

ImmTrac2 Texas Immunization Registry

Schools Training: View Only Users

ImmTrac2 Schools Training



Texas Department of State Health Services

Welcome

08/23/2017



Webinar Details

- 1. All attendees are muted.
- 2. Type your questions in the webinar panel at any time.
- 3.Q & A will conclude the presentation.



Resources

- DSHS website: <u>www.immunizetexas.com</u>
 - Click ImmTrac Registry & go to ImmTrac2 webpage
- Health Service Regions & Local Health Depts.
 - Staff are trained to provide support
- ImmTrac Customer Support
 - Email: <u>ImmTrac2@dshs.texas.gov</u>
 - Phone: 1-800-348-9158



System Requirements

Reliable Internet access:High-speed connection preferredMinimum software requirements:

- Microsoft[®] Internet Explorer, version 11.0 or higher, and Microsoft Edge
- Windows[®] 7, 8, or 10
- Acrobat Reader[®] 6.0 or higher

NOTE: Confirm that your IT network and security settings allow secure access to: https://Immtrac.dshs.texas.gov



Texas Immunization Information System (1 of 2)

- Confidential web-based information system
- Provides consolidated immunization information for children & adults
- An opt-in system specific to residents of the state of Texas



Texas Immunization Information System (2 of 2)

Allows schools and daycares to:

- View immunizations
- Forecast vaccines due
- Print official immunization records
- Reset own password for access



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Help Resources





Purpose

This presentation provides a review for school-based View Only users on how to:

- Log in & reset your password
- View student immunization records
- Print the Official Immunization Record
- Create lists of students
- Access Texas school-compliance schedules

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Logging In (1 of 3)

- Users are assigned ONE user account.
- The user account can access one or many provider locations, or Organizations.
- Users must have three codes to log in:
 - Org Code
 - Username
 - Password



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Logging In (2 of 3)



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Logging In (3 of 3)

- The Confidentiality Statement displays.
- Click the "I Agree" button to access ImmTrac2.

Department of State Health Services	Confidentiality Statement
ng Region	
elcome CoTrainer	I understand and agree that information entered into and contained in ImmTrac2 is confidential. I agree that I will use the information in ImmTrac2 only for the purpose for which it is intended. I acknowledge that the unauthorized disclosure of personal, identifiable information is strictly prohibited.
	Immunization records may only be released to:
	 the individual or the individual's legally authorized representative a public health district a local health department a physician to the individual a school or child care facility in which the individual is enrolled a state agency having legal custody of the individual
	I verify that I am an authorized ImmTrac2 user.
	I agree not to share any information that is accessible through ImmTrac2 without proper authorization.
	I acknowledge that unauthorized discussion or release of the information from ImmTrac2 will expose me to civil and criminal liability under the provisions of Texas Government Code §552.352, Texas Health and Safety Code §591.022; Title 5, United States Code §552a(1); and Title 42, code of Federal Regulations, Part 2.
	I agree at the end of each ImmTrac2 session, I will log out of the ImmTrac2 application and close my Internet browser.
	By agreeing, I certify I have read, understood and agreed to the above statements.
	I Do Not Agree
	Copyright © 1999 - 2017 State of Wisconsin. All rights reserved.

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Log In Issues (1 of 5)

Incorrect information prompts a validation error message to display.

FORM VALIDATION ERROR(S)

Validation Errors

The Org Code, Username and Password combination is invalid.

Ok



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Log In Issues (2 of 5)

After three unsuccessful attempts, users are redirected to the password recall screen.

DO NOT ATTEMPT TO LOG ON UNLESS YOU ARE AN AUTHORIZED USER.	Login attempt was unsuccessful. If you remember your Org Code, Username, and Password associated with your user account and wish to continue to attempt to login to ImmTrac2, re-enter the required account information and characters displayed, then click Submit. Otherwise, click the Forgot Password button to reset your password.
Forgot Deseword?	Org Code:
Forgot Password?	Username:
	*Enter the characters exactly as displayed
CAL	A Required field



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Log In Issues (3 of 5)

Users have three more opportunities to log in with the CAPTCHA image.

