



CERTIFICATE OF IMMUNIZATION

The long form report printed from the SD Immunization Information System (SDIIS) is preferable over this certificate.

SCHOOL:	GRADE:	YEAR:
CHILD'S NAME:	BIRTHDATE:	
PARENT'S NAME:	TELEPHONE:	
PARENT'S ADDRESS:	CITY, STATE, ZIP:	COUNTY:

VACCINE TYPE	ENTER DATE (MONTH/DAY/YEAR) EACH IMMUNIZATION WAS GIVEN				
	1ST	2ND	3RD	4TH	5TH
DTaP/DT					
Td/Tdap					
IPV					
Measles, Mumps, Rubella (MMR or MMRV)					
Varicella-Chickenpox (or MMRV)			Or History of Varicella Disease- requires parent/guardian signature Signed: _____ Date: _____ (Parent or Guardian)		
MCV4 (meningococcal)					
Hepatitis A					
Hepatitis B					
Pneumococcal					
Hib					
Other					

TO THE BEST OF MY KNOWLEDGE, THIS CHILD HAS RECEIVED THE ABOVE IMMUNIZATIONS.

SIGNED _____ DATE _____
(Physician, Nurse, School Health Authority or Department of Health Staff)

ADDRESS _____

PRINTED SIGNATURE _____

MEDICAL EXEMPTION TO IMMUNIZATION LAW

The physical condition of the above named child is such that an immunization would endanger life or health. Signature **MUST** be from a SD licensed physician. Signatures from nurse practitioners, physician's assistants or chiropractors will **NOT** be accepted.

Please check the appropriate box(es) if this statement is being signed:

Diphtheria Tetanus Pertussis Polio MMR Varicella (Chickenpox) MCV4

SIGNED: _____ DATE: _____
(Licensed Physician per SDCL Chapter 36-4)

PRINTED SIGNATURE: _____

ADDRESS OF FACILITY: _____

RELIGIOUS EXEMPTION TO IMMUNIZATION LAW

Parent or guardian of the above named child adheres to a religious doctrine whose teachings are opposed to immunization.

SIGNED: _____ DATE: _____
(Parent or Guardian)

South Dakota State Law (SDCL 13-28-7.1) (Rev. 2016) requires that any pupil entering school or an early childhood program in this state shall, prior to admission, be required to present to school authorities certification from a licensed physician that the child has received, or is in the process of receiving, adequate immunization against poliomyelitis, diphtheria, pertussis, rubeola (measles), rubella, mumps, tetanus, meningitis and varicella (chickenpox), according to the recommendations of the State Department of Health.

Do not use this form to determine what immunizations infants and toddlers are required to have. Refer to the current Recommended Childhood Immunization Schedule from the Advisory Committee on Immunization Practices (ACIP). Children in early intervention programs and preschool should be age-appropriately immunized.

This law applies to ALL children entering a South Dakota school district for the first time. This would include children in early intervention programs, preschool, as well as kindergarten **through** twelfth grade. Children under 4 need to be age appropriately immunized.

Minimum immunization requirements for kindergarten through twelfth grade are defined as receiving at least:

1. Four or more doses of **diphtheria, pertussis and tetanus containing vaccine**, with at least one dose administered on or after age 4. Children 7 years and older needing the primary series only need three doses. For persons age 7-10 years who received a dose of **Tdap** as part of a catch-up series, an adolescent **Tdap** vaccine should be administered at age 11-12 years. Children receiving six doses before age 4 do not require any additional doses for kindergarten entry. The maximum a child should receive is six doses. If a child 7 years and older has an incomplete DTaP primary series, please contact the Department of Health for assistance.
2. Four or more doses of **poliovirus vaccine**, at least one dose on or after age 4. *(Although not the recommended schedule - If a child has three doses of polio with the third dose administered on or after the age of 4 and at least 6 months after the second dose, no other doses are required.)*
3. Two doses of a **measles, mumps, and rubella vaccine (MMR or MMRV)**. Minimum age for the first dose is 12 months. Administer the second dose routinely at age 4 through 6 years. The second dose may be administered prior to age 4 provided at least 28 days have elapsed since the first dose.
4. Two doses of **varicella vaccine (Varicella or MMRV)**. The minimum age for the first dose of varicella (chickenpox) vaccine is 12 months. History of disease is acceptable with parent/guardian signature. Administer the second dose routinely at age 4 through 6 years. The second dose may be administered prior to age 4 provided the minimum interval between the two doses is 3 months.

REQUIREMENTS FOR 6TH GRADE ENTRY:

5. One dose of **Tdap** is required for 6th grade entry **IF** the child is 11 years old. If the child is 10 years old when entering 6th grade they have **45** days after their 11th birthday to receive the Tdap vaccination. If a child has a contraindication to Tdap, Td is acceptable. If a child receives a dose at age 10 or after, the dose does not need to be repeated. If a child 7 years and older has an incomplete DTaP primary series, please contact the Department of Health for assistance.
6. One dose of **meningococcal vaccine (MCV4)** is required for 6th grade entry **IF** the child is 11 years old. If the child is 10 years old when entering 6th grade they have **45** days after their 11th birthday to receive the meningococcal vaccine. If a child receives a dose at age 10 or after, the dose does not need to be repeated.

NOTE: Hib, Hepatitis A, Hepatitis B, HPV, annual Influenza, and Pneumococcal vaccines are recommended but not required.

Legal alternatives to minimum immunization requirements are defined, and the means for appropriate certification is provided for, on the face of this document. There are no other exemptions.

INSTRUCTIONS TO PARENTS:

NOTE: This form may be substituted with the long form printed from SDHS. It may be obtained by contacting your health care provider.

1. Fill in your child's name, birth date, address, etc. **Please print** using a ballpoint pen pressing firmly.
2. From your child's immunization records, fill in the date (month, day, and year) for each dose of vaccine received. The signature of a licensed physician or health authority is required as legal certification that the immunizations were received.
3. Submit the **completed** CERTIFICATE OF IMMUNIZATION to your child's school upon first entry or transfer.

INSTRUCTIONS TO SCHOOL ADMINISTRATOR: *The below applies to children not affected by McKinney-Vento.*

For children affected by McKinney-Vento please contact your school districts McKinney-Vento liaison. The Liaison Contact list can be found at <http://doe.sd.gov/title/McKinneyVento.aspx>

1. **Do not admit** any student who has not submitted acceptable evidence of having received, or of being in the process of receiving, the minimum immunization requirements defined above.
2. Children transferring (at any grade level) to your school during the school term, and who have not previously completed the required immunizations, must be informed of the necessary requirements. **They may then be given up to 45 days to show compliance. Advise parents that failure to obtain the required immunizations or proof that child is in the process of receiving the the minimum immunization requirements defined above, is basis for excluding their child from attending school.**
3. Submit the first copy of the completed CERTIFICATE OF IMMUNIZATION for **all** kindergarten and 6th grade students to the State Health Department before November 1st of each school year and within 45 days following enrollment of transfer students. The second copy should be given to the student's parents.
4. The third copy must be retained in the student's permanent school record. If the student transfers to another school, this immunization record, or a copy thereof, shall be forwarded to the new school. This record should also be available for inspection by authorized representatives of the State Department of Health.