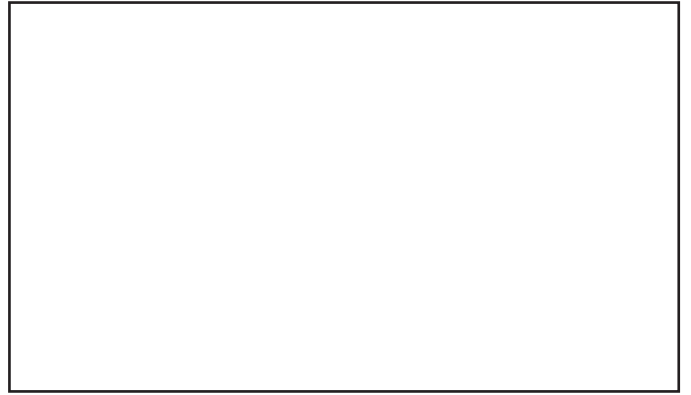
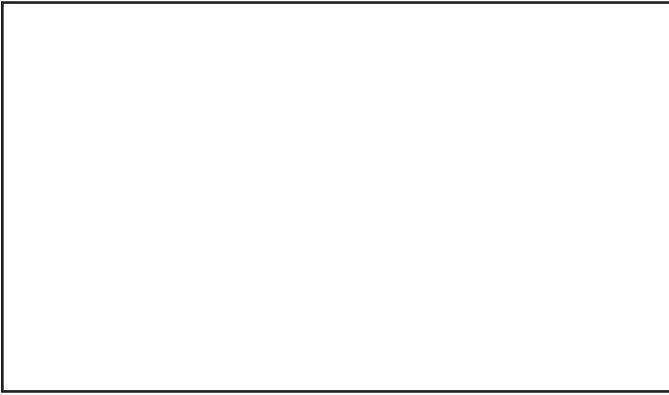


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## HAT WE HAVE YOUR



**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													
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 Temporary condition until \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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.

## **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.

## IMPORTANT HEALTH REQUIREMENT

To: All Yeshiva and Mechina Students and Parents/Guardians  
From: Julian Jakobovits, M.D., Ner Israel Medical Director  
Re: Maryland Meningitis Immunization Requirement for Students Residing On-Campus

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Maryland law requires that every individual enrolled at an institution of higher education such as Ner Israel and who resides in on-campus housing be vaccinated for meningococcal disease. This includes Kollel, Yeshiva and Mechina students who reside on-campus (dormitories or Yeshiva Lane housing). A student may be exempt from this vaccination if he meets the following condition: the student (or parent/legal guardian if student is less than 18 years of age), after having been advised of the risks of the disease and the availability and effectiveness of the vaccine, signs a written waiver stating that he has received and reviewed information and has chosen not to be vaccinated against the disease. Please have this form completed and returned to the Ner Israel office.

### **Directions for Completing this Form:**

1. Please print all information requested in all sections of this form as required below.
2. All students residing on-campus must complete both sides of this form (sections A and then either B, or C).

For Section B: Please have your physician complete Section B. We will also accept a copy of your personal medical records from your physician or an international certificate of vaccination, if the record reflects the information required in Section B. Copies should be attached to this form.

For Section C: If you are seeking an exemption from this law, please read the information below and sign the waiver (Section C) on side 2.

**Section B: TO BE COMPLETED ONLY FOR STUDENTS WHO HAVE RECEIVED THE**