



SCHOOL AND CHILD CARE IMMUNIZATION REQUIREMENTS



Office of Immunization
March 30, 2023

Before We Start

- All participants will be muted for the presentation.
- You may ask questions using the Q&A box, and questions will be answered at the end of the presentation.
- Continuing education is available for nurses attending the webinar or watching the recording. If you're watching in a group setting and wish to claim CE credit, please make sure you register for the webinar and complete the evaluation as an individual.
- You can find more information on our [Web Page](#).

Continuing Education

- This nursing continuing professional development activity was approved by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation. Upon successful completion of this activity, 1.0 contact hours will be awarded.

Disclosures

The planners and speaker of this activity have no relevant financial relationships with any commercial interests pertaining to this activity.

School and Child Care Immunization Requirements

Webinar

March 30, 2023



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Office of Immunization

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Learning Objectives

- Understand the changes to the 2023-24 school requirements
- Describe the use of the Certificate of Immunization and Certificate of Exemption
- Know where to locate resources

Topics

- Immunization Laws and Rules
- 2023-2024 Requirements
 - Updated guidance for 4 year old students
 - Tdap roll-up
 - Polio
 - Special Situations
- DTP Family Rules & Catch-up
- Certificate of Immunization Status (CIS)
- Certificate of Exemption (COE)
- School Module
- Resources
 - Family page
 - Videos
 - Updated HPV & Meningococcal Letters



IMMUNIZATION LAW AND RULES
RCW & WAC

Revised Code of Washington (RCW)

WA State Legislature passes legislation which is signed into law by the Governor.

28A.210 RCW--Health - screening and requirements:

- 28A.210.060—through 28A.210.170

Washington Administrative Code (WAC)

The immunization laws give the WA State Board of Health the authority to determine the immunization rules.

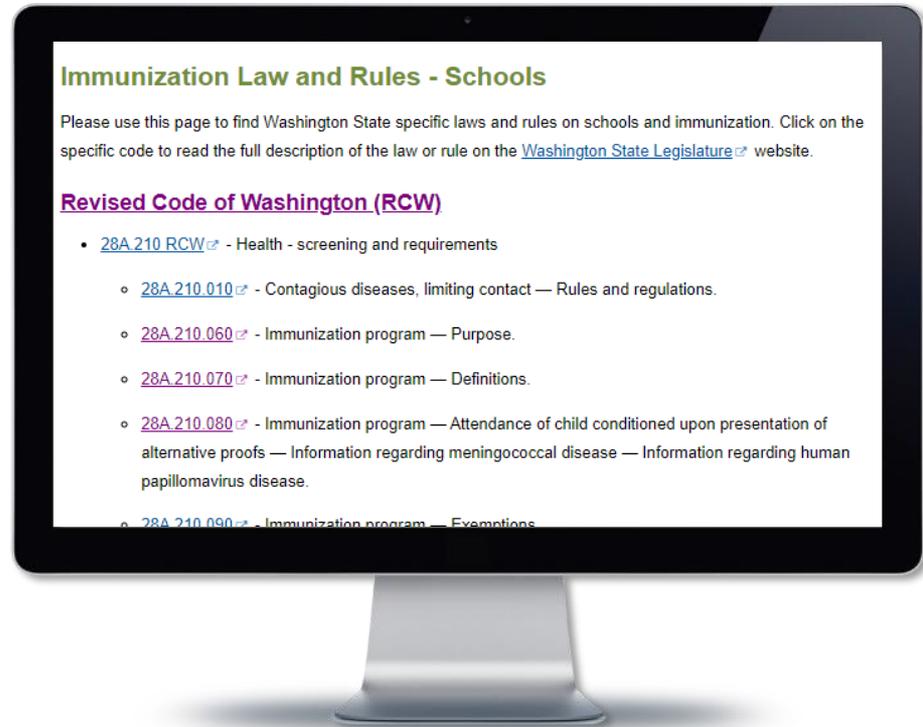
[246-105 WAC](#) **Immunization of childcare and school children against certain vaccine-preventable diseases**

- [246-105-010](#) - through [246-105-090](#)

Links to the RCW and WAC

The School and Child Care Immunization page: has links to the RCWs and WACs:

www.doh.wa.gov/SCCI





IMMUNIZATION REQUIREMENTS

Table 1

**Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger
United States, 2019**

These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Table 1. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs	
Hepatitis B (HepB)	1 st dose	2 nd dose			← 3 rd dose →													
Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, & acellular pertussis (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose				← 4 th dose →			5 th dose						
<i>Haemophilus influenzae</i> type b (Hib)			1 st dose	2 nd dose	See Notes			← 3 rd or 4 th dose, See Notes →										
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose			← 4 th dose →										
Inactivated poliovirus (IPV: <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →							4 th dose						
Influenza (IIV)					Annual vaccination 1 or 2 doses								Annual vaccination 1 dose only					
or																		
Influenza (LAIV)												Annual vaccination 1 or 2 doses	Annual vaccination 1 dose only					
or																		
Measles, mumps, rubella (MMR)					See Notes			← 1 st dose →				2 nd dose						
Varicella (VAR)								← 1 st dose →				2 nd dose						
Hepatitis A (HepA)					See Notes	2-dose series, See Notes												
Meningococcal (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)			See Notes											1 st dose		2 nd dose		
Tetanus, diphtheria, & acellular pertussis (Tdap: ≥7 yrs)																		Tdap
Human papillomavirus (HPV)																		See Notes
Meningococcal B																		See Notes
Pneumococcal polysaccharide (PPSV23)												See Notes						

Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision-making
 No recommendation

Recommended vs. Required



ACIP Recommended

Hepatitis B
DTaP/Tdap
IPV
MMR
Varicella
PCV
Hib
Hepatitis A
HPV
Meningococcal
Flu
Rotavirus
COVID-19



WA State Required

Hepatitis B
DTaP/Tdap
IPV
MMR
Varicella
PCV (until 5 years old)
Hib (until 5 years old)

Vaccines Required for Child Care 2022-2023

Vaccines Required for Child Care

	Hepatitis B	DTaP (Diphtheria, Tetanus, Pertussis)	Hib (<i>Haemophilus influenzae</i> type B)	Polio	PCV (Pneumococcal Conjugate)	MMR (Measles, mumps rubella)	Varicella (Chickenpox)
By 3 Months	2 doses	1 dose	1 dose	1 dose	1 dose	Not routinely given before 12 months of age	Not routinely given before 12 months of age
By 5 Months	2 doses	2 doses	2 doses	2 doses	2 doses		
By 7 Months	2 doses	3 doses	2 or 3 doses (depending on vaccine)	2 doses	3 doses		
By 16 Months	2 doses	3 doses	3 or 4 doses (depending on vaccine)	2 doses	4 doses	1 dose	1 dose
By 19 Months	3 doses	4 doses	3 or 4 doses (depending on vaccine)	3 doses	4 doses	1 dose	1 dose
By 7 years or preschool/ school entry at ≥ 4 years*	3 doses	5 doses	Not routinely given to children age 5 years and older	4 doses	Not routinely given to children age 5 years and older	2 doses	2 doses

*Children attending Preschool-12th grade must meet the immunization requirements for their grade in school.

Find the Preschool-12th grade requirement chart and in the Individual Vaccine Requirements Summary immunization requirements section of the web page: www.doh.wa.gov/SCCI

See the Minimum Age and Interval Table on page 2 for required minimum age and spacing information of vaccine doses.

Find information on other vaccines that are recommended, but not required, for child care/preschool attendance at: www.immunize.org/cdc/schedules.

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

DOH 348-053 Dec 2021

Vaccines Required for Preschool-12th Grade 2023-2024

Vaccines Required for School: Preschool -12th

August 1, 2023 to July 31, 2024



	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on September 1st	4 doses DTaP	3 doses	3 or 4 doses** (depending on vaccine)	1 dose	4 doses**	3 doses	1 dose
Preschool/Kindergarten (including Transitional Kindergarten) Age =4* years on September 1st	5 doses DTaP**	3 doses	3 or 4 doses** (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses** (Not required at age ≥5 years)	4 doses**	2 doses
Kindergarten through 6th Age ≥5 years on September 1st	5 doses DTaP**	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
7th through 10th	5 doses DTaP** Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
11th through 12th	5 doses DTaP** Plus Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses

*Must have additional DTaP IPV, MMR, Varicella vaccine by the 1st day of school or within 30 days after 4th birthday, whichever is later.

**Vaccine doses may be acceptable with fewer than listed depending on when they were given.

See the Minimum Age and Interval Table on page 2 for required minimum age and spacing information of vaccine doses.

