

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

MARYLAND DEPARTMENT OF HEALTH 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-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.

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 / 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 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)

Age Appropriate Vaccination Requirements For Children Enrolled In Child Care Programs

Valid 9/01/18 - 8/31/19

Per **COMAR 13A.15.03.02 and 13A.16.03.04 G & H**

Vaccination requirements are met only by complying with the vaccine chart below.



Instructions: Find the age of the child in the column labeled “Child’s Current Age”. Read across the row for each required vaccine. The number in the box is the number of doses required for that vaccine based on the CURRENT age or grade level of the child. The age range in the column does not mean that the child has until the highest age in that range to meet compliance. Any child whose age falls within that range must have received the required number of doses based on his/her CURRENT age in order to be in compliance with COMAR.

Vaccine types and dosage numbers required for children enrolled in child care programs

Vaccine	DTaP/DTP/ DT/Td ^{1,6}	Polio ²	Hib ³	Measles, Mumps and Rubella ^{2,4}	Varicella ^{2,4,5} (Chickenpox)	Hepatitis B ²	Pneumococcal Conjugate ³ (PCV)
Child’s Current Age							
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 one dose given after 12 months of age	1	1	3	2
15 - 23 months	4	3	At least one dose given after 12 months of age	1	1	3	2
24 - 59 months	4	3	At least one dose given after 12 months of age	1	1	3	1
60 - 71 Months	4	3	0	2	1	3	0
Grade Level	DTaP/DTP/ DT/Td ^{1,6}	Polio ²	Tdap ⁶	Measles, Mumps and Rubella ^{2,4}	Varicella ^{2,4,5} (Chickenpox)	Hepatitis B ²	Meningococcal
Kindergarten, Grade 1, 2, 3 & 4	4 or 3	3	0	2	2	3	0
Grade 5 - 6	3	3	0	2	1 or 2	3	0
Grade 7, 8, 9, 10 & 11	3	3	1	2	1 or 2	3	1
Grade 12	3	3	0	2	1 or 2	3	0

*** See footnotes on back**

CHART IS FOR USE BY CHILD CARE FACILITY OPERATORS ONLY TO ASSESS AGE APPROPRIATE IMMUNIZATION STATUS

**Vaccine Requirements For Children
Enrolled in Childcare Programs (Valid 9/1/18 - 8/31/19)**

FOOTNOTES

Requirements for the 2018-19 school year are:

- **2 doses of Varicella vaccine for entry into Kindergarten, 1st, 2nd 3rd AND 4th Grade**
- **1 dose of Tdap vaccine for entry into 7th, 8th, 9th, 10th AND 11th grades**
- **1 dose of Meningococcal vaccine for entry into 7th, 8th, 9th, 10th AND 11th grades**

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 first birthday.
5. One dose of varicella (chickenpox) is required for a student younger than 13 years old. Two doses of varicella vaccine are required for students entering Kindergarten, 1st, 2nd, 3rd or 4th grade 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.