

# SOUTH DAKOTA DEPARTMENT OF HEALTH - CERTIFICATE OF IMMUNIZATION

The long form report printed from the SD Immunization Information System (SDIIS) may be substituted for this certificate.

SCHOOL:	GRADE:	YEAR:
CHILD'S NAME:	BIRTHDATE:	
PARENT'S NAME:	TELEPHONE:	
PARENT'S ADDRESS:	CITY, STATE, ZIP:	COUNTY:

VACCINE TYPE	ENTER DATE (MONTH/DAY/YEAR) EACH IMMUNIZATION WAS GIVEN				
	1ST	2ND	3RD	4TH	5TH
DTaP/DT					
Td/Tdap					
IPV					
Measles Mumps Rubella (MMR)			Two MMR vaccinations are required <b>or</b> submit serological evidence of immunity.  Or History of Varicella Disease- <b>requires parent/guardian signature</b> Signed _____ Date: _____ (Parent or Guardian)		
Varicella -Chickenpox					
Hib					
Hepatitis A					
Hepatitis B					
Pneumococcal					
Other					

TO THE BEST OF MY KNOWLEDGE, THIS CHILD HAS RECEIVED THE ABOVE IMMUNIZATIONS.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
 (Physician, Nurse, School Health Authority or Department of Health Staff)  
 ADDRESS \_\_\_\_\_  
 PRINTED SIGNATURE \_\_\_\_\_

## MEDICAL EXEMPTION TO IMMUNIZATION LAW

The physical condition of the above named child is such that an immunization would endanger life or health.

Please check the appropriate box(es) if this statement is being signed:

☐ Diphtheria   ☐ Tetanus   ☐ Pertussis   ☐ Polio   ☐ MMR   ☐ Varicella (Chickenpox)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Licensed Physician per SDCL Chapter 36-4)

PRINTED SIGNATURE: \_\_\_\_\_

ADDRESS OF FACILITY: \_\_\_\_\_

## RELIGIOUS EXEMPTION TO IMMUNIZATION LAW

Parent or guardian of the above named child adheres to a religious doctrine whose teachings are opposed to immunization.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Parent or Guardian)



# SCHOOL IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE

South Dakota State Law (SDCL 13-28-7.1) (Rev. 2005) requires that any pupil entering school or an early childhood program in this state shall, prior to admission, be required to present to school authorities certification from a licensed physician that the child has received, or is in the process of receiving, adequate immunization against poliomyelitis, diphtheria, pertussis, rubeola (measles), rubella, mumps, tetanus, and varicella (chickenpox), according to the recommendations of the State Department of Health.

**Do not use this form to determine what immunizations infants and toddlers are required to have. Refer to the current Recommended Childhood Immunization Schedule from the Advisory Committee on Immunization Practices (ACIP). Children in early intervention programs and preschool should be age-appropriately immunized.**

This law applies to all children entering a South Dakota school district for the first time. This would include children in early intervention programs, preschool, as well as kindergarten through twelfth grade.

Minimum immunization requirements for kindergarten through twelfth grade are defined as having received at least:

1. Four or more doses of **diphtheria, pertussis and tetanus containing vaccine**, with at least one dose administered on or after age 4. Children 7 years and older needing the primary series are required to have Td and only need three doses, with at least 6 months between dose two and three. If the child is 11 or older, the first dose of the primary series should be Tdap and the second and third doses should be Td, with at least 6 months between dose two and three. Children receiving six doses before age 4 do not require any additional doses for school requirements. The maximum a child should receive is six doses.
2. Four or more doses of **poliovirus vaccine**, at least one dose on or after age 4; if four doses are administered prior to age 4 years, a fifth dose should be administered after age 4.
3. Two doses of a **measles, mumps, and rubella vaccine (MMR) or submit serological evidence of immunity**. Minimum age for the first dose is 12 months. Administer the second dose routinely at age 4 through 6 years. The second dose may be administered prior to age 4 provided at least 28 days have elapsed since the first dose.
4. One dose of **varicella vaccine**. The minimum age for the first dose of varicella (chickenpox) vaccine is 12 months. History of disease is acceptable with parent/guardian signature.
5. The additional immunization requirement for **kindergarten entry only** is two doses of **varicella vaccine**. Administer the second dose at age 4 through 6 years. The minimum interval between the two doses is 3 months. History of disease is acceptable with parent or guardian signature.

**NOTE: Hib, Hepatitis A, Hepatitis B, and Pneumococcal vaccines are recommended but not required.**

Legal alternatives to minimum immunization requirements are defined, and the means for appropriate certification is provided for, on the face of this document. There are no other exemptions.

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## INSTRUCTIONS TO PARENTS:

**NOTE: This form may be substituted with the long form printed from SDHHS. It may be obtained by contacting your health care provider.**

1. Fill in your child's name, birth date, address, etc. **Please print** using a ballpoint pen and pressing firmly.
2. From your child's immunization records, fill in the date (month, day, and year) for each dose of vaccine received. The signature of a licensed physician or authorized health authority is required as legal certification that the immunizations were received.
3. Submit the **completed** CERTIFICATE OF IMMUNIZATION to your child's school upon first entry or transfer.

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## INSTRUCTIONS TO SCHOOL ADMINISTRATOR:

1. **Do not admit** any student who has not submitted acceptable evidence of having received, or of being in the process of receiving, the minimum immunization requirements defined above.
2. Children transferring (at any grade level) to your school during the school term, and who have not previously completed the required immunizations, must be informed of the necessary requirements. **They may then be given up to 45 days to show compliance. Advise parents that failure to obtain the required immunizations is basis for excluding their child from attending school until immunizations are completed.**
3. Submit the first copy of the completed CERTIFICATE OF IMMUNIZATION for **all** kindergarten students to the State Health Department before October 1 of each school year and within 45 days following enrollment of transfer students. The second copy should be given to the student's parents.
4. The third copy must be retained in the student's permanent school record. If the student transfers to another school, this immunization record, or a copy thereof, shall be forwarded to the new school. This record should also be available for inspection by authorized representatives of the State Department of Health.