

## Immunization Quiz

Read every question completely. Type or clearly print the letter of the correct answer on page 2, under **ANSWERS** and complete the provider information. You will need to e-mail page 2 of this form back to [hhsiz@mt.gov](mailto:hhsiz@mt.gov) or fax to (406) 442-4848. You should receive an email response from the Immunization Program within 5 business days regarding your scores. You can only miss 3 questions in order to pass. Good Luck!

1. What vaccine(s) is allowed for a religious exemption in a child care facility?  
**A. Varicella    B. MMR    C. Hib    D. All of the above**
  
2. What form(s) used in a child care facility must be notarized yearly?  
**A. Conditional Form (HES-103A)    B. Religious Form (HES-114)    C. Certificate of Immunization (HES-101)**
  
3. A child care center has how many days to correct non-compliant records and bring the child back up to date?  
**A. 7 days    B. 5 days    C. 10 days    D. 14 days**
  
4. On the Certificate of Immunization (HES-101), the medical exemption section can only be filled out by whom?  
**A. Chiropractor doctor    B. Naturopathic doctor    C. Medical doctor    D. All of the above**
  
5. Child care providers are required to make a copy of the Conditional Attendance form (HES-103A) and submit it to the local county health department.  
**A. True    B. False**
  
6. If a parent verbally states their child had chickenpox and was not clinically confirmed, and the laboratory test does not confirm immunity, does the child need to still receive a varicella shot in order to attend the child care facility?  
**A. No, because the parent's word is acceptable    B. Yes, because there is no proof of immunity**
  
7. What disease can be easily transmitted from adult to an infant without even knowing it?  
**A. Tetanus    B. Polio    C. Pertussis (Whooping cough)    D. All of the above**
  
8. What vaccination does the Center for Disease Control (CDC) strongly recommend that everyone greater than 6 months of age should have every year?  
**A. Varicella (Chickenpox)    B. Pertussis (Whooping Cough)    C. Polio    D. Influenza (Flu)**
  
9. A child seeking to attend a child care facility is not required to have any immunizations which are medically contraindicated. A written and signed statement from a physician will exempt a person from the applicable immunization requirement.  
**A. True    B. False**

10. Child care providers need to allow the local public health department access to review all immunization records.  
**A. True      B. False**
11. Hib (Haemophilus Influenzae type B) is not required or recommended for children \_\_\_\_\_.  
**A. 6 months and older    B. 5 years and older    C. 8 years and older    D. 10 years and older**
12. The Montana State Immunization Program encourages all child care providers to develop a written immunization policy to ensure routine assessment of all enrolled children.  
**A. True      B. False**

**You must fill out this portion in order to receive your scores and certificate.**

**Please fax or email only this page.**

**Please type or print clearly:**

**ANSWERS:**

- |          |           |
|----------|-----------|
| 1. _____ | 7. _____  |
| 2. _____ | 8. _____  |
| 3. _____ | 9. _____  |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

**Provider Information:**

First Name: \_\_\_\_\_

PS# \_\_\_\_\_

Last Name: \_\_\_\_\_

Date completed \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of child care facility: \_\_\_\_\_

**MT Immunization use only:**

Corrected by (initials): \_\_\_\_\_

Provider passed: Y/N \_\_\_\_\_

Date Certificate mailed: \_\_\_\_\_