

# State of Montana Certificate of Immunization

Complete immunization requirements and penalties for those who fail to meet the requirements are referenced in Section V. This form is required for ALL persons attending school or child care. See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.

## SECTION I

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Primary Health Care Provider: \_\_\_\_\_

## SECTION II

### Immunization History

Valid only when filled out by School or Medical Personnel (NOT to be filled out by the parent).

Required Vaccines	Dose 1 Due	Dose 2 Due	Dose 3 Due	Dose 4 Due	Dose 5 Due
DTaP - Diphtheria/Tetanus/Pertussis	3m	5m	7m	19m	6y
Hib - Hemophilus Influenzae Type B (3 dose brands skip 7m dose)	3m	5m	7m	16m	
PCV13 - Pneumococcal Conjugate	3m	5m	7m	16m	
IPV or OPV - Polio	3m	5m	19m	6y	
Hepatitis B	3m	5m	19m		
MMR - Measles/Mumps/Rubella	16m	6y			
VZV or VAR - Varicella (chickenpox)	16m	6y			
Tdap	12y				

ACIP\* Recommended Vaccines: Hepatitis A, Human Papillomavirus (HPV), Influenza, Meningococcal Conjugate (MCV4), and Rotavirus. (ACIP - Advisory Committee on Immunization Practices, U.S. Center for Disease Control and Prevention).

If filled out by health department or health care provider: To the best of my knowledge, this child has received the above immunizations:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If filled out by school personnel: I CERTIFY this information has been transferred from supporting documentation as stated in the Administrative Rules of Montana:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION II

### Instructions

#### Health Department or Physician

1. For medical exemption purposes, a physician is a person licensed to practice medicine in any jurisdiction of the U.S. or Canada. This does not include chiropractic or naturopathic doctors, nurse practitioners or physician assistants.
2. In Section II, please include vaccine doses with month, day and year for each administered dose. Immunization dates, as specified in the administrative rules, are necessary. Please sign and date the form.
3. If the child is completing a vaccine series, a Conditional Attendance form can be used. The physician or health department will determine the date of each dose to be administered and put the schedule on the conditional Attendance form. Please sign the Conditional Attendance form, and return to the school.
4. Immunization forms can be obtained directly from the local health department or the Montana Immunization Program at [www.immunization.mt.gov](http://www.immunization.mt.gov).

#### School Official

1. Prior to attending, all students and school staff must have either a) the required immunizations and documentation or b) have completed the appropriate exemption or conditional attendance documentation.
2. Documentation must meet the criteria of the Administrative Rules of Montana. This is limited to other school health records and certain documents from health departments and physicians.
3. Transferring information from supporting documentation to this form must be done by a school official. The school official must then sign and date the form (Section II) and attach the supporting documentation.
4. Conditional Attendance form, once completed and attached to this document, allows attendance so long as immunization continues as scheduled.

#### Parent

1. Montana law requires immunization information be recorded on this document for persons to attend Montana schools, preschools, and early childhood schools.
2. ONLY school and health officials can complete this form. School officials need documentation from physicians or health departments as described by the Administrative Rules of Montana (examples: A completed Montana Certificate of Immunization; A signed Immunization record card). It is the parent's responsibility to provide these documents to the school.
3. Religious exemption and conditional attendance may be used in accordance with the Immunization Law and Administrative rules. The Religious Exemption only applies to Hemophilus Influenzae type b (Hib), and must be renewed annually.
4. Montana law prohibits children from attending any Montana school prior to meeting immunization requirements.

## SECTION IV

### Exemptions

Please refer to the form HES101A at

<http://www.dphhs.mt.gov/publichealth/immunization/documents/NewMedicalExemptionForm08132012.pdf>

## SECTION V

### Legal References

#### Montana Codes Annotated

20-5-101-410: Montana Immunization Law  
52-2-735: Day Care School Certification

#### Administrative Rules of Montana

37.114.701-721: Immunization of K-12 and Early Childhood Schools  
37.95.140: Day Care Center, Family/Group Home School Immunizations

If you have any questions about: 1) the use of this form; 2) obtaining copies of immunizations forms, laws, or rules; or 3) whether or not a person meets attendance requirements, please contact your local health department or the Montana Immunization Program, DPHHS, Cogswell Building, Helena, MT 59620. Phone (406) 444-5580.

[www.immunization.mt.gov](http://www.immunization.mt.gov)