

# Immunization Manual

For Schools, Preschools, and Child Care Centers

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## Manual Overview

The *Immunization Manual for Schools, Preschools, and Child Care Centers*<sup>1</sup> is a reference guide for school and child care staff who process Certificate of Immunization Status and Certificate of Exemption forms, complete immunization status reports, and answer questions from parents and guardians about immunization requirements for children. Many of you deal with immunizations every day and are expected to know a lot about them. This manual will help you.

You can find this manual on the Department of Health's Office of Immunization and Child Profile Web site at [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI). While you may want to print the manual and place it in a three-ring binder, we suggest you access it electronically to get the most up-to-date information.

This manual can help you:

- Understand Washington State immunization requirements for children attending school, preschool, and child care.
- Work successfully with parents, school administrators, and health care providers regarding immunization regulations.
- Answer questions about the immunizations a child needs for school, preschool and child care.
- Prepare the required school and child care Annual Immunization Status Report.
- Report communicable diseases at your school, preschool, or child care to local public health officials.
- Work with public health officials during a disease outbreak.
- Find immunization resources.

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<sup>1</sup> "Preschools and child cares" in this manual include; preschools and child care centers associated with public and private schools, Head Start/ECEAP programs, licensed in-home child care, licensed child care centers, and children's group homes.

## Responsibilities

Many organizations and individuals have responsibilities for immunizing children and students in Washington State. See below for specific responsibilities.

### Parents/Guardians

Parents, foster parents, and guardians are responsible for their child meeting immunization requirements. Parents should keep accurate and up-to-date immunization records for their children. Parents must submit a complete and medically-verified [Certificate of Immunization Status \(CIS\)](#) to their child's school, preschool, or child care before the child can attend. See [WAC 246-105-050](#) for more information.

### Health Care Providers

These licensed health care providers can prescribe vaccines:

- Medical Doctors (MD)
- Doctors of Osteopathy (DO)
- Naturopathic Doctors (ND)
- Licensed Physician's Assistants (PA)
- Nurse Practitioners (ARNP) with prescriptive authority
- Pharmacists (when working with a prescribing physician)

Health care providers are encouraged to immunize patients according to the most current Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP) recommended immunization schedules. Health care providers:

- Educate parents and guardians about communicable diseases and immunizations. This includes giving them a current Vaccine Information Statement (VIS) for each vaccine administered.
- Give information on the benefits and risks of immunization to parents or guardians wanting to exempt (excuse) their child from immunization requirements. See the Certificate of Exemption (COE) section of this document for more information.
- Must provide parents with a written record of immunizations administered, as noted in [RCW 28A.210.100](#). Providers can print the Certificate of Immunization Status (CIS) with the child's immunization history if they have access to the Washington State Immunization Information System (WAIIS).
- May sign a hardcopy CIS to verify that the immunization dates written on the CIS are accurate. Other providers such as a nurse, MA, or other profession listed in [RCW 18.130.040\(2\)](#) may also sign to verify the accuracy of the CIS if administering vaccinations is within the profession's scope of practice.

The Health Insurance Portability and Accountability Act (HIPAA) privacy rule permits providers to disclose proof of required immunizations to a school with agreement from the parent or guardian. The agreement may be obtained orally or in writing and need not be signed or contain the other elements required in a formal, written HIPAA authorization. More information about the HIPAA Privacy rule and student immunizations can be found at [www.hhs.gov/hipaa/for-professionals/privacy/guidance/student-immunizations/index.html](http://www.hhs.gov/hipaa/for-professionals/privacy/guidance/student-immunizations/index.html).

## School, Preschool, and Child Care Staff

Administrators in these facilities have final responsibility when it comes to immunization compliance. It is the duty of the administrator, by law, [RCW 28A.210.120](#), to exclude children from school, preschool, or child care if they do not meet immunization requirements.

Administrators may designate other staff to do immunization compliance tasks, such as nurses, health assistants, secretaries, or volunteers. Schools, preschools, and child cares should have policies to protect confidential information such as immunization records.

It is the responsibility of schools, preschools, and child cares to do the following immunization compliance tasks:

- Ensure Certificate of Immunization Status (CIS) forms are medically verified.
- Have a school administrator, school nurse or their designee who can verify a hardcopy CIS with attached medical immunization records and sign it to verify its accuracy.
- Review Certificate of Exemption (COE) forms to ensure they are completed correctly.
- Create a filing system for the required CIS and COE forms, such as alphabetizing by grade level, name, or other system to make it easier to keep the immunization records up to date.
- Identify students who are missing required immunizations and contact parents for follow up to maintain the conditional status timelines.
- Exclude children who do not meet the immunization requirements.
- Identify and keep a list of susceptible students for use in the event of a disease outbreak. This list includes students with exemptions or missing doses. This list must be transmitted to the local health department within 24 hours upon request.
- Keep track of staff vaccinations or remind staff that they may need to provide their immunization records in the event of an outbreak.
- Teach staff and parents about the importance of getting immunized.
- Follow state immunization laws and school requirements. Links to the applicable RCW's and WACs can be found at [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI).

## Local Health Jurisdictions

Some local health jurisdictions (LHJs) administer immunizations. Some give out Certificates of Immunization Status, other immunization forms, and materials about communicable disease and immunization rules. Public health officials have the responsibility to work with schools, preschools, and child cares to prevent and control outbreaks of vaccine preventable diseases. They also work with health care providers to maintain or improve immunization rates in their communities. In the event of a disease outbreak, the health officer of the LHJ has the authority to exclude children and staff from school, preschool or child care. You can find local health jurisdiction websites and contact information at [www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions](http://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions).

## State Agencies

### Department of Health

The Office of Immunization at the Washington State Department of Health tracks immunization levels in the state as part of a federal requirement. Staff respond to questions about the immunization requirements and are a resource for information about vaccines and vaccine-preventable diseases. The office has the responsibility to develop the Certificate of Immunization Status and Certificate of Exemption forms and align the ages and vaccination intervals specified in the national immunization guidelines with corresponding grade levels.

Public health staff may review school, preschool, and child care facility immunization records to ensure they comply with state regulations, per [RCW 28A.210.110](#).

**State Board of Health**

The State Board of Health has the authority to write the immunization rules in the Washington Administrative Code, [RCW 28A.210.140](#). These rules include:

- The immunizations children must have in order to enter school, preschool or child care.
- Procedures for complying with a schedule to achieve full immunization.
- The documentation required for proof of immunization.

**State Board of Education**

The State Board of Education has the authority to establish the rules governing the exclusion of students from private schools for failure to comply with the immunization requirements. See [Chapter 180-38 WAC](#) for more information.

