hib, HepB-Hib, DTaP-Hib, DTaP-Hib-IPV)                      | DTaP-HIB-IPV          | 10/05/11   | UNKNOWN CLINIC      |
|  | DTaP-HIB-IPV          | 12/06/11   | UNKNOWN CLINIC      |
|  | DTaP-HIB-IPV          | 02/07/12   | UNKNOWN CLINIC      |
|  | HIB (PRP-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 (HepA, HepA-HepB)  | HEP A PEDIADOL 2 DOSE | 01/02/16   | UNKNOWN CLINIC      |
| Hepatitis B (HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)                                     |                       |            |                     |
| Human Papillomavirus (HPV)   | HPV9                  | 10/10/12   | UNKNOWN CLINIC      |
| Meningococcal (MCV4, MPSV4)  |                       |            |                     |
| Pneumococcal (PCV, PPV)  | PCV13                 | 10/05/11   | UNKNOWN CLINIC      |
|  | PCV13                 | 12/06/11   | UNKNOWN CLINIC      |
|  | PCV13                 | 02/07/12   | UNKNOWN CLINIC      |
|  | PCV13                 | 08/05/15   | UNKNOWN CLINIC      |
| Rotavirus (Rota)   |                       |            |                     |

|                       |                       |          |                |
|-----------------------|-----------------------|----------|----------------|
| Influenza (TIV, LAIV) |                       |          |                |
| Other                 | HPV9                  | 10/10/12 | UNKNOWN CLINIC |
|                       | HEP A PEDIADOL 2 DOSE | 01/02/16 | UNKNOWN CLINIC |

| DOE, JOHN             |            |
|-----------------------|------------|
| Recommended Vaccines* |            |
| Type                  | 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 (or in conjunction with) 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.

| 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.

| Name                | DOB        | Age                | RegistryID |
|---------------------|------------|--------------------|------------|
| TEST, TESTY ANOTHER | 04/09/2004 | 14 Yrs 1 Mo 8 days | (15194656) |

|       | Exemption Type                                      | Antigen      | Authorizer   | Begin Date | End Date or Vaccine Given |
|-------|---|--------------|--------------|------------|---------------------------|
| Add   | <--Select-->  | <--Select--> | <--Select--> | 5/17/2018  |                           |
|       | <--Select-->  |              |              |            |                           |
| Print | Full Medical Exemption<br>Partial Medical Exemption |              |              |            |                           |

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



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|              |  |  |                                     |
|--------------|--|--|-------------------------------------|
| <b>Add</b>   | <b>Exemption Type</b><br>Partial Medical Exemption ▼ | <b>Antigen</b><br><--Select--> ▼<br><--Select--><br>DIPHTHERIA<br>INACTIVATED POLIO<br>MEASLES<br>MMR<br>MUMPS<br>PERTUSSIS ACELLULAR<br>RUBELLA<br>TDAP<br>TETANUS<br>VARICELLA | <b>Authorizer</b><br><--Select--> ▼ |
| <b>Print</b> |  |  |                                     |

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.

|                          |                           |                    |                   |                   |                                  |
|--------------------------|---------------------------|--------------------|-------------------|-------------------|----------------------------------|
| <b>Medical Exemption</b> |                           |                    |                   |                   |                                  |
| <b>Name</b>              | <b>DOB</b>                | <b>Age</b>         | <b>RegistryID</b> |                   |                                  |
| TEST, TESTY ANOTHER      | 04/09/2004                | 14 Yrs 1 Mo 8 days | (15194656)        |                   |                                  |
| <b>Update</b>            | <b>Exemption Type</b>     | <b>Antigen</b>     | <b>Authorizer</b> | <b>Begin Date</b> | <b>End Date or Vaccine Given</b> |
|                          | Partial Medical Exemption | MMR                | MEDICAL TEST      | 05/17/2018        |                                  |
| <b>Add</b>               | <--Select--> ▼            | <--Select--> ▼     | <--Select--> ▼    | 5/17/2018         |                                  |
| <b>Print</b>             |                           |                    |                   |                   |                                  |

Lastly, the user will select the licensed physician 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.



