SCHOOL

IMMUNIZATION TOOLKIT

UPDATED 07/2019

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DIVISION OF DISEASE CONTROL
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School Administrators and Nurses:

The following packet was put together by the North Dakota Department of Health (NDDoH) in order to make the school immunization compliance process easier. The packet contains:

- Template letters for parents in English and Spanish,
- Immunization requirement information,
- Explanation of vaccine abbreviations,
- Frequently asked questions by schools,
- Information about the North Dakota Immunization Information System (NDIIS) or THOR, and
- Information regarding the yearly school immunization survey.

The school immunization survey is required by North Dakota state law and allows the NDDoH to assess the vaccination and exemption rates of school-aged children. The school immunization survey is due mid-November every year.

State law and century code regarding school immunizations can be viewed on the North Dakota State website at http://www.legis.nd.gov/information/acdata/pdf/33-06-05.pdf and http://www.legis.nd.gov/cencode/t23c07.pdf.

Additional resources can be found on the NDDoH Immunization Program Website. Please feel free to contact the NDDoH Immunization program to suggest other resources that would make the immunization compliance process easier for your school.

Thank you,

Jenny Galbraith
Immunization Surveillance Coordinator
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2019 – 2020 School Immunization Requirements

	Number of Required Doses			
Vaccine Type	**Kindergarten-6**	**Grades 7-10**	**Grade 11**	**Grade 12**
DTaP/DTP/DT/Tdap/Td*	5	5	5	5
Hepatitis B	3	3	3	3
IPV/OPV†¥	4	4	4	4
MMR	2	2	2	2
Varicella (Chickenpox)+	2	2	2	1
Meningococcal¶	0	1	2	2
Tdap ϴ	0	1	1	1

* One dose of DTaP (pediatric diphtheria, tetanus, and acellular pertussis) vaccine must have been given on or after the fourth birthday. Only four doses are necessary if the fourth dose was administered on or after the fourth birthday. Three doses of Tdap (adolescent/adult tetanus, diphtheria, and acellular pertussis)/Td are 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 seven or older not previously vaccinated.

† For polio vaccination, in an all-IPV or all-OPV schedule: one dose must have been given on or after the fourth birthday. The final dose in the series should be administered on or after the fourth birthday and at least six months after the previous dose. If four doses are administered prior to age four, a fifth dose should be administered on or after age four. Only three doses of IPV are required if the third dose is given on or after the fourth birthday. Children born before August 2005 only need four doses separated by at least four weeks. These children do not need a dose after the age of four.

¥ Any doses of OPV administered after April 1, 2016, should not be counted as valid, because it was bivalent or monovalent vaccine, rather than trivalent. The child should be revaccinated with IPV vaccine, accordingly.

\+ For the 2019-2020 school year, two doses of varicella (chickenpox) vaccine are required for kindergarten through eleventh grade. One dose of varicella vaccine is required for twelfth grade.

¶ One dose of meningococcal conjugate vaccine (MCV4) must have been given on or after the tenth birthday. The second dose of MCV4 must be given on or after the sixteenth birthday. If the first dose of MCV4 is given after the sixteenth birthday, then only one dose of MCV4 is required for eleventh and twelfth grade.

ϴ One dose of Tdap must have been given on or after the eleventh birthday.

Exemptions

Students may be exempt from immunization requirements for the following reasons:

- **Medical Exemption:** Requires a certificate signed by a licensed physician stating that the physical condition of the child is such that immunization would endanger the life or health of the child.
- **Personal Belief or Religious Belief Exemption:** Requires a certificate signed by the parent or guardian whose sincerely held philosophical, moral or religious belief is opposed to such immunization.
- **History of Disease Exemption:** Requires a certificate signed by a physician stating that the child has a reliable history of disease. History of disease exemptions may only be claimed for hepatitis B, varicella, measles, mumps, or rubella.

Exclusion

All children must be up-to-date according to the school immunization requirements or have claimed an exemption by **October 1st** of each school year or they must be excluded from school. Children enrolling in school after October 1st have 30 days to be up-to-date or claim an exemption or they must be excluded from school.

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Vaccine Abbreviations

Vaccine abbreviations relevant to school immunization requirements:	
Diphtheria & Tetanus &/or Pertussis	
DTaP	Diphtheria, tetanus, and acellular pertussis vaccine, pediatric formulation (<7 years). **Five doses required for kindergarten through twelfth grade.**
Tdap	Tetanus, diphtheria & acellular pertussis vaccine, adult/adolescent formulation (≥7 years). **One dose required for seventh through twelfth grade.**
DPT	Contains diphtheria, tetanus, and pertussis. Replaced by use of DTP. **No longer offered in United States. Students may have doses of DPT in place of DTaP.**
DTP	Contains diphtheria, tetanus and pertussis. Replaced by DTaP. **No longer offered in the United States. Students may have doses of DTP in place of DTaP.**
Td	Tetanus & diphtheria vaccine, adult/adolescent formulation (≥7 years)
DT	Diphtheria & tetanus vaccine, pediatric formulation (<7 years)
TT	Tetanus Toxoid
Five doses of DTaP are required for students in kindergarten through twelfth grade. One dose of DTaP must be given on or after the child's fourth birthday, otherwise the child is not up to date. If the child received their fourth dose on or after their fourth birthday, only four doses are needed to be up to date. A child seven years or older who has never been vaccinated with DTaP may receive one dose of Tdap followed by two doses of Td to be considered up-to-date. **One dose of Tdap is required for students in grades seven through twelve.**	
Polio	
IPV	Inactivated Poliovirus Vaccine. **Four doses required for kindergarten through twelfth grade.**
OPV	Oral Polio Vaccine. Replaced by IPV. **No longer offered in the United States.** Polio vaccine given outside the United States is valid if written documentation indicates that all doses were given after 6 weeks of age and the vaccine received was IPV or trivalent OPV (tOPV). Use the date of administration to make a presumptive determination of what type of OPV was received. Only trivalent doses count as valid for the U.S. polio vaccination schedule. Trivalent OPV was used throughout the world prior to April 2016. In April 2016, all countries using OPV switched to bivalent OPV (bOPV). In addition, some countries also use monovalent OPV (mOPV) during special vaccination campaigns. Doses recorded as bOPV or mOPV, or doses given during a vaccination campaign (which may be included on the record), do not count as valid doses for the U.S. polio vaccination schedule. If the record indicates OPV, and the dose was given prior to April 1, 2016, it can be counted as a valid tOPV dose. If the dose was administered on or after April 1, 2016, it should not be counted as a valid dose for the U.S. polio vaccination schedule because it was bivalent or monovalent vaccine rather than trivalent.

