

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 page

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE

CHILD'S NAME
 LAST _____ FIRST _____ MI _____
 SEX: MALE FEMALE BIRTHDATE _____/_____/_____
 COUNTY _____ SCHOOL _____ GRADE _____

PARENT NAME _____ PHONE NO. _____
 OR
 GUARDIAN ADDRESS _____ CITY _____ ZIP _____

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

Vaccines Type													
Dose #	DTP-DT aP-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	FLU 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

- Signature _____ Title _____ Date _____
(Medical provider, local health department official, school official, or child care provider only)
- Signature _____ Title _____ Date _____
- Signature _____ 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 a medical provider or the local health department. See notes)

I hereby certify that the immunization records of this child have been lost, destroyed or are unobtainable.

Signed:
Parent or Guardian

Date:

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 above child has a valid medical contraindication to being immunized at this time.

This is a permanent condition temporary condition until _____/_____/_____

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

Signed:

RELIGIOUS OBJECTION:

Medical Provider / LHD Official

Date

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed:

Date:

DHMH Form 896
Rev. 2/11

Center for Immunization
www.EDCP.org (Immunization)

