



Certificate of Immunization

North Dakota Department of Health

SFN 16038 (Rev. 10/03)

Division of Disease Control
 600 E 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 _____ Birthdate _____
 (Last) (First) (Initial)

Parent's Name _____ Phone Number _____

Vaccine Type		Enter Month/Day/Year for Each Immunization Given				
DTP/DTaP	Diphtheria-Tetanus-Pertussis					
DT	Diphtheria-Tetanus Pediatric use \leq 7 years					
OPV/IPV	Polio					
Hib	<i>Haemophilus influenzae</i> type b					
MMR	Measles-Mumps- Rubella					
Hepatitis B	Hepatitis B					
Varicella	Chickenpox			History of Disease. Yes _____ Date _____		
PCV 7	Pneumococcal conjugate					
Td	Tetanus-Diphtheria adult use \geq 7 years					
Other						

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

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.

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.