

2020-2021 School Immunization Requirements

Vaccine Type	Number of Required Doses		
	Kindergarten-6	Grades 7-10	Grade 11-12
DTaP/DTP/DT/Tdap/Td*	5	5	5
Hepatitis B	3	3	3
IPV/OPV^{†‡}	4	4	4
MMR	2	2	2
Varicella (Chickenpox)	2	2	2
Meningococcal[¶]	0	1	2
Tdap[⊖]	0	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.
- ¶ 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.
- ⊖ 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.



CERTIFICATE OF IMMUNIZATION
 NORTH DAKOTA DEPARTMENT OF HEALTH
 SFN 16038 (Revised 05-2012)

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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