	Persons younger than 18 years of age with doses of OPV that do not count towards the U.S. vaccination requirements should receive IPV to complete the schedule according to the U.S. polio immunization schedule.
Four doses of polio are required for kindergarten through twelfth grade. One dose of IPV must be given on or after the fourth birthday, otherwise the child is not up-to-date. If the child received their third dose on or after their fourth birthday, only three doses are needed. If a child has doses of both IPV and OPV, four doses total are required.	
Hepatitis B	
HBV/HepB	Hepatitis B Vaccine. **Three doses of hepatitis B are required for kindergarten through twelfth grade.**
Measles, Mumps, and Rubella	
MMR	Measles, Mumps & Rubella Vaccine: **Two doses of MMR are required for kindergarten through twelfth grade.**
MMRV	Measles, Mumps, Rubella ***& Chickenpox (Varicella)*** Vaccine: Combines MMR and varicella vaccine.
Varicella (chickenpox)	
VAR	Chickenpox (Varicella) Vaccine. **For the 2019 – 2020 school year, two doses are required for kindergarten through eleventh grade and one dose is required for twelfth grade.**
MMRV	Measles, Mumps, Rubella & Chickenpox (Varicella) Vaccine
For the 2018-2019 school year, **two doses of varicella (chickenpox) vaccine are required for kindergarten through tenth grade. One dose of varicella vaccine is required for eleventh and twelfth grade.**	
Meningococcal	
MCV4	Meningococcal Conjugate Vaccine (Quadrivalent, Serotypes A, C, Y, W135). **One dose of MCV4 vaccine is required for seventh through tenth grade. Two doses are required for eleventh and twelfth grade.**
Vaccine abbreviations for other vaccines (*not required for school entry*)	
RV	Rotavirus vaccine – *Recommended vaccine and required for childcare in ND*
Hib	*Haemophilus influenzae* type B vaccine – *Recommended vaccine and required for childcare in ND*
PCV13	Pneumococcal vaccine – *Recommended vaccine and required for childcare in ND*
HAV/HepA	Hepatitis A Vaccine – *Recommended vaccine and required for childcare in ND*
HPV9	Human Papillomavirus vaccine, 9-valent (Gardasil 9®) – *Recommended for all 11 year olds*
HBIG	Hepatitis B Immune Globulin
PPSV23	Pneumococcal vaccine – *Not routinely recommended for healthy children or required for childcare*
HPV	Human Papillomavirus Vaccine
HPV2	Human Papillomavirus vaccine, bivalent (Cervarix®) – Replaced by HPV9

HPV4	Human Papillomavirus vaccine, quadrivalent (Gardasil®) – Replaced by HPV9
IIV3	Trivalent Inactivated Influenza Vaccine – *Flu vaccine is recommended for everyone >6 months old*
TIV	Trivalent Inactivated Influenza Vaccine – *Flu vaccine is recommended for everyone >6 months old*
IIV4	Quadrivalent Inactivated Influenza Vaccine – *Flu vaccine is recommended for everyone >6 months old*
LAIV4	Quadrivalent Live, Attenuated Influenza Vaccine (Nasal Spray) – *Flu vaccine is recommended for everyone >6 months old*
MPSV4	Meningococcal Polysaccharide Vaccine (Quadrivalent) – *Not the meningococcal vaccine that is required for school*
MenB	Meningococcal Conjugate Vaccine (serotype B) – *Not the meningococcal vaccine that is required for school*

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Introduction to NDIIS

Brief Overview

The North Dakota Immunization Information System (NDIIS) is a confidential, population-based, computerized information system that collects vaccination data about all North Dakotans. Most North Dakota children have an immunization record in the NDIIS. Children vaccinated at U.S. Air Force Bases and out-of-state may not have a complete record in the NDIIS.

Schools have the option of having read or write access to NDIIS. This means that schools can access the immunization records of their students and can enter information into the system. If your institution would like to gain access to NDIIS, contact a member of the Immunization Program at 701.328.3386 or toll-free at 800.472.2180. For more information about NDIIS, please visit our website at www.ndhealth.gov/Immunize.

NDIIS Forecaster

NDIIS contains a tool that allows users to determine whether or not a child is up to date on immunizations. Schools can use this tool to determine if the child meets the school immunization requirements. The vaccine forecaster will generate a list of vaccines the child is due for or will be due for in the future. Be sure to check that the recommended date has passed, as the forecaster recommends doses due in the future, not only vaccine doses that are past due. Also, the forecaster will show all recommended vaccines, not only those required for school entry. Be sure to check the school vaccination requirements.

Vaccination Forecast

Vaccine Type	Dose Number	Recommended Date	Minimum Valid Date
IPV	2	12/18/2012	12/18/2012
DTaP	2	12/18/2012	12/18/2012
Hep B	2	12/18/2012	12/14/2012
MMR	2	01/11/2013	01/11/2013
Varicella	2	03/14/2013	03/14/2013
Hep A	2	05/20/2013	05/20/2013
Influenza	1	08/01/2013	08/01/2013
Td	1	01/01/2015	01/01/2015
MCV4	1	01/01/2019	01/01/2019
HPV	1	01/01/2019	01/01/2019

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NDIIS School Module

The School Module is new functionality in the NDIIS. It is designed to help schools better manage their student's immunization information, calculate immunization rates for their school and easily identify students who are not up-to date with school required immunizations. This system will also assist schools in completing the annual school immunization survey. Previously, schools may have had view-only access to the NDIIS, which meant they had to look up records for one student at a time and manually determine if each student was up-to-date. With this new functionality, the NDIIS is auto-populated with student enrollment information from the statewide longitudinal data system (SLDS) that assigns a grade level and school to each student in the NDIIS. Students from the SLDS are matched to their NDIIS record using first and last name and birthdate. Approximately 94% of the students from the SLDS have a matching record in the NDIIS and are able to have their school and grade level information auto-populated. Schools now have the ability to enter immunizations and exemptions in the NDIIS, update student demographic information (including updating school and grade level information), printing the official certificate of immunization for their students and reviewing each student's immunization forecast.

School Student Not Up-to-Date Report
Printed on 8/16/2017 5:17:18 PM

Report Criteria

School:
8018 - LEWIS AND CLARK ELEM

Number of Doses - Vaccine Series:
4 - Polio
5 - DTaP
2 - MMR
3 - Hep B
2 - Varicella

Grade:
Kindergarten

Report

TOTAL NUMBER OF STUDENTS IN REPORT: 38

8018 - LEWIS AND CLARK ELEM

Grade: Kindergarten

Name: LAST NAME, FIRST NAME MI **Birth Date**: 3/23/2010 **Home School?** No
GradeName: Kindergarten

Forecasted Vaccines	Recommended Date
Polio	03/23/2014
MMR	03/23/2014

History of Disease Exemptions:

Varicella	01/15/2014

Other-Medical Exemptions: None
Religious Exemptions: None
Other-Moral/Philosophical Exemptions: None

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School Immunization Survey Timeline and Due Dates

Date	Event	Useful Materials
May-August	Schools notify parents of the school immunization requirements for the next school year	School Immunization Requirements, template letter D, template letter E, and template letter G.
August	School Year Begins	
First day of School	Students not up to date with school immunization requirements should be given a letter detailing required vaccinations or a letter requesting vaccination records.	Template letter A and Template letter B
October 1st	Students who have not received required immunizations or are not in the process of receiving them, must be given an exclusion letter and be excluded from school.	Algorithm for Exclusion Template letter C-Notice of Exclusion
First week of October	School Immunization Survey is distributed to all schools in North Dakota. If you do not receive any information about the survey, contact your administrator or the Immunization Program.	School Survey Materials
Mid-November	The School Immunization Survey is due to the North Dakota Department of Health. Survey should have been submitted online.	Instructions for school survey
January	The Centers for Disease Control and Prevention (CDC) will choose a sample of schools who must participate in validating the self-reported school immunization rates. Because the annual School Immunization Survey is self-reported by schools, NDDoH is required to validate the immunization rates by reviewing a sample of records from select schools. NDDoH will be contacting the chosen schools for copies of their kindergarten immunization records.	
April	Results of the school immunization survey will be reported to CDC	
May	Schools will be able to see results of survey on the school survey website.	www.ndhealth.gov/immunize/rates/