**Department of Children, Youth and Families**

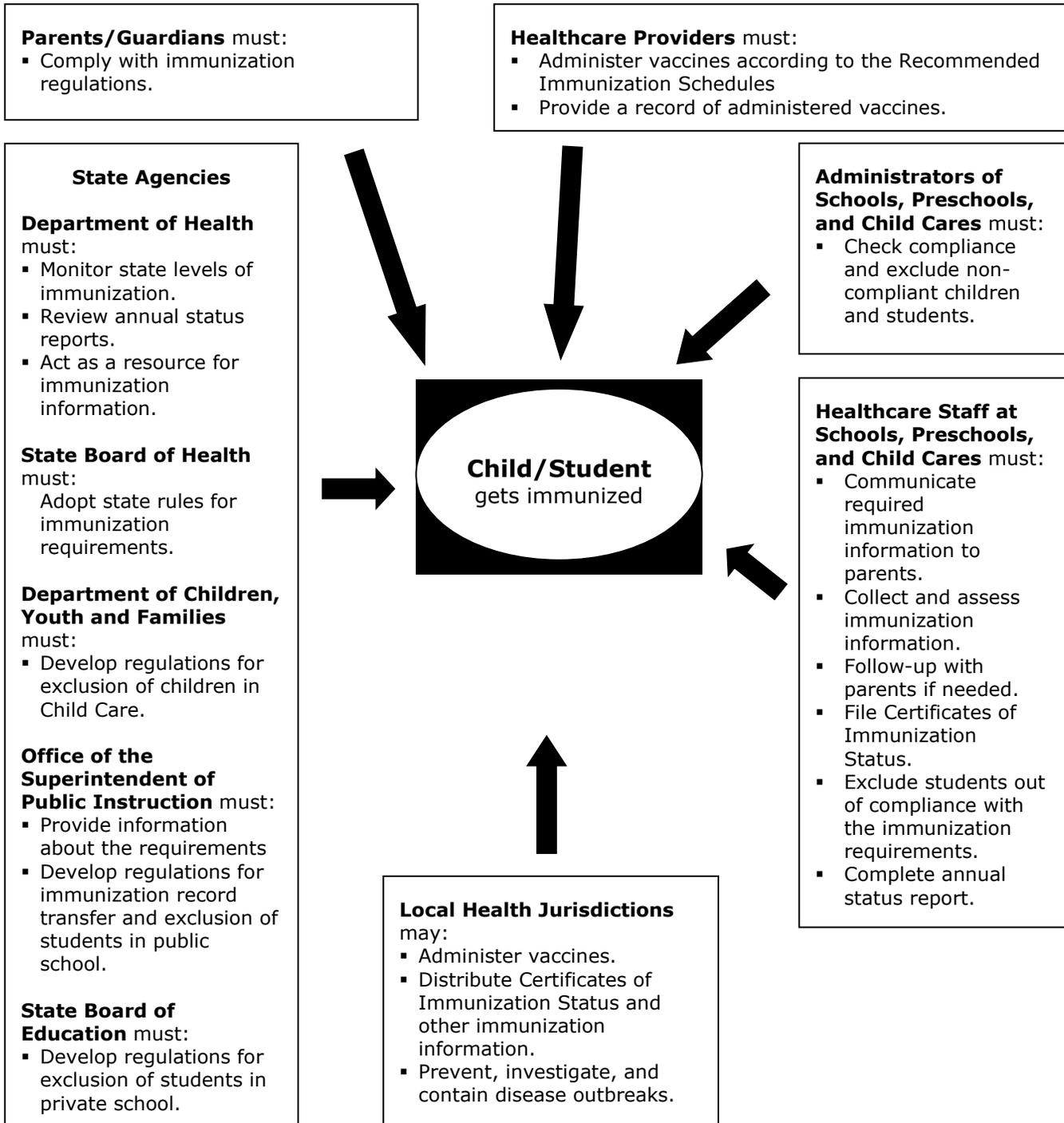
The Department of Early Learning has the authority to establish rules governing the exclusion of children from child care for failure to comply with the immunization requirements. They enforce immunization rules for licensed preschools and child cares. See [Chapter 110-300 WAC](#) for more information.

**Office of the Superintendent of Public Instruction**

The Office of the Superintendent of Public Instruction (OSPI), in consultation with the State Board of Health, has the authority to establish the rules governing the exclusion of students from public schools for failure to comply with the immunization requirements. See WAC [392-380-050](#) for more information. They also:

- Provide information to public schools about immunization requirements and how to properly contain contagious diseases at schools.
- Adopt rules regarding immunization records of transferring students. See WAC [392-182-020](#) for more information.
- Consult with the Department of Health (DOH) to prepare information for schools to comply with the law. For example, OSPI consults with DOH for information on meningococcal and human papillomavirus diseases. Schools are required by law to send this information to parents or guardians.
- Consult with school districts on immunization issues.

The network of partners involved in childhood immunization is shown below.



## Immunization Requirements

School, preschool, and child care staff can help to protect children against serious diseases by encouraging full and timely immunization. Help parents understand that:

- Each child must have a record of their immunizations on a medically verified Certificate of Immunization Status (CIS) or have a completed Certificate of Exemption on file for each of the diseases for which full immunization is required.
- Immunizing on time gives children the best protection.
- Immunization requirements in schools, preschools, and child cares have been shown to increase immunization coverage.
- Communicable diseases still exist, and international travel can bring diseases common in other parts of the world to our communities.
- Keeping up-to-date records at home and at school is important.
- All children under the age of 19 can get immunizations at no cost in our state from clinics participating in the Vaccine for Children (VFC) program. Providers may charge an administration fee, but they must waive the fee if asked by the parent. Find VFC clinics by using this vaccine map at <https://fortress.wa.gov/doh/vaccinemap>.

## Recommended Versus Required Immunizations

Not all of the immunizations recommended for children are required for school or child care entry in Washington. These definitions can help:

- **Recommendations:** The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) makes vaccine recommendations that providers follow as the “best practice” to get the best protection from vaccine preventable diseases. The ACIP updates the recommended immunization schedule annually.
- **Requirements:** State law requires children to have documentation of full immunity to certain diseases to enter school, preschool, and child care, [RCW 28A.210.080](#).
  - The law directs the State Board of Health (SBOH) to determine which diseases children must have immunity against. The SBOH writes the rules in the Washington Administrative Code (WAC). The rule says a child documenting immunity through vaccination must be vaccinated according to the ages and vaccine intervals set forth in the ACIP recommended immunization schedule published in a specific year. The WAC may not always reference the most recently published ACIP schedule. See [Chapter 246-105 WAC](#) for the currently referenced schedule.
  - The SBOH directs the State Department of Health to align the ages and intervals specified in the ACIP schedule with corresponding school grade levels.

## Required Immunizations

According to the Washington Administrative Code [WAC 246-105-030](#), any child attending school, preschool, or child care in Washington State is required by law to be fully immunized against the following diseases:

Chickenpox (Varicella)	Mumps
Diphtheria	Pneumococcal disease*
German measles (Rubella)	Polio (Poliomyelitis)
<i>Haemophilus influenzae</i> type b disease (Hib)*	Tetanus
Hepatitis B	Whooping cough (Pertussis)
Measles (Rubeola)	

\*Required only until 5 years of age

## **Vaccine Requirement Charts and Resources**

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The Washington State vaccine requirements charts, and the Individual Vaccine Requirements Summary (IVRS) are updated each school year and are available at [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI) and [www.doh.wa.gov/vaxtoschool](http://www.doh.wa.gov/vaxtoschool).

To document immunity by vaccination, children must have the vaccine doses required in the applicable chart below. The vaccine doses must be given at the appropriate ages and intervals. Documentation of vaccination given to schools or child care centers must be medically verified.

- **Vaccines Requirement Charts for School Attendance, Grades Preschool-12**  
There are vaccine requirement charts for school attendance in grades Preschool-12. There is an English and Spanish version for school staff, and parent versions in multiple languages.
  - To find the doses required in the chart, look at the row that includes the student's grade and match it with the column for the required vaccine. For example, a student entering Kindergarten needs two doses of MMR vaccine. The requirements and rules vary depending on the student's grade and for preschool/TK the age of the child on September 1st.
- **Vaccines Required Charts for Child Care Attendance**  
There are vaccine requirement charts for child care. There is an English and Spanish version for staff, and parent versions in multiple languages.
  - To read the chart, find the child's age range and follow the row across to find the number of vaccine doses required by that age. For example, if a child is 6 ½ months old (not yet 7 months old), look at the row "By 5 months". A 6 ½ month old child needs a total of 2 doses of DTaP vaccine. By the time the child reaches 7 months, they will need 3 total doses.
- **Individual Vaccine Requirements Summary (IVRS)**  
The Individual Vaccine Requirements Summary (IVRS) is a companion to the vaccine requirement charts. It provides detailed information about the number of doses needed, the minimum age and intervals of the doses, exceptions to these rules, and the catch-up schedules.