Find information on other vaccines that are recommended, but not required, for child care/preschool attendance at: www.immunize.org/cdc/schedules.

Review the Individual Vaccine Requirements Summary for more detailed information, located on our web page: www.doh.wa.gov/SCCI

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DOH 348-051 Jan 2023



IMMUNIZATION SCHOOL REQUIREMENTS CHART 2023-2024 CHANGES

Vaccines Required for Preschool-12th Grade 2023-2024

Vaccines Required for School: Preschool -12th

August 1, 2023 to July 31, 2024



	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
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11th through 12th	5 doses DTaP** Plus Tdap at age	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses

*Must have additional DTaP IPV, MMR, Varicella vaccine by the 1st day of school or within 30 days after 4th birthday, whichever is later.

See the Minimum Age and Interval Table on page 2 for required minimum age and spacing information of vaccine doses.

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DOH 348-051 Jan 2023

Preschool/Kindergarten age 4 on 09/01

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on September 1st	4 doses DTaP	3 doses	3 or 4 doses** (depending on vaccine)	1 dose	4 doses**	3 doses	1 dose
Preschool/Kindergarten (including Transitional Kindergarten) Age =4* years on September 1st	5 doses DTaP**	3 doses	3 or 4 doses** (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses** (Not required at age ≥5 years)	4 doses**	2 doses

*Must have additional DTaP IPV, MMR, Varicella vaccine by the 1st day of school or within 30 days after 4th birthday, whichever is later

For example, if the 4th birthday is:

- 08/15 then documentation is due on 09/14
- 09/01 then documentation is due on 09/30
- More than 30 days before the 1st day of school then documentation is due on or before the first day of attendance

This does **not** mean that all students have a 30-day grace period from the start of school.

Preschool/Kindergarten age 4 on 09/01

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on September 1st	4 doses DTaP	3 doses	3 or 4 doses** (depending on vaccine)	1 dose	4 doses**	3 doses	1 dose
Preschool/Kindergarten (including Transitional Kindergarten) Age =4* years on September 1st	5 doses DTaP**	3 doses	3 or 4 doses** (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses** (Not required at age ≥5 years)	4 doses**	2 doses

[Immunization Manual for Schools, Preschools, and Child Care Facilities \(PDF\)](#) July 2022: Students who turn 4 after 09/01 do not have to have the additional doses until the following school year

- Student information systems may show these vaccines as required when the students turns 4.
- Schools using the IIS School Module should use the compliance series ‘Preschool age 19months-3years’ when evaluating these students’ immunizations

Vaccines Required for Preschool-12 School 2023-2024

Vaccines Required for School: Preschool -12th

August 1, 2023 to July 31, 2024



	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on September 1st	4 doses DTaP	3 doses	3 or 4 doses** (depending on vaccine)	1 dose	4 doses**	3 doses	1 dose
Preschool/Kindergarten (including Transitional Kindergarten) Age =4* years on September 1st	5 doses DTaP**	3 doses	3 or 4 doses** (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses** (Not required at age ≥5 years)	4 doses**	2 doses
Kindergarten through 6th Age ≥5 years on September 1st							
7th through 10th	5 doses DTaP** Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
11th through 12th	5 doses DTaP** Plus Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses

*Must have additional DTaP/IPv, MMR, Varicella vaccine by the 1st day of school or within 30 days after 4th birthday, whichever is later.

**Vaccine doses may be acceptable with fewer than listed depending on when they were given.

See the Minimum Age and Interval Table on page 2 for required minimum age and spacing information of vaccine doses.

Find information on other vaccines that are recommended, but not required, for child care/preschool attendance at: www.immunize.org/cdc/schedules.

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DOH 348-051 Jan 2023

2023-2024 Tdap Minimum Age Roll-up

7th through 10th	5 doses DTaP** <i>Plus</i> Tdap at age ≥ 10 years
11th through 12th	5 doses DTaP** <i>Plus</i> Tdap at age ≥ 7 years

Minimum age:

- Grade 7-10: must have 1 Tdap at age 10+
- Grade 11-12: must have 1 Tdap at age 7+



INDIVIDUAL VACCINE REQUIREMENTS SUMMARY

Guidelines on Immunizations Required for Child Care and School Entry in Washington State
SCHOOL YEAR 2023-2024

INTRODUCTION

The Individual Vaccine Requirements Summary (IVRS) is a companion piece to the [Vaccines Required charts](#) for child care/preschool and school entry. The purpose of the summary is to assist school and child care staff and those working with student information systems to understand state immunization requirements and the immunization schedule. Both the requirements and schedule are based on the recommendations of the national Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP).

Requirements are listed in alphabetical order by vaccine. In each section, you will find detailed information about the immunization schedule, the exceptions to the schedule and the catch-up schedule. Exceptions may apply when the ACIP recommendations are not followed.

Find the ACIP schedules here: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

IVRS: Individual Vaccine Requirements Summary

Available on our website:
www.doh.wa.gov/SCCI

POLIO (IPV, OPV), continued

Rules of Vaccination and Exceptions

1. ACIP polio recommendations changed on August 7, 2009. This date is used in the polio immunization requirement and by the WA Immunization Information System to calculate doses in its forecasting. The rules differ by the date of 4th (or final) dose.
2. The national immunization schedule for polio is: 2 months, 4 months, 6-18 months, and 4-6 years (before preschool/school entry). If any doses are OPV see number 4 below.
 - a. Minimum age for dose 1 is ≥ 6 weeks of age.
 - b. Minimum interval between doses 1, 2, and 3 is ≥ 4 weeks each.
 - c. Dose 4 (or final dose)
 - i. Administered on or after 08/07/2009:
 1. Minimum age is ≥ 4 years of age
 2. Minimum interval from previous dose is ≥ 6 months.
 - ii. Administered before 08/07/2009:
 1. Minimum age is ≥ 18 weeks of age
 2. Minimum interval from previous dose is ≥ 4 weeks.
 - d. Exception: Dose 4 is not required if dose 3 was given on or after the 4th birthday AND
 - i. If administered on or after 08/07/2009: minimum interval from dose 2 is ≥ 6 months.
 - ii. If administered before 08/07/2009: minimum interval from dose 2 is ≥ 4 weeks.
3. The 4-day grace period can be applied if polio vaccine was given within the 4 days before the recommended minimum interval or age.
4. Since 2000 the United States has only used IPV for polio vaccination. Students vaccinated in another country may have had doses of OPV. OPV doses given on or after 04/01/2016 do not protect against poliovirus type 2 and are not valid in the U.S schedule. Do not consider doses of OPV administered on or after 04/01/2016 when calculating minimum intervals between doses. Schools are not required to do a retrospective review of all students currently enrolled. If schools find a currently enrolled student with an invalid OPV, follow-up with the family to get additional IPV doses, if needed, to complete the series.
5. An antibody blood test showing immunity is acceptable only if there is documentation of immunity to all three types of polioviruses. Testing for poliovirus type 2 has not been available since 2010.
6. Documentation of immunity to polio is required even if the student is 18+ years old.

IVRS: Polio

6. Documentation of immunity to polio is required even if the student is 18+ years old.

Special Situations

Students who meet the definition of homeless under the federal McKinney-Vento Act or children who are in foster care must be immediately enrolled and allowed to attend school even if missing immunization documentation.

<https://www2.ed.gov/policy/elsec/leg/esea02/pg116.html>

- Students missing documentation are considered out of compliance but cannot be excluded
- District Homeless Liaison should work with the family to obtain missing records or assist student with getting the needed vaccinations
- Students who have refugee or asylum status may or may not meet the definition of homeless, review these students on a case-by-case basis

Knowledge Check

A child entering preschool or transitional kindergarten who turned 4 years old on 08/15/23 must turn in documentation of the age 4 DTaP and IPV doses and dose 2 of MMR and varicella by:

- A. The first day of school
- B. 09/14/23
- C. 09/30/23

Knowledge Check

A child entering preschool or transitional kindergarten who turned 4 years old on 08/15/23 must turn in documentation of the age 4 DTaP and IPV and dose 2 of MMR and varicella by:

~~A. The first day of school~~

B. 09/14/23 is 30 days after the 4th birthday

~~C. 09/30/23~~

Must turn in documentation of the additional DTaP IPV, MMR, Varicella vaccine by the 1st day of school or within 30 days after 4th birthday, whichever is later



DIPHtheria, TETANUS, & PERTUSSIS (DTP) FAMILY RULES & CATCH-UP

Diphtheria, Tetanus, and Pertussis Family Rules

Series Rules:

- DTaP is given to children through age 6
- Tdap is given to children age 7+
 - If additional doses needed Tdap or Td is used
- DTaP may count as a valid Tdap (though is a vaccination error)
 - DTaP contains more vaccine antigen than Tdap
 - note capitol letters = more vaccine antigen
- No more than 6 doses of tetanus or diphtheria vaccine before age 7
 - If a child has 6 or more DTaP/DT/Tdap/Td vaccines before age 7 and they need additional doses to complete the series (because some of the doses are invalid because of the minimum age or interval) IIS will forecast them for a Tdap at age 7.