A link to the survey will be sent out to schools during the first week of October

- **The survey is available in a PDF form on the website if individuals would prefer to print the survey off and complete before entering data online**

School Immunization Survey Instructions

1. Select the name of your school from the drop-down box. *Please pay special attention to the city to make sure that the correct school is selected.*
   a. Select "Other" if
      i. Your school is not available
      ii. Your school name has changed/merged with another school
      iii. You are completing the survey for homeschooled students in a district that includes multiple schools.
      iv. If you select other, complete the requested information about your school.
2. Choose whether your school is a public or non-public facility. **Please double check that you have selected the correct answer.**
3. Enter your name and contact information. All fields are required and the survey cannot be completed until information is entered in each line.
   a. All information should be specific to the individual completing the survey
4. Enter the name and contact information for the designated school institutional authority.
   a. This is usually the principal or superintendent of the school.
5. Select the grades that are offered for the selected school. You will only be required to enter information on grades you have selected.
6. Answer whether you have homeschooled students affiliated with your school.
7. Select the grades that have homeschooled student in them at your school.
8. You will be required to enter immunization data on each grade that was selected. Each field is required in order for the survey to be completed.
   a. Enter the number of students enrolled for the selected grade.
      i. *KINDERGARTEN ONLY*: Enter how many students are up to date on all school required immunizations.
      ii. Enter how many students have an exemption to all school required immunizations.
      iii. The number of kindergartners exempt from any vaccine will continue to be collected. To answer the question *"How many total kindergartners have an exemption from any required vaccine for the following reasons?"* Students only need to be counted once regardless of how many vaccines they are exempt from. For example, if a child is medically exempt from MMR and Varicella vaccine, they should be counted as *one* overall medical exemption for this question. Once again, please report these separately for the students in your school and for homeschooled students. Exemptions by vaccine should be reported as well under each individual vaccine. So the child should also be counted in both the MMR and Chickenpox vaccine sections as medically exempt.
   b. Enter the number of students who do not have any record of vaccination or a signed exemption.
   c. Exemption data by vaccine is required for all grades.

d. DTP/DTaP/DT/Td: Five or more doses required (one dose must have been given on or after the fourth birthday). Three doses of a tetanus-containing vaccine are required for children 7 years of age and older if not previous vaccinated. One dose of Tdap is required for 7-12 grade entry.
e. IPV or OPV: four doses required for grades K-12 (one dose must have been given on or after the fourth birthday. If third dose was given after fourth birthday, then a fourth dose is not needed.
f. Hepatitis B: Three doses are required for grades K-12. Please submit hepatitis B immunization data for all grades.
g. MMR: Two doses required for grades K-12.
h. Varicella (chickenpox): Two doses are required for K-11. One dose is required for grade 12. Please do not include children who have a history of disease as "fully immunized." These children should be included in "History of Disease".
i. Meningococcal: One dose is required for 7-10th grade entry and two doses are required for 11-12th grade entry.

9. Once you have completed all information on the page, click on the arrow to be taken to the next page. If any fields were left blank, the survey will not advance (if this occurs, fill in any missing fields.) If all fields are complete, you will be taken to the next grade (based on the grades selected on the first page).
10. After completing the grade and vaccine specific questions, there will be some final questions. Answer each question and click the arrow to advance to the next page.
11. Once you complete the survey, you will be taken to the final page. This page will have a summary of your answers and a link to download a pdf of your responses. Please download this pdf and save or print it for your records. If you have any problems please contact the NDDoH Immunization Program at 800.472.2180 or 701.328.2378.

School Survey Example

Questions are displayed based on the grades selected at the start of the survey. Homeschooled student questions will only be present if you state you have homeschooled students, and only for the grades selected.

How many Kindergarten students are enrolled at your school?

How many Kindergarten students are up to date on all school required vaccines?

How many Kindergarten students have an exemption to all school required vaccines?

How many Kindergarten students do not have any record of vaccination or a signed exemption?

How many total Kindergarten students have an exemption from any required vaccine for the following reasons?

Medical Exemption	
Personal Belief Exemption	
Religious Exemption	
History of Disease Exemption	

Please answer the following questions for **Kindergarten** students:

	How many students are up-to-date?	How many students have a medical exemption?	How many students have a religious exemption?	How many students have a personal belief exemption?	How many students have a history of disease exemption?
DTaP (Diphtheria, Tetanus, and Pertussis)					
Polio (IPV)					
Hepatitis B (Hep B)					
MMR (Measles, Mumps, and Rubella					
Chickenpox (varicella)					

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Frequently asked questions:

1. **Are schools required to submit the annual school immunization survey to the Department of Health? If schools do not submit, are there any consequences?**
   - Yes, schools are required to submit the annual school immunization survey to the Department of Health. The NDDoH will report which schools do not submit the immunization survey to the Department of Public Instruction (DPI).

2. **Are schools required to educate students who are excluded due to non-compliance with vaccine requirements?**
   - No, schools are not required to educate excluded students.

3. **Will schools receive reduced funding from the Department of Public Instruction due to exclusion of students (i.e. lower attendance)?**
   - Possibly. DPI can impose sanctions on schools that do not comply with immunization laws too. (N.D.A.C 67-22-01-01)

4. **Should schools encourage parents to fill out exemption forms if their children have not received immunizations, regardless of whether the parents have an actual moral, philosophical, or religious objection?**
   - No. Encouraging a parent to claim an exemption may place the school at risk should the child go on to develop a vaccine-preventable disease.

5. **If students are excluded due to the vaccination requirements, is this considered truancy and does it need to be reported?**
   - Most likely yes; check with your school board's policy on 'excused' absences.

6. **Who does the McKinney Vento Homeless Assistance Act apply to? What effect does this act have on the school immunization requirements and how they are enforced?**
   - If a homeless child cannot provide records of immunizations and does not have an exemption, the school must enroll the child and immediately refer the parent to the LEA liaison for help in satisfying the immunization requirements.

7. **According to the law, when should schools begin enforcing the school immunization requirements by excluding noncompliant students?**
   - Schools should begin enforcing the school immunization requirements by excluding noncompliant students 30 calendar days after the start of school.

8. **When is a child considered in-process of receiving immunizations?**

   A child may continue to attend school if in-process of receiving immunizations if:

   – A licensed physician or DoH representative provides written proof the child has begun receiving immunizations, OR
   – A parent provides written consent for local health department to administer missing immunizations.