## Immunization Status

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Definitions can be found in [WAC 246-105-020](#).

- **Complete or Fully Immunized**

Children have an immunization status of “complete” if they have documentation of full immunity against each of the vaccine-preventable diseases listed in [WAC 246-105-030](#). Immunity can be documented in the following ways:

- By having the vaccination doses required for the child’s age (child care) or grade (preschool-12<sup>th</sup>) administered at the appropriate ages and intervals as described in [WAC 246-105-040](#); or
- By blood antibody titer levels sufficient to document immunity confirmed by a health care provider acting within their scope of practice (immunity by antibody titer is not acceptable for pertussis or pneumococcal diseases, immunity to polio disease by antibody titer must demonstrate immunity to all 3 polioviruses); or
- For varicella (chickenpox) only: history of disease verified by a health care provider acting within their scope of practice.

- **Conditional**

Children who are actively catching up on their vaccines can start and remain in school with a “conditional” immunization status. Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. To attend school or child care in Conditional Status the following conditions must be met ([WAC 246-105-050](#)):

- The parent/guardian must sign the conditional status statement on the Certificate of Immunization Status form. The parent acknowledges their child is attending school or child care in conditional status with the associated timelines.
- Children must be up to date on their immunizations, having received all of the vaccine doses they are eligible to receive before they can start school or child care.
- When the next catch-up vaccine dose comes due, the parent or guardian must turn in documentation within 30 days of the vaccination due date. Valid documentation includes medical records showing vaccination, evidence of immunity to the disease in question, or a completed Certificate of Exemption (COE) form.

After a child has caught up on all missing required immunizations, their “conditional” status changes to “complete.” If documentation is not received by the required date then the “conditional” status changes to “out of compliance” and the child must, by law, be excluded from further attendance, as listed in [RCW 28A.210.120](#).

More information about conditional status can be found in Frequently Asked Questions about Conditional Status on [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI).

- **Exempt**

Children have an immunization status of “exempt” if they:

- Have a completed Certificate of Exemption form on file for any one or more of the required immunizations, and
- Are not out of compliance for any other of the immunization requirements.

A child may be exempted from the immunization requirements for medical, personal/philosophical, or religious reasons. Personal/philosophical exemptions may not be used to exempt a student from the measles, mumps, and rubella immunization requirements. For more information about exemptions, please see the [Certificate of Exemption](#) section in this document.

- **Out of Compliance**

Children have an immunization status of “out of compliance” if they:

- Are not fully immunized as required for their age (child care) or grade (preschool-12<sup>th</sup> grades) against each of the vaccine-preventable diseases listed in [WAC 246-105-030](#), and
- Are not in a temporary conditional status for the missing required immunization, and
- Do not have a Certificate of Exemption on file for the missing required immunization.

With the exception of students considered homeless or in foster care (see [Requirements for Special Situations](#)), any child with a status of “out of compliance” **must, by law**, be excluded from attending school, preschool, or child care until they come into compliance with the immunization requirements. See [RCW 28A.210.120](#) for details on the law.

## **Excluding Children Out-of-Compliance with Immunization Requirements**

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By law, [RCW 28A.210.120](#), **it is the duty** of the administrator of every public and private school and day care center to exclude children who are out of compliance with the immunization requirements. Administrators must continue to prohibit the child's presence until documentation of immunization, a certification of exemption, or documentation of initiation of a schedule towards full immunization has been provided.

School or child care staff must follow these rules when excluding a child:

### **Public Schools** [WAC 392-380-050](#)

Schools must provide written notice to parents, in a language the parents understand, prior to excluding students from school for failure to comply with WAC [392-380-045](#). The written notice may be delivered in person, mail, or by email.

It must include:

- The school's decision to exclude the student from school, effective immediately upon the parents' receipt of the notice.
- The duration and conditions of the exclusion including that the exclusion will continue until the school receives necessary proof of immunization in accordance with [RCW 28A.210.080](#)
- Information about, and a copy of, the applicable laws and rules.
- Information regarding immunization services available through the local health department and other public agencies.
- Describe the rights of the parents and student to a hearing and describe the hearing process. See WAC [392-380-080](#) for more information.

### **Private Schools** [WAC 180-38-050](#)

Private schools must provide written notice to parents prior to excluding students from school for failure to comply with WAC [180-38-045](#). The written notice must include:

- Information about and a copy of the applicable laws and implementing rules.
- Information regarding immunization services that are available through the local health department or other public agencies.
- Order the exclusion of the student from school and state that such order is effective upon receipt of the notice.

**Child Care** [Chapter 110-300 WAC](#)

The exclusion of a child from a day care center shall be accomplished in accordance with rules of the Department of Children, Youth and Families.

**Sample Letters**

Staff can find sample exclusion letters on the Department of Health webpage.

[www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI). The sample letters include:

- Notice of Child's Conditional Immunization Status (Public & Private Schools)
- Notice of Exclusion for Immunization Noncompliance (Public Schools)
- Notice of Exclusion for Immunization Noncompliance (Private Schools)

# Immunization Records

## **Certificate of Immunization Status (CIS)**

Before a child may attend a school or child care center, a parent must provide proof of the required immunizations on a department-approved Certificate of Immunization Status (CIS) form, [WAC 246-105-050](#). School, preschool, and child care staff must review the immunizations listed on the CIS and determine if the child has met the immunization requirements.

A new CIS must be submitted annually for continued enrollment in a child care center. Child care administrators will determine when their annual immunization documents are due from parents/guardians each year.

In lieu of a CIS, a school or child care center using the WAIIS School Module may accept verification by school staff that the child is fully immunized as recorded in the WAIIS.

### **A department approved CIS means:**

- A hardcopy CIS form, or
- A CIS produced from the WA Immunization Information System which is either:
  - A validated CIS printed from the Washington State Immunization Information System, or
  - A CIS printed from [MyIR](#)

The hardcopy CIS, available in several languages, and instructions on how to print a CIS from the Immunization Information System, is available on [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI) and [www.doh.wa.gov/vaxtoschool](http://www.doh.wa.gov/vaxtoschool).

An unapproved or alternate certificate is not acceptable. A CIS printed from an electronic health record system is not approved or acceptable.

### **The CIS must be filled out completely and include:**

- Name of child or student
- Birth date of child or student
- Type of vaccine(s) received
- Month, day, and year of each dose of vaccine received

### **For all children starting at a new child care center, school district or private school after August 1, 2020, the CIS must be medically verified for accuracy by one of the following methods:**

- Print a CIS from the WA Immunization Information System (IIS) which contains only medically verified vaccination dates. A CIS printed from the IIS does not require a health care provider signature. A CIS printed from the IIS can be:
  - The Validated CIS; or
  - The CIS printed from [MyIR](#)
- Verify a hardcopy CIS as accurate by signature. The signature can be from:
  - A health care provider, who signs and dates the CIS acknowledging it is accurate. The health care provider must be licensed as a doctor, a nurse, or other profession listed in [RCW 18.130.040\(2\)](#). Administering vaccinations must be within the profession's scope of practice.; or
  - A school nurse or their designee, child care health consultant or their designee, or the chief administrator of the school or child care. They must review the CIS and attached medical immunization records and sign and date the CIS to confirm the

vaccination dates on the CIS are accurate.

## **How Parents and Guardians Can Get Help with a Certificate of Immunization Status (CIS)**

The law requires parents/guardians to submit a completed CIS to document their child's immunity. Here are some ways parents/guardians can get help completing a CIS:

- Ask if the health care provider, school, or Head Start/ECEAP program can print a validated CIS from the Washington State Immunization Information System (IIS) with the child's immunizations already filled in. For more information, see the [Immunization Information System](#) section of this manual.
- Sign up with [MyIR](#) which allows parents to view and print their child's immunizations online. MyIR prints pre-populated CIS forms which are valid for school or child care entry.
- Get a printed vaccination record from the provider and ask for help to fill out the CIS by hand.
- Some schools may choose to help parents fill out the CIS using medical vaccination records.

