

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:

Community Health Center of Snohomish – Edmonds location
23320 Hwy. 99 Edmonds, WA 98026
Phone: 425-640-5500

- 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 Community Health Center to assure that your child receives the correct vaccine.)

- **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)

For Kindergarten-12th Grade / Child Care Entry

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 Washington Immunization Information System.

Child's Last Name: _____	First Name: _____	Middle Initial: _____	Birthdate (MM/DD/YY): _____	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.		I certify that the information provided on this form is correct and verifiable.		
Parent/Guardian Signature Required _____		Parent/Guardian Signature Required _____		
Date _____		Date _____		

	Date	Date	Date	Date	Date	Date
◆ Required for School and Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
● Required Only for Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
◆ DTaP, DT (Diphtheria, Tetanus, Pertussis)						
◆ Tdap (Tetanus, Diphtheria, Pertussis)						
◆ Td (Tetanus, Diphtheria)						
◆ Hepatitis B						
□ 2-dose schedule used between ages 11-15						
● Hib (<i>Haemophilus influenzae</i> type b)						
◆ IPV / OPV (Polio)						
◆ MMR (Measles, Mumps, Rubella)						
● PCV / PPSV (Pneumococcal)						
◆ Varicella (Chickenpox)						
□ History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV, MPSV (Meningococcal)						
MenB (Meningococcal)						
Rotavirus						

Documentation of Disease Immunity
Healthcare provider use only

If the child named in this CIS has a history of **Varicella (Chickenpox)** or can show immunity by blood test (titer) it **MUST** be verified by a healthcare provider

I certify that the child named on this CIS has:

a verified history of Varicella (Chickenpox).

laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

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

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.

To print with immunization information filled in: Ask if your healthcare provider's office enters immunizations 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 immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. **If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.**

To fill out the form by hand:

#1 Print your child's name, birthdate, sex, and sign your name where indicated on page one.

#2 Vaccine information: Write the date of each vaccine dose received in the date columns (as MM/DD/YY). 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**.

#3 History of Varicella Disease: If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.

- If your healthcare provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

#4 Documentation of Disease Immunity: If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

Reference guide for vaccine abbreviations in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/complete/istofvaccinenames.pdf>

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A	Hepatitis A	MCV / MCV4	Meningococcal Conjugate Vaccine	OPV	Oral Poliovirus Vaccine
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B	Hepatitis B	MenB	Meningococcal B	PCV / PCV7 / PCV13	Pneumococcal Conjugate Vaccine
DTP	Diphtheria, Tetanus, Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MPSV / MPSV4	Meningococcal Polysaccharide Vaccine	PPSV / PPV23	Pneumococcal Polysaccharide Vaccine
Flu (IIV)	Influenza	HPV (2vHPV / 4vHPV / 9vHPV)	Human Papillomavirus	MMR	Measles, Mumps, Rubella	Rota (RV1 / RV5)	Rotavirus
HBIG	Hepatitis B Immune Globulin	IPV	Inactivated Poliovirus Vaccine	MMRV	Measles, Mumps, Rubella with Varicella	Td	Tetanus, Diphtheria

Reference guide for vaccine trade names in alphabetical order

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/complete/istofvaccinenames.pdf>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB®	Hib	Fluarix®	Flu	Havrix®	Hep A	Menveo®	Meningococcal	Rotarix®	Rotavirus (RV1)
Adacel®	Tdap	Flucelvax®	Flu	Hiberix®	Hib	Pediarix®	DTaP + Hep B + IPV	RotaTeq®	Rotavirus (RV5)
Afluria®	Flu	FluLaval®	Flu	HibTITER®	Hib	PedvaxHIB®	Hib	Tenivac®	Td
Bexsero®	MenB	FluMist®	Flu	Ipol®	IPV	Pentacel®	DTaP + Hib + IPV	Trumenba®	MenB
Boostrix®	Tdap	Fluvirin®	Flu	Infanrix®	DTaP	Pneumovax®	PPSV	Twinrix®	Hep A + Hep B
Cervarix®	2vHPV	Fluzone®	Flu	Kinrix®	DTaP + IPV	Prevnar®	PCV	Vaqta®	Hep A
Daptacel®	DTaP	Gardasil®	4vHPV	Menactra®	MCV or MCV4	ProQuad®	MMR + Varicella	Varivax®	Varicella
Engerix-B®	Hep B	Gardasil® 9	9vHPV	Menomune®	MPSV4	Recombivax HB®	Hep B		

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



VACCINES REQUIRED FOR SCHOOL ATTENDANCE, GRADES K-12
July 1, 2017 – June 30, 2018

VACCINE	Kindergarten - 6 th Grade	7 th - 10 th Grade	11 th - 12 th Grade
Hepatitis B	<p style="text-align: center;">3 doses</p> <p>Dose 3 must be given on or after 24 weeks of age</p>		<p>Dose 3 must be given on or after 4 months of age</p>
Diphtheria, Tetanus, and Pertussis (DTaP/DT/Td/Tdap)	<p>5 doses (4 doses only IF 4th dose given on or after 4th birthday)</p> <p style="text-align: center;"><i>Plus</i></p> <p>1 dose Tdap required for 6th-12th grade AND on or after 11 years of age <i>(see page 2 for more details)</i></p>		
Polio (IPV or OPV)	<p>4 doses (3 doses only IF 3rd dose given on or after 4th birthday)</p> <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. 	<p>4 doses (3 doses only IF 3rd dose given on or after 4th birthday)</p>	
Measles, Mumps, and Rubella		<p>2 doses</p>	
Varicella		<p>2 doses</p> <p style="text-align: center;">OR</p> <p>Healthcare provider verified disease</p>	

- 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	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	8 weeks between Dose 2 & 3 (K-12 th)	
	Dose 3	24 weeks	16 weeks between Dose 1 & 3 (K-10 th)	
		4 months	12 weeks between Dose 1 & 3 (11 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 4 doses of OPV received, and all doses given before 4 years of age, one dose of IPV is required at 4 years and older. ▪ Please see Individual Vaccine Requirements Summary for more details: www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/VaccineRequirements.aspx
	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 and MMR. 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	–	