



CERTIFICATE OF IMMUNIZATION
 NORTH DAKOTA DEPARTMENT OF HEALTH
 SFN 16038 (Revised 07-2010)

Division of Disease Control
 2635 East Main Ave. PO Box 5520
 Bismarck, ND 58506-5520
 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		Exemption Check type below [€]	Enter Month/Day/Year for Each Immunization Given				
Hepatitis B	Hepatitis B	<input type="checkbox"/>					
Rotavirus	Rotavirus	<input type="checkbox"/>					
Hib	<i>Haemophilus influenzae</i> type B	<input type="checkbox"/>					
PCV	Pneumococcal conjugate	<input type="checkbox"/>					
DTP/DTaP/DT	Diphtheria-Tetanus-Pertussis	<input type="checkbox"/>					
OPV/IPV	Polio	<input type="checkbox"/>					
MMR	Measles-Mumps-Rubella	<input type="checkbox"/>					
Varicella	Chickenpox	<input type="checkbox"/>			History of Disease Date:		
Hepatitis A	Hepatitis A	<input type="checkbox"/>					
Td/Tdap	Tetanus-Diphtheria (and Pertussis)	<input type="checkbox"/>					
MCV4	Meningococcal	<input type="checkbox"/>					
HPV	Human Papillomavirus	<input type="checkbox"/>					
Other		<input type="checkbox"/>					

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

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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€Exemption: (Indicate vaccine above)

(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 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: 2010 Requirements

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
DTaP/DTP/DT (Diphtheria-Tetanus-Pertussis)	1	2	3	3	4	4	5*
Hib[§] (<i>Haemophilus influenzae</i> type b)	1	2	2 or 3	2 or 3	3 or 4	3 or 4	3 or 4
IPV (Polio)	1	2	3	3	3	3	4 [†]
MMR (Measles-Mumps-Rubella)	0	0	0	0	1	1	2
Varicella[£] (Chickenpox)	0	0	0	0	1	1	2
PCV[¶] (Pneumococcal)	1	2	3	3	4	4	4
Rotavirus[#]	1	2	3 [¥]	0	0	0	0
HAV (Hepatitis A)	0	0	0	0	1	2	0

* One dose of DTaP must have been given on or after the 4th birthday. Only 4 doses needed if last dose given on or after the 4th birthday.

§ 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. Depending on the vaccine brand the child may receive a series of three or four doses.

† One dose must have been given on or after the 4th birthday. The final dose in the series should be administered on or after the 4th birthday and at least six months following the previous dose. If four doses are administered prior to age 4 years, a fifth dose should be administered at age four through six years. Only three doses of IPV are required if the 3rd is given on or after the 4th birthday.

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

Children who did not receive the first dose by 15 weeks of age can no longer receive this vaccine and are exempt from the Rotavirus requirement. Children ages eight months and older are exempt from the Rotavirus vaccination requirement.

¥ Rotavirus vaccine may be given as a two or three dose series depending on the brand of vaccine. The third dose of rotavirus vaccine may not be necessary depending on the brand of rotavirus vaccine given.

II. School Attendance (K-12 and College): 2010-2011 School Year Requirements

Vaccine Type	Minimum Number of Doses Required Per Grade		
	Kindergarten	Grades 1-6	Grades 7-12
DTaP/DTP/DT/Td*	5 or more	5 or more	5 or more
Hepatitis B	3	3	3 [£]
IPV/OPV[†]	4	4	4
MMR	2	2	2
Varicella (Chickenpox)	2 [§]	1 [#]	0
Meningococcal[¶]	0	1	1
Tdap[⊖]	0	1	1

* One dose of DTaP must have been given on or after the 4th birthday. Only four doses are necessary if the 4th dose was administered on or after the 4th birthday. Three doses of Td required for children ages seven or older who were 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 2010-11 school year, three doses of hepatitis B vaccine are required of children attending kindergarten through tenth grade.

† In all IPV or all OPV schedule: One dose must have been given on or after the 4th birthday. The final dose in the series should be administered on or after the 4th birthday and at least six months following the previous dose. If four doses are administered prior to age four a 5th dose should be administered at age four through six years. Only three doses of IPV are required if the 3rd is given on or after the 4th birthday.

§ 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; e.g., for the 2010-11 school year, two doses of varicella vaccine are required for kindergarten through second grade. If a child has a history of chickenpox disease, the child is exempt from the vaccine requirement.

For the 2010-11 school year, one dose of chickenpox vaccine is required of children attending third grade through sixth grade. If a child has had history of chickenpox disease, the child is exempt from the vaccine requirement.

¶ Meningococcal vaccine is required for entrance into middle school (sixth or seventh grade, depending on the school), effective with the 2008-2009 school year and thereafter. All children must have by seventh grade. Meningococcal vaccine is recommended for children ages 11 years and older.

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

¹ Physician or clinic may recommend additional doses.