DTaP Routine Schedule

Recommended schedule of DTaP is 5 doses at ages:

- **2 months** (primary series dose 1)
- **4 months** (primary series dose 2)
 - minimum interval: 4 weeks
- **6 months** (primary series dose 3)
 - minimum interval: 4 weeks
- **15-18 months** (booster dose 1)
 - minimum age: 12 months
 - minimum interval: 6 months
 - 4 months is acceptable on record review
- **4-6 years of age**, before preschool/school entry (booster dose 2)
 - minimum age: 4 years
 - minimum interval: 6 months

4-Day grace period can be applied to all doses

DTP Family Catch-up

If a child gets behind fewer doses may be needed.

Consider the student's current age and the age previous vaccine doses were administered when determining the doses needed in the catch-up schedule:

- **19 months - <4 years:** need the full 4 doses DTaP
 - Get final dose 5 at age 4+ at least 6 months after previous dose
- **4 - 6 years:** need 4 doses DTaP
 - Final dose on or after the 4th birthday AND at least 6 months after previous dose
- **7+ years (dose of Tdap and additional Tdap/Td if needed):**
 - One dose must be Tdap
 - Final dose at least 6 months after the previous dose
 - **If dose 1 was < 12 months:** need 4 doses
 - **If dose 1 was 12+ months:** need 3 doses

DIPHTHERIA, TETANUS, PERTUSSIS (DTaP, DT, Td, Tdap), continued

Rules of Vaccination and Exceptions

DTaP/DT/Tdap/Td (for children/students of all ages)

1. An antibody blood test showing immunity to diphtheria and tetanus is acceptable.
2. There is currently no acceptable proof of immunity for pertussis by blood antibody titer.
3. The 4-day grace period can be applied if DTaP/DT/Tdap/Td was given within the 4 days before ~~the recommended minimum interval.~~

4 DIPHTHERIA, TETANUS, PERTUSSIS (DTaP, DT, Td, Tdap), continued

5 Rules of Vaccination and Exceptions

Tdap/Td (used for children/students age 7 and older)

DTaP

6

7

1. A Tdap booster dose is required for all students in grades 7th-12th.
 - a. Students in 7th- 10th grades: minimum age is ≥ 10 years of age.
 - b. Students in 11th-12th grades: minimum age is ≥ 7 years of age.
2. DTaP vaccine given in error instead of Tdap:
 - a. DTaP contains more vaccine antigen than Tdap therefore DTaP given in error to a student ≥ 7 years of age instead of a Tdap may count as valid for the Tdap.
3. Students who got a Td instead of a Tdap must get a dose of Tdap.
4. Tdap can be given regardless of the interval since the last dose of DTaP, DT, Tdap or Td.
5. **Catch-up immunization schedule for students ≥ 7 years of age not fully vaccinated with DTaP:**

Student must get one Tdap vaccine followed by additional doses of Td or Tdap if needed.

 - a. If 4 or more doses of DTaP given < 4 years of age, but none ≥ 4 years, Tdap must be given ≥ 7 years of age.
 - b. A student who has **not received any** DTaP/DT vaccines before the age of 7 must get one dose of Tdap followed by 2 doses of Td or Tdap.
 - i. Minimum interval between dose 1 and dose 2 is ≥ 4 weeks.
 - ii. Minimum interval between dose 2 and dose 3 is ≥ 6 months.
 - c. If DTaP/DT dose 1 was given < 12 months of age, a minimum of 4 total doses of a combination of DTaP, Tdap, or Td are needed. **Tdap must be included.**
 - i. Minimum interval between dose 1, dose 2, and dose 3 is ≥ 4 weeks each.
 - ii. Minimum interval between dose 3 and dose 4 (or final dose) is ≥ 6 months.
 - d. If DTaP/DT/Tdap/Td dose 1 was given ≥ 12 months of age, a minimum of 3 total doses of a combination of DTaP, Tdap, or Td are needed. **Tdap must be included.**
 - i. Minimum interval between dose 1 and 2 is ≥ 4 weeks each.
 - ii. Minimum interval between dose 2 and dose 3 (or final dose) is ≥ 6 months.

8

9

IVRS:
Pages 6 and 7

Knowledge Check

DTaP should only be administered to children through age 6.

- A. True
- B. False

Knowledge Check

DTaP should only be administered to children through age 6.

A. True – If additional doses are needed at age 7+ Tdap is used

~~B. False~~



CERTIFICATE OF IMMUNIZATION STATUS (CIS)

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 or immunity using a department-approved Certificate of Immunization Status (CIS) form.

[WAC 246-105-050](#)

The CIS form is created by the Department of Health.

- It should not be recreated in an electronic health record.

Acceptable CIS Versions

There are three acceptable versions of the CIS:

- Printed from and medically verified by the WA Immunization Information System (no provider or parent validation signature needed):
 - Validated CIS
 - CIS printed from MyIR
- Hardcopy, handwritten CIS verified as accurate by:
 - Health care provider signature; or
 - School nurse, administrator, childcare health consultant (or their designee) signature that the information on the CIS matches attached medical vaccination records

Validated CIS



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SHS ID Number			
CAT	IRIS LILY		02/01/2019	11846329			
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.			I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.				
Parent/Guardian Signature	Date	Parent/Guardian Signature Required if Starting in Conditional Status		Date			
NOT COMPLETE							
Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS Expiration Date: _____ Validated by the Immunization Information System on 10/20/2021			Conditional Status: Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete. If documentation is not provided within the conditional period, the student must be excluded from further attendance.				
* Required for Preschool/Child Care Only	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	Positive Titer
Required Vaccines for School or Child Care Entry							
Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS							
DTaP (Diphtheria, Tetanus, and Pertussis)							
Hepatitis B							IMMUNE
Hib (<i>Haemophilus influenzae type b</i>)*	04/01/2019	06/01/2019	08/01/2019				
IPV (Polio)	04/01/2019	06/01/2019	08/01/2019				
OPV (Polio)							
MMR (Measles, Mumps, Rubella)							
PCV/PPSV (Pneumococcal)*	04/01/2019	06/01/2019	08/01/2019				
Varicella (Chickenpox) <input checked="" type="checkbox"/> History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Validation is:

- Complete
- Not Complete
- Conditional

For series selected

- Child Care by age
- Preschool: 19 months-3 years
- Preschool-TK: 4 years
- Grade K-6
- Grade 7-10
- Grade 11-12

Validated CIS



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIIS ID Number			
CAT	IRIS LILY		02/01/2019	11846329			
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.					
Parent/Guardian Signature	Date	Parent/Guardian Signature Required if Starting in Conditional Status		Date			
NOT COMPLETE							
Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS		Conditional Status: Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete. If documentation is not provided within the conditional period, the student must be excluded from further attendance.					
Validated by the Immunization Information System on 10/20/2021							
* Required for Preschool/Child Care Only	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	Positive Titer
Required Vaccines for School or Child Care Entry							
DTaP (Diphtheria, Tetanus, Pertussis)	04/01/2019	06/01/2019	08/01/2019				
Tdap (Tetanus, Diphtheria)	Validated by the Immunization Information System on 10/20/2021						
DT or Td (Tetanus, Diphth)							
Hepatitis B							IMMUNE
Hib (<i>Haemophilus influenzae type b</i>)*	04/01/2019	06/01/2019	08/01/2019				
IPV (Polio)	04/01/2019	06/01/2019	08/01/2019				
OPV (Polio)							
MMR (Measles, Mumps, Rubella)							
PCV/PPSV (Pneumococcal)*	04/01/2019	06/01/2019	08/01/2019				
Varicella (Chickenpox) <input checked="" type="checkbox"/> History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Shows date CIS was printed and validated

No provider or parent validation signature is needed

Validated CIS



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIIS ID Number
CAT	IRIS LILY		02/01/2019	11846329

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record. I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.

Parent/Guardian Signature _____ Date _____ Parent/Guardian Signature Required if Starting in Conditional Status _____ Date _____

NOT COMPLETE

Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS
Expiration Date: _____
Validated by the Immunization Information System on 10/20/2021

Conditional Status: Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete. If documentation is not provided within the conditional period, the student must be excluded from further attendance.