DO NOT ATTEMPT TO LOG ON UNLESS YOU ARE AN AUTHORIZED USER.	Login attempt was unsuccessful. If you remember your Org Code, Username, and Password associated with your user account and wish to continue to attempt to login to ImmTrac2, re-enter the required account information and characters displayed, then click Submit. Otherwise, click the Forgot Password button to reset your password.
Forgot Password?	Org Code:
	Username:
	* Password
	*Enter the characters exactly as displayed
CAL	PTCHA nage * Required field Submit



Log In Issues (4 of 5)

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After three more unsuccessful attempts, the reset password screen displays.

HOME	FORMS	REGISTRATION	RELATED LINKS	¥
User Information				
To reset your passwo associated with your In	rd, please enter your C nmTrac2 account and c	Drg Code, Username, and Slick Submit.	Email address	
*	Org Code:			
*	Username:			
* Ema	ail address:			
	* Required f	ield		
	Submit			
If you have any ques contact ImmTrac2 Cus	tions or do not receiv stomer Support at 1-8	ve an email with the pas 800-348-9158 or at <u>ImmT</u>	sword reset link, pleas r <u>ac2@dshs.texas.gov</u> .	se



Log In Issues (5 of 5)

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Click the Forgot Password button at any time to display the reset password screen.



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Password Reset

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Password Reset (1 of 6)

Enter your Org code, username, and the email address on file for your user account.

		HOME	FC	ORMS	REGISTRATION	RELATED I	INKS								
Org Code: Username:		User Information													
Password:	Login	To reset your passw associated with your	To reset your password, please enter your Org Code, Username, and Email address ssociated with your ImmTrac2 account and click Submit.												
	ITEMPT TO	Г	* Org Code:	TRAI1110											
ARE AN AL	JTHORIZED ER.		* Username:	DE8974CO											
		* EI	mail address:	: DeliaCoTrainer@TheTrainingClinic.com											
Forgot Pas	sword?			* Required fie	ld										
				Submit											



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Password Reset (2 of 6)

You'll receive a password reset email that is valid for 24 hours.

Delilah CoTrainer

A request has been submitted to change your ImmTrac2 password. Please follow the link below to reset your password. This link will be available for 24 hours.

https://training-immtrac.dshs.texas.gov/TXTRN/securityNotification.do?id=-281714790561127600

If you did not initiate this request or if you have problems accessing the reset password screen, please contact ImmTrac2 Customer Support at 1-800-348-9158 or at ImmTrac2@dshs.texas.gov





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Password Reset (3 of 6)

Click the email link to access ImmTrac2. NOTE: The Confidentiality Agreement displays first. Click "I Agree".



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Password Reset (4 of 6)

- Enter the password twice to save.
- Follow the password requirements.

gion	HOME	FORMS	REGISTRA	TION	RELATED LINKS		
ie ainer	organization	Training Clinic • user	Delia CoTrair	ner • role	Full Access Provide	ers no/DE	
	Change Password						
zations							
ccount Account assword					_	Save	
	User	Delia CoTrainer	_			Cancel	
	Username	de8974co	r				
	Org Code	TRAI1031		Password F Must be be	Requirements: tween 8 and 16 characters		
	* New Password			Upper cas Lower cas	at least one of each of the f e letter e letter	ollowing:	
	* Confirm New Password			Numeric va Special ch At least 4 (alue aracter characters must be different	t from previous	
		* Required field		password No dictiona Cannot reu	ary words including slang use last 6 passwords		

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Password Reset (5 of 6)

When you successfully update a password, see the red message **Password Updated**

Training Region	HOME	FORMS	REGISTRATION	RELATED LINKS							
Welcome Delia CoTrainer	organiza	ation Texas DSHS •	user Delia CoTrainer	role Full Access St	ate						
Logout	Change Password										
Applications Switch Organizations				** Pass	word Updated **						
Manage My Account Edit My User Account Change My Password					Save						
Ŭ,	User	Delia CoTrainer			Cancel						
	Username	de8974co									
	Org Code	DSHS	Password Must be b	Requirements: etween 8 and 16 characters	naracters						
	* New Password		Must have Upper cas Lower cas	e at least one of each of the f se letter se letter	ollowing:						
	* Confirm New Password		Numeric Special cl At least 4	value haracter characters must be different	t from previous						
		* Required field	password No dictior Cannot re	nary words including slang euse last 6 passwords							
	If you have any questior 348-9158 or at <u>Imm Trac2</u>	ns regarding resetting y 2@dshs.texas.gov. Copyright © 1999	our password, please con	ntact Imm Trac2 Custom	er Support at 1-800-						

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Password Reset (6 of 6)

Click "Switch Organizations" to leave the screen.

