MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE

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COUNTY Baltimore SCHOOL										GRADE		
PARENT NAM							PHONE N					
OR GUARDIAN ADDRESS						CITY			ZIP			
		RECO	RD OF I	MMUNI	ZATION	IS (See N	lotes On	Othe	r Side)			
Dose # DTP-DTaP-DT	Polio	Hib	Hep B	PCV	Vaccines T	MCV	HPV	Dose	Hep A	MMR	Varicella	History of
Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	# 1	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Varicella Disease Mo/Yr
2								2				
3								_	Td	Tdap	MenB	Other
4									Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
5												
Signature Title Signature Title		le Dat										
Signature Title			Date									
Lines 2 and 3 ar	e for certif	fication o	of vaccine	s given a	fter the in	itial signa	ature.					
COMPLETE TH	E APPROPI	RIATE SE	CTION BE	LOW IF T	HE CHILI) IS EXEM	IPT FROM	1 VAC	CINATIO	ON ON MI	EDICAL ()R
RELIGIOUS GRO			NATIONS	ТНАТ НА	VE BEEN	RECEIVE	D SHOUI	D BE	ENTERE	D ABOVI	E.	
MEDICAL CONT			describe	the medic	al contrai	ndication						
is is a Permaner												
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									ch vaccine	(s) and the	e reason fo	or the
e above child has a												
ntraindication,							_					
		Medical	Provider / I	LHD Offici	al		Date	e				
ntraindication,	ΓΙΟΝ: an of the chi	ld identifie	ed above. B	ecause of n	ny bona fid	e religious	beliefs and) being

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How To Use This Form

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

Only a medical provider, local health department official, school official, or child care provider may sign 'Record of Immunization' section of this form. This form may not be altered, changed, or modified in any way. Notes:

- 1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except varicella, measles, mumps, or rubella.
- 2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.
- 3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
- 4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient**.
- 5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

Immunization Requirements

The following excerpt from the DHMH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

- "A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:
- (1) Preschool program unless the student's parent or guardian has furnished evidence of age appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
- (2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
- (3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; and (h) Varicella."

Please refer to the "<u>Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools</u>" to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and DHMH COMAR 10.06.04.03 are available at www.EDCP.org (Immunization).

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the "Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs" guideline chart are available at www.EDCP.org (Immunization).

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