

# Immunizations (Montana)

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The Immunizations tab indicates a student's current level of immunization compliance, based on state requirements and his/her documented doses of a vaccine.

This page contains information on using the Immunizations tool to track student immunization records. The vaccination logic used to determine compliance displayed on this screen is based on state-specific immunization rules managed in the [Vaccines](#) tool.

**Health Immunizations** ☆  
 Student > General > Health Immunizations

Save Print State Specific Print

Immunization Summary	
Diphtheria-tetanus-pertussis, combined [DTaP, DTP] (code:DTaP-DTP)	Compliant
Polio [IPV, OPV] (code:Polio)	Compliant
Measles-Mumps Rubella [MMR] (code:MMR)	Compliant
Haemophilus influenza, type B [Hib] (code:Hib)	No Requirement
Varicella (code:Varicella)	Compliant
Tetanus, Diphtheria and Acellular Pertussis [Tdap] (code:Tdap)	Compliant

- Flumist (code:Other)
- H1N1 (code:Other)
- Rabies (code:Other)
- Diphtheria-tetanus-pertussis, combined [DTaP, DTP] (code:DTaP-DTP)
- Tetanus-diphtheria [Td] (code:Td)
- Polio [IPV, OPV] (code:Polio)

*Health Immunizations*

## Vaccinations

Vaccine compliance is based on federal and state requirements. Most often, these rules are attached to the student's year of enrollment and age. Each state has different requirements for students' immunizations. This information is built into the product and is based on the student's age and year of enrollment.

Vaccines that are considered non-compliant are automatically expanded, allowing users to add these dates of vaccinations.

Save Print State Specific Print

**Immunization Summary**

\*\*\* No vaccine doses on record. \*\*\*

Diphtheria-tetanus-pertussis, combined [DTaP, DTP]	Non-compliant
Polio [IPV, OPV]	Non-compliant
Measles-Mumps Rubella [MMR]	Non-compliant
Hemophilus influenzae, type B [Hib]	No Requirement
Tetanus, Diphtheria and Acellular Pertussis [Tdap]	No Requirement

Flumist

H1N1

Rabies

**Diphtheria-tetanus-pertussis, combined [DTaP, DTP]**

Shots: [ ] [ ] [ ] [ ] [ ] [ ]

Waiver: [ ]

Date: [ ]

Expires: [ ]

Tetanus-diphtheria [Td]

Polio [IPV, OPV]

Shots: [ ] [ ] [ ] [ ] [ ] [ ]

*Non-Compliant Vaccines*

Vaccine entry requires a date of when the student was vaccinated, or a selection of a health waiver option and a date of when that waiver was given and, if available, a date of when the waiver expires.

Waivers can be entered for any vaccination required for a student. In most states, parents/guardians must fill out and sign a form and return that form to the district health office. Waiver types are limited to the following:

- Medical
- Conscientious/Religious Objection
- Lab Confirmation of the disease.

Waiver types are created in the [Vaccine Exemptions](#) tool.

## Enter Student Immunization Information

1. Expand the **Vaccine** (if it is not already expanded) that needs to be updated by clicking the plus (+) sign next to the name of the vaccine.
2. Enter the date(s) the vaccination took place in *mm/dd/yy* format in the **Shots** field.
3. Click the **Save** icon when finished. The new immunization will be added to the student's list of vaccines. If the new entry satisfies compliancy, the indication of such will be changed.

## Enter a Vaccination Waiver

1. Expand the Vaccine (if it is not already expanded) that needs to be updated by clicking the plus (+) sign next to the name of the vaccine.
2. Select the type of **Waiver** from the dropdown list.
3. Enter a **Date** for when the waiver became active.

4. Enter an **Expiration Date**.
5. Click the **Save** icon when finished. The Immunization Summary will be updated to reflect the waiver entry. Additional waivers can be entered as needed.

## Print an Immunization Report

You can print a student's immunization report by clicking the **Print** or **State Specific Print** button.