Training Region	HOME	FORMS	REGISTRATION	RELATED LINKS	÷					
Welcome Delia CoTrainer	organiz	ation Texas DSHS •	user Delia CoTrainer	role Full Access Sta	ate					
Logout	Change Password									
Applications Switch Organizations				** Pass	word Updated **					
Manage My Account Edit My User Account Change My Password					Save					
	User	Delia CoTrainer			Cancel					
	Username	de8974co		Password Requirements: Must be between 8 and 16 characters						
	Org Code	DSHS	Password Must be b							
	* New Password		Must have Upper ca Lower ca	e at least one of each of the fo se letter ise letter	bllowing:					
	* Confirm New Password		Numeric Special c At least 4	value haracter Loharacters must be different	from previous					
		* Required field	password No diction Cannot re	nary words including slang euse last 6 passwords	nom pronouo					
	If you have any questior 348-9158 or at <u>ImmTrac</u> 2	ns regarding resetting yo 2@dshs.texas.gov. Copyright © 1999 -	Dur password, please co	ntact ImmTrac2 Custome	er Support at 1-800-					

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Basic Access

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Manage Access Portal View

- After log-in, users assigned to more than one organization see the Portal view.
- Select the ImmTrac2 button for your organization to access the Application view.

Training Region	HOME	FORMS	REGISTRATION	RELATED LINKS	¥
Welcome Delia CoTrainer	organization F	EATHER ISD • user	Delia CoTrainer • role	View Only Non-Provi	iders no/DE
Logout	ImmTrac2 Manage Acce	ESS FEATHER ISD			
Applications Switch Organizations	ImmTracz Manage Acce	ess Texas DSHS			
Manage My Account Edit My User Account Change My Password		Copyright © 1999 -	2017 State of Wisconsin. Al	l rights reserved.	



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Application View (1 of 2)

After login, users assigned to only ONE organization see the Application home page.

ImmTrax2	home	registr	ration/renewal	manage access/account	forms	related links	logout	contact us	(*
Texas Immunization Registry	orga	nization	FEATHER IS	O • user Delia CoTraine	r • role	View Only No	on-Provid	lers no/DE	
Training Region 4.0.0									
•••••	announce	ments							
Immunizations view client imm report Schools manage list	03/0	NEW 04/2014	~ New Proced	ure Starting March 17					
find student check school report	release no	otes:							
Admin Support manufacturer listing trade name listing vaccine group listing vaccine listing	07/3	NEW 31/2017	~ <u>Release Ver</u>	<u>sion 3.3.0</u> Release 3.3.0.					

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Application View (2 of 2)



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View Student Immunizations

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Menu Panel Option





Client Search

- Perform a Client Search using one of the following:
 - Quick Search
 - Basic Search
 - Smart Search
- If an exact match is found, the client's immunization record will display.
- If multiple matches are found, select from the list of possible matches.



Client Immunizations (1 of 2)

The screen has three sections:

- Client Information
- Immunization Record
- Vaccines Recommended by Selected Tracking Schedule



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Client Immunizations (2 of 2)

