

EDMONDS SCHOOL DISTRICT NO. 15

TO: Parents of Edmonds School District Students

FROM: Educational Health Services Department

This **Certificate of Immunization Status** is to be submitted **on or before the first day of school**. Washington State Law (RCW 28A.210.060170) requires certification of immunization for all school children.

According to state law (246-105 WAC), a student may have incomplete or “conditional” immunization status; this will allow the student to temporarily attend school until a parent/guardian submits required immunization documents, within **30 days from the first day of school**.

The **minimum** immunization requirements for the school attendance are listed on this form.

1. **Complete the Certificate of Immunization Status** by:

- Entering the month, day and year when each required dose of a vaccine was given. (If you do not know the specific day, the Health Services professional will assume the first of the month.)

OR

- **Notifying the school that a schedule of immunization has been started** and will be completed in accord with your health care provider’s recommended schedule.

Immunizations are available from your private health care provider or you may obtain them from:

Snohomish Health District – South County Clinic Phone: 425-775-3522
6101 200th St. SW, Lynnwood, WA 98036

- Please contact the clinic for an appointment
- Parent and/or Legal Guardian must accompany the child
- DSHS/Medicaid recipients should go to their assigned provider for immunization (Bring records of your child’s immunization to Snohomish Health District to assure that your child receives the correct vaccine.)

OR

- **Complete a Certificate of Exemption (C.O.E.) in addition to the Certification of Immunization**

BE AWARE-- If there is an outbreak at school of any vaccine-preventable disease for which your student is exempted, your student will be excluded from school for the duration of the outbreak.

2. **Sign the certificate(s)** indicating your information is correct.

Please contact your child’s school if you need further assistance in completing the certificate.



Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

Office Use Only:

Reviewed by: _____ Date: _____
Signed Cert. of Exemption on file? Yes No

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (mm/dd/yyyy):	Sex:	I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.	
Symbols below: <input checked="" type="checkbox"/> Required for School and Child Care/Preschool <input type="checkbox"/> Required for Child Care/Preschool Only <input type="checkbox"/> Recommended, but not required						
I certify that the information provided on this form is correct and verifiable.					Parent/Guardian Signature Required _____	Date _____

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
■ Rotavirus (RV1, RV5)				
	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap)				
	1			
■ Tetanus, Diphtheria (Td)				
	1			
	2			
● Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			
■ Influenza (flu, most recent)				

Vaccine	Dose	Date		
		Month	Day	Year
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			
	5			
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox)				
	1			
	2			
■ Hepatitis A (Hep A)				
	1			
	2			
■ Human Papillomavirus (HPV) – does not print from the IIS; write dates in by hand				
	1			
	2			
	3			
■ Meningococcal (MCV, MPSV)				
	1			
	2			

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.
Mark option 1, 2, OR 3 below (see # 5 on back)

1) Chickenpox disease verified by printout from the Immunization Information System (IIS)
Must be marked by printout (not by hand) to be valid.

2) Chickenpox disease verified by healthcare provider (HCP)
If you choose this box, mark 2A OR 2B below.
2A) Signed note from HCP attached OR
2B) HCP sign here and print name below:

Licensed healthcare provider signature Date
(MD, DO, ND, PA, ARNP)

Printed Name: _____

3) Chickenpox disease verified by school staff from the Immunization Information System

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.
Signed lab report(s) MUST also be attached.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	_____
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	_____
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	

Licensed healthcare provider signature Date
(MD, DO, ND, PA, ARNP)

Printed Name: _____

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.

#1 To print with information filled in: First, ask if your healthcare provider's office puts vaccination history into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS**, and return it to school or child care. If your provider's office does not use the IIS, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

EXAMPLE

#2 To fill in by hand: Print your child's name, birthdate, sex, and your own name in the top box.

#3 Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ►

Vaccine	Dose	Date		
		Month	Day	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
DTaP	1	01	12	2011
DTaP	2	03	20	2011
DTaP	3	06	01	2011

#4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#5 If your child had chickenpox (varicella) disease and not the vaccine, **use only one** of these three options to record this on the CIS:

- If your child's CIS is printed directly from the IIS (by your healthcare provider or school), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the IIS printout (not by hand).
- If your healthcare provider can verify that your child had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your provider, or 2B if your provider signs and dates in the space provided. Be sure your provider's full name is also printed.
- If school staff access the IIS and see verification that your child had chickenpox, they will mark box 3.

#6 Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your healthcare provider fill in this box. Ask your provider to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

#7 Be sure to **sign and date the CIS**, and return to the school or child care.

Revised 5.1.10

Vaccine Trade Names in alphabetical order (For updated lists, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>)

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	FluLaval	Flu	Ipol	IPV	PedvaxHIB	Hib	Twinrix (Twnrx)	Hep A + Hep B
Adacel	Tdap	FluMist	Flu	Infanrix	DTaP	Pentacel (Pntcl)	DTaP + Hib + IPV	Vaqta	Hep A
Afluria	Flu	Fluvirin	Flu	Kinrix (Knrx)	DTaP + IPV	Pneumovax	PPSV or PPV23	Varivax	Varicella
Boostrix	Tdap	Fluzone	Flu	Menactra	MCV or MCV4	Prevnar	PCV or PCV7 or PCV13		
Cervarix	HPV2	Gardasil	HPV4	MenHibrix (Mnhbrx)	Meningococcal C/Y-HIB-PRP	ProQuad (PrQd)	MMR + Varicella		
Daptacel	DTaP	Havrix	Hep A	Menomune	MPSV or MPSV4	Recombivax HB	Hep B		
Engerix-B	Hep B	Hiberix	Hib	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)		
Fluarix	Flu	HibTITER	Hib	Pediarix (Pdrx)	DTaP + Hep B + IPV	RotaTeq	Rotavirus (RV5)		