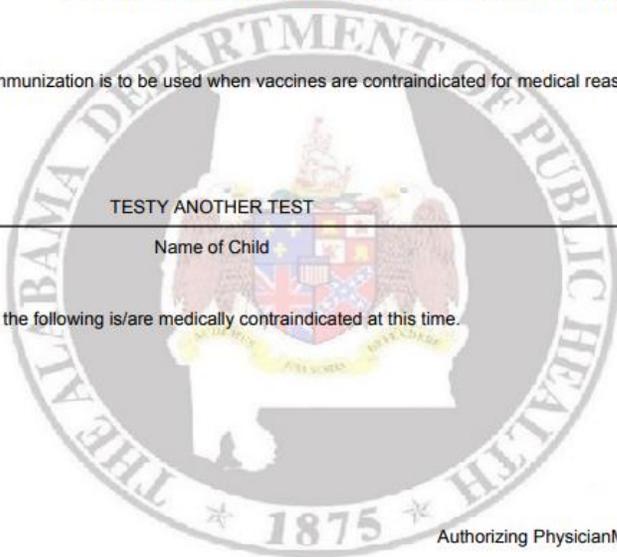
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## STATE OF ALABAMA PERMANENT MEDICAL EXEMPTION

This Alabama Certificate of Immunization is to be used when vaccines are contraindicated for medical reasons. This exemption must be authorized by a physician.



TESTY ANOTHER TEST

04/09/2004

Name of Child

Date of Birth

The administration of the following is/are medically contraindicated at this time.

**Antigen**

MMR

Authorizing Physician MEDICAL TEST

Site: TEST IMMPRINT CLINIC

Phone Nbr: (334) 456-7890

Date Printed: 05/17/2018

There are two ways for an exemption to end. 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 end date.

| Medical Exemption         |            |                    |            |                           |  |
|---------------------------|------------|--------------------|------------|---------------------------|--|
| Name                      | DOB        | Age                | RegistryID |                           |  |
| TEST, TESTY ANOTHER       | 04/09/2004 | 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                |  |

However, clinic users can also manually enter an end date. Please be aware that end dates cannot be predated. The date entered must be on or before the current date.



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| Medical Exemption                     |                           |                    |              |            |                           |
|---------------------------------------|---------------------------|--------------------|--------------|------------|---------------------------|
| Name                                  | DOB                       | Age                | RegistryID   |            |                           |
| TEST, TESTY ANOTHER                   | 04/09/2004                | 14 Yrs 1 Mo 8 days | (15194656)   |            |                           |
|                                       | Exemption Type            | Antigen            | Authorizer   | Begin Date | End Date or Vaccine Given |
| <input type="button" value="Update"/> | Partial Medical Exemption | MMR                | MEDICAL TEST | 05/17/2018 | <input type="text"/>      |
| <input type="button" value="Add"/>    | <--Select-->              | <--Select-->       | <--Select--> | 5/17/2018  |                           |

The user will access the patient’s medical exemption page, enter the correct date (mm/dd/yyyy) in the “End Date or Vaccine Given” text box, and select “Update”.

| Medical Exemption   |                           |                    |              |            |                           |
|---------------------|---------------------------|--------------------|--------------|------------|---------------------------|
| Name                | DOB                       | Age                | RegistryID   |            |                           |
| TEST, TESTY ANOTHER | 04/09/2004                | 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 ended, the print function will be unavailable.

| Medical Exemption                  |                           |                     |              |            |                           |
|------------------------------------|---------------------------|---------------------|--------------|------------|---------------------------|
| Name                               | DOB                       | Age                 | RegistryID   |            |                           |
| TEST, TESTY ANOTHER                | 04/09/2004                | 14 Yrs 2 Mo 12 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                |
|                                    | Partial Medical Exemption | MMR                 | MEDICAL TEST | 05/17/2018 | 05/17/2018                |
| <input type="button" value="Add"/> | <--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.



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