* Required for Preschool/Child Care Only	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	Positive Titer
Required Vaccines for School or Child Care Entry								
DTaP (Diphtheria, Tetanus, Pertussis)	04/01/2019	06/01/2019	08/01/2019					
Tdap (Tetanus, Diphtheria, Pertussis)								
DT or Td (Tetanus, Diphtheria)								
Hepatitis B								IMMUNE
Hib (<i>Haemophilus influenzae type b</i>)*	04/01/2019	06/01/2019	08/01/2019					
IPV (Polio)	04/01/2019	06/01/2019	08/01/2019					
OPV (Polio)								
MMR (Measles, Mumps, Rubella)								
PCV/PPSV (Pneumococcal)*	04/01/2019	06/01/2019	08/01/2019					
Varicella (Chickenpox) <input checked="" type="checkbox"/> History of disease verified by IIS								
Recommended Vaccines (Not Required for School or Child Care Entry)								
COVID-19								
Flu (Influenza)								
Hepatitis A								
HPV (Human Papillomavirus)								
MCV/MPSV (Meningococcal Disease types A, C, W, Y)								
MenB (Meningococcal Disease type B)								
Rotavirus								

Validated CIS



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIIS ID Number
CAT	IRIS LILY		02/01/2019	11846329

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.	
Parent/Guardian Signature	Date	Parent/Guardian Signature Required if Starting in Conditional Status	Date

NOT COMPLETE

Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS
 Expiration Date: _____
 Validated by the Immunization Information System on 10/20/2021

Conditional Status: Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete. If documentation is not provided within the conditional period, the student must be excluded from further attendance.

* Required for Preschool/Child Care Only	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	Positive Titer
--	----------	----------	----------	----------	----------	----------	----------------

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.	
Parent/Guardian Signature	Date

Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Place for parent/guardian to give permission to add info to the IIS

Needed if using the IIS School Module IF info is missing in the IIS

Signature is optional

Validated CIS



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIIS ID Number
CAT	IRIS LILY		02/01/2019	11846329

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.

I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.

Parent/Guardian Signature _____ Date _____ Parent/Guardian Signature Required if Starting in Conditional Status _____ Date _____

NOT COMPLETE

Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS
Expiration Date: _____
Validated by the Immunization Information System on 10/20/2021

Conditional Status: Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete. If documentation is not provided within the conditional period, the student must be excluded from further attendance.

* Required for Preschool/Child Care Only: MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY Positive Titer

I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.

Parent/Guardian Signature Required if Starting in Conditional Status _____ Date _____

Vaccine	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	Positive Titer
Varicella (Chickenpox) <input checked="" type="checkbox"/> History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Place for parent/guardian to acknowledge child's conditional status entry

Signature is *required* if the child will be attending in conditional status

Conditional Status Attendance

Before starting school or child care they must:

- Have **all vaccinations they are eligible to receive** on or before the first day of attendance
- Not be currently due for any of the additional required doses
- Must turn in documentation of additional doses needed within 30 after the dose comes due

Additional information about conditional status on www.doh.wa.gov/SCCI:

- [Conditional Status Catch Up Immunization Schedule \(PDF\)](#)
- [Conditional Status Overview Video \(YouTube\)](#)
- [Conditional Status FAQ](#)
- [Sample Conditional Status Parent Letter \(Word\)](#) | [Español \(Word\)](#)

Validated CIS



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIIS ID Number			
CAT	IRIS LILY		02/01/2019	11846329			
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.			I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.				
Parent/Guardian Signature	Date	Parent/Guardian Signature Required if Starting in Conditional Status		Date			
NOT COMPLETE							
Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS Expiration Date: _____ Validated by the Immunization Information System on 10/20/2021			Conditional Status: Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete. If documentation is not provided within the conditional period, the student must be excluded from further attendance.				
* Required for Preschool/Child Care Only	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	Positive Titer
Required Vaccines for School or Child Care Entry							
DTaP (Diphtheria, Tetanus, Pertussis)	04/01/2019	06/01/2019	08/01/2019				
Tdap (Tetanus, Diphtheria, Pertussis)							
Hepatitis B							IMMUNE
IPV (Polio)	04/01/2019	06/01/2019	08/01/2019				
OPV (Polio)							IMMUNE
MMR (Measles, Mumps, Rubella)							
PCV/PPSV (Pneumococcal)*	04/01/2019	06/01/2019	08/01/2019				
Varicella (Chickenpox) <input checked="" type="checkbox"/> History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Immunity:

Lab evidence of immunity entered by providers in the IIS will print in the Positive Titer column.

This is considered provider verification of immunity.

Validated CIS



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIIS ID Number			
CAT	IRIS LILY		02/01/2019	11846329			
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.			I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.				
Parent/Guardian Signature	Date	Parent/Guardian Signature Required if Starting in Conditional Status		Date			
NOT COMPLETE							
Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS Expiration Date: _____ Validated by the Immunization Information System on 10/20/2021			Conditional Status: Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete. If documentation is not provided within the conditional period, the student must be excluded from further attendance.				
* Required for Preschool/Child Care Only	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	Positive Titer
Required Vaccines for School or Child Care Entry							
DTaP (Diphtheria, Tetanus, Pertussis)	04/01/2019	06/01/2019	08/01/2019				
Tdap (Tetanus, Diphtheria, Pertussis)							
DT or Td (Tetanus, Diphtheria)							
Hepatitis B							
Hib (<i>Haemophilus influenzae</i> type b)							
IPV (Polio)	04/01/2019	06/01/2019	08/01/2019				
OPV (Polio)							
MMR (Measles, Mumps, Rubella)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)	04/01/2019	06/01/2019	08/01/2019				
Varicella (Chickenpox) <input checked="" type="checkbox"/> History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Varicella (Chickenpox) History of disease verified by IIS

History of Chickenpox Disease:

Checks the box on Varicella line if history of chickenpox disease is entered in the IIS.

This is considered provider verification.

Validated CIS – Page 2 Action Report



Action Report

Name:	IRIS LILY CAT	SIIS Patient ID:	11846329
Date of Birth:	02/01/2019	Age:	2 years 8 months 19 days
Report Date:	10/20/2021	Status:	Not Complete

Required Vaccines for School or Child Care Entry	
Vaccine	Dose Due on or After
HIB	02/01/2020
MMR	02/01/2020
PNEUMO (PCV)	02/01/2020
DTaP/DT/Td	05/01/2020

Recommended Vaccines (Not Required)	
Vaccine	Dose Due on or After
POLIO	02/01/2023
FLU	08/01/2019
HEP-A	02/01/2020
HPV	02/01/2030
MENINGOCOCCAL	02/01/2030
Coronavirus (SARS-CoV-2)(COVID-19)	02/01/2031
MENINGOCOCCAL B, OMV	02/01/2035
MENINGOCOCCAL B, RECOMBINANT	02/01/2035

Invalid Vaccine Doses Not Printed on the CIS		
Vaccine	Invalid Dose Date	Reason for Invalid Dose
MMR	X 11/01/2019	Minimum age for this dose not met.

Validated CIS – Page 2 Action Report



Action Report

Name:	IRIS LILY CAT	SIIS Patient ID:	11846329
Date of Birth:	02/01/2019	Age:	2 years 8 months 19 days
Report Date:	10/20/2021	Status:	Not Complete

Required Vaccines for School or Child Care Entry	
Vaccine	Dose Due on or After
HIB	02/01/2020
MMR	02/01/2020
PNEUMO (PCV)	02/01/2020
DTaP/IPV/Hib	05/01/2020

Recommended Vaccines (Not Required)	
Vaccine	Dose Due on or After
POLIO	02/01/2023
FLU	08/01/2019
HEP-A	02/01/2020
MMR	02/01/2020

Invalid Vaccine Doses Not Printed on the CIS

Vaccine	Invalid Dose Date	Reason for Invalid Dose
MMR	X 11/01/2019	Minimum age for this dose not met.

Invalid Vaccine Doses Not Printed on the CIS

Vaccine	Invalid Dose Date	Reason for Invalid Dose
MMR	X 11/01/2019	Minimum age for this dose not met.



HARDCOPY CIS

Hardcopy CIS

Parents may fill out a hardcopy CIS with their child's vaccination dates.

Primarily used when children don't have vaccination dates in the IIS

Hardcopy CIS



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

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

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.

Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.

X _____
Parent/Guardian Signature Date

X _____
Parent/Guardian Signature Required if Starting in Conditional Status Date

▲ Required for School • Required 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 (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
▲ DT or Td (Tetanus, Diphtheria)						
▲ Hepatitis B						
• Hib (<i>Haemophilus influenzae type b</i>)						
▲ IPV (Polio) (any combination of IPV/OPV)						
▲ OPV (Polio)						
▲ MMR (Measles, Mumps, Rubella)						
• PCV/PPSV (Pneumococcal)						
▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:
 A verified history of varicella (chickenpox) disease.
 Laboratory evidence of immunity (titer) to disease(s) marked below.

