



# State of Montana Child Care Certificate of Immunization



Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_\_ Sex: \_\_\_\_\_

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
<b>Montana Required Vaccines for Child Care Entry (Dates Required)</b>						
<b>DTaP</b> (Diphtheria, Tetanus, Pertussis)						
<b>Td</b> (Tetanus, Diphtheria)						
<b>Tdap</b> (Tetanus, Diphtheria, Pertussis)						
<b>Hib</b> (Haemophilus influenza type b)						
<b>Hep B</b> (Hepatitis B)						
<b>MMR</b> (Measles, Mumps, Rubella)						
<b>Pneumococcal Conjugate vaccine (PCV)</b>						
<b>Polio</b> (IPV/OPV)						
<b>Varicella</b> (Chickenpox) <input type="checkbox"/> Check here if child has documentation of disease						

## Administrative Use Only

Exemption status or related information does not populate from imMTrax.

### Exemption Status

#### Medical Exemption

A Medical Exemption form signed by a physician or advanced practice nurse must be on file.

- |                                |                                             |
|--------------------------------|---------------------------------------------|
| <input type="checkbox"/> DTaP  | <input type="checkbox"/> MMR                |
| <input type="checkbox"/> Td    | <input type="checkbox"/> Pneumococcal (PCV) |
| <input type="checkbox"/> Tdap  | <input type="checkbox"/> Polio              |
| <input type="checkbox"/> Hib   | <input type="checkbox"/> Varicella          |
| <input type="checkbox"/> Hep B |                                             |

Temporary until: (Date) \_\_\_\_\_

#### Religious Exemption

A Religious Exemption form should be on file.

To the best of my knowledge, this child has received the documented immunizations.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Date: \_\_\_\_\_