**Note:** it is not acceptable to attach a medical vaccination record to a blank CIS. The CIS must be filled out with the dates of vaccination.

## **Making Changes to an Existing Certificate of Immunization Status (CIS)**

School, preschool, and child care staff can update an existing CIS by:

- **Receiving updated medical vaccination records.** If staff get an updated medical vaccination record (such as Tdap immunization required for 7<sup>th</sup> grade) that needs to be added to the CIS, staff can add the vaccination date and initial the change. The medical vaccination record should be attached to the CIS.
- **Viewing the WA Immunization Information System.** If staff find additional vaccination dates in the Immunization Information System (IIS), they can add the vaccination dates to the CIS, initial the change, and note that the information came from the IIS. Alternately, they can print a new CIS from the IIS.

Parent approval is NOT required for staff to update a CIS or a student information system with additional immunizations from the IIS or another immunization record.

## **Certificate of Immunization Status (CIS) Resources**

- **Print a blank CIS.** The blank CIS is available in English, Spanish, and several other languages: [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI) and [www.doh.wa.gov/vaxtoschool](http://www.doh.wa.gov/vaxtoschool).
- **Print a Validated CIS with preprinted immunization dates from the Immunization Information System.**  
English only instructions:  
[www.doh.wa.gov/Portals/1/Documents/Pubs/348-389-CIS-PrintingInstructions.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-389-CIS-PrintingInstructions.pdf)
- **Sign up for MyIR.** Parents and guardians can view their children's immunizations online and print a pre-populated CIS. [Access your Family's Immunization Information | Washington State Department of Health](#)
- **Frequently Asked Questions and other resources:** available in the [Certificate of Immunization Status \(CIS\)](#) section of the webpage [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI).

## **Certificate of Exemption (COE)**

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A child may be exempted from one or more required immunizations, [RCW 28A.210.090](#). To request an exemption, a parent/guardian must complete and sign the applicable section of the COE. An unapproved or alternate certificate is not acceptable. A COE printed from an electronic health record system, or from another state, is not approved or acceptable.

With the exception of a Religious Membership exemption, all COE forms presented on or after July 22, 2011 must be signed by a health care practitioner (HCP) saying they have given the parent/guardian information about the benefits and risks of immunizations. A healthcare practitioner is defined as a physician (MD), physician assistant (PA), osteopath (DO), naturopath (ND), or advanced registered nurse practitioner (ARNP) licensed in Washington State. The form may be signed by the HCP at any time prior to the enrollment of the child. Photocopies of the signed form or a letter from the HCP referencing the child's name can be accepted in lieu of the original form. Such a letter should be attached to the COE signed by the parent or legal guardian. A health care practitioner who, in good faith, signs the statement that they have provided the parent with information about the benefits and risks of immunization for the child is immune from civil liability for providing their signature. See [RCW 28A.210.090](#) and [WAC 246-105-020](#) for more information.

Only one type of exemption is allowed per disease immunization requirement. If a parent or guardian turns in an improperly filled out COE form, return it to the parent or guardian and let them know a properly completed COE is needed for the exemption to be valid.

If a child with a COE subsequently receives a dose of vaccine for which they were exempt and more doses are needed to complete the series, school, preschool or child care staff should contact the parent or guardian to determine if an exemption is no longer needed.

If a child with an exemption has received all of the doses of a vaccine needed to document full immunity, see definitions of [immunization status](#) on page 11, staff should remove the exemption that is no longer needed from their immunization tracking system.

### **There are four different types of exemptions:**

**Medical Exemption:** A health care practitioner may grant a medical exemption to a vaccine required by rule of the state board of health if, in his or her judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, "Guide to Vaccine Contraindications and Precautions," or the manufacturer's package insert. The ACIP guide can be found at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>. Medical exemptions may be permanent or temporary.

- **Permanent medical exemption:** To be used when a health care practitioner determines that the vaccine is not advisable for the child on a permanent basis.
- **Temporary medical exemption:** To be used when a health care practitioner determines that the vaccine is not advisable for the child on a temporary basis. Healthcare practitioners must put the date that the temporary exemption ends on the Certificate of Exemption. School, preschool, or child care staff should monitor temporary exemptions. When the temporary exemption ends, the child can be in conditional status for up to 30 days in order to get the missing vaccinations, other documentation of immunity or another exemption.

**Philosophical/Personal Exemption:** The philosophical or personal exemption is used when the parent/guardian has a personal or philosophical objection to the immunization of the child. A philosophical/personal exemption may not be used to exempt a child from the measles, mumps, or rubella immunization requirements.

**Religious Exemption:** This exemption is used when the parent/guardian has a religious belief that is contrary to the required immunization.

**Religious Membership Exemption:** This exemption is used when the parent/guardian affirms membership in a church or religious body that does not allow medical treatment by a health care practitioner. If the parent/guardian requests a religious membership exemption, no healthcare practitioner signature is required. Parents/guardians who have a religious objection to vaccination but whose children do obtain care from a health care practitioner need to use the Religious Exemption area of the Certificate of Exemption which requires a healthcare practitioner signature.

**Parents/guardians of exempt children or students MUST receive notification** that if there is an outbreak of a disease that the child is not fully immunized against, the child may be excluded from school, preschool, or child care for the duration of the outbreak. This information is included in the parent signature section of the Certificate of Exemption form.

### **Certificate of Exemption (COE) Resources**

- **Print a COE** The COE is available in English, Spanish and several other languages. Find the COE and its translations at [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI) and [www.doh.wa.gov/vaxtoschool](http://www.doh.wa.gov/vaxtoschool).
- **Other resources** are available in the [Exemptions from Immunization Requirements - Certificate of Exemption \(COE\)](#) section of the webpage [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI):
  - Quick Reference Guide and Instructions
  - Frequently asked questions
  - Immunization Exemption Toolkit for Health Care Providers

### **Retaining Records**

Schools and child care centers must maintain immunization records per Washington State law ([RCW 28A.210.110](#) and [WAC 246-105-060](#)). The law states schools and child care centers must:

- Keep the Certificate of Immunization Status (CIS) and/or, if applicable, the Certificate of Exemption (COE) for as long as the child attends the school, preschool, or child care. These documents may be kept electronically in a student information system or other database.
  - Schools, preschool and child care centers using the WA Immunization Information System (IIS) School Module are not required to keep a CIS on file if the child's immunizations are verified as complete in the IIS. A CIS, parent permission, and medical immunization records used to complete information in the IIS should be kept as long as the child is in attendance.
- Return the CIS, applicable COE, or a legible copy to the parent if the child has been withdrawn or transferred from a school or child care center. A school or child care center may not withhold a child's CIS or COE for any reason, including nonpayment of fees.
- Keep information about each child excluded due to a lack of immunization. Keep the child's name, address, and date of exclusion for at least three years from the date of exclusion.
- Allow agents of state and local health jurisdictions access to the records during business hours for the purposes of inspection and copying.
- Keep or produce a list within twenty-four hours that identifies children who are not fully immunized. This list must be transmitted to the local health department upon request.

## **Privacy of Immunization Records: HIPAA and FERPA**

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This is intended only as information. It is not legal advice.

### **HIPAA** [www.hhs.gov/ocr/privacy/](http://www.hhs.gov/ocr/privacy/)

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (Section 164.512(b)(1)(i)) recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission.

The privacy rule permits a covered entity (such as a health care provider) to disclose proof of a student's immunizations directly to a school with the parent or guardian's agreement. The agreement may be orally or in writing. Read more here: <https://www.hhs.gov/hipaa/for-professionals/faq/1507/is-a-health-care-provider-permitted-to-disclose-proof-of-a-childs-immunizations/index.html>.