9. **What is the school's liability if a non-compliant student (does not meet the immunization requirements and has not claimed an exemption) who was allowed to attend school developed a vaccine preventable disease?**

   – The school district and individual school employees may be liable for harm to students injured if a non-compliant student is allowed to attend school and spreads a vaccine-preventable disease to compliant students as a result of the employees' failure to comply with state immunization laws.

10. **If a case of measles occurred at our school and the health department recommended that all students who were not up to date be kept out of school, would our school be required to follow the recommendation?**

    – Yes.

11. **Does the above school immunization law apply to public, private, and home schools?**

    – Yes, these laws apply to all school types, as well as homeschooled students.

12. **What is the school's role for students who are homeschooled but reside in the district?**

    – The school is responsible for collecting immunization records from homeschooled students. If these students attend any classes or extracurricular activities in your school and are not up-to-date on vaccinations, they should be excluded until they are up to date or their parents have signed an exemption form.

13. **Should homeschooled students who are not compliant with the immunization requirements be allowed to participate in school-affiliated activities (i.e. sports, band, etc.)?**

    – No, homeschooled students who are not compliant with the immunization requirements should not be allowed to participate in school-affiliated activities until they are compliant.

14. **Are there any penalties for not excluding non-compliant students?**

    – In addition to schools and individual employee liability for harm to students if a non-compliant student is allowed to attend school and spreads a vaccine-preventable disease, DPI can impose sanctions on schools that are not in compliance with all laws, and failure to comply with immunization laws in an infraction ($1,000 penalty per occurrence).

15. Who is legally responsible for excluding students?

- Schools are legally responsible for excluding students who are not compliant with immunization requirements.

16. Are schools required to keep copies of immunization records? If so, for how long?

- This depends on your schools record retention policy.

17. For the religious exemption, are parents required to "prove" that their religion is against vaccines?

- No.

18. Can the history of disease exemption only be claimed for varicella (chickenpox) or can it also be claimed for other diseases (i.e., a child has chronic hepatitis B)?

- A history of disease exemption may be claimed for varicella, measles, mumps, rubella, and hepatitis B vaccines.

19. Are there any immunization requirements for staff at schools?

- There are no required immunizations for school staff in North Dakota, however, schools are high-risk areas for vaccine preventable disease transmission. It is important for staff to protect themselves against the same vaccine preventable diseases that students are protected against.

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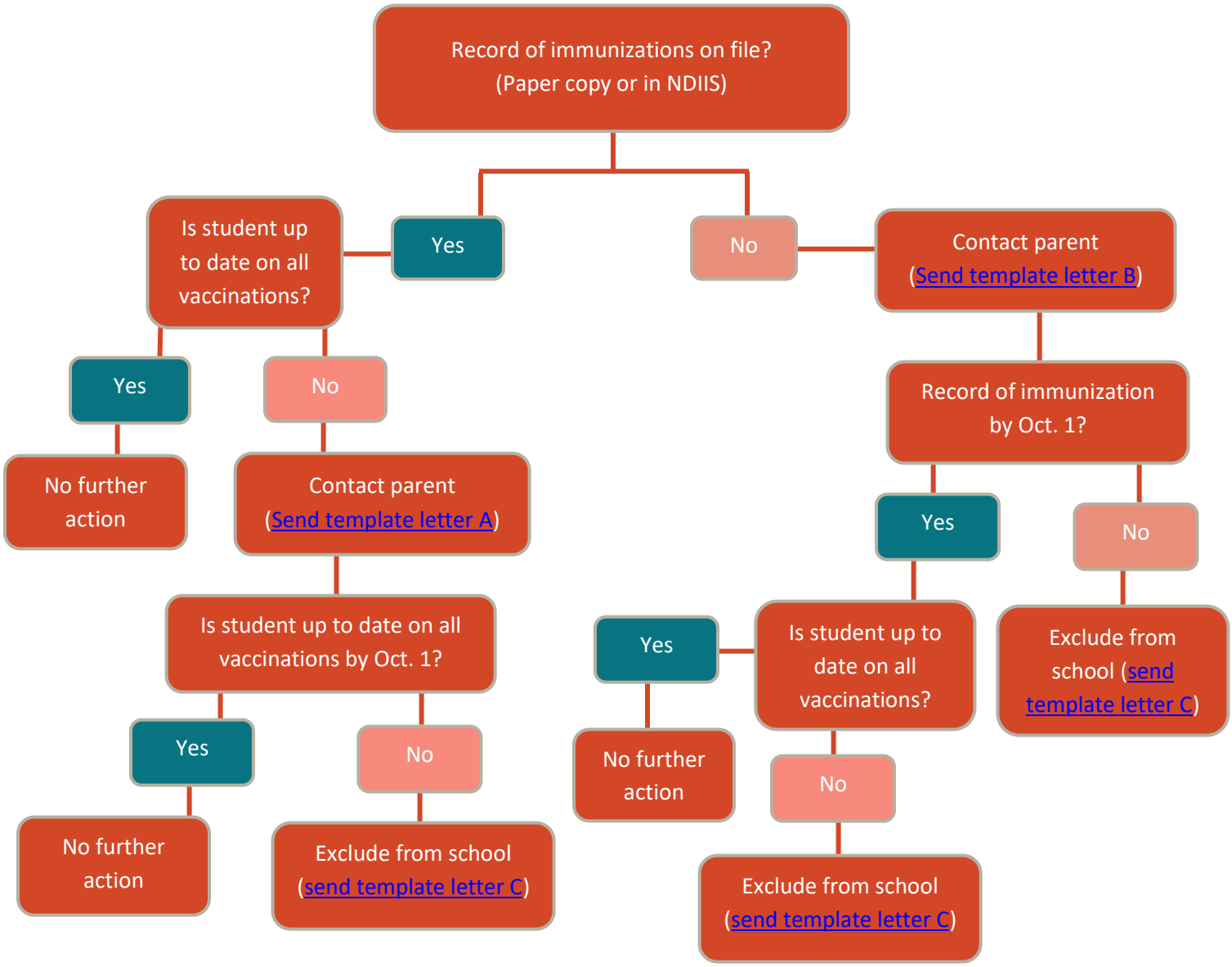
School immunization algorithm



Template letter A: Send to students with missing immunizations, along with Certificate of immunization. Circle needed vaccination doses.

To the Parent or Guardian of _____:

Section 23-07-17.1 section of North Dakota State Law mandates all students in kindergarten through grade twelve meet a minimum number of required immunizations prior to school entrance.

Our records show that your child is not compliant with the requirements.

In order to meet the requirements, please complete the form attached or submit an official certificate of immunization. If vaccinations are added or if you are claiming a medical or history of disease exemption, the form must be signed by a medical professional. Failure to comply with requirements by October 1st will result in exclusion of your child from school.

Your child needs the following circled vaccines:

DTaP	Polio	MMR	Hepatitis B	Varicella*	Tdap	Meningococcal
1st dose	1st dose	1st dose	1st dose	1st dose	1st dose	1st dose
2nd dose	2nd dose	2nd dose	2nd dose	2nd dose		2nd dose
3rd dose	3rd dose		3rd dose			
4th dose	4th dose					
5th dose						

Please note, not all recommended vaccines are required for school. There may be additional immunizations recommended for your child that are not listed here. Please contact your child's health care provider or local public health unit about other immunizations your child may need.