	Client Informatio	n					Official	Immun	ization	Record		Reports	Cancel
eport	Client Name (First -	MI - Las	t)		DOB	G	Gender	Tracki	ina Scl	hedule		Client I	D
	DEB ORANGE		1		01/01/201	4	F		ACIP		Tra	iClinic-DC	ora2014
ort	Provider (PCP)	Not on	file										
	School	Not on	file										
ing a	Comments 03/01/20	014 ~ All	lerav ta	ega inge	stion (anapl	vlactio	:)						
ting	Current Age: 3 yes	ars. 2 mo	onths.	19 davs		_	· /						
hips	Immunization Reco	ord 🧹											
ount													
ount word	Vaccine Group	Date A	dmin	Series	Vaccine	[Trad	e Nam	ie] [Dose	Owned?	React	tion His	t? Disaster
illor a	DTP/aP	03/01/2	<u>2014</u>	1 of 5	DTaP-Hep	3-IPV (Pediari	x ®]	Full	<u>No</u>			
		06/01/2	2014	2 of 5	DTaP-Hept	3-IPV [Pediari	x ®]	Full	No			
	НерВ	01/01/2	<u>2014</u>	1 of 4	HepB, N	IOS [ŀ	lepB ®]			No		Ye	s
		03/01/2	2014	2 of 4	DTaP-Hept	3-IPV (Pediari	x ®]	Full	No			
		06/01/2	<u>2014</u>	3 of 4	DTaP-Hept	3-IPV (Pediari	x ®]	Full	No			
	Polio	03/01/2	2014	1 of 4	DTaP-Hept	3-IPV	Pediari	x ®]	Full	No			
		06/01/2	2014	2 of 4	DTaP-Hept	3-IPV [Pediari	x ®]	Full	No			
	Vaccines Recomm	ended b	y Sele	cted Trac	king Scheo	iule 🛓							
	Vaccine Grou	ub dr	Vac	cine	Earlies	: Date		Reco	omme	ended Da	te	Past	Due Date
	DTP/aP		DTaF	P, NOS	06/29/	2014			08/01	/2014		09/	01/2014
	<u>HepA</u>		Hep/	A, NOS	01/01/	2015			01/01	/2015		08/	01/2015
	<u>HepB</u>		HepE	B, NOS	07/27/	2014			07/27	7/2014		08/	01/2015
	Hib		Hib,	NOS	04/01/	2015			04/01	/2015		04/	01/2015
	Influenza-seas	nl	Flu	NOS				0	Contra	indicated			
	MMR		M	MR	01/01/	2015			01/01	/2015		05/	01/2015
	PneumoConjug	ate	PC	CV13	02/12/	2014			03/01	1/2014		04/	01/2014
	Polio		Polic	, NOS	06/29/	2014			08/01	/2014		08/	01/2015
	Varicella		Var	icella	01/01/	2015			01/01	/2015		05/	01/2015

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Client Information (1 of 2)

- Personal information, Tracking schedule (ACIP) & Client ID (organization defined)
- Provider & School selections (optional)
- Client Comments

Client Informatio	n		Official	I Reports	Cancel				
Client Name (First -	MI - Last)	DOB	Gender	Tracking Schedule	Client ID				
DEB ORANGE 01/01			F	ACIP	TraiClinic-DOra2	014			
Provider (PCP)	Not on file								
School	Not on file								
Comments 03/01/2014 ~ Allergy to egg ingestion (anaphylactic)									
Current Age: 3 years, 2 months, 19 days									



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Client Information (2 of 2)

Click buttons to access:

- Official Immunization Record
- Reports
- Cancel (returns to previous screen)

Client Information			Official	Immunization Record	Reports Cancel
Client Name (First -	MI - Last)	DOB	Gender	Tracking Schedule	Client ID
DEB ORANGE		01/01/2014	F	ACIP	TraiClinic-DOra2014
Provider (PCP)	Not on file				
School	Not on file				
Comments 03/01/2014 ~ Allergy to egg ingestion (anaphylactic)					
Current Age: 3 yea	ars, 2 months, 19 days	5			



Immunization Record

- Displays a separate row for each vaccine group, whether combo or single vaccine.
- Hyperlinks to display Explanation of Dose Status and organization ownership.

Immunization Record

Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?	Disaster
DTP/aP	03/01/2014	1 of 5	DTaP-HepB-IPV [Pediarix ®]	Full	No			
	06/01/2014	2 of 5	DTaP-HepB-IPV [Pediarix ®]	Full	No			
НерВ	<u>01/01/2014</u>	1 of 4	HepB, NOS [HepB ®]		No		Yes	
	03/01/2014	2 of 4	DTaP-HepB-IPV [Pediarix ®]	Full	No			
	06/01/2014	3 of 4	DTaP-HepB-IPV [Pediarix ®]	Full	No			
Polio	03/01/2014	1 of 4	DTaP-HepB-IPV [Pediarix ®]	Full	No			
	06/01/2014	2 of 4	DTaP-HepB-IPV [Pediarix ®]	Full	No			



Vaccines Recommended

• A dynamic display based on the client's immunization record.

Vaccines Recommended by Selected Tracking Schedule

• Hyperlinks to display explanation of series recommendations.

