



DEPARTMENT OF  
PUBLIC HEALTH &  
HUMAN SERVICES

# Conditional Attendance Form

Form HES 103

Montana Schools and Child Care

## I. This section to be filled out by child care or school official.

Child/Pupil Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

*I certify the above named child/pupil has received at least one or more doses of the required vaccine(s) and legally is eligible for conditional attendance at this time. Child/Pupil will remain in a conditional attendance status for each of the required immunizations until they have completed the child care/ school immunization requirements and remain compliant with the schedule listed below.*

Signature (Child Care or School Official): \_\_\_\_\_

Date: \_\_\_\_\_

## II. This section to be filled out by physician/health department official.

Please enter the information related to the next vaccine dose(s) due, by vaccine type and date in the spaces below.

### VACCINE TYPE(S) NEEDED

### DOSES DUE/EXCLUSION DATE

Example: MMR, Polio

12/20/12


*I certify that I have established an immunization schedule for the required vaccine(s) for the above named child/pupil and the schedule follows the minimum intervals set by ACIP (Advisory Committee on Immunizations Practices) to bring this child up-to-date according to the child care or school requirements.*

Signature (Physician/Health Dept Official): \_\_\_\_\_

Date: \_\_\_\_\_

## III. This section to be signed by parent/guardian.

*I understand that my child is allowed to attend child care or school on a conditional basis and agree to have my child vaccinated, meeting the above deadlines. I also understand that due to Montana Law and Administrative Rule my child will not be allowed to attend child care/school in Montana if I do not agree to this condition and provide the required documentation within the required deadlines.*

Signature (Parent/Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

**A child/pupil may be allowed to conditionally attend a child care facility or school if he/she has:**

- 1. Received one or more doses of each of the required vaccine(s) and**
- 2. Will continue to receive the remaining doses on the schedule set above by the physician or health department in accordance with the child care or school requirements.**

**The immunization schedule for completion of the required vaccinations is to be established by a physician or health department documenting the type of vaccine(s) and the date(s) the next dose is due. This is to be documented on this form and on the immunization record card. It is the parent/guardian's responsibility to ensure each vaccine deadline is met and provide documented proof to the child care facility or school.**

**If a child conditionally attending a child care facility or school fails to complete the immunization(s) within the time period indicated, he/she will be immediately excluded from the child care facility or school.**

## **INSTRUCTIONS**

### **I. Child Care, Preschool, K-12 School:**

1. Section I needs to be completed by the child care or school official.
2. Have a parent/guardian read and sign Section III of this form.
3. Give this form to the parent/guardian with instructions to have the immunization schedule established for the missing vaccine dose(s) and signed by the physician/health department official.
4. When this form is completed it is to be returned to the child care or school by the parent/guardian. This form is then kept in with the child's/pupil's official immunization record. The parent/guardian is to be provided with a copy of this form.
5. The official immunization record needs to be updated as the vaccine dose(s) are given in compliance with the established immunization schedule.
6. A child/pupil failing to complete the immunization(s) as scheduled:
  - a) Must qualify for and claim an exemption, or
  - b) Immediately be excluded by the child care director or school administrator/designee.

### **II. Physician or Health Department:**

1. The physician/health department will establish the immunization schedule for the missing vaccine dose(s) and enter the schedule in Section II. Vaccine type and date the dose(s) are due must be noted on this form **and** in the official-immunization record. Physician/health department will follow ACIP recommended catch up schedule to bring a child up-to-date to meet the immunization requirements in a child care or school setting. After the immunization schedule has been established and signed by the physician/health department this form is to be returned to the child care facility/school by the parent/guardian.

### **III. Parent or Guardian:**

1. After Section I of this form has been completed by the child care/school official, please read and sign Section III.
2. When Section II of this form has been completed and signed by the physician/health department it is to be returned to the child care facility/school by the parent/guardian.
3. Obtain a copy of this completed form from the child care/school for ready reference and compliance with the established immunization schedule.
4. Each time the child/pupil receives the required vaccine(s) the parent/guardian is to bring the signed/stamped immunization record from the physician/health department to the child care facility/school for the record to be updated.

**NOTE: Questions regarding the use of this form should be directed to the local health department or the Montana Immunization Program (406-444-5580).**