EXHIBIT 1
DATE 1-14-05
HB HB162

# STATE OF MONTANA — CERTIFICATE OF IMMUNIZATION

**The original copy of this certificate is a permanent part of school and day care records.**
**Complete legal immunization requirements and legal penalties for those who fail to meet the requirements, are referenced in Section V.**
**This specific form is required for ALL persons attending school or day care unless they commenced attendance in Montana before 1980.**
**See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.**

## SECTION I

*PLEASE PRINT CLEARLY*

| Student's Name | Birthdate | Sex | Physician | |
|---|---|---|---|---|
| | | | | |
| Name of Parent/Guardian | Address *(in pencil)* | | City *(in pencil)* | Telephone *(in pencil)*<br>*Home*<br>*Work* |

## SECTION II

**IMMUNIZATION HISTORY**

**Valid only when filled out by School or Medical Personnel *(NOT to be filled out by the parent)*.**

| Vaccine Type | Month, Day & Year of Each Dose 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| Polio (Oral: OPV or TOPV)<br>(Injectable: IPV or EIPV) | | | | | | |
| Diphtheria—Tetanus—Pertussis (DTP) | | | | | | |
| Diphtheria—Tetanus (DT) - or -<br>Tetanus—Diphtheria (Td) | | | | | | |
| MMR (Measles—Mumps—Rubella)<br>(Note: If combined MMR Vaccine is NOT used, please note individual vaccine types and dates in the "Other" section below. Example: Single Measles vaccine, MR vaccine, etc.) | | | | | | |
| Hib | | | | | | |
| Hepatitis B | | | | | | |
| Hepatitis A | | | | | | |
| Varicella - or history of chickenpox disease | | | | | | |
| Other: | | | | | | |
| Other: | | | | | | |

**If filled-out by health department or health care provider:**

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

Signed: _____
*(Health department/Health care provider)* *Date*

Signed: _____
*(Health department/Health care provider)* *Date*

Signed: _____
*(Health department/Health care provider)* *Date*

**If filled out by school or day care personnel:**

I CERTIFY this information has been transferred from acceptable documentation as stated in the Administrative Rules of Montana:

Signed: _____
*(School or Day Care Official)* *Date*

Signed: _____
*(School or Day Care Official)* *Date*

Signed: _____
*(School or Day Care Official)* *Date*

*(Please write legibly)*

FORM No. IX HE3101 (Revised 9/2001)

## SECTION III — INSTRUCTIONS

### Health Department or Physician

1. For medical exemption purposes, a physician is a person licensed to practice medicine in any jurisdiction of the U.S. or Canada. This does not include chiropractic or naturopathic doctors, nurse practitioners or physician assistants.
2. In Section II, please include vaccine doses with month, day and year for each vaccine dose. Immunization dates, as specified in the administrative rules, are necessary. Please sign and date the form.
3. If the child is completing a vaccine series, a Conditional Exemption can be used. The physician or health department will determine the date each dose is to be administered and put the schedule on the Conditional Exemption form. Please sign the Conditional Exemption form. The form needs to be returned to the school or day care.
4. Immunization forms can be obtained directly from the local health department and the Montana Immunization Program. See address below.

### School and Day Care Official

1. Prior to attending, all students and day care attendees must have either a) the required immunizations and documentation or b) have appropriate exemptions. This includes transfer students.
2. Documentation must meet the criteria of the Administrative Rules of Montana. This is limited to other school health records and certain documents from health departments and physicians.
3. Transferring information on to this form is to be done, from acceptable documentation, by school and day care officials. The school or day care official must then sign and date the form (Section II).
4. Conditional Exemption form, once completed, should be attached to this document, and allows attendance if immunization continues as scheduled.
5. School Transfer Students.

There is no transfer period allowed. Transfer students must provide adequate documentation of immunization PRIOR to attending school.

a) Transferring In. Students who transfer into Montana from out of state must have their immunization information recorded on this form. *(See number 2 above regarding acceptable documentation.)* Students must meet Montana Immunization requirements.

b) Transferring Out. If students transfer out of your school, a copy of this record should be maintained by the school for one year following the transfer. The law requires Montana schools to forward the original to the school to which students transfer.

### Parent

1. Montana law requires immunization information be recorded on this document for persons to attend Montana schools, preschools and day cares.
2. ONLY School, Day Care and Health Officials fill out this form. School and day care officials need documents from physicians or health departments as described by the Administrative Rules of Montana *(examples: A completed Montana Certificate of Immunization; A signed immunization record card)*. It is the parent's responsibility to provide these documents to the school or day care.
3. Religious exemption and conditional attendance may be used in accordance with the Immunization Law and Administrative Rules. The Religious Exemption can only be used in school settings and must be renewed annually. Religious exemptions are not allowed in day care.
4. Montana law prohibits your child from attending any Montana school or day care prior to the immunization requirements being met.
5. If your child transfers to another Montana school, a copy of this completed form will allow your child to enter that school. Within 30 days of the transfer, the original must be provided to the new school in order for the child to continue to attend.

## SECTION IV — EXEMPTIONS

1. Medical: TO BE SIGNED BY A PHYSICIAN *(See Section III, Health Department or Physician)*

The physical condition of this person is such that the following immunization(s) would endanger the child's health. *(Physician, please check the immunization(s) contraindicated for this child.)*

1) ☐ DTP
2) ☐ Td
3) ☐ Polio
4) ☐ Measles (Rubeola)
5) ☐ Rubella
6) ☐ Hib (Haemophilus influenza type b)

Specific nature of Medical condition: _____

Duration of Medical Exemption: ☐ Permanent ☐ Temporary End Date _____

Signature _____ Date _____
*(Physician)*

2. Conditional Attendance: Attach the Conditional Attendance form (HES 103-A-B or C)
3. Religious Exemption: Attach the notarized Religious Exemption form (HES113) for the current school year to this form.

**Notice for persons using exemptions:**

Persons who have any of the above exemptions may be excluded from school or day care by health authorities during disease outbreaks. This exclusion will be in force until the reporting authority is satisfied that the excluded person no longer risks contracting or transmitting the disease.

## SECTION V — LEGAL REFERENCES

**Montana Codes Annotated**

| | |
|---|---|
| 20-5-181 thru 410 | Montana Immunization Law |
| 52-2-735 | Day Care Certification |

**Administrative Rules of Montana**

| | |
|---|---|
| 16.28.[illegible] | Immunization of K-12, Preschool and Post-secondary Schools |
| 37.95.[illegible] | Day Care Center Immunization |
| | Group Day Care Homes—Health Requirements |
| | Family Day Care Homes—Health Requirements |

If you have any questions about:

1) use of this form
2) obtaining copies of immunization forms, laws, rules
3) whether or not a person meets attendance requirements

Please contact your local health department or the Montana Immunization Program, DPHHS, Cogswell Bldg., Helena, MT 59620.
Phone: (406) 444-5580