

Reviewed for compliance by: \_\_\_\_\_

Staff Signature

Date: \_\_\_\_\_ Exemption: YES NO

(see back)



# CERTIFICATE OF IMMUNIZATION STATUS

Washington State Law (RCW 28A.21 0.160) requires that all children have a completed Certificate of Immunization Status on file at the school, preschool or a child care facility that they attend. A chart showing which vaccines should be given and when, is printed on the other side of this form.

Child's Last Name	First Name	Middle Name	Sex F M	Birthdate
Parent/Guardian Name			Daytime Phone	

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
<b>DTaP/DTP -DT/Td</b> Diphtheria, Tetanus, Pertussis		1			
		2			
		3			
		4			
		5			
<b>POLIO</b> OPV by mouth, IPV by injection		1			
		2			
		3			
		4			
<b>HIB</b> Haemophilus Influenzae B		1			
		2			
		3			
		4			

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Da	Year
<b>MMR</b> Measles (Rubeola), Mumps & Rubella	MMR	1			
	MMR	2			
	MMR				
	MEASLES				
	MUMPS				
	RUBELLA				
<b>HEP B (HBV)</b> Hepatitis B		1			
		2			
		3			
<b>VARICELLA</b> (Chickenpox)	VACCINE	1			
		2			
	DISEASE	YES		NO	
<b>OTHER VACCINES</b>					

-+ I certify that the information provided here is correct and verifiable +-

( \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Guardian

# Immunization Entry Requirements for Schools, Preschools and Child Care Facilities

Vaccines are listed under the routinely recommended ages. Shaded bars indicate range of acceptable ages for vaccination.

Age + Vaccine ~	Birth	2 Months	4 Mont	6 Month	12 Months	15 Months	18 Mon	4-6 Years	11-12 Years	14-16 Years
Hepatitis B **	Hep: B-1									
Diphtheria, Tetanus, Pertussis		Hep B-2 DTP	DTP	DTP	Hep B-3 DTP or DTaP at 15+ Mo			DTP or DTaP	Td **	
H. Influenzae type b		Hib	Hib	Hib	Hib					
Polio		Polio	Polio	Polio				Polio		
Measles, Mumps, Rubella				MMR				MMR or MMR		

~ ~ The above schedule was recommended and approved January 1, 1995 by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Physicians. Footnotes of this schedule provide more information about vaccines and when they can be given. They are reprinted in the Immunization Manual for Schools, Preschools and Child Care Facilities, which can be found at most schools and Local Health Departments.

Although there are more medically current recommended schedules, the January 1995 schedule is the only one required by Washington State Immunization Law.

\*\* Effective September, 1997

## Statement of Exemption to Immunization Law

NOTICE:

Your Child can be exempted (excused) from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that your child has not been immunized against, she or he can be excluded from school, preschool or child care until the outbreak is over.

### Medical Exemption

I certify that the child named on this form is medically exempted from the requirement for the following vaccine(s):

II \_\_\_\_\_, Until \_\_\_\_\_  
Vaccine(s) Date

Type or Print Physician's name

Date

Physician's Signature

\_\_\_\_\_

### Personal Exemption/ Religious Exemption

I am opposed to immunization. I understand that my child can be excluded from attendance during an outbreak.

I do not want my child to receive the following vaccine(s):

Vaccine(s)

Signature of Parent or Guardian

Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

### Documentation of Immunity

I certify that the child named on this form has laboratory evidence of immunity to measles/mumps/rubella (please circle).

Attach TITER results

TYPE or PRINT Physician's Name

Physician's Signature or Stamp

Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