Thank you so much for your cooperation.

_____ _____

School Administrator *Date*

Template Letter B: Send to students with missing record, along with Certificate of immunization.

Dear Parent or Guardian:

Section 23-07-17.1 section of North Dakota State Law mandates all students in kindergarten through grade twelve meet a minimum number of required immunizations prior to school entrance.

Our records show that your child is not compliant with the requirements due to the absence of an immunization record. In order to meet the requirements, please submit an official certificate of immunization showing that your child has received the adequate number of doses for the following vaccines:

Vaccine	Kindergarten through 6th grade	Grades 7-10	Grade 11	Grade 12
DTaP	5 doses	5 doses	5 doses	5 doses
Polio	4 doses	4 doses	4 doses	4 doses
MMR	2 doses	2 doses	2 doses	2 doses
Hepatitis B	3 doses	3 doses	3 doses	3 doses
Varicella (chickenpox)	2 doses	2 doses	2 doses	1 dose
Tdap	0 doses	1 dose	1 dose	1 dose
Meningococcal	0 doses	1 dose	2 doses	2 doses

If vaccinations are added or if you are claiming a medical or history of disease exemption, the form must be signed by a medical professional. Failure to comply with requirements by October 1st will result in exclusion of your child from school.

Please note, not all recommended vaccines are required for school. There may be additional immunizations recommended for your child that are not listed here because they are not mandated by state law. Please contact your child's health care provider about other immunizations your child may need.

Thank you so much for your cooperation.

_____ _____

School Administrator *Date*

Template letter C: Exclusion letter. Send, along with Certificate of immunization, to students with missing vaccinations or no records after 30 days from the start of the school year informing parents of exclusion.

NOTICE OF EXCLUSION

Dear Parent or Guardian:

Your child has failed to meet the school immunization requirements as mandated by state law. As a result, your child will be excluded from school starting on *October 1st*.

To re-enter school, you must provide proof of your child's required immunizations by completing the attached form and providing the signature of a medical professional. If you are claiming history of disease, date of illness must be indicated in the history of disease portion of the attached form along with a health care provider's signature.

Vaccine requirements for school entry are shown here:

Vaccine	**Kindergarten through 6th grade**	**Grades 7-10**	**Grade 11**	**Grades 12**
DTaP	5 doses	5 doses	5 doses	5 doses
Polio (IPV/OPV)	4 doses	4 doses	4 doses	4 doses
MMR	2 doses	2 doses	2 doses	2 doses
Hepatitis B	3 doses	3 doses	3 doses	3 doses
Varicella (chickenpox)	2 doses	2 doses	2 doses	1 dose
Tdap	0 doses	1 dose	1 dose	1 dose
Meningococcal (MCV4)	0 doses	1 dose	2 doses	2 doses

Your cooperation is much appreciated.

_____ _____

School Administrator *Date*

Template letter D: send to all sixth grade parents in the spring to remind them of seventh grade entry immunizations.

Dear Parent or Guardian:

State law in North Dakota requires students in kindergarten through twelfth grade to be up to date on certain vaccinations. In addition to the vaccinations that were required for your child in kindergarten, your child will also need vaccinations before they are able to start seventh through twelfth grade.

Your child will need one dose of Tdap, which protects against diphtheria, tetanus, and pertussis, in order to start seventh through twelfth grade. These vaccines were recommended when your child turned eleven.

Your child will also need on dose of meningococcal conjugate vaccine (MCV4) before starting seventh through tenth grade and two doses before starting eleventh through twelfth grade.

Pertussis and meningococcal disease are both very serious illnesses that can be prevented by vaccination. Pertussis is still very common in North Dakota and the United States. Although most children have been vaccinated with DTaP before entering kindergarten; immunity lessens after a few years, and Tdap vaccination provides renewed protection against the disease. Meningococcal disease, although significantly less common than pertussis, has a high fatality rate. Incidence is higher among adolescents and teenagers, necessitating the vaccination requirement.

Although these vaccines are not required until fall, the start of the school year is a busy and hectic time for everyone. We encourage you to get your student up to date on vaccinations now!

Your cooperation is much appreciated.

_____ _____

School Administrator *Date*

Template letter E: Reminder for kindergarten and seventh grade immunizations. Send with school information in the spring/summer for parents of students starting kindergarten in the fall or to pre-school parents in the spring.

Dear Parent or Guardian:

Section 23-07-17.1 section of North Dakota State Law mandates that all students in kindergarten through grade twelve meet a minimum number of required immunizations prior to school entrance. Failure to comply with requirements by October 1st will result in exclusion of your child from school.

Please be sure that your child has received the required number of doses of the following vaccines, and that the school has a record of these vaccinations.

Vaccine	**Kindergarten through 6th grade**	**Grades 7-10**	**Grades 11**	**Grade 12**
DTaP	5 doses	5 doses	5 doses	5 doses
Polio (IPV/OPV)	4 doses	4 doses	4 doses	4 doses
MMR	2 doses	2 doses	2 doses	2 doses
Hepatitis B	3 doses	3 doses	3 doses	3 doses
Varicella (chickenpox)	2 doses	2 doses	2 doses	1 dose
Tdap	0 doses	1 dose	1 dose	1 dose
Meningococcal (MCV4)	0 doses	1 dose	2 doses	2 doses

Please note, not all recommended vaccines are required for school. There may be additional immunizations recommended for your child that are not listed here because they are not mandated by state law. Please contact your child's health care provider about other immunizations your child may need.

Thank you so much for your cooperation,

_____ _____

School Administrator *Date*

Template letter F: Combines template letters A and B. Send to non-compliant students, along with Certificate of immunization.

To the Parent or Guardian of _____ in Grade___:

Section 23-07-17.1 of North Dakota State Law mandates that all students in kindergarten through grade twelve meet a minimum number of required immunizations prior to school entrance.

Our records show that your child is not compliant with the requirements. Non-compliance may be due to absence of an immunization record or because your child is in need of an immunization. The reason for your child's non-compliance is noted below.

In order to meet the requirements, please complete the form attached or submit an official certificate of immunization to the school. If vaccinations are added or if you are claiming a medical or history of disease exemption, the form must be signed by a medical professional. Failure to comply with requirements will result in exclusion of your child from school.

Reason for noncompliance:

- ☐ The school does not have a copy of your child's immunization record.
- ☐ Your child needs the following circled vaccines:

DTaP	Polio	MMR	Hepatitis B	Varicella*	Tdap	Meningococcal
1st dose	1st dose	1st dose	1st dose	1st dose	1st dose	1st dose
2nd dose	2nd dose	2nd dose	2nd dose	2nd dose		2nd dose
3rd dose	3rd dose		3rd dose			
4th dose	4th dose					
5th dose						

Please note, not all recommended vaccines are required for school. There may be additional immunizations recommended for your child that are not listed here because they are not mandated by state law. Please contact your child's health care provider about other immunizations your child may need.

Thank you so much for your cooperation.

_____ _____

School Administrator *Date*

Template letter G: 2018-2019 School Immunization Requirements rule change letter. Send to all tenth and eleventh grade students.

