

Immunization Batch Report (Maryland)

Last Modified on 10/22/2022 10:23 am CDT

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Classic View: Health > Reports > Immunization Batch

Search Terms: 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

[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

Classic View: System Administration > Health > Vaccine Exemptions

Search Terms: 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
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 Report Type</i> is selected.

Fields	Description
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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 Page 1 of 1	
ID: 123456 Grade: 09 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						

Immunization Batch Report - Print

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 COUNTYcountyCOUNTY2! SCHOOL Woodlawn High GRADE 11
 PARENT NAME Smith, Donald PHONE NO. (555)555-0565
 OR ADDRESS 4021 CAMPUS LN CITY Baltimore ZIP 21207-6440
 GUARDIAN

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	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						Td Mo/Day/Yr	Tdap Mo/Day/Yr	FLU Mo/Day/Yr	Other Mo/Day/Yr
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 _____