Diphtheria Hepatitis A Hepatitis B
 Hib Measles Mumps
 Rubella Tetanus Varicella

Polio (all 3 serotypes must show immunity)

▶ _____
Licensed Health Care Provider Signature Date

▶ _____
Printed Name

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: _____ Signature: _____ Date: _____
If verified by school or child care staff the medical immunization records must be attached to this document.

Hardcopy CIS



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X _____ Parent/Guardian Signature		X _____ Parent/Guardian Signature Required if Starting in Conditional Status	
Date		Date	

▲ Required for School • Required 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 (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (<i>Haemophilus influenzae type b</i>)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox)						
<input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:

A verified history of varicella (chickenpox) disease.

Laboratory evidence of immunity (titer) to disease(s) marked below.

<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"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella

Polio (all 3 serotypes must show immunity)

▶ _____

Licensed Health Care Provider Signature Date

▶ _____

I certify that the information provided on this form is correct and verifiable. Health Care Provider or School Official Name: _____ Signature: _____ Date: _____
If verified by school or child care staff the medical immunization records must be attached to this document.

Hardcopy CIS

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: _____ Signature: _____ Date: _____
If verified by school or child care staff the medical immunization records must be attached to this document.

Must be medically verified for accuracy with a signature by:

- A health care provider
 - Licensed, certified or registered in a profession listed in RCW [18.130.040](#)(2), if administering vaccinations is within the profession's scope of practice.
 - If signed by a health care provider, no medical immunization records need to be attached to the CIS.

OR

- A school nurse, administrator, child care health consultant or their designee
 - Before signing they must determine the information on the CIS is accurate after comparing it with attached medical vaccination records.
 - If not signed by a health care provider must have medical vaccination records attached.

Medical Vaccination Records

Medical Vaccination Records Include:

- Provider records
- Lifetime Immunization record completed by provider
- Another state registry:
https://www.cdc.gov/vaccines/programs/iis/contacts-locate-records.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fprograms%2Fiis%2Fcontacts-registry-staff.html

More examples are in the [Acceptable Versions of a Certificate of Immunization Status \(PDF\)](#)

Hardcopy CIS

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease.		
<input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<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"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature		Date
▶		
Printed Name		

Has a place for provider to verify history of chickenpox disease

This is considered provider verification of history of disease. No other documentation is required.

Hardcopy CIS

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has:		
<input type="checkbox"/> A verified history of varicella (chickenpox)		
<input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<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"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature		Date
▶		
Printed Name		

Has a place for provider to document immunity by antibody titer.

This is considered provider verification of immunity. No other documentation is required.

Note: immunity by antibody titer is not acceptable for:

- Pneumococcal
- Pertussis

Hardcopy CIS

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has:		
<input type="checkbox"/> A verified history of varicella (chickenpox) disease.		
<input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<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"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature		Date
▶		
Printed Name		

Polio can only be marked as immune by antibody titer if they are immune to all three polioviruses.

Testing is not available for poliovirus type 2 since vaccine for type 2 removed from OPV on 04/01/2016

OPV doses on or after 04/01/2016 do not count in the polio series completion in the US schedule or school and child care requirements

Hardcopy CIS



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

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

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record. Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.

X _____ Date _____ X _____ Date _____
Parent/Guardian Signature Parent/Guardian Signature Required if Starting in Conditional Status

▲ Required for School • Required Child Care/Preschool	MM/DD/YY	Documentation of Disease Immunity (Health care provider use only)						
Required Vaccines for School or Child Care Entry								
●▲ DTaP (Diphtheria, Tetanus, Pertussis)								
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)								
●▲ DT or Td (Tetanus, Diphtheria)								
●▲ Hepatitis B								
● Hib (<i>Haemophilus influenzae type b</i>)								
●▲ IPV (Polio) (any combination of IPV/OPV)								
●▲ OPV (Polio)								
●▲ MMR (Measles, Mumps, Rubella)								
● PCV/PPSV (Pneumococcal)								
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS								
Recommended Vaccines (Not Required for School or Child Care Entry)								
COVID-19								
Flu (Influenza)								
Hepatitis A								
HPV (Human Papillomavirus)								
MCV/MPSV (Meningococcal Disease types A, C, W, Y)								
MenB (Meningococcal Disease type B)								
Rotavirus								

I certify that the information provided on this form is correct and verifiable. Health Care Provider or School Official Name: _____ Signature: _____ Date: _____
If verified by school or child care staff the medical immunization records must be attached to this document.

Hardcopy CIS



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
cat	Sparky	M	02/01/2019
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X		X	
Parent/Guardian Signature	Date	Parent/Guardian Signature Required if Starting in Conditional Status	Date

▲ Required for School • Required 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 (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (<i>Haemophilus influenzae type b</i>)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox)						
<input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:

A verified history of varicella (chickenpox) disease.
 Laboratory evidence of immunity (titer) to disease(s) marked below.

<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"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella

Polio (all 3 serotypes must show immunity)

▶

Licensed Health Care Provider Signature _____ Date _____

▶

Printed Name _____

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: _____ Signature: _____ Date: _____

If verified by school or child care staff the medical immunization records must be attached to this document.

Hardcopy CIS



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
cat	Sparky	M	02/01/2019
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X Parent/Guardian Signature _____ Date _____		X Parent/Guardian Signature Required if Starting in Conditional Status _____ Date _____	

▲ Required for School • Required 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 (Diphtheria, Tetanus, Pertussis)	4/1/19	6/1/19	8/1/19	8/1/20		
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7-12)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B	2/1/19	4/1/19	8/1/19			
● Hib (<i>Haemophilus influenzae type b</i>)	4/1/19	6/1/19	2/1/20			
●▲ IPV (Polio) (any combination of IPV/OPV)	4/1/19	6/1/19	8/1/19			
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)	2/1/20					
● PCV/PPSV (Pneumococcal)	3/1/21					
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS	2/1/20					
Recommended Vaccines (not Required for School or Child Care Entry)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:

A verified history of varicella (chickenpox) disease.
 Laboratory evidence of immunity (titer) to disease(s) marked below.

Diphtheria Hepatitis A Hepatitis B
 Hib Measles Mumps
 Rubella Tetanus Varicella
 Polio (all 3 serotypes must show immunity)

▶ _____

Licensed Health Care Provider Signature Date _____

▶ _____

Printed Name _____

I certify that the information provided on this form is correct and verifiable. Health Care Provider or School Official Name: _____ Signature: _____ Date: _____
If verified by school or child care staff the medical immunization records must be attached to this document.

Hardcopy CIS



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
cat	Sparky	M	02/01/2019
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X Parent/Guardian Signature _____ Date _____		X Parent/Guardian Signature Required if Starting in Conditional Status _____ Date _____	

▲ Required for School • Required 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 (Diphtheria, Tetanus, Pertussis)	4/1/19	6/1/19	8/1/19	8/1/20		
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B	2/1/19	4/1/19	8/1/19			
● Hib (<i>Haemophilus influenzae type b</i>)	4/1/19	6/1/19	2/1/20			
●▲ IPV (Polio) (any combination of IPV/OPV)	4/1/19	6/1/19	8/1/19			
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)	2/1/20					
● PCV/PPSV (Pneumococcal)	3/1/21					
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS	2/1/20					
Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:
 A verified history of varicella (chickenpox) disease.

Laboratory evidence of immunity (titer) to disease(s) marked below.

Diphtheria Hepatitis A Hepatitis B
 Hib Measles Mumps
 Rubella Tetanus Varicella

Polio (all 3 serotypes must show immunity)

Licensed Health Care Provider Signature _____ Date _____

Printed Name _____

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: Katherine Graff Signature: Katherine Graff Date: 9/1/21
If verified by school or child care staff the medical immunization records must be attached to this document.