[DATE]

Dear [NAME]:

This letter is to inform you that a second dose of meningococcal conjugate vaccine (MCV4) is required for students entering eleventh or twelfth grade. This means your current tenth or eleventh grade student will need proof of two doses of MCV4 before returning to school in the fall.

MCV4 protects against meningococcal disease. Meningococcal disease is a serious bacterial infection that can cause meningitis, and possibly lead to death or permanent disability within hours of first symptoms. Meningococcal disease is contagious and can be very serious in young people.

Ideally, children should receive one dose of MCV4 when they are eleven to twelve years old and a booster dose on or after their sixteenth birthday. The first dose of MCV4 is required for seventh grade entry. With recent rule changes, one dose of MCV4 is now required for grades eighth through tenth, if missed at seventh grade. Two doses of MCV4 are required for grades eleventh and twelfth.

Please schedule an appointment with your child's health care provider or your local public health department today.

Sincerely,

Template letter A: Send to students with missing immunizations, along with Certificate of immunization. Circle needed vaccination doses.

los padres o tutores de los _____:

La Sección 23-07-17.1 sección de North Dakota State Ley obliga a todos los estudiantes de kindergarten hasta el grado doce cumplir un número mínimo de las inmunizaciones requeridas antes de la entrada a la escuela.

Nuestros registros muestran que su hijo no está conforme con los requisitos.

A fin de cumplir los requisitos, por favor complete el formulario adjunto o enviar un certificado oficial de vacunación. Si se agregan las vacunas o si reclama una enfermedad médica o historia de exención, el formulario debe estar firmado por un profesional médico. No cumplir con los requisitos del 1º de octubre dará como resultado la exclusión de su hijo de la escuela.

Su hijo necesita las siguientes vacunas: en un círculo

DTaP	**polio**	**MMR**	**hepatitis B**	**Varicela***	**Tdap**	**Meningococica**
primera dosis	primera dosis	primera dosis	primera dosis	primera dosis	primera dosis	primera dosis
Segunda dosis	Segunda dosis	Segunda dosis	Segunda dosis	Segunda dosis		Segunda dosis
3º dosis	3º dosis		3º dosis			
4º dosis	4º dosis					
5ª dosis						

Por favor, tenga en cuenta que no todas las vacunas recomendadas son necesarias para la escuela. Puede haber otras inmunizaciones recomendadas para su hijo que no se enumeran aquí. Póngase en contacto con su proveedor de cuidado de salud del niño o de la unidad de salud pública local sobre otras vacunas su hijo puede necesitar.

Muchas gracias por su cooperación.

_____ _____

Administrador de la escuela *Fecha*

Template Letter B: Send to students with missing record, along with Certificate of immunization.

Estimado Padre o tutor:

La Sección 23-07-17.1 sección de North Dakota State Ley obliga a todos los estudiantes de kindergarten hasta el grado doce cumplir un número mínimo de las inmunizaciones requeridas antes de la entrada a la escuela.

Nuestros registros muestran que su hijo no es compatible con los requisitos debido a la ausencia de una constancia de vacunación. A fin de cumplir los requisitos, envíe un certificado oficial de vacunación indicando que su niño ha recibido el número suficiente de dosis para las siguientes vacunas:

Vacuna	Desde Kindergarten hasta el 6º grado	Los grados 7-10	Grado 11	Grado 12
DTaP	5 dosis	5 dosis	5 dosis	5 dosis
polio	4 dosis	4 dosis	4 dosis	4 dosis
MMR	2 dosis	2 dosis	2 dosis	2 dosis
hepatitis B	3 dosis	3 dosis	3 dosis	3 dosis
varicela (viruela)	2 dosis	2 dosis	2 dosis	1 dosis
Tdap	0 dosis	1 dosis	1 dosis	1 dosis
Meningococica	0 dosis	1 dosis	2 dosis	2 dosis

Si se agregan las vacunas o si reclama una enfermedad médica o historia de exención, el formulario debe estar firmado por un profesional médico. No cumplir con los requisitos del 1º de octubre dará como resultado la exclusión de su hijo de la escuela.

Por favor, tenga en cuenta que no todas las vacunas recomendadas son necesarias para la escuela. Puede haber otras inmunizaciones recomendadas para su hijo que no se enumeran aquí porque no están estipulados por la ley estatal. Póngase en contacto con el médico de su hijo acerca de otras vacunas su hijo puede necesitar.

Muchas gracias por su cooperación.

_____ _____

Administrador de la escuela *Fecha*

Template letter C: Exclusion letter. Send, along with Certificate of immunization, to students with missing vaccinations or no records after 30 days from the start of the school year informing parents of exclusion.

Anuncio de exclusión

Estimado Padre o tutor:

Su hijo no ha cumplido los requisitos de inmunización escolar conforme a lo dispuesto por la ley estatal. Como resultado, su hijo será excluido de la escuela a partir del *1 de octubre*.

Para volver a entrar en la escuela, debe proporcionar la prueba de su hijo las inmunizaciones requeridas completando el formulario adjunto y proporcionar la firma de un profesional médico. Si usted está reclamando la historia de la enfermedad, la fecha de la enfermedad deberá estar indicado en la historia de la enfermedad parte del formulario adjunto junto con la firma del médico.

Las necesidades de vacunas para el ingreso a la escuela se muestran a continuación:

Vacuna	**Desde Kindergarten hasta el sexto grado**	**Los grados 7-10**	**Grado 11**	**Grado 12**
DTaP	5 dosis	5 dosis	5 dosis	5 dosis
polio (IPV/OPV)	4 dosis	4 dosis	4 dosis	4 dosis
MMR	2 dosis	2 dosis	2 dosis	2 dosis
hepatitis B	3 dosis	3 dosis	3 dosis	3 dosis
varicela (viruela)	2 dosis	2 dosis	2 dosis	1 dosis
Tdap	0 dosis	1 dosis	1 dosis	1 dosis
Meningocócica (MCV4)	0 dosis	1 dosis	2 dosis	2 dosis

Su cooperación es muy apreciada.

_____ _____

Administrador de la escuela *Fecha*

Template letter D: send to all sixth grade parents in the spring to remind them of seventh grade entry immunizations.

Estimado Padre o tutor:

En Dakota del Norte, la ley estatal requiere que los estudiantes de kindergarten hasta el decimosegundo grado para estar actualizados sobre ciertas vacunas. Además de las vacunas que se requieren para su jardín de niños, su niño también necesitará vacunas antes de que él/ella es capaz de empezar a séptimo a duodécimo grado.

Su hijo necesitará una dosis de Tdap, que protege contra la difteria, el tétanos y la tos ferina, a fin de iniciar séptimo a duodécimo grado. Estas vacunas se recomienda cuando su niño cumplía once.

Además, su niño necesitará de dosis de la vacuna antimeningocócica conjugada (MCV4) antes de iniciar el séptimo a décimo grado y dos dosis antes de comenzar 11º a 12º grado.