HIPAA also permits a covered entity (i.e. a school nurse) to disclose protected health information for public health activities and purposes (i.e. looking up immunization information in the WA Immunization Information System and printing a Certificate of Immunization Status form) without individual authorization ([Section 164.512\(b\)\(1\)\(i\)](#)).

### **FERPA** [www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html)

The Family Educational Rights and Privacy Act (FERPA) law protects the privacy of student education records, including immunization records, submitted to the school. This law applies to educational agencies or institutions that get funding from the United States Department of Education. HIPAA rules do not apply to education records. Once a CIS or an immunization record is provided to the school, preschool, or child care, it becomes a part of the student education record and is covered under FERPA laws.

FERPA requires parent or guardian consent for disclosure of immunization records. The consent must be signed and dated, specify the records that may be disclosed, state the purpose of the disclosure, and identify the party or class of parties to whom the disclosure may be made, as noted in 34 CFR § 99.30. Signed and dated written consent may include a record and signature in electronic form that – (1) Identifies and authenticates a particular person as the source of the electronic consent; and (2) Indicates such person's approval of the information contained in the electronic consent, See § [99.30\(d\)](#) for more information.

Schools, preschools, and child cares using the WA Immunization Information (IIS) School Module must obtain parent or guardian permission before using immunization records covered under FERPA to update the immunization information in the IIS. The Certificate of Immunization Status (CIS) form has a place to capture this permission. School, preschools, and child cares can also gather this permission in other ways such as a health enrollment form or stand-alone consent form. For more information, please see the School Module section of this document or the School Module website: [www.doh.wa.gov/SchoolModule](http://www.doh.wa.gov/SchoolModule).

## Records from School-Based Clinics

School-based clinics may need to follow either HIPAA or FERPA rules. School-based clinics not receiving funding from the United States Department of Education (US DOE) must follow HIPAA rules. School-based clinics that do receive funding from the US DOE are covered under FERPA.

For example, if a public health clinic provides an on-site school immunization clinic, the records belong to the public health clinic and must follow HIPAA rules. On the other hand, if a school contracts privately with an agency or individual healthcare provider to provide a school-based clinic, the records from that clinic belong to the school education record and must follow FERPA rules.

## Exceptions

Exceptions to sharing immunization information without a proper release may include:

- Compliance with a lawfully issued subpoena.
- A significant health or safety emergency, if it is necessary to protect the health or safety of students or other individuals. The exception in this case would be:
  - Limited to the period of the emergency
  - A specific release - not a blanket release
  - Only for "need to know" and "appropriate parties"
- A designated emergency by a public health authority. Note that:
  - An emergency can exist with or without a public health authority designation, and
  - A federal designation of an emergency means a current outbreak or safety issue in the school or school district.

If immunization records are shared because of an exception, school staff must write this in the student's education record within a reasonable period of time and include a description of why the exception happened. Schools must retain the record of each request for access to the educational record and each disclosure made from the record.

## References

- Read the joint guidance on the application of FERPA and HIPAA to student health records here: [www.k12.wa.us/HealthServices/pubdocs/ferpa-hipaa-guidance.pdf](http://www.k12.wa.us/HealthServices/pubdocs/ferpa-hipaa-guidance.pdf)
- Read more about Frequently Asked Questions on FERPA here: <https://studentprivacy.ed.gov/frequently-asked-questions>

# Requirements for Special Situations

## Alternative School Programs

### Home-School, Vocational Technical, Running Start, and Virtual School Students

Students enrolled at a public or private school participating in alternative school programs must follow the same immunization rules as all other students. They need a completed Certificate of Immunization Status (CIS) and/or Certificate of Exemption (COE) on file at the school or district program.

## Children in Foster Care

Children in foster care must follow the same rules as all other children and have a completed CIS on file at the school or child care they attend. However, the 'Every Student Succeeds Act' states: "If it's not in the child's best interest to stay in his or her school of origin, the student must be immediately enrolled in the new school, even if the child is unable to produce records normally required for enrollment. The enrolling school shall immediately contact the school last attended to obtain relevant academic and other records". <https://www.ed.gov/esea>

Foster children in WA State are required to be immunized according to the national Advisory Committee on Immunization Practices (ACIP) Recommended Immunization Schedule. Every child/youth in out-of-home placement should receive an EPSDT/Well-Child examination, which includes immunizations if needed, within 30 days of entering any foster or relative placement. If the child is missing immunizations the foster parent must take the child to a health care provider as soon as medically possible for catch-up immunizations according to the ACIP/CDC catch-up schedule. <https://www.dcyf.wa.gov/services/health-for-youth/epsdt>  
[WAC 110-148-1555](#).

The WA State Department of Children, Youth and Families is the legal guardian of children in foster care. DCYF does not allow foster parents to exempt their foster children from the immunization requirements for personal or religious reasons. Foster children may have a medical exemption if there is medical contraindication to receiving the vaccine. Check with the foster child's case worker regarding personal or religious exemptions signed by the child's biological parents. For all exemptions a [Certificate of Exemption](#) must be completed and submitted to the school or child care.

## Children of Active-Duty Military Parents

Children of active-duty military parents or guardians must turn in documentation of immunization status on or before the first day of attendance. If they need additional vaccine doses to meet state requirements, they have 30 days from enrollment to do so. See RCW [28A.705.010](#) for more information.

## Graduating Students

Colleges and some employers may require immunization records. The most recent and accurate Certificate of Immunization Status (CIS) should be returned to the student or parent upon graduation. Schools may want to keep a copy on file, but it is not required.

We recommend schools include a letter with the CIS that includes information about additional adolescent vaccine recommendations as well as information about how to sign up for [MyIR](#) when they are 18 years old. A sample graduating senior letter is available here: [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

## Refugee Students

Children starting school or child care who have entered the U.S. as a refugee must follow the same immunization rules as all other students. They need a completed Certificate of Immunization Status (CIS) and/or Certificate of Exemption (COE) on file at the school or district program.

In some cases, newly arriving students may be eligible for services under the McKinney-Vento Homeless Assistance Act. See the section on homeless students below.

If possible, schools should ensure newly arriving children are connected to a local primary care provider. Note, children are potentially eligible for Apple Health. ParentHelp123 can assist families with health insurance connection and can be reached by phone at 1-800-322-2588 or online at <http://www.parenthelp123.org/benefit-finder/>, language assistance is available. Clinics in the Vaccines for Children (VFC) program provide childhood vaccines to all persons through age 18 at no cost in the state of Washington, regardless of insurance or immigration status. Clinics may charge an administration fee, but they must waive it if asked because of inability to pay. Clinics providing VFC vaccine can be found on this vaccine map: <https://fortress.wa.gov/doh/vaccinemap>.

Children arriving as refugees may have limited access to copies of medical records, including immunization information. According to CDC guidance, clinicians should review all available vaccine records, perform any testing, and update or revaccinate, as appropriate. Written records of vaccine doses administered outside the United States should be accepted as valid, if the schedule for ages and intervals is compatible with [ACIP recommendations](#). Checking for laboratory evidence of immunity (i.e., antibody levels) is an acceptable alternative to vaccination for some diseases, when previous vaccinations or disease exposure are likely. CDC/ACIP General Best Practice Guidelines: [Persons Vaccinated Outside the United States](#) and [Unknown or Uncertain Vaccination Status](#). The school immunization requirements can be met with positive antibody titers for Diphtheria, Tetanus, Hepatitis B, Measles, Mumps, Rubella. And *Haemophilus influenzae* type b. Antibody titers to type 2 poliovirus are no longer available so documenting immunity to polio by titer is no longer an option. There is no acceptable titer for Pertussis or Pneumococcal.