Hardcopy CIS

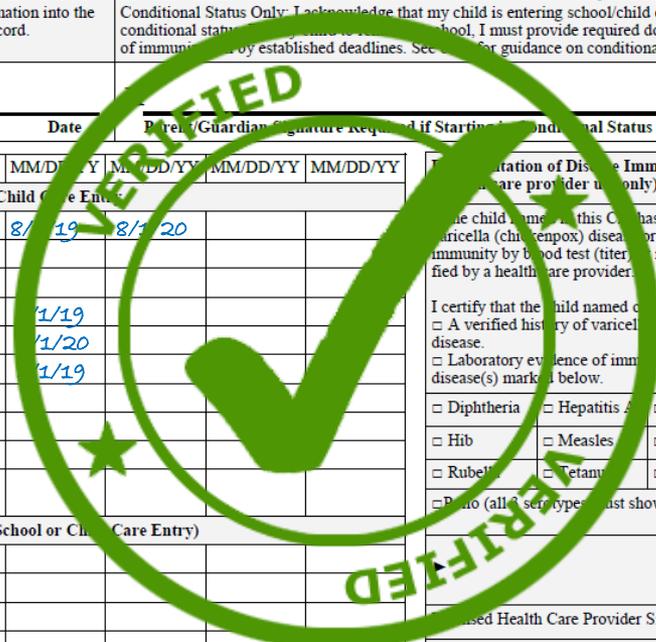


Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

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

Child's Last Name:		First Name:		Middle Initial:		Birthdate (MM/DD/YYYY):	
cat		Sparky		M		02/01/2019	
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.				Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.			
X Parent/Guardian Signature				Date		Parent/Guardian Signature (Required if Starting in Conditional Status)	
<input checked="" type="checkbox"/> Required for School <input type="checkbox"/> Required 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 (Diphtheria, Tetanus, Pertussis)		4/1/19	6/1/19	8/1/19	8/1/20		
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)							
•▲ DT or Td (Tetanus, Diphtheria)							
•▲ Hepatitis B		2/1/19	4/1/19	1/1/19			
• Hib (<i>Haemophilus influenzae type b</i>)		4/1/19	6/1/19	1/1/20			
•▲ IPV (Polio) (any combination of IPV/OPV)		4/1/19	6/1/19	1/1/19			
•▲ OPV (Polio)							
•▲ MMR (Measles, Mumps, Rubella)		2/1/20					
• PCV/PPSV (Pneumococcal)		3/1/21					
•▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS		2/1/20					
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							
I certify that the information provided on this form is correct and verifiable.		Health Care Provider or School Official Name: Katherine Graff		Signature: Katherine Graff		Date: 9/1/21	
If verified by school or child care staff the medical immunization records must be attached to this document.							



Hardcopy CIS

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

To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). 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 and birthdate, and sign your name where indicated on page one.
2. 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 Guides 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. 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 health care 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. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records:

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status:

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

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 (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib + IPV	Trumenb	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinnix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kimrix	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	Menomne	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).

DOH 348-013 November 2019



EXEMPTIONS FROM THE SCHOOL AND CHILDCARE
IMMUNIZATION REQUIREMENTS
AND THE
CERTIFICATE OF EXEMPTION (COE)

Certificate of Exemption (COE)

A child may be exempted from one or more required immunizations, [RCW 28A.210.090](#).

To request an exemption, a parent/guardian must turn in a completed and signed Certificate of Exemption (COE) to the school or childcare.

The COE is created by the Department of Health.

It can be downloaded in several languages from: www.doh.wa.gov/SCCI

Exemption forms or letters from other state's are not acceptable.



Certificate of Exemption—Personal/Religious

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____

NOTICE: A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted child/student may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine-preventable diseases still exist, and can spread quickly in school and child care settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

Personal/Philosophical or Religious Exemption

I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. (Select an exemption type and the vaccinations you wish to exempt your child from):

PERSONAL/PHILOSOPHICAL EXEMPTION*

- | | | | |
|-------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |

*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law

RELIGIOUS EXEMPTION

- | | | | |
|-------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hib | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pertussis (whooping cough) | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella | |

Parent/Guardian Declaration

One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

Parent/Guardian Name (print) _____ Parent/Guardian Signature _____ Date _____

Health Care Practitioner Declaration

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

Licensed Health Care Practitioner Name (print) _____ Licensed Health Care Practitioner Signature _____ Date _____

MD ND DO ARNP PA Washington License # _____

RELIGIOUS MEMBERSHIP EXEMPTION

Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

Parent/Guardian Declaration

I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

Parent/Guardian Name (print) _____ Parent/Guardian Signature _____ Date _____

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

DOH-348-106 October 2019



Certificate of Exemption—Medical

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____

NOTICE: This form may be used to exempt a child from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for the child for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.

Medical Exemption

A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in their 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: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

Please indicate which vaccination the medical exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt."

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Health Care Practitioner Declaration

I declare that vaccination for the disease(s) checked above is/are not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State, and the information provided on this form is complete and correct.

Licensed Health Care Practitioner Name (print) _____ Licensed Health Care Practitioner Signature _____ Date _____

MD ND DO ARNP PA Washington License # _____

Parent/Guardian Declaration

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

Parent/Guardian Name (print) _____ Parent/Guardian Signature _____ Date _____

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

DOH-348-106 October 2019

Types of Exemptions for Children

- Personal or philosophical exemption
 - not allowed for measles, mumps or rubella immunization requirements
- Religious
- Religious membership
- Medical

Education Requirement

Philosophical/Personal and Religious Exemptions must have the signature of a health care practitioner that he or she:

“provided the signator with information about the benefits and risks of immunization to the child.”

A health care practitioner is a physician (MD, DO), Naturopath (ND), Physician Assistant (PA) or Advanced Registered Nurse Practitioner (ARNP) licensed in WA State.

A health care practitioner who, in good faith, signs the statement about the education is immune from civil liability for providing the signature. [RCW28A.210.090](#)

Clinician and school staff have no role in assessing a parent’s personal or religious beliefs.

Philosophical/Personal and Religious

Personal or Philosophical Exemption:

- To be used when the parent/guardian has a *personal or philosophical objection to the immunization* of the child.
- Cannot be used for the measles, mumps and rubella immunization requirements.

Religious Exemption:

- To be used when the parent/guardian has a *religious belief that is contrary to the required immunization*.

There is no requirement for a parent to validate or prove their personal or religious beliefs.

Personal or Religious Exemption

Personal/Philosophical or Religious Exemption
I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care.
(Select an exemption type and the vaccinations you wish to exempt your child from):

PERSONAL/PHILOSOPHICAL EXEMPTION*			
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Pneumococcal
<input type="checkbox"/> Polio	<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)

**Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law*

RELIGIOUS EXEMPTION			
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Pneumococcal
<input type="checkbox"/> Polio	<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)
<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	

Parent/Guardian Declaration
One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X

Parent/Guardian Name (print)	Parent/Guardian Signature	Date
------------------------------	---------------------------	------

Health Care Practitioner Declaration
I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

X

Licensed Health Care Practitioner Name (print)	Licensed Health Care Practitioner Signature	Date
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MD ND DO ARNP PA Washington License # _____

Use for parent-requested exemptions or alternate schedules

Needs parent and health care practitioner signatures

Religious Membership Exemption

To be used when the parent/guardian affirms *membership in a church or religious body that does not allow* their child to get medical treatment by a health care practitioner.

- No health care practitioner signature is required.
- If the parent or guardian takes their child to see a health care practitioner for things like illness, and injury care they cannot use this exemption. They need to use the Religious or Personal Exemption area of the COE which must have a health care practitioner signature.

Religious Membership Exemption

RELIGIOUS MEMBERSHIP EXEMPTION		
Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.		
Parent/Guardian Declaration		
I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.		
<input checked="" type="checkbox"/>		
_____	_____	_____
Parent/Guardian Name (print)	Parent/Guardian Signature	Date

Parent affirms they belongs to a church or religion that does not allow ANY medical treatment by a health care practitioner

Child Care or school does NOT need to verify the religious beliefs.

Needs parent signature but does not need health care practitioner signature

Medical Exemption

Granted by a health care practitioner when **in their judgement** the vaccine is not advisable for the child.

Guidance about contraindications to vaccination:

- Recommendations of the Advisory Committee on Immunization Practices: www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm
- Vaccine manufacturer's package insert

Permanent or Temporary:

- Both require health care practitioner and parent/guardian signatures.
- When a temporary exemption ends the child has 30 days to get the vaccine or another exemption.

Medical Exemption Exemption

Please indicate which vaccination the medical exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt.":

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Indicates for each disease whether the child is not exempt, permanently exempt or temporarily exempt.

If temporarily exempt it must have an expiration date.

Exemption Considerations

- Completed COE can be used for the whole student's K-12 school attendance
 - Only temporary medical exemptions expire
- New form should be used for all NEW exemptions
- Children with existing exemptions DO NOT need to resubmit a new COE
- Incomplete or improperly completed forms should be returned to the parent or HCP to complete
- If an exemption is no longer needed because the child has received the needed immunizations remove the exemption from your tracking system

Additional exemption information including a fact sheet and FAQs:
www.doh.wa.gov/SCCI

Knowledge Check

Which statement is true?

