

# STATE OF MONTANA— CHILD CARE FACILITY/SCHOOL 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

**PLEASE PRINT CLEARLY**

|                         |            |     |                  |                               |
|-------------------------|------------|-----|------------------|-------------------------------|
| Child/Student's Name    | Birth Date | Sex | Primary Provider |                               |
| Name of Parent/Guardian | Address    |     | City             | Telephone<br>Home<br><br>Work |

## SECTION II

### IMMUNIZATION HISTORY

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

| Required Vaccines<br>(CC= Child Care Requirement; SR=School Requirement)   | Month, Day & Year of Each Dose |   |   |   |   |
|--|--------------------------------|---|---|---|---|
|  | 1                              | 2 | 3 | 4 | 5 |
| Diphtheria/Tetanus/Pertussis (DTaP)  |                                |   |   |   |   |
| Booster Dose Tdap required prior to 7 <sup>th</sup> grade entry  |                                |   |   |   |   |
| Haemophilus Influenzae Type B (Hib)<br>(Only children less than 5 years)   |                                |   |   |   |   |
| Measles/Mumps/Rubella (MMR)  |                                |   |   |   |   |
| or   |                                |   |   |   |   |
| Measles vaccine only   |                                |   |   |   |   |
| Mumps vaccine only   |                                |   |   |   |   |
| Rubella vaccine only   |                                |   |   |   |   |
| Polio (IPV or OPV)   |                                |   |   |   |   |
| Varicella (Chickenpox) [VZV or VAR]<br><input type="checkbox"/> Check here if child has documentation of disease |                                |   |   |   |   |
| Hepatitis B  |                                |   |   |   |   |
| Pneumococcal Conjugate vaccine (PCV13)   |                                |   |   |   |   |

| ACIP* Recommended Vaccines<br><small>*Advisory Committee on Immunization Practices,<br/>U.S. Centers for Disease Control and Prevention</small> | Month, Day & Year of Each Dose |   |   |   |   |
|---|--------------------------------|---|---|---|---|
|   | 1                              | 2 | 3 | 4 | 5 |
| Hepatitis A   |                                |   |   |   |   |
| Human Papillomavirus (HPV) - for adolescents  |                                |   |   |   |   |
| Influenza- recommended annually for all over 6 mos.   |                                |   |   |   |   |
| Meningococcal Conjugate Vaccine (MCV4) (Ages 11-12 & later)   |                                |   |   |   |   |
| Rotavirus   |                                |   |   |   |   |

**NOT A COMPLETE IMMUNIZATION RECORD- CONTACT YOUR PROVIDER OR PUBLIC HEALTH AGENCY FOR MORE INFORMATION**

**If filled out by health department or health care provider:**

**If filled out by school or child care personnel:**

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

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

Signed: \_\_\_\_\_  
*(Health Department/Health Care Provider) Date*

Signed: \_\_\_\_\_  
*(School or Child Care Official and title) Date*

Signed: \_\_\_\_\_  
*(Health Department/Health Care Provider) Date*

Signed: \_\_\_\_\_  
*(School or Child Care Official and title) Date*

Signed: \_\_\_\_\_  
*(Health Department/Health Care Provider) Date*

Signed: \_\_\_\_\_  
*(School or Child Care Official and Title) Date*

Signed: \_\_\_\_\_  
*(Health Department/Health Care Provider) Date*

Signed: \_\_\_\_\_  
*(School or Child Care Official and Title) Date*

## 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 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 or child care facility.
4. Immunization forms can be obtained directly from the local health department or the Montana Immunization Program at [immunization.mt.gov](http://immunization.mt.gov).

### School and Child Care Official

1. **Prior to attending**, all students and child care facility attendees must have either **a)** the required immunizations **and documentation** or **b)** have completed the appropriate exemption or conditional attendance documentation. 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 from supporting documentation to this form** must be done by a school or child care official. The school or child care 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.
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 for one year following the transfer. The Montana law requires schools to forward the original Certificate of Immunization to the school to which students transfer.
- c) **Homeless Students:** All homeless students must be immediately enrolled in a Montana school to ensure compliance with the McKinney-Vento Act. Students should be assigned a liaison who can assist them in obtaining either appropriate documentation of immunization or in obtaining the required immunizations.

### Parent

1. Montana law requires immunization information be recorded on this document for persons to attend Montana schools, preschools and child care facilities.
2. **ONLY school, child care and health officials can complete this form.** School and child care 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 or child care facility.**
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 child care only applies to Haemophilus influenzae type b (Hib), and must be renewed annually.
4. Montana law prohibits children from attending any Montana school or child care facility **prior** to meeting immunization requirements.
5. If your child transfers to another Montana school, a copy of this completed form will allow your child to enter that school. However, the original Certificate of Immunization must be provided to the new school within 30 days of transfer in order for the child to attend.

## SECTION IV

## EXEMPTIONS

Please refer to the form HES101A at  
[immunization.mt.gov](http://immunization.mt.gov)

## SECTION V

## LEGAL REFERENCES

**Montana Codes Annotated**  
20-5-101 - 410: Montana Immunization Law  
52-2-735: Day Care Certification

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

If you have any questions about: 1) the use of this form; 2) obtaining copies of immunization 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)

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