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 IMMUNIZATION : See Notes

VACCINE TYPE						VACCINE TYPE				
DOSE #	DTP-DTaP MO/DAY/YR	DT-Td MO/DAY/YR	Polio MO/DAY/YR	Hib MO/DAY/YR	Hep B MO/DAY/YR	DOSE #	M-M-R MO/DAY/YR	MEASLES MO/DAY/YR	RUBELLA MO/DAY/YR	MUMPS MO/DAY/YR
1						1				
2						2				
3						DOSE #	Varicella MO/DAY/YR	OTHER VAX MO/DAY/YR	OTHER VAX MO/DAY/YR	OTHER VAX MO/DAY/YR
4						1				
5						2				

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

1. _____
Signature Title Date
2. _____
Signature or Initial Title Date
3. _____
Signature or Initial Title Date

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

LOST OR DESTROYED RECORDS: (Must Be Reviewed and Approved by 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 physical condition of the above pupil is such that immunization at this time would constitute a serious threat to his/her health.
This is a permanent condition ☐ temporary condition ☐ until _____/_____/_____

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

Signed _____ Date _____
Physician or Health 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 immunization being given to my child.
Signed_____ Date _____

CERTIFICATION INFORMATION

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

"A school principal or other person in charge of a school, public or private, may not knowingly admit a student to, or retain a student in a: 1) preschool program unless the student has furnished evidence of age-appropriate immunity against Haemophilus influenzae type b 2) preschool program or kindergarten through the second grade of school unless the student has furnished proof of age-appropriate immunity against pertussis; and 3) preschool program through the twelfth grade unless the student has furnished evidence of age-appropriate immunity against tetanus, diphtheria, poliomyelitis, measles (rubeola), mumps, rubella, hepatitis B and 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 (click "Immunization").
The requirement for hepatitis B and varicella vaccine is a "progressive" regulation in which each new school year another successive grade becomes covered by the regulation (e.g., kindergarten in 2001, 1st grade in 2002, etc.).

Age-appropriate immunization requirements for licensed child care centers and family day care homes are based on the **"Maryland DHMH Recommended Childhood Immunization Schedule"**. Please refer to Department of Human Resources COMAR 07.04.02.44 and COMAR 07.04.01.29 for day care regulations. DHR COMAR regulations and the "Maryland DHMH Recommended Childhood Immunization Schedule" are available at www.edcp.org (click "Immunization").

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 or stamping the signature section. A different medical provider, a local health department official, a school official, or a day 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 day care service.

Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **measles, mumps, or rubella**.

   Reconstructed dates for all vaccines must be reviewed and approved by the local health department.

   Blood test results are NOT acceptable evidence of DTP/DTaP/DT/Td immunity.

   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**.

2. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.