



State of Montana School Certificate of Immunization

For Pre-Kindergarten - 12th 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
Montana Required Vaccines for School Pre- K to 12th grade (Dates Required)						
DTaP (Diphtheria, Tetanus, Pertussis)						
Td (Tetanus, Diphtheria)						
Tdap (Tetanus, Diphtheria, Pertussis) Booster dose Tdap required prior to 7 th grade entry						
Hib (Haemophilus influenza type b) Required only for children 5 years and younger						
MMR (Measles, Mumps, Rubella)						
Polio (IPV/OPV)						
Varicella (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: