



**CERTIFICATE OF IMMUNIZATION**  
 NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 SFN 16038 (Revised 09-2022)

600 E Boulevard Ave, Dept 301  
 Bismarck, ND 58506-5520  
 800.472.2180 or 701.328.3386

Name (Last, First, Middle Initial):		Date of Birth:				
<b>Vaccine Type</b>		<b>Enter administration date (month/day/year), lot number, and manufacturer<sup>1</sup> for each immunization</b>				
		<b><u>Dose 1</u></b>	<b><u>Dose 2</u></b>	<b><u>Dose 3</u></b>	<b><u>Dose 4</u></b>	<b><u>Dose 5</u></b>
DTP/DTaP/DT	Diphtheria-Tetanus-Pertussis					
Hib	<i>Haemophilus influenzae</i> type B					
Hepatitis A	Hepatitis A					
Hepatitis B	Hepatitis B					
HPV	Human Papillomavirus					
MMR	Measles-Mumps-Rubella					
MCV4	Meningococcal ACYW-135					
Men B	Meningococcal B					
IPV/OPV	Polio					
PCV	Pneumococcal conjugate					
PPSV23	Pneumococcal polysaccharide					
Rotavirus	Rotavirus					
Td/Tdap	Tetanus-Diphtheria (and Pertussis)					
Varicella	Chickenpox					
Zoster	Shingles					
COVID19						
Influenza	Seasonal influenza					
Other						

To the best of my knowledge, this person has received the above indicated immunizations.

\_\_\_\_\_  
 Physician, Nurse, Local/State Health

\_\_\_\_\_  
 Date

**If additional doses are added after initial signature, please initial dose and sign below.**

Update signature #1:		
Physician, Nurse, Local/State Health:	Title:	Date:
Update signature #2:		
Physician, Nurse, Local/State Health:	Title:	Date:

<sup>1</sup>Manufacturer abbreviations: AZ = AstraZeneca, DYN = Dynavax, GSK = GlaxoSmithKline, GRF = Grifols, MSD = Merck & Co., MOD = Moderna, NV = Novartis, PFZ = Pfizer, SP = Sanofi Pasteur, SEQ = Seqirus, VBI = VBI Vaccines, Inc