



State of Montana Child Care Certificate of Immunization



Child's Last Name: First Name: Middle Name/Initial: Birthdate (MM/DD/YY): Sex:

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Montana Required Vaccines for Child Care Entry (Dates Required)						
DTaP (Diphtheria, Tetanus, Pertussis)						
Td (Tetanus, Diphtheria)						
Tdap (Tetanus, Diphtheria, Pertussis)						
Hib (Haemophilus influenza type b)						
Hep B (Hepatitis B)						
MMR (Measles, Mumps, Rubella)						
Pneumococcal Conjugate vaccine (PCV)						
Polio (IPV/OPV)						
Varicella (Chickenpox) [] Check here if child has documentation of disease						

Administrative Use Only

Exemption status or related information does not populate from imMTrax.

Exemption Status

Medical Exemption

A Medical Exemption form signed by a physician or advanced practice nurse must be on file.

- ☐ DTaP
- ☐ Td
- ☐ Tdap
- ☐ Hib
- ☐ Hep B
- ☐ MMR
- ☐ Pneumococcal (PCV)
- ☐ Polio
- ☐ Varicella

Temporary until: (Date) _____

Religious Exemption

A Religious Exemption form should be on file.

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

Signed:

Printed Name:

Facility Name:

Date: