

# Immunization Batch Report (Maryland)

Last Modified on 07/11/2024 1:53 pm CDT

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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 ☆

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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 

[Empty 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
[Empty Queue]			

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 Report Type</i> 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.

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

PDF Example

**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE**

CHILD'S NAME Smith, Joe A  
 LAST FIRST MI  
 SEX: MALE  FEMALE  BIRTHDATE 05/12/1998  
 COUNTY 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-DT aP-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	Td Mo/Day/Yr	Tdap Mo/Day/Yr						FLU 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

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 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 \_\_\_\_\_