

# SOUTH DAKOTA DEPARTMENT OF HEALTH - 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)

PRINTED SIGNATURE \_\_\_\_\_ ADDRESS \_\_\_\_\_

## 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)



STATE HEALTH DEPARTMENT COPY

Revised 05/2022