Summary	Conditions	Immunizations	Screenings	Medications	Health Office Visits
<b>Immunization Summary</b>					
Diphtheria-tetanus-pertussis, combined [DTaP, DTP]			Compliant		
Polio [IPV, OPV]			Compliant		
Measles-Mumps Rubella [MMR]			Compliant		
Hemophilus influenza, type B [Hib]			No Requirement		
Tetanus, Diphtheria and Acellular Pertussis [Tdap]			No Requirement		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Flumist</li> <li><input type="checkbox"/> H1N1</li> <li><input type="checkbox"/> Rabies</li> <li><input type="checkbox"/> Diphtheria-tetanus-pertussis, combined [DTaP, DTP]</li> <li><input type="checkbox"/> Tetanus-diphtheria [Td]</li> <li><input type="checkbox"/> Polio [IPV, OPV]</li> <li><input type="checkbox"/> Measles-Mumps Rubella [MMR]</li> <li><input type="checkbox"/> Measles-Mumps-Rubella-Varicella [MMRV]</li> <li><input type="checkbox"/> Hepatitis B [Hep B]</li> </ul>					

*Print the Immunization Report*

Selecting the **Print** button generates the Immunization Summary Report which details the student's immunization dates and compliance for each vaccine.

**Student:** Evan

ID: [REDACTED] Grade: 03

Birthday: 03/07/2005

### Immunization Summary Report

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**Flumist**  
No doses of this vaccine.

**H1N1**  
No doses of this vaccine.

**Rabies**  
No doses of this vaccine.

**Diphtheria-tetanus-pertussis, combined [DTaP, DTP] - Compliant**

Shots	05/10/2005	07/12/2005	09/13/2005	06/08/2006	06/01/2010	
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**Tetanus-diphtheria [Td]**  
No doses of this vaccine.

**Polio [IPV, OPV] - Compliant**

Shots	05/10/2005	07/12/2005	09/13/2005	06/01/2010		
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**Measles-Mumps Rubella [MMR] - Compliant**

Shots	03/08/2006	06/01/2010	
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**Measles-Mumps-Rubella-Varicella [MMRV]**  
No doses of this vaccine.

*Immunization Summary Example*

Selecting the **State Specific Print** button generates the student's information in the State of Montana Child Care Facility/School Certificate of Immunization format.

<b>STATE OF MONTANA— CHILD CARE FACILITY/SCHOOL CERTIFICATE OF IMMUNIZATION</b>					
<b>Complete immunization requirements and penalties for those who fail to meet the requirements are referenced in Section V. This form is required for ALL persons attending school or child care. See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.</b>					
<b>SECTION I</b>			<i>PLEASE PRINT CLEARLY</i>		
Child/Student's Name		Birth Date	Sex M	Primary Provider	
Name of Parent/Guardian		Address		City	Telephone Home: _____ Work: _____
<b>SECTION II</b>					
<b>IMMUNIZATION HISTORY</b>					
Valid only when filled out by School, Child Care or Medical Personnel (NOT to be filled out by the parent).					
Required Vaccines (CC= Child Care Requirement; SR=School Requirement)	Month, Day and Year of Each Dose				
	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (DTaP)	04/23/2009	08/11/2009	10/13/2009	12/21/2009	
<b>Booster Dose Tdap required prior to 7th grade entry</b>					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)	08/11/2009	12/21/2009			
Measles/Mumps/Rubella (MMR) or	08/11/2009	10/13/2009			
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Polio (IPV or OPV)	08/11/2009	10/13/2009	12/21/2009	01/25/2010	
Varicella (Chickenpox) [VZV or VAR] ___ Check here if child has documentation of disease	08/11/2009	12/21/2009			
ACIP* Recommended Vaccines <small>*Advisory Committee on Immunization Practices, U.S. Centers for Disease Control and Prevention</small>	Month, Day and Year of Each Dose				
	1	2	3	4	5
Hepatitis A	08/11/2009				
Hepatitis B	04/28/2005	08/11/2009	10/13/2009		
Human Papillomavirus (HPV) - for adolescents					
Influenza- recommended annually for all over 6 mos.					
Meningococcal Conjugate Vaccine (MCV4) (Ages 11-12 and later)					
Pneumococcal Conjugate Vaccine (PCV)	08/11/2009				
Rotavirus					
NOT A COMPLETE IMMUNIZATION RECORD- CONTACT YOUR PROVIDER OR PUBLIC HEALTH AGENCY FOR MORE INFORMATION					

*State Specific Immunization Report*