- A. The Religious Membership exemption can be used for children who go to a doctor for medical treatment.
- B. Exemption forms from other states are ok to use.
- C. New exemption forms must be turned in annually.
- D. The WA Certificate of Exemption form must be completed for all exemptions.

Knowledge Check

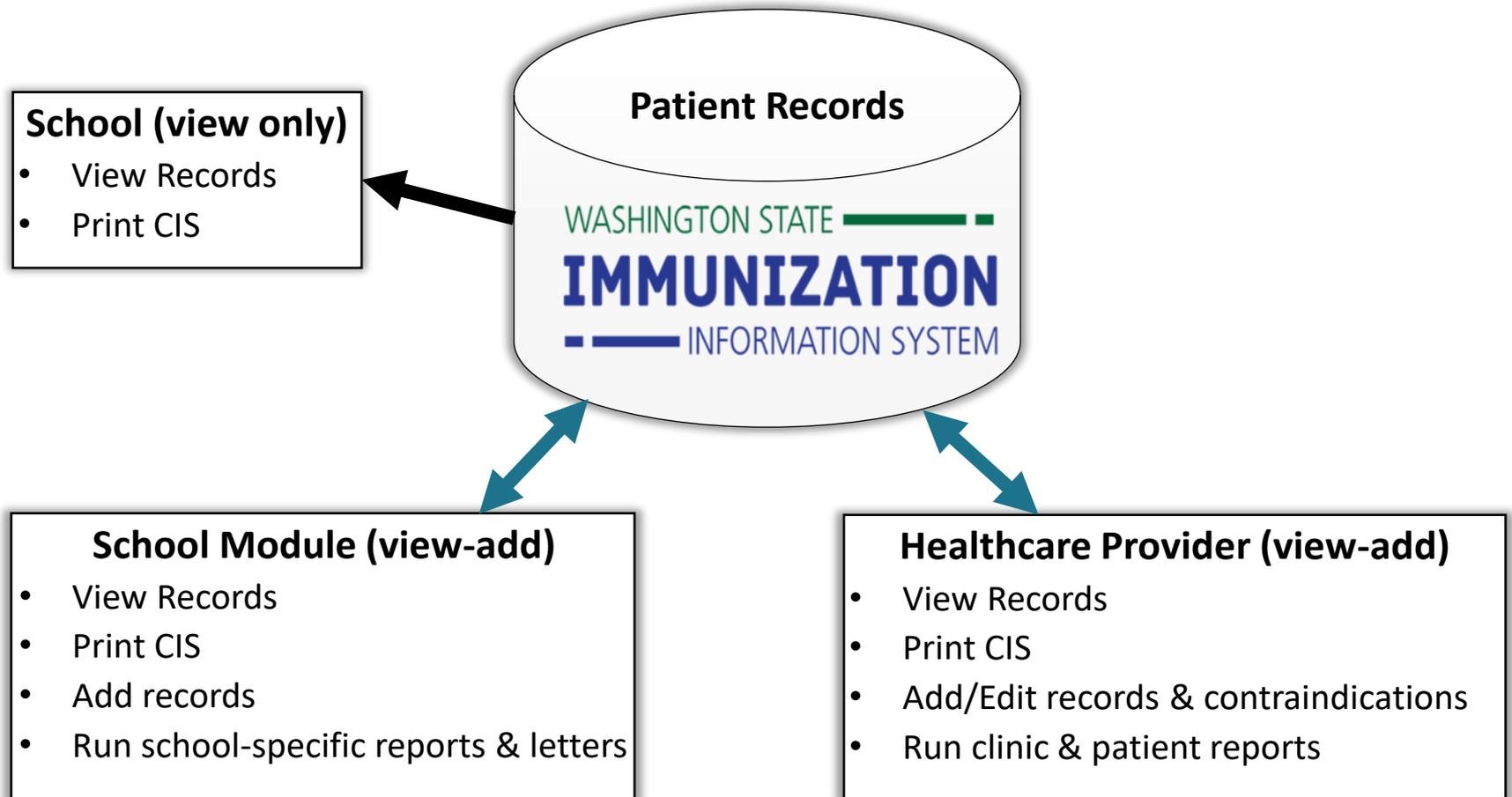
Which statement is true?

- ~~A. The Religious Membership exemption can be used for children who go to a doctor for medical treatment.~~
- ~~B. Exemption forms from other states are ok to use.~~
- ~~C. New exemption forms must be turned in annually.~~
- D. The WA Certificate of Exemption form must be completed for all exemptions.



WAIIS SCHOOL MODULE ROLL-OUT

Relationship of the School Module to the Immunization Information System (IIS)



School Module Use Across the State

As of March 2023, using the School Module:

- 193 Public School Districts
- 84 Private Schools
- 8 Charter Schools
- 14 Childcares or Head Start/ECAPS

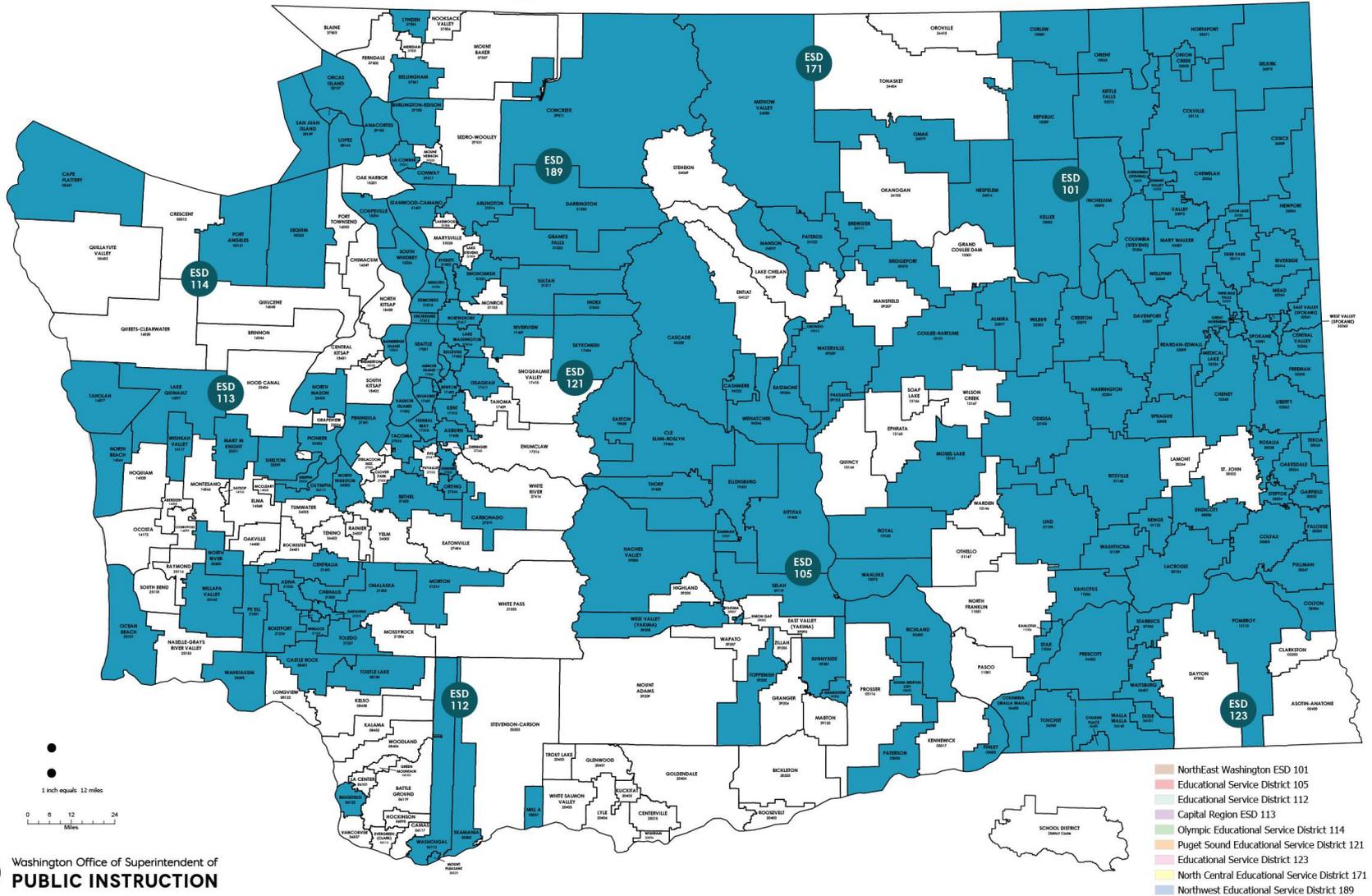
In total we serve approximately 787,000 Students

~ 72% of K-12 students in the state (OSPI 2022-23 enrollment).