It is suggested that school districts work with parents and providers to get students into compliance with the CDC immunization catch-up schedule as soon as possible. If attending in Conditional Status, they must follow the [Conditional Status Attendance](#) rules. The Individual Vaccine Requirements Summary (IVRS) document is a good reference for the vaccine schedule rules, exceptions to the rules and the catch-up schedules. We update it every school year. You can find the IVRS in the [Immunization Requirements](#) section of the School and Child Care Immunization page [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI).

### Additional Resources

- Immunization Action Coalition - Ask the Experts: [Documenting Vaccination](#)
- Immunization Action Coalition - [Quick Chart of Vaccine Preventable Disease Terms in Multiple Languages](#)
- [CDC Pink Book](#) – Appendix B
- Immunization Action Coalition – Vaccine Manufacturers: [Contact and Product Information](#)
- CDC - [Guidance for Evaluating and Updating Immunizations during the Domestic Medical Examination for Newly Arrived Refugees](#)
- <https://www.chop.edu/news/news-views-interpreting-foreign-immunization-records-and-immunizing-newly-immigrated>

## Homeless Students

Homeless students are protected by the federal [McKinney-Vento Act](#), which requires public schools and preschools to allow homeless students to enroll, attend classes, and participate fully in school activities even if students lack immunization or other records. Schools cannot delay enrollment or keep homeless students out of school because they lack immunization records. School districts should have policies and procedures in place to help students get immunization records as quickly as possible. If a student needs to get immunizations or immunization records, the enrolling school must immediately refer the parent or guardian to the local school district homeless liaison, who should help the student get immunizations, their immunization records, or if applicable, an exemption. Homeless students cannot be excluded from school for being out of compliance with the immunization requirements.

A student is homeless if he or she meets the definition as explained in the McKinney-Vento law.

### **Who is homeless (Sec. 725 McKinney-Vento Act; USC 11432)**

(2) The term homeless children and youths' —

(A) Means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and

(B) Includes —

- (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));
- (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- (iv) migratory children (as such term is defined in section 1309 of the [Elementary and Secondary Education Act of 1965](#)) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii): An individual that is not older than 21 years of age, who:
  - Is entitled to a free public education (through grade 12) under State law, or the child is not yet at a grade level at which the LEA provides a free public education; and
  - Made a qualifying move in the preceding 36 months as a migratory agricultural worker or a migratory fisher, or did so with, or to join a parent/guardian or spouse who is a migratory agricultural worker or a migratory fisher; and
  - Moved due to economic necessity from one residence to another residence, and from one school district to another; or from one administrative area to another within such district; or resides in a school district of more than 15,000 square miles and migrates a distance of 20 miles or more to a temporary residence.

## International Students

International or foreign exchange students must follow the same rules as all other students. They need a completed Certificate of Immunization Status (CIS) and/or Certificate of Exemption (COE) on file at the school they attend. This includes short-term visitors. The school must have the CIS and/or COE before the student's first day of school. Host parents of international students who act as legal guardians and may sign a CIS or COE. DOH strongly recommends the CIS be filled out as part of pre-registration for all international students. Schools can help agencies that sponsor international students by sharing information about the immunization requirements and resources available at [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI). Completing the CIS should become a regular part of the application process for international students.

## **Student Requirements by Grade**

Students should follow immunization requirements for their grade. For example, a student who is 10 years old but is held back a grade should follow the immunization requirements for the grade they are in. If a student is not associated with a specific grade, they should follow the grade requirements for students who are about the same age. For example, students 19 years of age and older should follow the requirements for 12<sup>th</sup> grade. Students who are 12 years of age should follow the 7<sup>th</sup> grade requirements since most 7<sup>th</sup> grade students are 12 years old.

## **Summer School Students**

All students enrolled in a Washington State public or private summer school must have a completed and signed Certificate of Immunization Status (CIS) on file. A student's CIS can be on file in a different building than where they attend summer school as long as the CIS is in the same district. This also applies to vocational technical skill centers and off campus and alternative schools. However, the information on the CIS must be accessible to the summer school, skills center, or alternative school staff.

## **Transfer Students**

When a student transfers to another school district, the parent can take the original or a copy of the Certificate of Immunization Status (CIS) and/or Certificate of Exemption (COE) to the new school.

**Note:** A former school cannot withhold the student's CIS or COE for any reason, including non-payment of fees.

### **In-State Transfer Students**

If a student transfers to a new school district within the state, they are considered 'new' and must have a completed medically verified CIS and/or COE on file at the new school. Acceptable records include a copy of the medically verified CIS and/or COE from the former school.

### **Out-of-State Transfer Students**

If a student transfers from another state, they must have a completed medically verified Washington state CIS and/or a Washington state COE on file at the new school. Forms from other states are not an acceptable substitute for the WA State CIS or COE.

## Required Annual Immunization Reporting

Schools, preschools, and child cares must submit an immunization status report in a manner provided by the Washington State Department of Health. The report must be submitted to the department by **November 1** of each year. If a school opens after October 1, the report is due thirty days from the first day of school. [WAC 246-105-060](#)

The chart below shows schools, preschools, and child cares required to comply with immunization requirements and reporting:

	<b>Comply with State Board of Health immunization requirements</b>	<b>Required to report to DOH</b>
Public and private school	√	√
Licensed child care or preschool	√	√
Preschool located at a public or private school	√	√
Head Start, ECEAP	√	√
Licensed child care for school age children	√	--
Licensed family home child care with 12 or fewer children	<b>Comply with DCYF rules</b>	--
Private preschools not located at a public or private school	--	--
Coop preschool	--	--

Each child's immunization status must be determined for the annual status report. Use the student's Certificate of Immunization Status (CIS) and any Certificate of Exemption (COE) to determine the child's overall status. Descriptions of all four possible immunization statuses can be found in the [Immunization Status](#) section of this manual.

**For the annual report, each child can only have one status** even though a child could be complete for some immunization requirements, conditional for others, and exempt for still others.

- A child is **COMPLETE** if they have a completed CIS on file and have documented immunity to **all** of the required vaccine-preventable diseases either by vaccination at the appropriate ages and intervals or health care provider documentation of immunity.
- A child is **OUT OF COMPLIANCE** if they do not have documentation of immunity for **any one** or more of the diseases for which documentation of immunization is required, and they are not in a temporary conditional period, and do not have a completed COE exempting them from the requirement for immunization against the disease/s missing documentation of immunity.

- A child is **EXEMPT** if they have a completed COE for **any one** or more of the immunization requirements and are **not** out of compliance for **any other** of the immunization requirements.
- A child is **CONDITIONAL** if they are in the process of obtaining documentation of immunity within the allowed timeframes (see Conditional Status in the in the [Immunization Status](#) section of this manual). They cannot be out of compliance or have an exemption for **any other** of the diseases for which full immunity is required.

## How to Report

The most current reporting information is available on the DOH reporting websites. These websites include detailed instructions on how to report and the report form.

### Public and Private Schools

<https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/SchoolStatusReporting>

### Preschools and Child Care Centers

<https://www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/ChildCareStatusReporting>

## Questions About Reporting

Send any questions about reporting to [oischools@doh.wa.gov](mailto:oischools@doh.wa.gov).

## Required Parental Notification

The notification rules state that schools, preschools, and child cares must notify parents or guardians of certain immunization-related information.

### **Exclusion Notification- Student Exemption During an Outbreak**

[WAC 246-105-050](#)

Parents or guardians of students with an exemption must be notified that their child may be excluded from school, preschool, or child care in the event of an outbreak of a vaccine-preventable disease for which their child has an exemption. This exclusion lasts for the duration of the outbreak. This information is included on the parent declaration section of the Certificate of Exemption.

