

The MT DPHHS and the MT legislature have in place immunization requirements for all MT public school students. The following text is the pertinent portion of the MCA in regard to vaccine requirements for public school students:

**37.114.705 REQUIREMENTS FOR UNCONDITIONAL ATTENDANCE
AT A SCHOOL OFFERING ANY PORTION OF GRADES KINDERGARTEN
THROUGH 12**

(1) Before a prospective pupil may unconditionally attend a Montana school offering any portion of kindergarten through grade 12, that school must be provided with adequate documentation that the prospective pupil has been immunized through administration of the vaccines and on the schedules specified in this rule.

(2) Vaccines immunizing against diphtheria, pertussis, and tetanus must be administered as follows:

(a) A pupil or prospective pupil less than seven years of age must be administered four or more doses of DTP or DTAP vaccine, at least one dose of which must be given after the fourth birthday;

(b) A pupil or prospective pupil seven years old or older who has not completed the requirement in (2)(a) must receive additional doses of Tdap vaccine or Td vaccine to become current in accordance with the ACIP schedule;

(c) Prior to entering the seventh grade, a pupil must receive a dose of Tdap vaccine if the following criteria are met:

(i) the pupil is 11 years of age or older; or

(ii) a dose of Tdap vaccine was not given to the pupil at ten years of age or older;

(d) If a pupil enters the seventh grade before reaching 11 years of age, a booster shot of Tdap vaccine must be administered to the pupil as soon as possible after the pupil attains that age, unless the pupil already was administered a dose of Tdap vaccine at ten years of age or older.

(3) Polio vaccine must be administered to a prospective pupil in three or more doses of trivalent poliomyelitis vaccine, at least one dose of which must be given after the fourth birthday.

(4) A pupil or prospective pupil must have received two doses of live measles, mumps, and rubella vaccine no earlier than 12 months of age.

(5) A pupil or prospective pupil must have received two doses of live varicella vaccine no earlier than 12 months of age.

Both religious and medical exemption are allowed for those that have cause to utilize them. The forms are linked.

Medical Exemption Statement

Form HES 101A
Montana Schools



For questions, contact the Montana Department of Immunizations at (406) 444-5580

A prospective student seeking to enroll in a Montana school is not required to receive any immunizations for which they are medically contraindicated. The Medical Exemption Statement, may be completed by a qualifying healthcare provider and utilized as an exemption. In lieu of this form, a written and signed statement from a qualifying healthcare provider will also be accepted under the conditions outlined in ARM 37.114.715.

Pursuant to HB 334 (Ch. 294, L. 2021), a qualifying healthcare provider means a person who: (1) is licensed, certified, or authorized in any U.S. State or Canada to provide health care; (2) is authorized within the person's scope of practice to administer the immunization(s) to which the exemption applies; and (3) has previously provided health care to the student or has administered a vaccine to which the student has had an adverse reaction. Once completed, this form should be filed at the student's school along with their most current immunization record.

Student Name: _____

Parent/Guardian Name: _____

Student Address: _____

Student Date of Birth: _____

Select the vaccine(s) needing medical exemption, then provide a brief description of the contraindication or precaution for each vaccine:

- ☐ DTaP (Diphtheria, Tetanus, and Pertussis)
- ☐ Tdap (Diphtheria, Tetanus, and Pertussis)
- ☐ Varicella (Chickenpox)
- ☐ Hib (*Haemophilus influenzae* type b)

- ☐ MMR (Measles, Mumps, and Rubella)
- ☐ IPV (Polio)
- ☐ Other: _____

Contraindication/Precaution:

A complete list of medical contraindications and precautions can be found on the Centers for Disease Control and Prevention's website:
<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

Duration of exemption: _____

Provider's Name (print): _____

Title: _____

Phone: _____

Address: _____

Provider's Signature: _____

Date: _____

Religious Exemption Statement

Form HES 113
Montana Schools



For questions, contact the Montana Immunization Program at (406) 444-5580

Student's Full Name

Birth Date

Age

Sex

School: _____

If student is under 18, name of parent, guardian, or other person responsible for student's care and custody:

Street address and city: _____

Telephone: _____

I, the undersigned, swear or affirm under oath that immunization against the following is contrary to my religious tenets and practices:

☐ *Diphtheria, Pertussis, Tetanus (DTaP, DT, Tdap)*

☐ *Polio*

☐ *Measles, Mumps and Rubella (MMR)*

☐ *Varicella (chickenpox)*

☐ *Haemophilus Influenzae type b (Hib)*

☐ *Other:* _____

I also understand that:

Pursuant to section 20-5-405, MCA, in the event of an outbreak of one of the diseases listed above, the above-exempted student may be excluded from school by the local health officer or the Department of Public Health and Human Services until the student is no longer at risk for contracting or transmitting that disease.

Signature: _____ Date: _____