

Immunization Batch Report (Maryland)

Last Modified on 12/14/2025 8:45 pm CST

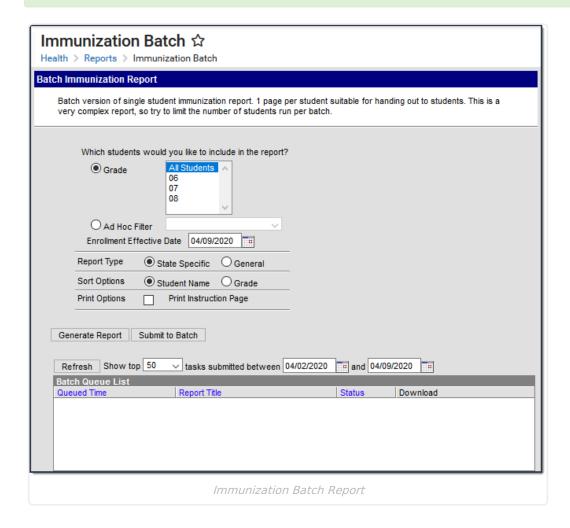
Report Logic | Vaccine Exemptions | Report Editor | Generate the Immunization Batch Report

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.



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 <u>vaccine exemptions are set up</u> 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	Temporary Condition area of this report.					
do NOT have an expiration date	Permanent Condition area of this report.					

Report Editor

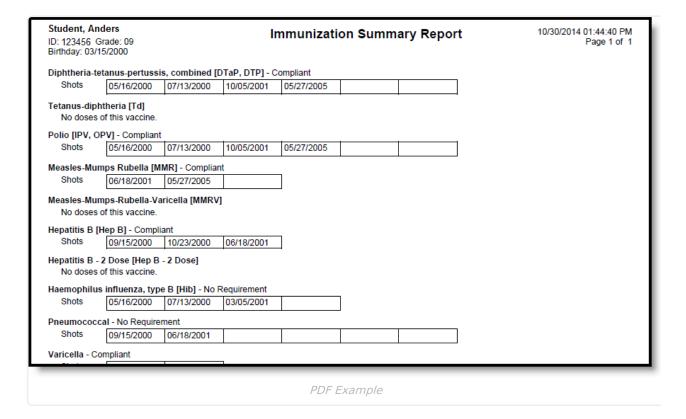
Fields	Description
Student Selection	Choose students either by a Grade Level or an Ad Hoc Filter . If by grade level, the list of grades is limited to those grade levels in the selected calendar in the Campus toolbar. For either, only those students who are actively enrolled as of the entered enrollment effective date will be included in the report.
Enrollment Effective Date	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.
Report Type	This report can be generated either as a General list of student immunization records, or a State Specific immunization report.
Sort Options	The report can be sorted alphabetically by Student (last) Name or by Grade level, with the lowest grade level printing first.
Print Options	Marking the Print Instruction Page 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> Report Type 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.





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CHIL	D'S NAME	Smith	, Joe A											
		1	LAST		FIRST	:	1	ΔI						
EX:	MALE 🗹	FE	EMALE [BIRTH	IDATE (5/12/1998	3						
COUNTY COUNTYcountyCOUNTY2!					SCHO	SCHOOL Woodlawn High				GRA	ADE 11			
ARE	NT	NAME Sn	nith, Donal	d			PHONE :	NO. (555)5	55-0565	5				
OR GUARDIAN ADDRESS 4021 CAMPUS LN				1	CITY Baltimore					ZIP 21207-6440				
			RECO	RD OF	IMMUN	MMUNIZATIONS (See Notes On O					Other Side)			
							es Type				-,			
)08e #	DTP-DTaP-DT Mo/Day/Yr	Pollo 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	07/16/1998 DTaP-DTP	07/16/1998 Pollo		07/16/1998 HepB					1					
2	09/21/1998 DTaP-DTP	09/21/1998 Pollo		09/21/1998 HepB					2					
3	11/25/1998 DTaP-DTP	12/08/1999 Pollo		02/23/1999 HepB						Td Mo/Day/Yr	Tdap Mo/Day/Yr	FLU Mo/Day/Yr	Other Mo/Day/Y	
4	12/08/1999 DTaP-DTP	06/04/2003 Pollo												
5	06/04/2003 DTaP-DTP													
1	he best of m			tle		Date				Office Ad	ldress/ Phor	ie Number		
	ignature Iedical provider	, local health o			fficial, or child		only)							
3.	ignature		Ti	tle		Date								
	ignature		Ti	tle		Date								
Line	es 2 and 3 a	re for cert	ification o	of vaccines	given aft	er the initi	ia1 signatu	re.						
ME	MPLETE T LIGIOUS G DICAL CO	ROUNDS.	ANY VA	CCINATIO	ON(S) TH	AT HAVE	BEEN RE						L OR	
	se check th													
	_		ent conditi		_	•	y condition		//_					
The	above child h	as a valid me	dical contra	indication to	being vaccir	nated at this t	ime. Please	indicate whi	ch vaccin	e(s) and the	reason for the	e contraindic	ation,	
Sign	ned:		Medical l	Provider / LF	ID Official			Date						
BEI	LIGIOUS O	RIFCTIO												
I an	the parent/g en to my chi	guardian of	the child io							ractices, I	bject to an	y vaccine(s) being	
giv			-		_		-							
Sign	ied:							Date						

State Specific Immunization Batch Report