Vaccine Abbreviations in alphabetical order (For updated lists, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf>)

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAV) Hep B (HBV)	Hepatitis A Hepatitis B	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	HPV	Human Papillomavirus	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (IIV or LAIV)	Influenza	IPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	MCV or MCV4	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 January 2015



VACCINES REQUIRED FOR SCHOOL ATTENDANCE, GRADES K-12

July 1, 2015 – June 30, 2016

VACCINE	Kindergarten - 4 th Grade	5 th - 8 th Grade	9 th - 12 th Grade
Hepatitis B	3 doses Dose 3 must be given on or after 24 weeks of age		3 doses Dose 3 must be given on or after 4 months of age
Diphtheria, Tetanus, and Pertussis (DTaP/DT/Td/Tdap)	5 doses (4 doses only IF 4 th dose given on or after 4 th birthday) <i>plus</i> 1 dose Tdap required for 6th-12th grade AND on or after 11 years of age (see page 2 for more details)		
Polio (IPV or OPV)	4 doses (3 doses only IF 3 rd dose given on or after 4 th birthday) <ul style="list-style-type: none"> The final dose given on or after August 7, 2009, must be given on or after 4 years of age AND a minimum interval of 6 months from the previous dose. 	4 doses (3 doses only IF 3 rd dose given on or after 4 th birthday)	
Measles, Mumps, and Rubella	2 doses		
Varicella	2 doses OR Healthcare provider verifies disease		Recommended , but not required*

*In school year 2016-2017, students in 9th - 12th grade will be required to have 2 doses of varicella vaccine.

- Look at the Minimum Age and Interval Table on page 2 for recommended minimum age and spacing information.
- Review the Individual Vaccine Requirements Summary for more detailed information:
www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/VaccineRequirements.aspx

Minimum Age & Interval for Valid Vaccine Doses

Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
Hepatitis B HepB	Dose 1	Birth (K-12 th)	4 weeks between Dose 1 & 2 (K-12 th)	<ul style="list-style-type: none"> 2 doses valid if adult Recombivax HB[®] given between ages 11 and 15 and doses separated by at least 4 months.
	Dose 2	4 weeks (K-12 th)	8 weeks between Dose 2 & 3 (K-12 th)	
	Dose 3	24 weeks (K-8 th) 4 months (9 th -12 th)	16 weeks between Dose 1 & 3 (K-8 th) 12 weeks between Dose 1 & 3 (9 th -12 th)	
Diphtheria, Tetanus, and Pertussis DTaP/DT	Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> DTaP: for children through age 6. 6 month interval is recommended between Dose 3 and Dose 4, but minimum interval of 4 months is acceptable. Students 7-10 years of age not fully immunized with DTaP should get one Tdap followed by additional doses of Td if needed. DTaP given after age 7 counts for the Tdap dose; no Tdap required at 11-12 years of age.
	Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	Dose 3	14 weeks	6 months between Dose 3 & 4	
	Dose 4	12 months	6 months between Dose 4 & 5	
	Dose 5	4 years	–	
Tetanus, Diphtheria, and Pertussis Tdap	Dose 1	10 years recommended. See notes for exceptions	–	<ul style="list-style-type: none"> Tdap: for children 7 years of age or older. If no DTaP doses given before age 7, students must get Tdap followed by 2 doses of Td. Tdap given between 7-10 years of age is valid and meets the requirement. Can be given regardless of the interval between DTaP or Td.
Tetanus and Diphtheria Td	Dose 1	7 years	5 years	<ul style="list-style-type: none"> Td: for children 7 years of age or older.
Polio IPV or OPV	Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> Not required for students 18 years and older. If all doses before August 7, 2009: 4 week minimum interval must separate all doses and Dose 4 minimum age must be at least 18 weeks of age.
	Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	Dose 3	14 weeks	6 months between Dose 3 & 4	
	Dose 4	4 years	–	
Measles, Mumps, and Rubella MMR	Dose 1	12 months	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> MMRV (MMR + varicella) may be used instead of separate MMR and varicella vaccines. Must get the same day as VAR OR at least 28 days apart. 4-day grace DOES apply between doses of the same live vaccine such as MMR/MMR or MMRV/MMRV. The 4 day grace period DOES NOT apply between Dose 1 and Dose 2 of different live vaccines, such as between MMR and Varicella or between MMR and live flu vaccine.
	Dose 2	13 months	–	
Varicella (chickenpox) VAR	Dose 1	12 months	3 months between Dose 1 & 2 (12 months through 12 years) 4 weeks between Dose 1 & 2 (13 years and older)	<ul style="list-style-type: none"> Recommended: 3 months between varicella doses, but minimum interval of 28 days acceptable. Minimum age of 13 months also acceptable. Must get the same day as MMR OR at least 28 days apart. 4-day grace DOES apply between doses of the same live vaccine; DOES NOT apply between doses of different live vaccines.
	Dose 2	15 months	–	

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DOH 348-051 January 2015