



# State of Montana School Certificate of Immunization

For Pre-Kindergarten - 12<sup>th</sup> Grade



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
<b>Montana Required Vaccines for School Pre- K to 12th grade (Dates Required)</b>						
<b>DTaP</b> (Diphtheria, Tetanus, Pertussis)						
<b>Td</b> (Tetanus, Diphtheria)						
<b>Tdap</b> (Tetanus, Diphtheria, Pertussis) Booster dose Tdap required prior to 7 <sup>th</sup> grade entry						
<b>Hib</b> (Haemophilus influenza type b) Required only for children 5 years and younger						
<b>MMR</b> (Measles, Mumps, Rubella)						
<b>Polio</b> (IPV/OPV)						
<b>Varicella</b> (Chickenpox) [ ] Check here is 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.

- |                               |                                    |
|-------------------------------|------------------------------------|
| <input type="checkbox"/> DTaP | <input type="checkbox"/> MMR       |
| <input type="checkbox"/> Td   | <input type="checkbox"/> Polio     |
| <input type="checkbox"/> Tdap | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> Hib  |                                    |

Temporary until: (Date) \_\_\_\_\_

#### Religious Exemption

A Religious Exemption form should be on file.

- |                               |                                    |
|-------------------------------|------------------------------------|
| <input type="checkbox"/> DTaP | <input type="checkbox"/> MMR       |
| <input type="checkbox"/> Td   | <input type="checkbox"/> Polio     |
| <input type="checkbox"/> Tdap | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> Hib  |                                    |

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

Signed:

Printed Name:

Facility Name:

Date: