# IMMUNIZATION CERTIFICATE

## RECORD OF IMMUNIZATIONS

<table>
<thead>
<tr>
<th>Dose #</th>
<th>DTP-DTaP-DT</th>
<th>Polio</th>
<th>Hib</th>
<th>Hep B</th>
<th>PCV</th>
<th>Rotavirus</th>
<th>MCV</th>
<th>HPV</th>
<th>Hep A</th>
<th>MMR</th>
<th>Varicella</th>
<th>History of Varicella Disease</th>
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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.

## MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

- Permanent condition
- Temporary condition until _____/_____/_____

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication,

Signed: ___________________________  ___________________________  Date
   Medical Provider / LHD Official

## 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 vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: ___________________________  ___________________________  Date: ___________________________
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; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine.”

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