	.,			
Vaccine Group	Vaccine	Earliest Date	Recommended Date	Past Due Date
DTP/aP	DTaP, NOS	06/29/2014	08/01/2014	09/01/2014
<u>HepA</u>	HepA, NOS	01/01/2015	01/01/2015	08/01/2015
<u>HepB</u>	HepB, NOS	07/27/2014	07/27/2014	08/01/2015
Hib	Hib, NOS	04/01/2015	04/01/2015	04/01/2015
Influenza-seasnl	Flu NOS		Contraindicated	
MMR	MMR	01/01/2015	01/01/2015	05/01/2015
PneumoConjugate	PCV13	02/12/2014	03/01/2014	04/01/2014
Polio	Polio, NOS	06/29/2014	08/01/2014	08/01/2015
<u>Varicella</u>	Varicella	01/01/2015	01/01/2015	05/01/2015

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Print Official Immunization Record

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Official Record (1 of 3)

Search for a Client, then click Official Immunization Record button.

Client Information			Official	Immunization Record	t	Reports	Cancel
Client Name (First - MI - Last)		DOB	Gender	Tracking Schedule		Client ID	l i i i i i i i i i i i i i i i i i i i
DEB ORANGE		01/01/2011	F	ACIP			
Provider (PCP)	Not on file						
School	Not on file						
Comments							
Current Age: 6 yea	ars, 7 months, 14 days						



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Official Record (2 of 3)

A pop-up message displays, confirming that you have consent of the individual, parent, or guardian. Click OK to proceed.





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Official Record (3 of 3)

The record displays in a new browser tab. You can hover near the bottom of the screen to see print options.

	dshs texas gov/TXTRN/auth/gene	rateGroupPatientsRe	not: do??nSecureId=142206996416042859408651121&clientId=2081		mTrac2 the Texas	A training impetracy X	×	
File Edit Go to Favorites Help					innacz, arc rexas			
👍 🧃 PROD 👆 ImmT 🧃 UAT 🧯	🗿 TRAI ⊘ ALM 퉬 Tech 🕶	길 IT2 👻 🕍 DS	SHS 🧃 Texa 🔞 Texa 🎒 Sear 🎢 Texa 🔕 Immu 🚺	Cali 🛐 Immu	🥭 Tabs			
TEXAS DEPARTMENT OF STATE HEALTH SERVICES Official Immunization and Disaster-Related Information Record Texas Department of State Health Services								
ImmTrac ID:	208110668		C	Gender:	F		_	
Client Name (L, F, M):	ORANGE, DEB		C	DOB:	01/01/201	1		
Client Type:	ImmTrac Child (IC)		C	Client Age:	6 years, 7	months, 14 days		
Schedule:	ACIP		F	Report Date:	08/15/201	7		
			IMMUNIZATION HISTORY					
Any cor	Any combination vaccines (e.g. DTaP-HepB-IPV, HepB-Hib) administered are listed within each appropriate vaccine family.							
Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Ma	anufacturer	Lot #	ŧ	
DTP/aP	03/01/2014	1 of 4	DTaP-HepB-IPV [Pediarix]	SKB-Glaxo	SmithKline	555443		
	06/01/2014	2 of 4	DTaP-HepB-IPV [Pediarix]	SKB-Glaxo	SmithKline	45678		
	08/01/201/	3 of 4		DMC Sono	fi Dootour Ino	NH6578	-	

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Student Lists

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School Lists Purpose (1 of 2)

The purpose of "Schools" on the menu panel is to organize School clients (students) into groups (lists) to access immunization information of your students.





School Lists Purpose (2 of 2)

You can:

- Create, edit, and delete school lists
- Find students, to add and remove them from a list
- Access pre-configured School List Reports
- Assess students by a Texas school compliance vaccine schedule



How It Works

Manage lists in three steps:

- 1. Click **Manage List**, to create one or access existing ones for reporting.
- 2. Click **Find Student**, to search & add clients to one or more lists.
- 3. Click **Check School Report**, to view reports you've run from the list.



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Enter a New List Name and Click Save. Your list isn't functional until you add students, or clients, to it.

The list has been created successfully.								
Manage List								
* New List Name				Save				
Report List								
List Name	Last Updated Date	Student Count	Delete	Edit				
2017-2018 7th graders	07/07/2017	0	Delete	Edit				
2017 Kinder Registration	05/04/2017	1	Delete	Edit				
Master List	03/22/2017	9	Delete	Edit				

Find Student (1 of 2)

Click "Find Student" to look up a student, or client.

