

GUIDANCE – Effective Immediately 10/13/09
CHECKING IMMUNIZATION RECORDS DURING INSPECTIONS

Background

1. The Department of Health and Mental Hygiene (DHMH) established immunization requirements for children along with parental rights to decline immunizations based on religious beliefs and/or practices. (See DHMH Form 896)
2. The Office of Child Care (OCC) established a policy permitting parents/guardians to either decline all immunizations based on religious beliefs or practices, or have their children immunized as required by DHMH.
3. Per recent advice from the Office of the Attorney General (OAG), due to religious beliefs or practices, parents/guardians have the right to decline certain or all child immunizations required by (DHMH).
4. Currently, it is extremely time consuming checking types of doses and the dates administered to children when inspecting child records in a child care facilities. The right afforded to parents/guardians to be selective in declining certain immunizations makes the immunization record inspection process unmanageable.
5. Also, per recent OAG advice, OCC is not required to inspect immunization records for required doses and dates administered. It is the responsibility of DHMH.
6. OCC regulations provide all necessary information regarding child immunizations. DHMH sends each provider the immunization schedule in chart form.

Inspecting Child Records for Immunizations

1. Look for an immunization record in child's records. It could appear on a certain version of the OCC Child Health Inventory Form, the DHMH Form 896, or some other health immunization record provided by the parent.
2. The DHMH Form 896 also have information regarding exemption from immunization for medical or religious reasons, and if a record was lost or destroyed.
3. If a record exists and it appears as though the age appropriate immunizations are noted, cite the provider compliant (C) in this area. You do not have to note the doses and the dates administered.
4. If a record exists and it is obvious that several doses are missing from the record, look for DHMH Form 896 or a written statement from the parent/guardian stating that certain immunizations are declined. If no parental statement exists, cite the provider non-compliant (N) in this area. Direct the provider to the appropriate regulations and immunization chart to take corrective action. No follow-up is necessary. If a parental statement exists, cite the provider compliant (C) in this area.
5. If no record exists, look for DHMH Form 896 or a written statement from the parent/guardian to see if all immunizations were declined. If all immunizations were not declined, cite the provider non-compliant (N). Direct the provider to the appropriate regulations and immunization chart to take corrective action. No follow-up is necessary.

See Sample DHMH Form 896 on Next pages
Also the Age Appropriate Vaccine Schedule for Child Care

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 Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV 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										Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr
4													
5													

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

Clinic / Office Name

Office Address/ Phone Number

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.

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

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 / LHD Official

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 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 “**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)

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)



Vaccine Requirements For Children
Enrolled in Preschool Programs and in Schools — Per DHMH COMAR 10.06.04.03
Maryland School Year 2022 - 2023 (Valid 9/1/22 - 8/31/23)

Required cumulative number of doses for each vaccine for PRESCHOOL aged children enrolled in educational programs							
Vaccine Child's Current Age	DTaP/DTP/DT¹	Polio²	Hib³	Measles,^{2,4} Mumps, Rubella	Varicella^{2,4,5} (Chickenpox)	Hepatitis B²	PCV³ (Prevnar™)
Less than 2 months	0	0	0	0	0	1	0
2 - 3 months	1	1	1	0	0	1	1
4 - 5 months	2	2	2	0	0	2	2
6 - 11 months	3	3	2	0	0	3	2
12 - 14 months	3	3	At least 1 dose given after 12 months of age	1	1	3	2
15 - 23 months	4	3	At least 1 dose given after 12 months of age	1	1	3	2
24—59 months	4	3	At least 1 dose given after 12 months of age	1	1	3	1
60 - 71 months	4	3	0	2	1	3	0

Required cumulative number of doses for each vaccine for children enrolled in KINDERGARTEN - 12th grade								
Grade Level Grade (Ungraded)		DTaP/DTP/Tdap/ DT/Td^{1,6}	Tdap⁶	Polio²	Measles,^{2,4} Mumps, Rubella	Varicella^{2,4,5} (Chickenpox)	Hepatitis B²	Meningococcal (MCV4)
Kindergarten, Grade 1, 2, 3, 4 5 & 6	(5 –11 yrs)	3 or 4	0	3	2	2	3	0
Grades 7 & 8	(11-13 yrs)	3 or 4	1	3	2	2	3	1
Grades 9, 10, 11 & 12	(13 - 18yrs)	3	1	3	2	1 or 2	3	1

* See footnotes on back for 2022-23 school immunization requirements.

**Vaccine Requirements For Children
Enrolled in Preschool Programs and in Schools
Maryland School Year 2022 - 2023 (Valid 9/1/22 - 8/31/23)**

FOOTNOTES

Requirements for the 2022-23 school year are:

- 2 doses of Varicella vaccine for entry into Kindergarten, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th AND 8th grades

Instructions: On the chart locate the student's age or grade and read from left to right on the chart to determine the NUMBER of required vaccinations by age or grade. Dosing or spacing intervals should not be considered when determining if the requirement is met, only count the number of doses needed. MMR and Varicella vaccination dates should be evaluated (See footnote #4).

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, **but revaccination may be more expedient.**
3. Hib and PCV (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 the first birthday.
5. Two doses of varicella vaccine are required for students entering Kindergarten, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th and 8th grades and for previously unvaccinated students 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 health care provider. Documentation must include month and year.
6. Four (4) doses of DTP/DTaP are required for children less than 7 years old. Three (3) doses of tetanus and diphtheria containing vaccine (any combination of the following — DTP, DTaP, Tdap, DT or Td) are required for children 7 years of age and older. One dose of Tdap vaccine received prior to entering 7th grade is acceptable and should be counted as a dose that fulfills the Tdap requirement.
7. Polio vaccine is not required for persons 18 years of age and older.