

Maryvale Immunization Form

Maryvale will accept this form, MDH Form 896 or an alternative medical record form from your child's medical provider, as long as all of the information on this form is provided.

Forms missing information will not be accepted. Please note that religious exemptions are not accepted by Maryvale.

Child's Name _____
Last
First
MI

Sex MALE FEMALE Grade Level _____ Birth Date ____/____/____

Parent or Guardian Name _____ Phone Number _____

Address _____ City/State _____ Zip Code _____

Record of Immunizations

Dose #	DTP-DTAP-DT	Polio	Hib	Hep B	PCV	Rotavirus	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		Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
1									1				
2									2				
										Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr
3									1				
4									2				
5									3				

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

1. Medical Provider's Name _____ Title _____ Date _____

Medical Provider's Signature _____

Medical Provider's Address _____

Medical Provider's Phone Number _____

2. Medical Provider's Name _____ Title _____ Date _____

Medical Provider's Signature _____

3. Medical Provider's Name _____ Title _____ Date _____

Medical Provider's Signature _____

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

Complete the section below if the child is exempt from vaccination on medical grounds. Any vaccination(s) that have been received should be entered above.

Medical Contraindication:

Please check the appropriate box to describe the medical contraindication.

This is a: Permanent condition OR Temporary condition until ____/____/____ Date

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

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.

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

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.

Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).

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**.

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:

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