



**CERTIFICATE OF IMMUNIZATION**  
 NORTH DAKOTA DEPARTMENT OF HEALTH  
 SFN 16038 (Revised 02-2008)

Division of Disease Control  
 600 East Boulevard Ave. Dept 301  
 Bismarck, ND 58505-0200  
 800.472.2180 or 701.328.3386

**North Dakota law requires this form be completed\* and provided to the childcare facility or school.**

Child's Name (Last, First, Middle Initial):		Date of Birth:			
Parent's Name:		Telephone Number:			
Vaccine Type		Enter Month/Day/Year for Each Immunization Given			
DTP/DTaP/DT	Diphtheria-Tetanus-Pertussis				
OPV/IPV	Polio				
Hib	Haemophilus influenzae type B				
MMR	Measles-Mumps-Rubella				
Hepatitis B	Hepatitis B				
Hepatitis A	Hepatitis A				
Varicella	Chickenpox	History of Disease Date: _____			
PCV 7	Pneumococcal Conjugate				
Rotavirus	Rotavirus				
Td/Tdap	Tetanus-Diphtheria and/or Pertussis				
MCV4/MPSV4	Meningococcal				
HPV	Human Papillomavirus				
Other					

**To the best of my knowledge, this person has received the above-indicated immunizations on the above dates.**

Physician, Nurse, Local/State Health		Title	Date
<b>If additional doses are added after initial signature, please initial dose and sign below.</b>			
Update signature #1:			
Physician, Nurse, Local/State Health:		Title:	Date:
Update signature #2:			
Physician, Nurse, Local/State Health:		Title:	Date:

**My child has not met the minimum requirements for his/her age. I agree to resume immunizations within 30 days from the date I was notified (today's date noted below) that my child's immunizations are incomplete and to submit a signed Certificate of Immunization.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Statement of Exemption to Immunization Law**

**In the event of an outbreak, exempted persons may be subject to exclusion from school or childcare facility.**

**Medical Exemption:** The physical condition of the above-named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

Physician Signature:	Date:
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**Religious/Philosophical/Moral Belief or History of Disease Exemption:**

(Please check one)  Religious  Philosophical  Moral  History of Disease

Parent/Guardian Signature	Date
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\* See back of form for assistance.

# Provider Instructions for Use of Certificate of Immunization

## MINIMUM REQUIREMENTS<sup>1</sup>

Children/students must be immunized age-appropriately according to the Advisory Committee of Immunization Practices (ACIP) and the Centers for Disease Control and Prevention. (See below.)

### I. Childcare Facility Attendance:

Vaccine Type	Minimum Number of Doses Required Per Age						
	2-3 Months	4-5 Months	6-7 Months	8-11 Months	12-17 Months	18-24 Months	4-6 Years
<b>DtaP/DTP/DT</b> (Diphtheria-Tetanus-Pertussis)	1	2	3	3	4	4	4 or more*
<b>HAV<sup>¥</sup></b> (Hepatitis A)	0	0	0	0	1	2	0
<b>Hib<sup>§</sup></b> ( <i>Haemophilus influenzae</i> type b)	1	2	2 or 3	2 or 3	3 or 4	3 or 4	3 or 4
<b>IPV</b> (Polio)	1	2	3	3	3	3	4 <sup>†</sup>
<b>MMR</b> (Measles-Mumps-Rubella)	0	0	0	0	1	1	2
<b>PCV7<sup>¶</sup></b> (Pneumococcal)	1	2	3	3	4	4	4
<b>Rotavirus<sup>#</sup></b>	1	2	3	0	0	0	0
<b>Varicella<sup>£</sup></b> (Chickenpox)	0	0	0	0	1	1	1

\* One dose must have been given on or after the 4th birthday.

¥ Only required for children 12 – 23 months of age. Older children are exempt from the requirement.

§ If a child receives immunizations late, fewer doses may be required. Contact your local public health unit or the North Dakota Department of Health to determine the appropriate number of doses. Children age 5 and older are exempt from the Hib requirement.

† If the third dose was given on or after the 4th birthday, the fourth dose is not required.

¶ If a child receives immunizations late, fewer doses may be required. Contact your local public health unit or the North Dakota Department of Health to determine the appropriate number of doses. Children age 5 and older are exempt from the PCV7 requirement.

# Children who do not receive the first dose by 3 months of age can no longer receive this vaccine and are exempt from the Rotavirus requirement.

Children ages 8 months and older are exempt from the Rotavirus requirement.

£ Children with a reliable history of chickenpox disease are exempt from the varicella requirement.

### II. School Attendance (K-12 and College):

Vaccine Type	Minimum Number of Doses Required Per Grade		
	Kindergarten	Grades 1-6	Grades 7-12
<b>DTaP/DTP/DT</b>	4 or more*	4 or more*	4 or more*
<b>Hepatitis B</b>	3 <sup>£</sup>	3 <sup>£</sup>	3 <sup>£</sup>
<b>IPV/OPV</b>	4 <sup>†</sup>	4 <sup>†</sup>	4 <sup>†</sup>
<b>Meningococcal</b>	0	1 <sup>¶</sup>	1 <sup>¶</sup>
<b>MMR</b>	2	2	2
<b>Tdap</b>	0	1 <sup>°</sup>	1 <sup>°</sup>
<b>Varicella (Chickenpox)</b>	2 <sup>§</sup>	1 <sup>#</sup>	0

\* One dose must have been given on or after the 4th birthday. Three doses Td required for children age 7 or older not previously vaccinated. Tdap should be used as the first dose followed by two doses of Td for children age 10 or older not previously vaccinated.

£ Three doses of hepatitis B vaccine will be required for entrance into kindergarten, effective with the 2000-01 school year and thereafter. Each subsequent year, the next higher grade is included; e.g., for the 2008-09 school year, three doses of hepatitis B vaccine is required of children attending kindergarten through eighth grade.

† In all IPV or all OPV schedule: If the third dose was given on or after the 4th birthday, the fourth dose is not required. If a child has received a total of four doses of any combination of OPV and IPV at least four weeks apart, he (she) is considered adequately immunized against polio.

¶ Meningococcal vaccine will be required for entrance into middle school (sixth or seventh grade, depending on the school), effective with the 2008-2009 school year and thereafter.

° Tdap vaccine will be required for entrance into middle school (sixth or seventh grade, depending on the school), effective with the 2008-2009 school year and thereafter. Tdap vaccine can only be administered to children age 10 or older, who have not received tetanus-containing vaccine in the past 5 years.

§ Two doses of chickenpox (varicella) vaccine given on or after the first birthday at least 3 months apart will be required for entrance into kindergarten, effective with the 2008-2009 school year and thereafter. Each subsequent year, the next higher grade is included. If a child has had history of chickenpox disease, the child is exempt from the vaccine requirement.

# For the 2008-09 school year, one dose of chickenpox vaccine is required of children attending first grade through fourth grade. If a child has had history of chickenpox disease, the child is exempt from the vaccine requirement.

<sup>1</sup> Physician or clinic may recommend additional doses.