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PARENT NAME												(VII		
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Does of DTP-DTSP-DT   Policy   Hilb   Hogh B   POW   MolDoy/Yr	GUA.	RDIAN ADDI	RESS						CITY			Z	IP	
Date				RECO	RD OF I	MMUNI	ZATION	S (See N	lotes On	Othe	r Side)			
ModDayNY	Dose #	DTP-DTaP-DT	Polio	Hib	Hen R	I PCV			Тыру	Dose	I Hen A	MMR	Varicella	History of
2										#				Varicella Disease
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Clanada														
Signed: Date Medical Provider / LHD Official	Sign	ed:	M.	Medi	cal Provide	er / LHD O	fficial			_ D	ate			
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.	I am	the parent/guar	rdian of the								oractices,	l object to	any vacc	ine(s)
Signed: Date:	Sign	ed:								_ D	ate:			<del></del>

DHMH Form 896 Rev. 2/14



## Vaccine Requirements For Children

## Enrolled in Preschool Programs and in Schools — Per DHMH COMAR 10.06.04.03 Maryland School Year 2013 - 2014 (Valid 9/1/13 - 8/31/14)

- Required cumulative number of doses for each vaccine for PRESCHOOL aged children enrolled in educational programs	llative numbe	er of doses for	each vaccine	for PRESC	HOOL age	1 children	enrolled in edi	ucational prog	rams
Vaccine Current Age of Child	DTaP/DTP/ DT	P/ Polio <sup>2</sup>	Hib³	Measles <sup>2,4</sup>	Mumps <sup>2,4</sup>	Rubella <sup>2,4</sup>	Varicella <sup>2,4,5</sup> (Chickenpox)	Hepatitis B	$\begin{array}{c} PCV^3 \\ (Prevnar^{TM}) \end{array}$
Less than 2 months	0	0	0	0	0	0	0	-	0
2 - 3 months		g-a-red		0	0	0	0	p4	
4 - 5 months	2	2	2	0	0	0	0	2	2
6 - 11 months	3	3	2	0	0	0	0	33	2
12 - 14 months	m.	3	At least 1 dose given after 12 months of age	I			şd	m	7
15-23 months	4	3	At least 1 dose given after 12 months of age	Γ	-1	· ·		m	71
2 <del>4—5</del> 9 months	4	en.	At least 1 dose given after 12 months of age				powed	m	·
60 - 71 months	4	3	0	2	2	2	<del></del> 1	m	0
Required	Required cumulative number of d	nmber of dose	ss for each va	ccine for ch	ildren enro	lled in KII	NDERGARTE	oses for each vaccine for children enrolled in KINDERGARTEN - 12th grade	
Grade Level Grade	(Ungraded)	DTaP/DTP/ Tdap/DT/Td <sup>1</sup>	Polio <sup>2,7</sup>	Measles <sup>2,4</sup>		Mumps <sup>2,4</sup>	Rubella <sup>2,4</sup>	Varicella <sup>2,4</sup> (Chickenpox)	Hepatitis B <sup>8</sup>
Kindergarten	(5 yrs)	4	3	2		2	2	<b></b>	m.
Grades 1 - 12	(6 - 18+ yrs)	4 or 3 <sup>6</sup>	3	2		2	2	1 or 2 <sup>5</sup>	C)

\* See footnotes on back

Maryland Department of Health & Mental Hygiene

Center for Immunization

dhmh.IZinfo@maryland.gov