

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE

CHILD'S NAME _____
 LAST FIRST MI
 SEX: MALE FEMALE BIRTHDATE ____/____/____
 COUNTY _____ SCHOOL _____ GRADE _____

PARENT OR GUARDIAN NAME _____ PHONE NO. _____
 ADDRESS _____ CITY _____ ZIP _____

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

Vaccines Type													
Dose #	DTP-DTaP DT-Td-Tdap Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Heb B Mo/Day/Yr	PCV7 Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV4 Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr
1									1				
2									2				
3										Other _____	Other _____	Other _____	Other _____
4													
5													

To the best of my knowledge, the vaccines listed above were administered as indicated.

1. _____
 Signature Title Date
 (Medical provider, local health department official, school official, or child care provider only)

2. _____
 Signature Title Date

3. _____
 Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

Office Stamp

LOST OR DESTROYED RECORDS: (Must be reviewed and approved by a medical provider or the local health department. See notes)

I hereby certify that the immunization records of this child have been lost, destroyed or are unobtainable.

Signed: _____ Date: _____
 Parent or Guardian

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM IMMUNIZATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY IMMUNIZATIONS THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

The above child has a valid medical contraindication to being immunized at this time.

This is a permanent condition temporary condition until ____/____/____

Check appropriate box, indicate vaccine(s) and reasons: _____

Signed: _____ Date _____
 Physician or Health Officer

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child.

Signed: _____ Date: _____

How To Use This Form

The medical provider that gave the vaccinations may record the dates directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, per 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 “**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**” 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.14.02.44 and COMAR 13A.14.01.29 DHR COMAR and the “**Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs**” guideline chart are available at www.EDCP.org (Immunization).



**Vaccine Requirements For Children
Enrolled in Preschool Programs and in Schools**
Per DHMH Code of Maryland Regulations (COMAR) 10.06.04.03
Maryland School Year 2007 - 2008 (Valid 9/1/07 - 8/31/08)

Required cumulative number of doses for each vaccine for PRESCHOOL aged children enrolled in educational programs									
Vaccine Current Age of Child	DTaP/DTP/ DT/Td ¹	Polio ²	Hib ³	Measles ^{2,4}	Mumps ^{2,4}	Rubella ^{2,4}	Varicella ^{2,4,5} (Chickenpox)	Hepatitis B	PCV7 ³ (Prevnar TM)
Less than 2 months	0	0	0	0	0	0	0	1	0
2 - 3 months	1	1	1	0	0	0	0	1	1
4 - 5 months	2	2	2	0	0	0	0	2	2
6 - 11 months	3	3	2	0	0	0	0	3	2
12 - 14 months	3	3	At least 1 dose given after 12 months of age	1	1	1	1	3	2
15 - 23 months	4	3	At least 1 dose given after 12 months of age	1	1	1	1	3	2
24—59 months	4	3	At least 1 dose given after 12 months of age	1	1	1	1	3	1
60 - 71 months	4	3	0	2	2	2	1	3	0

Required cumulative number of doses for each vaccine for children enrolled in KINDERGARTEN - 12 th grade								
Grade Level Grade (Ungraded)	DTaP/DTP/ Tdap/DT/Td ¹	Polio ^{2,7}	Measles ^{2,4}	Mumps ^{2,4}	Rubella ^{2,4}	Varicella ^{2,4} (Chickenpox)	Hepatitis B ⁸	
Kindergarten (5 yrs)	4	3	2	1	1	1	3	
Grades 1 - 10 (6 - 15 yrs)	4 or 3 ⁶	3	2	1	1	1 or 2 ⁵	3	
Grades 11, 12 (16 - 18+ yrs)	4 or 3 ⁶	3	2	1	1	Not required	Not required	

*** See footnotes on back**

**Vaccine Requirements For Children
Enrolled in Preschool Programs and in Schools
Maryland School Year 2007 - 2008 (Valid 9/1/07 - 8/31/08)**

FOOTNOTES

1. If DT vaccine is given in place of DTP or DTaP, a physician documented medical contraindication is required.
2. Proof of immunity by positive blood test is acceptable in lieu of vaccine history for hepatitis B, polio and measles, mumps, rubella and varicella.
3. Hib and PCV7 (PrevnarTM) are not required for children older than 59 months (5 years) of age.
4. All doses of measles, mumps, rubella and varicella vaccines should be given on or after the first birthday. However, upon record review for students in preschool through 12th grade, a preschool or school may count as valid vaccine doses administered less than or equal to four (4) days before first birthday.
5. One dose of varicella (chickenpox) is required for a student younger than 13 years old. Two doses of varicella vaccine are required for a previously unvaccinated student 13 years of age or older. Medical diagnosis of varicella disease is acceptable in lieu of vaccination. Medical diagnosis is documented history of disease provided by a physician or health care provider. Documentation must include month and year. In the absence of documentation a medical provider or local health department may verify immunity via blood test, **but revaccination may be more expedient.**
6. Four (4) doses of DTP/DTaP are required for children less than 7 years old. Three (3) doses of tetanus and diphtheria containing vaccines (DTP, DTaP, Tdap, DT or Td) are required for children 7 years of age and older.
7. Polio vaccine is not required for persons 18 years of age and older.
8. Two doses of Hepatitis B vaccine is acceptable only if the student was vaccinated with the Merck & Co. brand vaccine **RecombivaxTM HB Adult Formulation**. RecombivaxTM HB Adult Formulation vaccine is licensed for use in adolescents 11 - 15 years of age as a two-dose series.