### **Exclusion Notification- Failure to Follow Immunization Requirements**

Schools must provide written notice to parents of their child's exclusion from school for failing to follow WA immunization requirements, per the following state laws:

- [WAC 392-380-050](#) regarding parents/guardians of children in public school
- [WAC 180-38 050](#) regarding parents/guardians of children in private school

### **Meningococcal & HPV Disease and Vaccine – Required Notification**

[RCW 28A-210-080](#)

- **Public Schools:** At the beginning of each school year starting with sixth grade, every public school shall provide parents and guardians with information about meningococcal and human papillomavirus (HPV) diseases and their vaccines.
- **Private Schools:** At the beginning of each school year starting with sixth grade, every private school shall provide parents and guardians with information about meningococcal disease and its vaccine and that information about human papillomavirus disease prepared by the department of health is available.

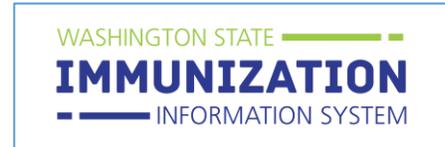
### **Sample Letters**

The Department of Health website for school and child care immunizations has a variety of sample letters for notifying parents. View the page at [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI).

- Notice of Missing Immunization Documentation
- Notice of Child's Conditional Immunization Status
- Notice of Exclusion for Immunization Noncompliance (Public Schools)
- Notice of Exclusion for Immunization Noncompliance (Private Schools)
- Meningococcal Disease (Public & Private Schools)
- Human Papillomavirus (HPV) (Public Schools)
- Human Papillomavirus (HPV) (Private Schools)
- Meningococcal & HPV (combination)

# Washington State Immunization Information System (IIS)

The Washington State Immunization Information System (IIS) [www.waiis.wa.gov](http://www.waiis.wa.gov) is a lifetime registry that keeps track of immunization records for people of all ages. The system is a secure, web-based tool for healthcare providers and schools. The IIS connects people who receive, administer, record, view and order vaccines in Washington.



## School Module

The School Module is a portal to the IIS that schools may use for immunization tracking and reporting. School nurses and staff use it to access their students' existing immunization records and enter medically verified historical immunizations that are missing in the IIS.

The School Module allows the user to see school-specific information and reports. It reduces the need for school staff to spend time entering immunization dates into a student information system that is separate from the IIS. It provides tools to determine immunization compliance and identify vulnerable students during a disease outbreak quickly and accurately. If immunization dates are missing in the IIS, a school nurse can enter medically verified immunization dates into the School Module, providing students with a complete immunization record that they can access throughout their lifetime.

There are many reasons why the School Module is beneficial for schools and public health. More information, including how to sign up free of charge is available on the School Module web page at [www.doh.wa.gov/schoolmodule](http://www.doh.wa.gov/schoolmodule).

## Patient Privacy and the Immunization Information System

The Immunization Information System must follow the Washington State Health Care Information Act ([RCW 70.02](http://RCW 70.02)) as well as other state and federal laws that govern the use and sharing of health information. RCW 70.02 allows licensed healthcare professionals to exchange patient-specific healthcare information without patient or parental consent for these reasons:

- Providing, coordinating, or facilitating healthcare, and
- Preventing and controlling disease.

## Accessing the IIS

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**School Districts, Private Schools, Head Start, ECEAP Programs and Child Care Centers** may access the [Immunization Information System](#) in three different ways:

- **View Only:** View only access allows schools to view immunization records and print a CIS.
- **Exchange - School Module:** Exchange access in the School Module allows schools to view and enter any missing immunization records in the system. This Module also provides tools to help schools track student compliance with immunization requirements.
- **Limited Exchange - School Module:** Limited exchange access to the school module allows schools and child cares to track compliance of their students or children in their care if they don't have access to a licensed health professional. However, this type of access limits a school or child care's ability to add immunization information to the IIS.

Information about the School Module is available at: [www.doh.wa.gov/SchoolModule](http://www.doh.wa.gov/SchoolModule).

**Getting Access to the IIS**

- Complete an Information [Sharing Agreement \(ISA\)](#). The school district superintendent, head of school or child care provider must sign the agreement. The View Only and Exchange ISAs also require the signature of a licensed healthcare professional (usually a nurse).
- Each person using the IIS must sign a Confidentiality Agreement. A sample is included in the Information Sharing Agreement. The signed Confidentiality Agreement should be kept at the school, district office, or child care center; do not send them to the Immunization Information System staff.
- Nurses can allow non-licensed staff to use the Immunization Information System to view immunization information and print a Certificate of Immunization Status (CIS). These staff members must also sign the Confidentiality Agreement.

More information including links to the Information Sharing Agreements can be found at:

<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/DataReportingandRetrieval/ImmunizationInformationSystem>.

**MyIR (My Immunization Record)**

MyIR is a consumer access portal that parents and guardians can use to view their child's immunization records securely online. Once registered for MyIR, parents or guardians can access their child's immunization records any time they are needed. They can also print the Certificate of Immunization Status for school and child care entry.

**How to Sign Up**

Parents can visit <https://doh.wa.gov/immsrecords> for detailed information about how to get access to MyIR Mobile.

Questions can be directed to 360-236-3595, 1-866-397-0337 or [MyIR@doh.wa.gov](mailto:MyIR@doh.wa.gov).

**Resources for the IIS**

The IIS Training Portal has many helpful resources for using the IIS: [www.doh.wa.gov/TrainingIIS](http://www.doh.wa.gov/TrainingIIS)

Information about the School Module can be found here: [www.doh.wa.gov/SchoolModule](http://www.doh.wa.gov/SchoolModule)

For technical questions and account set-up if an Information Sharing Agreement is already in place, contact the IIS Helpdesk email: [WAIISHelpDesk@doh.wa.gov](mailto:WAIISHelpDesk@doh.wa.gov) or call 1-800-325-5599.

# Disease Prevention and Control

## Reporting Notifiable Conditions

School and child day care facilities are legally required to notify public health authorities at their local health jurisdiction of suspected or confirmed cases of selected diseases or conditions. These are referred to as notifiable conditions. See [WAC 246-101](#) for details. For more information about notifiable conditions, including a list of conditions and local health contact information see:

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions>

<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>



## Disease Outbreaks

The Health Officer of a local health jurisdiction has the authority to take all appropriate actions deemed to be necessary to control or eliminate the spread of the disease [WAC 246-110-020](#). School and child care staff must follow the directives of the local health officer.

If an outbreak is declared:

- Cooperate with the local health department's directives.
- Identify students and staff exposed to the disease.
- Review immunization records to identify susceptible students and staff.
- Take action as directed to protect those who cannot be immunized against the disease.
- Communicate the information provided from and as directed by the local health department with parents, students, and staff.
- Contact your local health department to determine if susceptible students should be excluded until the danger of the outbreak passes. Find contact information here:  
<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>
- Review the Infectious Disease Control Guide for information about specific diseases:  
[www.k12.wa.us/HealthServices/pubdocs/InfectiousDiseaseControlGuide.pdf](http://www.k12.wa.us/HealthServices/pubdocs/InfectiousDiseaseControlGuide.pdf)

# Vaccines for Staff

## Child Care Center Staff and Volunteers

Staff and volunteers at a Child Care Center (including ECEAP and Head Start preschools) are required to provide specific immunization documentation to their facility (Chapter [43.216](#) RCW). They will need one of the following:

- An immunization record showing they received the MMR vaccine.
- Proof of immunity from measles through documentation of lab evidence of antibody titer.
- A health care provider's attestation of the person's history of measles sufficient to provide immunity against measles (the provider may consider [CDC guidance](#) regarding evidence of immunity including for those born before 1957).
- Written certification, signed by a health care practitioner, that the MMR vaccine is not advisable for the person.

## School Staff

While immunizations are not required for school staff, knowing a staff's immunization status can prepare schools in advance of a disease outbreak. Cases or outbreaks of diseases associated with the school must be reported to the local health department ([RCW 28A.210.010](#) and [WAC 246-101-420](#)). All susceptible staff not completely immunized or immune may be excluded from school at the direction of the local health officer.