La tos ferina y la enfermedad meningocócica son ambas muy graves enfermedades que pueden prevenirse mediante la vacunación. La tos ferina es todavía muy común en Dakota del Norte y los Estados Unidos. Aunque la mayoría de los niños han sido vacunados con la vacuna DTaP antes de entrar al kindergarten; inmunidad disminuye después de unos pocos años, y la vacunación con Tdap proporciona una renovada protección contra la enfermedad. La enfermedad meningocócica, aunque mucho menos común que la tos ferina, tiene una alta tasa de letalidad. La incidencia es mayor entre los adolescentes y los adolescentes, lo cual exige el requisito de vacunación.

Aunque estas vacunas no son necesarios hasta el otoño, el comienzo del año escolar es una bulliciosa y ajetreada época para todos. Le animamos a que consiga su estudiante hasta la fecha sobre vacunas ahora!

Su cooperación es muy apreciada.

_____ _____

Administrador de la escuela *Fecha*

Template letter E: Reminder for kindergarten and seventh grade immunizations. Send with school information in the spring/summer for parents of students starting kindergarten in the fall or to pre-school parents in the spring.

Estimado Padre o tutor:

La Sección 23-07-17.1 sección de Dakota del Norte, la ley estatal ordena que todos los estudiantes de kindergarten hasta el grado doce cumplir un número mínimo de las inmunizaciones requeridas antes de la entrada a la escuela. No cumplir con los requisitos del 1º de octubre dará como resultado la exclusión de su hijo de la escuela.

Por favor, asegúrese de que su niño ha recibido el número necesario de dosis de las siguientes vacunas, y que la escuela tiene un registro de las vacunaciones.

Vacuna	**Desde Kindergarten hasta el sexto grado**	**Los grados 7-10**	**Grado 11**	**Grado 12**
DTaP	5 dosis	5 dosis	5 dosis	5 dosis
polio (IPV/OPV)	4 dosis	4 dosis	4 dosis	4 dosis
MMR	2 dosis	2 dosis	2 dosis	2 dosis
hepatitis B	3 dosis	3 dosis	3 dosis	3 dosis
varicela (viruela)	2 dosis	2 dosis	2 dosis	1 dosis
Tdap	0 dosis	1 dosis	1 dosis	1 dosis
Meningocócica (MCV4)	0 dosis	1 dosis	2 dosis	2 dosis

Por favor, tenga en cuenta que no todas las vacunas recomendadas son necesarias para la escuela. Puede haber otras inmunizaciones recomendadas para su hijo que no se enumeran aquí porque no están estipulados por la ley estatal. Póngase en contacto con el médico de su hijo acerca de otras vacunas su hijo puede necesitar.

Muchas gracias por su cooperación,

_____ _____

Administrador de la escuela *Fecha*

Template letter F: Combines template letters A and B. Send to non-compliant students, along with Certificate of immunization.

A los padres o tutores de los _____ grado:

La Sección 23-07-17.1 de Dakota del Norte, la ley estatal ordena que todos los estudiantes de kindergarten hasta el grado doce cumplir un número mínimo de las inmunizaciones requeridas antes de la entrada a la escuela.

Nuestros registros muestran que su hijo no está conforme con los requisitos. El incumplimiento puede ser debido a la ausencia de un registro de inmunización o porque el niño está en la necesidad de una vacuna. La razón de su incumplimiento del niño se observa a continuación.

A fin de cumplir los requisitos, por favor complete el formulario adjunto o enviar un certificado oficial de vacunación a la escuela. Si se agregan las vacunas o si reclama una enfermedad médica o historia de exención, el formulario debe estar firmado por un profesional médico. El incumplimiento de las obligaciones dará lugar a la exclusión de su hijo de la escuela.

Motivo de incumplimiento:

- ☐ La escuela no tiene una copia de su registro de vacunas del niño.
- ☐ Su hijo necesita las siguientes vacunas: en un círculo

DTaP	**polio**	**MMR**	**hepatitis B**	**Varicela***	**La Tdap**	**Meningococica**
primera dosis	primera dosis	primera dosis	primera dosis	primera dosis	primera dosis	primera dosis
Segunda dosis	Segunda dosis	Segunda dosis	Segunda dosis	Segunda dosis		Segunda dosis
3º dosis	3º dosis		3º dosis			
4º dosis	4º dosis					
5ª dosis						

Por favor, tenga en cuenta que no todas las vacunas recomendadas son necesarias para la escuela. Puede haber otras inmunizaciones recomendadas para su hijo que no se enumeran aquí porque no están estipulados por la ley estatal. Póngase en contacto con el médico de su hijo acerca de otras vacunas su hijo puede necesitar.

Muchas gracias por su cooperación.

_____ _____

Administrador de la escuela *Fecha*

Template letter G: 2018-2019 School Immunization Requirements rule change letter. Send to all tenth and eleventh grade students.

Date

Estimado/a [NAME]:

Esta carta es para informarle que una segunda dosis de la vacuna antimeningocócica conjugada (MCV4) es necesaria para los estudiantes que entran a 11º o 12º grado. Esto significa que su actual décima o undécima alumno tendrá una prueba de dos dosis de la vacuna MCV4 antes de regresar a la escuela en el otoño.

MCV4 protege contra la enfermedad meningocócica. La enfermedad meningocócica es una infección bacteriana grave que puede causar meningitis y, posiblemente, llevar a la muerte o incapacidad permanente en las horas de la aparición de los primeros síntomas. La enfermedad meningocócica es contagiosa y puede ser muy grave en los jóvenes.

Idealmente, los niños deben recibir una dosis de la vacuna MCV4 cuando tienen 11 a 12 años de edad y una dosis de refuerzo en o después de su 16º cumpleaños. La primera dosis de la vacuna MCV4 es necesaria para la entrada de séptimo grado. Con los recientes cambios en las reglas, una dosis de la vacuna MCV4 es ahora obligatoria para los grados 8º a 10º, si se pierde en el séptimo grado. Dos dosis de la vacuna MCV4 son necesarios para los grados 11º y 12º.

Por favor programe una cita con el médico de su hijo o su departamento de salud pública local hoy.

Atentamente,

CERTIFICATE OF IMMUNIZATION

NORTH DAKOTA DEPARTMENT OF HEALTH

SFN 16038 (Revised 01-2018)

Division of Disease Control
2635 East Main Ave. PO Box 5520
Bismarck, ND 58506-5520
800.472.2180 or 701.328.3386

Child's Name (Last, First, Middle Initial):	Date of Birth:
Parent's Name:	Telephone Number:

Vaccine Type		Exemption Type*	Enter Month/Day/Year for Each Immunization Given				
Hepatitis B	Hepatitis B						
Rotavirus	Rotavirus						
Hib	*Haemophilus influenzae* type B						
PCV	Pneumococcal conjugate						
DTP/DTaP/DT	Diphtheria-Tetanus-Pertussis						
IPV/OPV	Polio						
MMR	Measles-Mumps-Rubella						
Varicella	Chickenpox						
Hepatitis A	Hepatitis A						
Td/Tdap	Tetanus-Diphtheria (and Pertussis)						
MCV4	Meningococcal ACYW-135						
HPV	Human Papillomavirus						
Men B	Meningococcal B						
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:

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) 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 (Med) Exemption:*** *(Indicate vaccine above, requires physician signature)* 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.

