

STATE OF MONTANA—CERTIFICATE OF IMMUNIZATION

Complete legal immunization requirements and legal penalties for those who fail to meet the requirements, are referenced in Section V.

This specific form is required for ALL persons attending school or day care.

See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.

SECTION I

PLEASE PRINT CLEARLY

Student's Name	Birth Date	Sex	Physician		
Name of Parent/Guardian	Address (<i>in pencil</i>)		City (<i>in pencil</i>)	Telephone (<i>in pencil</i>) Home	
				Work	

SECTION II

IMMUNIZATION HISTORY

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

Vaccine Type	Month, Day & Year of Each Dose					
	1	2	3	4	5	6
Polio (Injectable: IPV or EIPV) (Oral: OPV or TOPV)						
Diphtheria—Tetanus—Pertussis (DTP/DTaP)						
Diphtheria—Tetanus (DT) – or – Tetanus—Diphtheria (Td)						
Tetanus – reduced Diphtheria – Acellular Pertussis (Tdap)						
Measles—Mumps—Rubella (MMR) (Note: If single antigen vaccine is used, please note vaccine type & date in "Other" line below.)						
Hib						
Hepatitis B (Hep B)						
Hepatitis A (Hep A)						
Varicella (VAR) – or history of chickenpox disease						
Other:						
Other:						

If filled out by health department or health care provider:

To the best of my knowledge, this child has received the above Immunizations.

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

Signed: _____
(Health Department/Health Care Provider) Date

If filled out by school or day care personnel:

I CERTIFY this information has been transferred from acceptable documentation as stated in the Administrative Rules of Montana:

Signed: _____
(School or Day Care Official and title) Date

Institution: _____
Name City/State

Signed: _____
(School or Daycare Official and Title) Date

Institution: _____
Name City/State

Signed: _____
(School or Daycare Official) City/State

(Please write legibly)

SECTION III

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 vaccine 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 Exemption can be used. The physician or health department will determine the date of each dose is to be administered and put the schedule on the Conditional Exemption form. Please sign the Conditional Exemption form. The form needs to be returned to the school or day care.
4. Immunization forms can be obtained directly from the local health department and the Montana Immunization Program. See address below.

School and Day Care Official

1. **Prior to attending**, all students and day care attendees must have either **a)** the required immunizations **and documentation** or **b)** have appropriate exemptions. This includes transfer students.
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 on to this form** is to be done, from acceptable documentation, by school and day care officials. The school or day care official must then sign and date the form (Section II).
4. **Conditional Exemption** form, once completed, should be attached to this document, and allows attendance if immunization continues as scheduled.
5. **School Transfer Students.**

There is no transfer period allowed. Transfer students must provide adequate documentation of immunization **PRIOR** to attending school.

- a) **Transferring In.** Students who transfer into Montana from out of state must have their immunization information recorded on this form (*See number 2 above regarding acceptable documentation.*) Students must meet Montana Immunization requirements.
- b) **Transferring Out.** If students transfer out of your school, a **copy** of this record should be maintained by the school for one year following the transfer. The law requires Montana schools to forward the original to the school to which students transfer.

Parent

1. Montana law requires immunization information be recorded on this document for persons to attend Montana schools, preschools and day cares.
2. **ONLY School, Day Care and Health Officials fill out this form.** School and day care officials need documents 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 or day care.**
3. **Religious exemption and conditional attendance** may be used in accordance with the Immunization Law and Administrative rules. The Religious Exemption may be used in school settings and must be renewed annually. Religious exemption for daycare only applies to Haemophilus influenzae type b (Hib), and must be renewed annually.
4. Montana law prohibits your child from attending any Montana school or day care **prior** to the immunization requirements being met.
5. If your child transfers to another Montana school, a copy of this completed form will allow your child to enter that school. Within 30 days of the transfer, the original must be provided to the new school in order for the child to continue to attend.

SECTION IV

EXEMPTIONS

1. **Medical:** TO BE SIGNED BY A PHYSICIAN (*See Section III, Health Department or Physician*)

The physical condition of this person is such that the following immunization(s) would endanger the child's health. (*Physician, please check the immunization(s) contraindicated for this child.*)

- | | | | |
|----------------------------------|---|---|---|
| 1) <input type="checkbox"/> DTaP | 4) <input type="checkbox"/> Polio | 7) <input type="checkbox"/> Mumps | 10) <input type="checkbox"/> Influenza |
| 2) <input type="checkbox"/> Td | 5) <input type="checkbox"/> Measles (Rubeola) | 8) <input type="checkbox"/> Hib (Haemophilus influenzae type b) | 11) <input type="checkbox"/> Hep A |
| 3) <input type="checkbox"/> Tdap | 6) <input type="checkbox"/> Rubella | 9) <input type="checkbox"/> Varicella | 12) <input type="checkbox"/> Hep B |
| | | | 13) <input type="checkbox"/> Pneumococcal |

Specific nature of Medical condition: _____

Duration of Medical Exemption: Permanent Temporary End Date _____

Signature _____ Date _____
(Physician)

2. **Conditional Attendance:** Attach the Conditional Attendance form (HES 103-A-B or C)
3. **Religious Exemption:** Attach the notarized Religious Exemption form (HES 113) for the current school year or the notarized Religious Exemption form (HES 114) for Daycare to this form.

Notice for persons using exemptions:

Persons who have any of the above exemptions may be excluded from school or day care by health authorities during disease outbreaks. This exclusion will be in force until the excluding authority is satisfied that the excluded person no longer risks contracting or transmitting the disease.

SECTION V

LEGAL REFERENCES

Montana Codes Annotated

20-5-101 - 410: Montana Immunization Law
52-2-735: Daycare Certification

Administrative Rules of Montana

37.114.701-721: Immunization of K-12, Preschool and Post secondary Schools
37.95.140: Daycare Center Immunizations
Group Daycare Homes – Health
Family Day Care Homes – Health

If you have any questions about: 1) use of this form; 2) obtaining copies of immunization forms, laws, or rules; 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.