



CERTIFICATE OF IMMUNIZATION
 NORTH DAKOTA DEPARTMENT OF HEALTH
 SFN 16038 (Revised 02-2008)

Division of Disease Control
 600 East 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 (Last, First, Middle Initial):		Date of Birth:			
Parent's Name:		Telephone Number:			
Vaccine Type		Enter Month/Day/Year for Each Immunization Given			
DTP/DTaP/DT	Diphtheria-Tetanus-Pertussis				
OPV/IPV	Polio				
Hib	Haemophilus influenzae type B				
MMR	Measles-Mumps-Rubella				
Hepatitis B	Hepatitis B				
Hepatitis A	Hepatitis A				
Varicella	Chickenpox			History of Disease Date: _____	
PCV 7	Pneumococcal Conjugate				
Rotavirus	Rotavirus				
Td/Tdap	Tetanus-Diphtheria and/or Pertussis				
MCV4/MPSV4	Meningococcal				
HPV	Human Papillomavirus				
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) 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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Religious/Philosophical/Moral Belief or History of Disease Exemption:

(Please check one) Religious Philosophical Moral History of Disease

Parent/Guardian Signature	Date
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* See back of form for assistance.
 Original (white) – child care facility or school copy. Copy (yellow) – to be retained by parent/guardian.

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	6-7 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	4 or more*
HAV [‡] (Hepatitis A)	0	0	0	0	1	2	0
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
PCV7 [¶] (Pneumococcal)	1	2	3	3	4	4	4
Rotavirus [#]	1	2	3	0	0	0	0
Varicella [£] (Chickenpox)	0	0	0	0	1	1	1

* One dose must have been given on or after the 4th birthday.

[‡] Only required for children 12 – 23 months of age. Older children are exempt from the 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 Hib requirement.

[†] If the third dose was given on or after the 4th birthday, the fourth dose is not required.

[¶] 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 PCV7 requirement.

[#] Children who do not receive the first dose by 3 months of age can no longer receive this vaccine and are exempt from the Rotavirus requirement. Children ages 8 months and older are exempt from the Rotavirus requirement.

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

II. School Attendance (K-12 and College):

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

* 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. 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 2008-09 school year, three doses of hepatitis B vaccine is required of children attending kindergarten through eighth grade.

[†] 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.

[¶] Meningococcal vaccine will be required for entrance into middle school (sixth or seventh grade, depending on the school), effective with the 2008-2009 school year and thereafter.

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

[§] 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. If a child has had history of chickenpox disease, the child is exempt from the vaccine requirement.

[#] For the 2008-09 school year, one dose of chickenpox vaccine is required of children attending first grade through fourth grade. If a child has had history of chickenpox disease, the child is exempt from the vaccine requirement.

¹ Physician or clinic may recommend additional doses.

This form must be completed prior to participation in NDHSAA athletic events. A health history screening and physical examination is required **EVERY TWO YEARS**, unless the Health History Screening indicates need for more frequent examinations.

Health History Screening (Must be completed prior to the physical examination)

Name _____ Sex _____ Age _____ Date of birth _____
 Address _____ Grade _____
 Sport(s) you plan to participate in: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Explain "Yes" answers below: (To be completed by student and parent/legal guardian)

- | | | | |
|-----|---|---|---|
| 1. | Have you had a medical problem or injury since your last evaluation? | Y | N |
| 2. | Have you ever been hospitalized? | Y | N |
| 3. | Have you ever had surgery? | Y | N |
| 4. | Are you presently taking any medications or pills? (Include vitamins, prescriptions, non-prescriptions) | Y | N |
| 5. | Do you have any allergies (medicine, bees or other stinging insects)? | Y | N |
| 6. | Have you ever passed out during or after exercise? | Y | N |
| 7. | Have you ever been dizzy during or after exercise? | Y | N |
| 8. | Have you ever had chest pain during or after exercise? | Y | N |
| 9. | Do you tire more quickly than your friends during exercise? | Y | N |
| 10. | Have you ever had high blood pressure? | Y | N |
| 11. | Have you ever been told that you have a heart murmur? | Y | N |
| 12. | Have you ever had racing of your heart or skipped heartbeats? | Y | N |
| 13. | Has anyone in your family died of heart problems or a sudden death before age 50? | Y | N |
| 14. | Do you have any skin problems (itching, rashes, acne)? | Y | N |
| 15. | Have you ever had a head injury or suffer from headaches? | Y | N |
| 16. | Have you ever been knocked unconscious? | Y | N |
| 17. | Have you ever had a seizure? | Y | N |
| 18. | Have you ever had a stinger, burner or pinched nerve? | Y | N |
| 19. | Have you had heat or muscle cramps? | Y | N |
| 20. | Have you ever been dizzy or passed out in the heat? | Y | N |
| 21. | Do you have trouble breathing or do you cough during or after activity? | Y | N |
| 22. | Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)? | Y | N |
| 23. | Have you had any problem with your eyes or vision? | Y | N |
| 24. | Do you wear glasses or contacts or protective eye wear? | Y | N |
| 25. | Have you had any other medical problems (infectious mononucleosis, diabetes, etc.) | Y | N |
| 26. | Are there concerns you wish to discuss? | Y | N |

Explain "Yes" answers: _____

27. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? (Please check appropriate ones)

Head _____	Shoulder _____	Thigh _____	Neck _____	Elbow _____
Knee _____	Chest _____	Scoliosis _____	Forearm _____	Shin/calf _____
Back _____	Wrist _____	Ankle _____	Hip _____	Hand _____
Foot _____				

28. When was your last tetanus shot? _____

29. When was your last measles immunization? _____

FEMALES ONLY

30. When was your first menstrual period? _____

31. When was your last menstrual period? _____

32. What was the longest between your periods last year? _____ Are they painful? Y or N

Permission for Medical Treatment: In the event of an emergency requiring medical attention, I hereby grant permission for emergency treatment for my daughter/son. I expect an effort will be made to contact me if an emergency occurs. I understand the cost for any medical attention may not be covered or paid by any high school or the North Dakota High School Activities Association.

I hereby state that to the best of my knowledge, my answers to the above questions are correct. I approve participation in athletic activities. I hereby authorize release of the information contained in this document to School Nurse, Certified Athletic Trainer, A. D., Superintendent or Principal.

Date _____ Signature of athlete _____ Signature of Parent/Guardian _____