☐ ***History of Disease (HD) Exemption:*** *(Indicate vaccine above, requires physician signature)* To the best of my knowledge, the above named person has had prior infection with chickenpox disease as indicated by prior diagnosis or laboratory confirmation.

Physician Signature:	Date:

Religious (Rel), Philosophical/Moral (PBE) Exemption: *(Indicate vaccine above, requires parental signature)*

Parent/Guardian Signature:	Date:

*** Medical =Med, History of Disease = HD, Religious = Rel, Philosophical/Moral = PBE**

North Dakota Local Public Health Units/IHS Clinics

Department Name	Address	P.O. Box	City	Zip Code	Phone Number
Bismarck-Burleigh Public Health	500 East Front Avenue	P.O. Box 5503	Bismarck	58506-5503	701.355.1540
Cavalier County Health District	901 3rd Street Suite 11		Langdon	58249	701.256.2402
Central Valley Health District- Logan County	301 Broadway		Napoleon	58561	701.252.8130
Central Valley Health District- Stutsman County	122 2nd Street NW	P.O. Box 880	Jamestown	58401	701.252.8130
City-County Health District	415 2nd Avenue NE		Valley City	58072	701.845.8518
Custer Health- Grant County	106 2nd Avenue NE	P.O. Box 164	Carson	58529	701.622.3591
Custer Health- Mercer County	1101 3rd Ave NW	P.O. Box 311	Beulah	58532	701.873.4433
Custer Health- Morton County	403 Burlington Street SE		Mandan	58554	701.667.3370
Custer Health- Oliver County	111 East Main	P.O. Box 375	Center	58530	701.794.3105
Custer Health- Sioux County	403 Burlington Street SE		Mandan	58554	888.667.3370
Dickey County Health District	205 15th St. North	P.O. Box 238	Ellendale	58436	701.349.4348
Emmons County Public Health	118 E Spruce Ave	P.O. Box 636	Linton	58552-0636	701.254.4027
Fargo Cass Public Health	1240 25th St S.		Fargo	58103	701.241.1360
First District Health Unit- Bottineau County	314 5th Street W. Ste. 7		Bottineau	58318	701.228.3101
First District Health Unit- Burke County	103 Main Street SE	PO BOX 326	Bowbells	58721	701.377.2316
First District Health Unit- McHenry County	112 Main Street South	PO Box 517	Towner	58788	701.537.5732
First District Health Unit- McLean County	141 N. Main	P.O. Box 972	Garrison	58540	701.463.2641
First District Health Unit- McLean County	712 5th Avenue	P.O. Box 1108	Washburn	58577	701.462.3300
First District Health Unit- Renville County	205 Main St. E.	P.O. Box 68	Mohall	58761	701.756.6383
First District Health Unit- Sheridan County	215 E. 2nd Avenue	P.O. Box 410	McClusky	58463	701.363.2506
First District Health Unit- Ward County	113 1st Avenue NW	P.O. Box 836	Kenmare	58746	701.385.4328
First District Health Unit- Ward County	801 11th Avenue SW	P.O. Box 1268	Minot	58702-1268	701.852.1376
Foster County Public Health	881 Main Street		Carrington	58421	701.652.3087
Grand Forks Public Health Department	151 S. 4th Street, Ste. N301		Grand Forks	58201-4735	701.787.8100
Kidder County District Health Unit	422 2nd Avenue NW		Steele	58482	701.475.2582
Lake Region District Health Unit- Benson County	330 C Avenue	PO Box 86	Minnewaukan	58351	701.473.5444
Lake Region District Health Unit- Eddy County	24 8th Street North		New Rockford	58356	701.947.5311
Lake Region District Health Unit- Pierce County	240 SE 2nd Street		Rugby	58368	701.776.6783
Lake Region District Health Unit- Ramsey County	524 4th Avenue, Unit 9		Devils Lake	58301	701.662.7035
LaMoure County Public Health Department	100 1st Ave. SW Omega City Plaza	P.O. Box 692	LaMoure	58458	701.883.5356
McIntosh District Health Unit	511 3rd Ave. NW		Ashley	58413	701.288.3957

Nelson/Griggs District Health Unit	116 Main Street	P.O. Box 365	McVille	58254	701.322.5624
Pembina County Health Department	301 Dakota Street W., #2		Cavalier	58220-4100	701.265.4248
Ransom County Public Health Department	404 Forest Street	P.O. Box 89	Lisbon	58054	701.683.6140
Richland County Health Department	413 3rd Avenue North		Wahpeton	58075	701.642.7735
Rolette County Public Health District	211 1st Ave NE	PO Box 726	Rolla	58367-0726	701.477.5646
Sargent County District Health Unit	316 Main St.	P.O. Box 237	Forman	58032-0237	701.724.3725
Southwestern District Health Unit- Adams County	609 2nd Avenue	P.O. Box 227	Hettinger	58639	701.567.2720
Southwestern District Health Unit- Billings/Golden Valley Counties	First Street SE	P.O. Box 185	Beach	58621	701.872.4533
Southwestern District Health Unit- Bowman/Slope Counties	104 First St. NW, Suite 6		Bowman	58623	701.523.3144
Southwestern District Health Unit- Dunn County	205 Owens Street		Manning	58642	701.573.5513
Southwestern District Health Unit- Hettinger County	309 Millionaire Avenue		Mott	58646	701.824.3215
Southwestern District Health Unit- Stark County	227 16th Street W		Dickinson	58601	701.483.0171
Spirit Lake Tribal Health Program	816 3rd Ave N	P.O. Box 480	Fort Totten	58335	701.766.1706
Standing Rock		P.O. Box D	Fort Yates	58538	701.854.8211
Steele County Public Health Department	201 Washington Avenue w.	P.O. Box 317	Finley, ND	58230	701.524.2060
Three Affiliated Tribes	404 Frontage Road		New Town	58763	701.627.4742
Three Affiliated Tribes- Elbowoods	1058 College Drive		New Town	58763	701.627.4750
Towner County Public Health District	404 5th Ave., Suite #3	PO Box 705	Cando	58324-0705	701.968.4353
Traill District Health Unit	114 W. Caledonia,	P.O. Box 58	Hillsboro	58045	701.636.4434
Trenton Community Clinic	331 4th Ave E	P.O. Box 210	Trenton	58853	701.774.0461
Turtle Mountain Chippewa Quentin Burdick Health Care Facility		P.O. Box 160	Belcourt	58316	701.477.8469
Upper Missouri District Health Unit	110 West Broadway, Suite 101		Williston	58801	701.774.6400
Upper Missouri District Health Unit- Divide County	Maisey Dental Building 18 1st Ave NW	P.O. Box 69	Crosby	58730	701.965.6813
Upper Missouri District Health Unit- McKenzie County	109 W 5th Street	P.O. Box 1066	Watford City	58854	701.444.3449
Upper Missouri District Health Unit- Mountrail County	Memorial Building 18 2nd Ave SE	P.O. Box 925	Stanley	58784	701.628.2951
Walsh County Health District	638 Cooper Avenue, Suite 3		Grafton	58237	701.352.5139
Wells County District Health Unit	600 N. Railway Street,	P.O. Box 6	Fessenden	58438	701.547.3756