

# Immunization Batch Report (Maryland)

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Tool Search: Immunization Batch

The **Immunization Batch Report** provides a view of selected students' immunizations. The Immunization Batch report uses data from the student's Immunization tab. Data must be up to date on student's Immunization tab for the report to appear correctly.

It is a best practice to ensure individuals included in the report have a birth date entered on their Identity record.

This is a very complex report; so, try to limit the number of students run per batch.

Immunization Batch ☆

Health > Reports > Immunization Batch

Batch Immunization Report

Batch version of single student immunization report. 1 page per student suitable for handing out to students. This is a very complex report, so try to limit the number of students run per batch.

Which students would you like to include in the report?

☒ Grade
 

All Students

06

07

08

☐ Ad Hoc Filter

Enrollment Effective Date

Report Type
 ☒ State Specific
 ☐ General

Sort Options
 ☒ Student Name
 ☐ Grade

Print Options
 ☐ Print Instruction Page

Show top  tasks submitted between  and

Batch Queue List			
Queued Time	Report Title	Status	Download

Immunization Batch Report

## Report Logic

This report lists every student in the selected grade level and their immunization records from the

Student Health Immunizations tab.

Only one record of vaccine doses per student reports if a student is in multiple households.

# Vaccine Exemptions

Tool Search: Vaccine Exemptions

Ensure the following [vaccine exemptions are set up](#) prior to running the report:

- H: History of Disease
- R: Religious
- M: Medical

Medical exemptions that...	Report in the...
have an expiration date in the future	<i>Temporary Condition</i> area of this report.
do NOT have an expiration date	<i>Permanent Condition</i> area of this report.

## Report Editor

Fields	Description
<b>Student Selection</b>	Choose students either by a <b>Grade Level</b> or an <b>Ad Hoc Filter</b> . If by grade level, the list of grades is limited to those grade levels in the selected calendar in the Campus toolbar. For either, only those students who are actively enrolled as of the entered enrollment effective date will be included in the report.
<b>Enrollment Effective Date</b>	Entered date returns immunization information for students who are actively enrolled as of that date. Dates are entered in mmddyy format or can be selected by using the calendar icon.  This field defaults to the current date.
<b>Report Type</b>	This report can be generated either as a <b>General</b> list of student immunization records, or a <b>State Specific</b> immunization report.
<b>Sort Options</b>	The report can be sorted alphabetically by <b>Student (last) Name</b> or by <b>Grade</b> level, with the lowest grade level printing first.
<b>Print Options</b>	Marking the <b>Print Instruction Page</b> checkbox allows you to print the State Specific report with the page 2 instructions. This checkbox is only available when the when the <i>State Specific</i> <b>Report Type</b> is selected.

## Generate the Immunization Batch Report

1. Select the students to include in the report by selecting a **Grade Level** or an **Ad Hoc Filter** from the dropdown lists
2. Enter an **Effective Date** for the report.
3. Select the desired **Report Type**.
4. Select the **Sort Options** for the report.
5. Click either the **Generate Report** or **Submit to Batch** button.

The report displays in a PDF (Adobe) document listing the immunizations for the students in the selected calendar.

Student, Anders		Immunization Summary Report		10/30/2014 01:44:40 PM	
ID: 123456 Grade: 09				Page 1 of 1	
Birthday: 03/15/2000					
Diphtheria-tetanus-pertussis, combined [DTaP, DTP] - Compliant					
Shots	05/16/2000	07/13/2000	10/05/2001	05/27/2005	
Tetanus-diphtheria [Td]					
No doses of this vaccine.					
Polio [IPV, OPV] - Compliant					
Shots	05/16/2000	07/13/2000	10/05/2001	05/27/2005	
Measles-Mumps Rubella [MMR] - Compliant					
Shots	06/18/2001	05/27/2005			
Measles-Mumps-Rubella-Varicella [MMRV]					
No doses of this vaccine.					
Hepatitis B [Hep B] - Compliant					
Shots	09/15/2000	10/23/2000	06/18/2001		
Hepatitis B - 2 Dose [Hep B - 2 Dose]					
No doses of this vaccine.					
Haemophilus influenza, type B [Hib] - No Requirement					
Shots	05/16/2000	07/13/2000	03/05/2001		
Pneumococcal - No Requirement					
Shots	09/15/2000	06/18/2001			
Varicella - Compliant					

PDF Example

# MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE

CHILD'S NAME	Smith, Joe A		
	LAST	FIRST	MI
SEX: MALE <input checked="" type="checkbox"/>	FEMALE <input type="checkbox"/>	BIRTHDATE 05/12/1998	
COUNTY	county	COUNTY2!	SCHOOL Woodlawn High
			GRADE 11
PARENT OR GUARDIAN	NAME Smith, Donald	PHONE NO. (555)555-0565	
	ADDRESS 4021 CAMPUS LN	CITY Baltimore	ZIP 21207-6440

## RECORD OF IMMUNIZATIONS (See Notes On Other Side)

Dose #	Vaccines Type								Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr
	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					
1	07/16/1998 DTaP-DTP	07/16/1998 Polio		07/16/1998 HepB					1				/ /
2	09/21/1998 DTaP-DTP	09/21/1998 Polio		09/21/1998 HepB					2				
3	11/25/1998 DTaP-DTP	12/08/1999 Polio		02/23/1999 HepB									
4	12/08/1999 DTaP-DTP	06/04/2003 Polio											
5	06/04/2003 DTaP-DTP												

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.

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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 \_\_\_\_\_

State Specific Immunization Batch Report