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aining Region 4.0.0	Student Search Criteria
unizations ew client imm report	* Required Field
anage list	Quick Search
d student report	<u>Basic Search</u> ▼
nin Support	Smart Search 💌
anufacturer listing ade name listing accine group listing accine listing accine relationships age My Account lit my user account ange my password	

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Find Student (2 of 2)

Add the student to the list.

Immunizations

view client imm rep Schools, manage list find student check school report Admin Support manufacturer listing trade name listing vaccine group listin vaccine listing vaccine relationship Manage My Accou

nmunizations view client imm report	Student Information	ImmTrac2 ID 208110668	Official Ir	nmunization Record	Cancel
chools	Student Name (First - MI - Last)		DOB	Gender Tra	cking Schedule
find student	DEB ORANGE		01/01/2011	F ACIP	~
check school report	Current Age: 6 years, 7 months,	14 days			
manufacturer listing trade name listing	Reports				
vaccine listing	Add this Student to a Report List	Please Pick a Repo	rt List		
vaccine relationships lanage My Account edit my user account	Current Report Lists	Brushy Creek Elem	entary		
change my password	Immunization Record				
	Vaccine Group Date Admin S	Series Vaccine (1	Trade Name1	Dose R	eaction Disaster

List Reports (1 of 4)

Click Manage List again to access reports and student details.

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home	registrat	tion/renewal	manage acc	cess/account	forms	related links	logout	contact	us 🔽
org	ganization	FEATHER I	SD • user	Delia CoTrair	ner • role	Full Access	Provide	ers no/DE	
Manage Li	ist								
* New	/ List Name	•							Save
Report Lis	st								
	List	t Name		Last Updat	ed Date	Student Co	unt	Delete	Edit
Brushy Creel	k Elem. 20'	17-2018 Maste	er List	08/16/2	017		2	Delete	Edit

List Reports (2 of 4)

The list details screen displays.

Reports Available for: Brushy Creek Elementary

Report Name	Description
Student List	Displays the name and date of birth for each student on the list sorted alphabetically by last name.
Official Immunization History List	Displays the official immunization history for each student on the list sorted alphabetically by last name.
Immunizations Due	Displays the name, date of birth and all immunization information for immunizations due for each student on the list sorted alphabetically by last name.

Select Tracking Schedule

Tracking Schedule ACIP V

Client List for: Brushy Creek Elementary Delete Cancel							
Delete	Last Name	First Name	Middle Name	Bi	rth Date		
	ORANGE	DEB		01/01/20	11		

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List Reports (3 of 4)

Select the appropriate Texas school vaccine schedule.

Reports Available for: Brushy Creek Elementary Master List

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Report Name	Description				
Student List	Displays the na name.	ame and date of birth for ea	ach student on the list sorted a	Iphabetically by last	
Official Immunization History List	Displays the of name.	ficial immunization history f	for each student on the list sor	ted alphabetically by last	
Immunizations Due ACI TX TX	Displaye the pr P 7th 2016-2017 7th-8th 2017-2017	et alphabetically by ted alphabetically by 18	nmunization information for im / last name.	munizations due for each	
Select Tracking	9-12 2016-2017 9-12 2017-2018 Child Care Regs K-6 2016-2017				
Tracking Schedule	K-6 2017-2018				
Client List for: Brushy Creek Elementary Master List Delete Cancel					
Delete La	st Name	First Name	Middle Name	Birth Date	
	E	DEBBIE		02/07/2014	

List Reports (4 of 4)

Click the link to run a report.

Reports Available for: Brushy Creek Elementary

Report Name	Description
Student List	Displays the name and date of birth for each student on the list sorted alphabetically by last name.
Official Immunization History List	Displays the official immunization history for each student on the list sorted alphabetically by last name.
Immunizations Due	Displays the name, date of birth and all immunization information for immunizations due for each student on the list sorted alphabetically by last name.

Select Tracking Schedule

Tracking Schedule ACIP V

Client List fo	Delete	Cancel				
Delete	Last Name	First Name	Middle Name	Birth Date		
	ORANGE	DEB		01/01/20	01/01/2011	

TEXAS Health and Human Services

Texas Department of State Health Services

08/22/2017

Check School Reports

Click Check School Reports to access the reports you've run.



TEXAS Health and Human Services

Texas Department of State Health Services

08/22/2017

ImmTrac2 Schools Training



Texas Department of State Health Services

System Demo

08/23/2017



Health and Human Services

Texas Department of State Health Services





08/23/2017