List of schools using the School Module on the website:

www.doh.wa.gov/SchoolModule

Washington State K-12 School Districts



Benefits of the School Module for Schools

- Access to the IIS that contains millions of immunization records already entered by healthcare providers which saves staff time entering data and finding missing immunizations.
- Frees up more time to work with students instead of time spent on record keeping.
- Improves the ability to identify under or unvaccinated students.
- Eliminates the need to submit the required annual immunization report.
- Improves the ability to respond in future outbreaks.
- Free and easy to use with resources available for support.

Benefits of the School Module for Students and Parents

- Provides students with a lifetime record they can access wherever they go.
- Keeps students safer by increasing immunization compliance rates within schools and allowing staff to better respond if an outbreak were to occur.
- If permitted by the school, parents do not have to give a CIS to their child's school if the school verifies the student's immunization status is complete in the IIS.

Interested in using the School Module? Here's how to start:

- Visit our website at [School Module :: Washington State Department of Health](#) to find our onboarding process outline.
- Talk to administrators and IT staff about the School Module. Use the [Talking Points for School Nurses](#) to help guide the conversation.
- Complete the [Information Sharing Agreement](#) and [Cover Sheet](#) It must be signed by the school nurse and district superintendent (public schools) or principal (private schools).
- Email us at SchoolModule@doh.wa.gov to let us know you have started the onboarding process and to complete the School Module training and get user accounts set up.
- Start using the School Module!



RESOURCES

School and Child Care Immunization Page

Website:

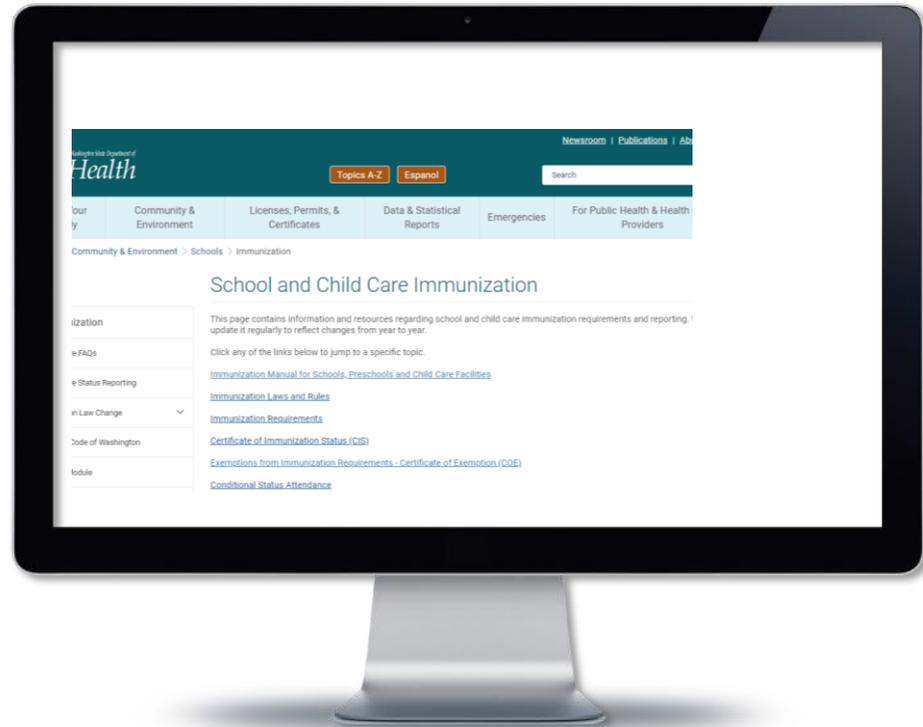
www.doh.wa.gov/SCCI

Questions?

Feedback!

Email us at:

oischools@doh.wa.gov



NEW! Immunization Page for Families

Website:

www.doh.wa.gov/vaxtoschool

Questions?

Feedback!

Email us at:

oischools@doh.wa.gov

schoolmodule@doh.wa.gov



Resources

New Video Series:

- [Vaccine Requirements Overview Video \(YouTube\)](#)
- [Certificate of Immunization Status Overview Video \(YouTube\)](#)
- [Immunization Exemptions Overview Video \(YouTube\)](#)
- [Conditional Status Overview Video \(YouTube\)](#)

Available on our website in the topic specific areas:

www.doh.wa.gov/SCCI

And on the Immunization Training webpage: <https://doh.wa.gov/you-and-your-family/immunization/immunization-news-and-hot-topics/immunization-training>

Resources

Updated HPV and Meningococcal Letters:

- [HPV Letter for Private Schools \(Word\)](#)
- [HPV Letter for Public Schools \(Word\)](#)
- [HPV and Meningococcal Letter \(combination\) \(Word\)](#) | Spanish Version Coming
- [Meningococcal Letter \(Word\)](#)

Reflect updated guidance to start HPV vaccination at age 9 by:

- American Cancer Society
- American Academy of Pediatrics
- Washington state Vaccine Advisory Committee
- Washington State Department of Health



INDIVIDUAL VACCINE REQUIREMENTS SUMMARY

Guidelines on Immunizations Required for Child Care and School Entry in Washington State
SCHOOL YEAR 2023-2024

INTRODUCTION

The Individual Vaccine Requirements Summary (IVRS) is a companion piece to the [Vaccines Required charts](#) for child care/preschool and school entry. The purpose of the summary is to assist school and child care staff and those working with student information systems to understand state immunization requirements and the immunization schedule. Both the requirements and schedule are based on the recommendations of the national Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP).

Requirements are listed in alphabetical order by vaccine. In each section, you will find detailed information about the immunization schedule, the exceptions to the schedule and the catch-up schedule. Exceptions may apply when the ACIP recommendations are not followed.

Find the ACIP schedules here: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

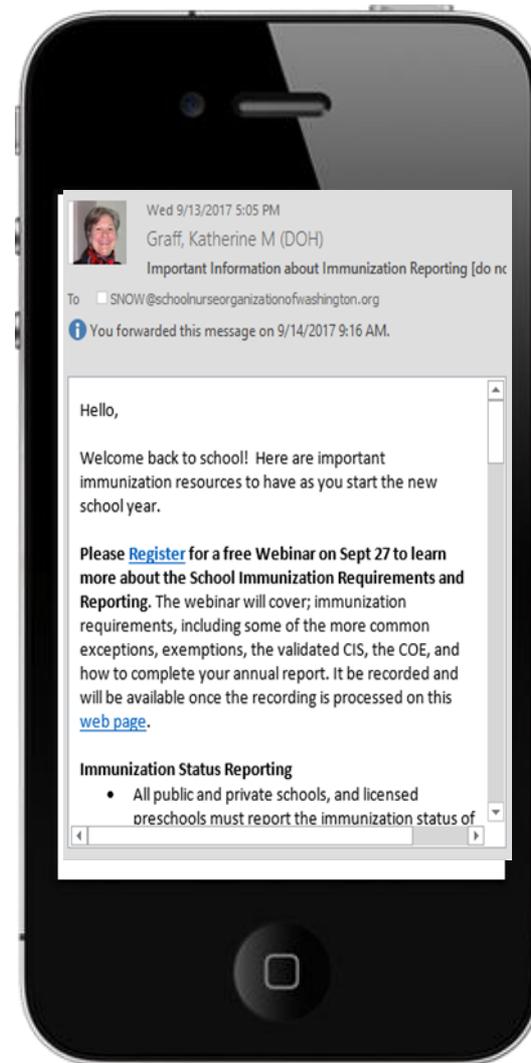
IVRS: Individual Vaccine Requirements Summary

Available on our website:
www.doh.wa.gov/SCCI

School and Child Care Listserve

<http://bit.ly/2HybXYS>

1. Sign in with email and name
2. Click **Add Subscriptions** button
3. Click the + to open **Immunization**
4. Check **School Nurses** and/or **Childcare and Preschool**
5. Click **Submit**



Obtaining Continuing Education

- Continuing education is available for nurses
 - There is no cost for CEs
- Expiration date is June 30, 2023
- Successful completion of this continuing education activity includes the following:
 - Attending the entire live webinar or watching the webinar recording
 - Completing the evaluation after the live webinar or webinar recording
- **Please note:** CE certificates are NOT generated after evaluation completion—CE certificates will be sent by DOH via email within a few weeks after evaluation completion
- If you have any questions about CEs, contact Trang Kuss at trang.kuss@doh.wa.gov



QUESTIONS?



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.