

Immunizations (Montana)

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Vaccinations | Enter Student Immunization Information | Enter a Vaccination Waiver | Print an Immunization Report

Classic View: Student Information > Health > General > Immunizations

Search Terms: Immunizations

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.

≡	Infinite Campus	Q Search for a tool or s								
Hea Studen	Health Immunizations ☆ Student > General > Health Immunizations									
Immu Diphth Polio [Measle Haemo Varice	Save 🚍 Print 🚍 St nization Summary eria-tetanus-pertussis, combined IPV, OPV] (code:Polio) es-Mumps Rubella [MMR] (code: ophilus influenza, type B [Hib] (co la (code:Varicella)	ate Specific Print [DTaP, DTP] (code:DTaP-DTP) MMR) de:Hib)	Compliant Compliant Compliant No Requirement Compliant							
	Flumist (code:Other) H1N1 (code:Other) Rabies (code:Other) Diphtheria-tetanus-pertussis, Tetanus-diphtheria [Td] (code Polio [IPV, OPV] (code:Polio)	combined [DTaP, DTP] (code:DTaP-D Td)	rP)							
	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.

nmunization Summary								
	*** No vaccine dose	es on record. ***						
phtheria-tetanus-pertussis, com	bined [DTaP, DTP]		Non-compliant	1				
lio [IPV, OPV]			Non-compliant					
asles-Mumps Rubella [MMR]			Non-compliant					
mophilus influenza, type B [Hib]	Partuasia (Tdan)		No Requiremen	t 4				
tanus, Diprimena and Acellular	renussis [Tuap]		no kequiremen					
II Flumist								
■ H1N1								
+ Rabies								
Diphtheria-tetanus-peri Diphtheria	tussis, combined [l	DTaP, DTP]						
Snots								
Waiver								
VValvel V								
Date:								
Date:								
Date: Expires:								
Date: Expires: Expire	1							
Date: Expires: • Tetanus-diphtheria [Td Polio [IPV, OPV] Shots								

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

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- 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.

Sur	nmary	Conditions	Immunizations	Screenings	Medications	Health Office Visits			
	Save	合 Print	State Specific Print	←					
Im Dip Poli Mea Her Tet	imunizati htheria-tet io [IPV, OP asles-Mum mophilus in anus, Diph								
	 Flumi H1N1 Rabie Diphti Tetan Polio Meas Meas Hepat 	st s heria-tetanus pe us-diphtheria [1 [IPV, OPV] les-Mumps Rub les Mumps Rub itis B [Hep B]	ertussis, combined (DTaP, 'd) ella (MMR) ella-Varicella (MMRV)						
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.

Evan ID: Grade: 03 Birthday: 03/07/2005			lı	nmunizat	ion Summ	ary Repor	t	02/24/2014 01:40:49 PM Page 1 of 2
Flumist								
No doses	of this vaccine.							
H1N1								
No doses	of this vaccine.							
Rabies								
No doses	of this vaccine.							
Diphtheria-t	etanus-pertussi	s, combined [[DTaP, DTP] - C	ompliant				
Shots	05/10/2005	07/12/2005	09/13/2005	06/08/2006	06/01/2010			
Tetanus-dip	htheria [Td]							
Polio [IPV, C	OPV] - Compliant	1						
Shots	05/10/2005	07/12/2005	09/13/2005	06/01/2010				
Measles-Mu	mps Rubella (M	MR] - Compliar	ıt					
Shots	03/08/2006	06/01/2010		7				
Measles-Mu No doses	mps-Rubella-Va of this vaccine.	nricella (MMRV	1	_				
_			Im	munization	n 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.

STATE OF MONTA CERTI	ANA— FICAT	CHII E OF	LD C. TIMN	ARE /IUN	FAC	ILI' ION	FY/SCI	HOOL	,	
Complete immunization requirements and penal This form is required for ALL persons attending INSTRUCTIONS.	ties for the school or	se who child ca	fail to 1 re. See	neet th the rev	e require erse side	emen e for i	ts are refe information	erenced in on about	1 Sectio EXEMI	n V. PTIONS and
SECTION I	PLEASE	E PRIN	NT CL	EARL	Y					
Child/Student's Name	e Sex Primary Prov			wider						
Name of Parent/Guardian	Address				City			Telephone Home: Work:		
SECTION II	IMMUN	JIZAT	ION I	HISTO	DRY			a	0	
V and only when fulled out by Scho	ool, Child C	are or M	ledical P	ersonne	Month D	o be i	illed out by	the paren	t).	
Required Vaccines		1			Month, D	ay an	a rear of	Lach Dose		
(CC= Child Care Requirement; SR=School Requ	urement)		1	2		3		4		5
Diphtheria/Tetanus/Pertussis (DTaP)		04/23/2009		08/11/2009		10/13/2009		12/21/2	2009	
Booster Dose Tdap required prior to 7th grade en	trv									
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)		08/11/2009		12/2	21/2009					
Measles/Mumps/Rubella (MMR)	Measles/Mumps/Rubella (MMR)		/2009	10/13/2009						
or Measles vacci	or Measles vaccine only Mumps vaccine only									
Mumps vacci										
Rubella vacci	ne only									
Polio (IPV or OPV)		08/11/2009		10/13/2009		12/21/2009		01/25/2	2010	
Varicella (Chickenpox) [VZV or VAR] Check here if child has documentation of disea	se	08/11/2009		12/21/2009						
ACIP* Recommended Vacc	ines				Mont	th, Da	y and Year	of Each I	Jose	
*Advisory Committee on Immunization Pra U.S. Centers for Disease Control and Preve	ctices, ntion		1	L	2		3		4	5
Hepatitis A		08/11		/2009						
Hepatitis B			04/28		/2005 08/11/2		10/13/20	09		
Human Papillomavirus (HPV) - for adolescents										
Influenza- recommended annually for all over 6 mos.									_	
Meningococcal Conjugate Vaccine (MCV4) (Ages 11-12 and la Programme Conjugate Vaccine (MCV4)			ater)							
Prieumococcai Conjugate Vaccine (PCV)		08/11	12009							
NOT A COMPLETE IMMUNIZATION RECORD. C	ONTACT V	OUR PR	OVIDEE	R OR PI	BLICHE	ALT	HAGENCY	FOR MO	RE INFO	RMATION
THE SAILETE MACHINE THE RECORD.	o.amer i	SURIN	C TIDEI	. on It	obie m			- OK MO		
S	tate Spe	cific In	nmuni.	zatior	Repor	t				