



Certificate of Immunization
North Dakota Department of Health
 SFN 16038 (Rev. 11/00)

Disease Control
 600 E Boulevard Ave
 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 _____ Birthdate _____
 (Last) (First) (Initial)

Parent's Name _____ Phone Number _____

REQUIRED VACCINES

Vaccine Type	Enter Month/Day/Year for Each Immunization Given.				
	1 st	2 nd	3 rd	4 th	5 th
DTaP/DTP/DT (Diphtheria-Tetanus-Pertussis)					
Hepatitis B					
Hib (<i>Haemophilus influenzae</i> type b)					
IPV/OPV (Polio)	Specify date and type	Specify date and type	Specify date and type	Specify date and type	
MMR (Measles-Mumps-Rubella)					

RECOMMENDED VACCINES-NOT REQUIRED (For recording purposes only).

PCV 7 (Pneumococcal-conjugate)					
Td booster (Tetanus-Diphtheria)					
Varicella (Chickenpox)					
Other: _____					

Do Not Sign Unless Minimum Requirements Are Met.

To the best of my knowledge, this person has received the immunizations required for age on the above dates.

 (Physician, Nurse, Local/State Health Dept., Childcare Facility/School Official) Title Date

If additional doses are added after initial signature, please initial dose and sign below.

Update signature #1: _____
 (Physician, Nurse, Local/State Health Dept., Childcare Facility/School Official) Title Date

Update signature #2: _____
 (Physician, Nurse, Local/State Health Dept., Childcare Facility/School Official) Title Date

Update signature #3: _____
 (Physician, Nurse, Local/State Health Dept., Childcare Facility/School Official) 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) 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) Date

Religious/Philosophical/Moral Belief Exemption: Parent or guardian of the above named person adheres to a belief opposed to immunizations. (Please check one below.)

Religious Philosophical Moral

 (Parent/Guardian) Date

* See back of form for assistance.

Original (white) – to be kept in child's childcare facility or school records. **Copy (yellow)** – to be retained by parent/guardian.

Provider Instructions for Use of Certificate of Immunization

MINIMUM REQUIREMENTS¹

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	6-11 Months	12-18 Months	4-6 Years
DTaP/DTP/DT (Diphtheria-Tetanus-Pertussis)	1	2	3	4	4 or more*
Hib[§] (<i>Haemophilus influenzae</i> type b)	1	2	2 or 3 (Depending on type of Hib given for first 2 doses.)	3 or 4 (Depending on type of Hib given for first 2 doses.)	3 or 4 (Depending on type of Hib given for first 2 doses.)
IPV/OPV (Polio)	1	2	2	3	4 [†]
MMR (Measles-Mumps-Rubella)	0	0	0	1 (Given on or after first birthday.)	1 (Given on or after first birthday.)

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

§ If the first dose is given at 15 months or older, only one dose of Hib is required. Children age 5 and older are exempt from the Hib requirement.

† **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. **Combination of IPV/OPV schedule (2IPV, followed by 2 OPV):** All four doses are needed regardless of age.

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

Vaccine Type	Minimum Number of Doses Required Per Grade		
	K-6	Grades 7-12	College
DTaP/DTP/DT/Td (Diphtheria-Tetanus-Pertussis)	4 or more*	4 or more*	
IPV/OPV (Polio)	4 [†]	4 [†]	
MMR (Measles-Mumps-Rubella)	2	2 [¶]	2
Hepatitis B	3 [£]		

* 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.

† **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.

¶ Two doses of MMR given on or after the 1st birthday are required for children who entered kindergarten or first grade in the 1992/1993 school year and thereafter. Each subsequent year, the next highest grade will be included.

£ Effective with the 2000/2001 school year and thereafter, three doses of hepatitis B vaccine are required for entrance into kindergarten (or first grade if the student's school does not have a kindergarten.) Each subsequent year, the next highest grade will be included.

¹ Physician or clinic may recommend additional doses.