Schools, preschools, and child cares must try to prevent the spread of disease for both children and staff. To do this, they should:

- Keep track of staff vaccinations or remind staff that they may need to provide their immunization records in the event of an outbreak.
- Promote vaccination for staff members in an effort to safeguard the school, preschool, and child care community.
- If directed by the local Health Officer, exclude susceptible staff members during an outbreak. Refer to your school or agency policies about whether staff can take sick leave when excluded.

The following immunizations are recommended for school and child care staff:

Recommended Immunizations for School and Child Care Staff		
Vaccine	Persons Born Before 1957	Persons Born in or After 1957
MMR (Measles, Mumps, Rubella) Required for child care center staff and volunteers	<ul style="list-style-type: none"> <li>High risk: 2 doses of vaccine are recommended for health care personnel including school nurses.</li> <li>Those not at high risk are generally considered immune (US or foreign born). Vaccine is not routinely recommended, but 1 dose may be given.</li> <li>Testing is NOT necessary. However, if testing occurred and the result is negative, 1 or 2 doses of MMR vaccine is recommended depending on risk level.</li> </ul>	<ul style="list-style-type: none"> <li>Staff should receive 1 dose of vaccine if not at high risk</li> <li>Staff should receive 2 doses of vaccine if they are high risk. This includes health care personnel, school nurses, international travelers, and students attending college.</li> <li>Vaccine is needed even with a history of prior disease diagnosed by a provider.</li> <li>No vaccine is needed if documentation of blood test shows positive immunity.</li> <li>No vaccination or testing is needed if there is documentation of 1-2 doses of MMR vaccine (based on risk level).</li> </ul>
Varicella (chickenpox)	<ul style="list-style-type: none"> <li>2 doses of vaccine.</li> <li>If there is other evidence of immunity, <b>no vaccine is needed.</b> This includes:               <ul style="list-style-type: none"> <li>Healthcare provider verification of chickenpox disease or herpes zoster (shingles).</li> <li>Persons born before 1980 (does NOT apply to healthcare personnel, pregnant women, and immunosuppressed persons).</li> <li>Blood test showing positive immunity.</li> </ul> </li> </ul>	
Hepatitis B	Staff should receive 2 or 3 doses depending on which vaccine is used. For more information about Labor and Industries rules about the hepatitis B vaccine and potential occupational exposure to blood-borne pathogens, go to: <a href="http://www.lni.wa.gov/safety/rules/chapter/823/">www.lni.wa.gov/safety/rules/chapter/823/</a>	
Tdap/Td	Staff should receive 1 dose of Tdap, then a Td booster every 10 years. Pregnant women should get Tdap during EACH pregnancy, regardless of when the last dose was received.	
Influenza (Flu)	Annual influenza vaccine is recommended for everyone 6 months of age and older.	
COVID-19	Up to Date: one dose of the current formulation as recommended by the Centers for Disease Control and Prevention.	

The national Recommended Adult Immunization Schedule includes additional vaccines. For more information, recommendations, and correct immunization schedules, visit the Department of Health at [www.doh.wa.gov/YouandYourFamily/Immunization/Adult.aspx](http://www.doh.wa.gov/YouandYourFamily/Immunization/Adult.aspx)

## Resources

- **Recommended Adult Immunization Schedule**  
English only <https://www.cdc.gov/vaccines/adults/index.html>
- **Recommended Immunization Schedule for Health-Care Personnel**  
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm>

- **Sample Staff Immunization History Form**  
[www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)
- **Washington State School Directors' Association (WSSDA) Infection Control Policy and Procedure:** [www.wssda.org/Services/PolicyandLegal/FeaturedPolicies.aspx](http://www.wssda.org/Services/PolicyandLegal/FeaturedPolicies.aspx)

## Additional Resources

### Laws and Rules

- **Preschool and Child Care**  
<https://www.doh.wa.gov/YouandYourFamily/Immunization/SchoolandChildCare/ChildCareImmunizationLaws>
- **School**  
<https://www.doh.wa.gov/YouandYourFamily/Immunization/SchoolandChildCare/SchoolImmunizationLaws>

### Department of Health - Office of Immunization

- **School and Child Care Immunization, including CIS, COE, Conditional status FAQs and Sample Letters etc.**  
[www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)
- **Family Friendly Immunization Page**  
[www.doh.wa.gov/vaxtoschool](http://www.doh.wa.gov/vaxtoschool)
- **Access Your Immunization Records and MyIR**  
<https://doh.wa.gov/immsrecords>
- **WAIIS School Module**  
[www.doh.wa.gov/SchoolModule](http://www.doh.wa.gov/SchoolModule)
- **Free Educational Materials**  
[www.doh.wa.gov/YouandYourFamily/Immunization/FormsandPublications.aspx](http://www.doh.wa.gov/YouandYourFamily/Immunization/FormsandPublications.aspx)
- **Local Health Jurisdiction Contact List**  
[www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions](http://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions)

### Office of Superintendent of Public Instruction

- **Health Services - Immunizations**  
<http://www.k12.wa.us/HealthServices/Immunizations.aspx>

### Vaccine

- **Recommended Immunization Schedules**
  - Adults Aged 19 Years and Older:  
[www.cdc.gov/vaccines/schedules/hcp/imz/adult.html](http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html)
  - Children and Adolescents Aged 18 Years or Younger:  
[www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html)
- **CDC: ACIP Best Practice Guidelines:** [ACIP General Best Practice Guidelines for Immunization | CDC](https://www.cdc.gov/immunization/best-practice-guidelines/)

**• Vaccine cont.**

- **Foreign Language Terms: Aids to translating foreign immunization records**  
[www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign-products-tables.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign-products-tables.pdf)
- **Vaccine Abbreviations and Trade Names**  
[www.cdc.gov/vaccines/acip/committee/guidance/vac-abbrev.html](http://www.cdc.gov/vaccines/acip/committee/guidance/vac-abbrev.html)
- **Vaccine Acronyms and Abbreviations - General**  
[www.cdc.gov/vaccines/terms/acronyms.html](http://www.cdc.gov/vaccines/terms/acronyms.html)
- **Vaccine-Preventable Diseases**  
[www.doh.wa.gov/YouandYourFamily/Immunization/Diseases.aspx](http://www.doh.wa.gov/YouandYourFamily/Immunization/Diseases.aspx)
- **Vaccine Terms in Multiple Languages**  
[www.immunize.org/catg.d/p5122.pdf](http://www.immunize.org/catg.d/p5122.pdf)
- **Glossary of Immunization and Public Health Terms**  
English only [www.doh.wa.gov/Portals/1/Documents/Pubs/348-269-GlossaryImmunizationPublicHealthTerms.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-269-GlossaryImmunizationPublicHealthTerms.pdf)  
<http://www.doh.wa.gov/cfh/Immunize/documents/glossaryofterms.pdf>
- **Pink Book: Epidemiology and Prevention of Vaccine-Preventable Diseases**  
[www.cdc.gov/vaccines/pubs/pinkbook/index.html](http://www.cdc.gov/vaccines/pubs/pinkbook/index.html)
- **Immunization Action Coalition – Ask the Experts**  
[www.immunize.org/askexperts/](http://www.immunize.org/askexperts/)
- **Find a Vaccine Clinic and Immunization Toolkits for School and Childcare**  
<https://immunitycommunitywa.org/levels-of-engagement/>

## List of Changes to this Manual

<b>Date</b>	<b>Page(s)</b>	<b>Content</b>
Oct. 2023	Entire Document	Minor formatting and language changes
Oct. 2023	14	Added language about CIS that is not acceptable
Oct. 2023	16	Added language about COE that is not acceptable
Oct. 2023	27-28	Updated information on access the IIS
Oct. 2023	31	Updated definition of COVID-19 vaccine up to date