

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE

CHILD'S NAME \_\_\_\_\_  
 LAST FIRST MI  
 SEX: MALE  FEMALE  BIRTHDATE \_\_\_\_\_  
 MONTH DAY YEAR  
 COUNTY \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**PARENT OR GUARDIAN** Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

RECORD OF IMMUNIZATION										
Dose #	DTP-DtaP MO/DAY/YR	DT-Td MO/DAY/YR	Polio MO/DAY/YR	Hib MO/DAY/YR	Hep B MO/DAY/YR	PCV7 MO/DAY/YR	VACCINE TYPE			
							Dose #	M-M-R MO/DAY/YR	MEASLES* MO/DAY/YR	RUBELLA* MO/DAY/YR
1							1			
2							2			
3							Dose #	Vancella** MO/DAY/YR	OTHER MO/DAY/YR	OTHER MO/DAY/YR
4							1		12/31/2006	
5							2			

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

1. \_\_\_\_\_  
 Signature Title Date  
 (Medical provider, local health department official, school official, or day care provider only)

2. \_\_\_\_\_  
 Signature Title Date

3. \_\_\_\_\_  
 Signature Title Date

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

OFFICE STAMP

**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 \_\_\_\_\_ 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 \_\_\_\_\_  
 MO/DAY/YR

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 \_\_\_\_\_  
 Parent or Guardian