MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

CHIL	D'S NAME_												
LAST								FIRST			MI		
SEX:	SEX: MALE □ FEMALE □ BIRTHDATE/								/				
COUNTY SCHOOL											GRADE_		
PAR	ENT NAM												
OR GUARDIAN ADDRESS								CITY _		ZIP			
			REC	ORD OF	IMMUN	IZATIO	NS (See	Notes O	n Othe	r Side)			
Dose #	DTP-DTaP-DT	Polio	Hib	Нер В	PCV	Vaccines Rotavirus	MCV	HPV	Dose #	Hep A	MMR	Varicella	History of
1	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													
To the	best of my k	nowledge,	the vaccin	l nes listed ab	ove were a	dministered	d as indica	ted.		1 (Clinic / Of	ffice Nam	e e
	,	_								-	Address/ I		
Sign	nature ical provider, local		T	itle	shild care provide	Da	ite						
2	nature			itle			ate						
3 Title Title				Date Date									
Lines	2 and 3 are	e for cert	ification	of vaccin	nes given	after the i	initial sig	gnature.					
	IPLETE THI RELIGIOUS												
	NELIGIOUS DICAL CONT			ACCINAI	1101(3) 11.	IAI HAVE	DEEN KI	ECEIVED	SHOUL	D DE EN	I EKED A	BOVE.	
·	se check the		_	to describ	oe the med	lical cont	raindicat	ion.					
										/			
	is a: Pe												
	above child h				_							d the reas	son for the
	raindication,												
Signed: Medical Provider / LHD					0.66 1	Date							
			Me	edical Provi	ider / LHD	Official							
	IGIOUS OBJ			lantified ob	ova Paggu	usa of my b	ono fido ro	ligione bol	iofs and	nraatiaas	I object to		ino(s)
	the parent/gu g given to my									practices,	i object (C	any vacc	mc(8)
Signed:						ig an emerg	gency or ep	ordemic of	aisease.				

MDH Form 896 (Formally DHMH 896) Rev. 7/17

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 MDH 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; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine."

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 MDH COMAR 10.06.04.03 are available at <u>www.health.maryland.gov</u>. (Choose Immunization in the A-Z Index)

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.health.maryland.gov. (Choose Immunization in the A-Z Index)