



# SCHOOL AND CHILD CARE IMMUNIZATION REQUIREMENTS FOR HEALTH CARE PROVIDERS

Office of Immunization  
June 7, 2023

# Before We Start

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- 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 physicians, nurses, medical assistants, pharmacists/pharmacy techs, and health educators attending the webinar or watching the recording
  - CE is available for health educators watching the recording until June 19, 2023
- 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 Medical Education

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This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Federation of State Medical Boards, Washington Medical Commission and the Washington State Department of Health. The Federation of State Medical Boards is accredited by the ACCME to provide continuing medical education for physicians.

The Federation of State Medical Boards designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

# Continuing Education

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- 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.
- This program has been granted prior approval by the American Association of Medical Assistants (AAMA) for 1.0 administrative continuing education unit.
- This knowledge activity was approved by the Washington State Pharmacy Association for 1.0 contact hours. The Washington State Pharmacy Association is accredited by the Accreditation Council for Pharmacy Education as a Provider of continuing pharmacy education.



# Continuing Education for Health Educators

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This event has been approved by the Washington State Department of Health (DOH) to award up to 1.0 Category I CHES/MCHES continuing education contact hours. DOH is an approved multiple event provider by the National Commission for Health Education Credentialing, Inc. (NCHEC). Provider Number 1147801.

# Disclosures

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

# Learning Objectives

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- Identify updated school and child care immunization requirements, including changes to DTP, Tdap, polio, and requirements for 4 year old students
- Describe how to complete the Certificate of Immunization Status and forms that healthcare providers can give to families
- Discuss school and child care exemption requirements in Washington State and how clinicians should complete the Certificate of Exemption
- Identify clinic-based and external resources for vaccinating patients



# Presenters

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# Topics

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- Immunization Laws and Rules
- 2023-2024 Requirements
  - Updated guidance for 4 year old students
  - Tdap roll-up
- *Hib* and PCV Dose Charts
- DTP Family Rules & Catch-up
- Certificate of Immunization Status (CIS)
- Certificate of Exemption (COE)
- School Module
- Resources
  - Family page
  - Videos



# IMMUNIZATION LAW AND RULES RCW & WAC

# Revised Code of Washington (RCW)

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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

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

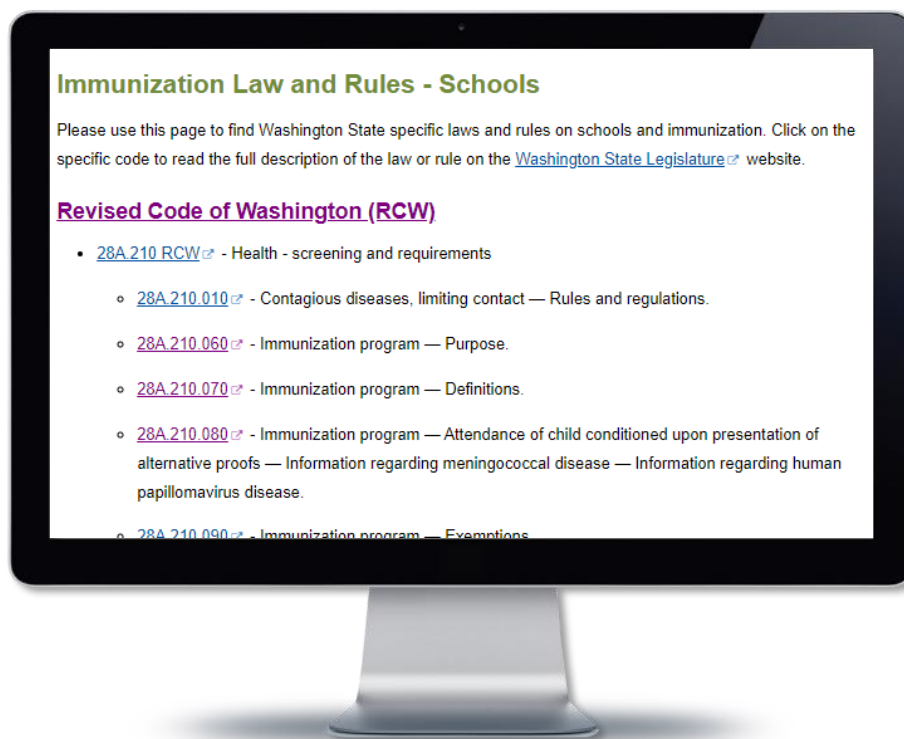
## **246-105 WAC Immunization of childcare and school children against certain vaccine-preventable diseases**

- 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](http://www.doh.wa.gov/SCCI)





# IMMUNIZATION REQUIREMENTS

# Recommended vs. Required

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## 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](http://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](http://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](mailto:civil.rights@doh.wa.gov).

DOH 348-053 Dec 2021



# Vaccines Required for Preschool-12<sup>th</sup> Grade 2023-2024

## Vaccines Required for School: Preschool -12th

August 1, 2023 to July 31, 2024



	<b>DTaP/Tdap</b> (Diphtheria, Tetanus, Pertussis)	<b>Hepatitis B</b>	<b>Hib</b> ( <i>Haemophilus influenzae</i> type B)	<b>MMR</b> (Measles, mumps rubella)	<b>PCV</b> (Pneumococcal Conjugate)	<b>Polio</b>	<b>Varicella</b> (Chickenpox)
<b>Preschool</b> 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
<b>Preschool/Kindergarten</b> (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
<b>Kindergarten through 6th</b> Age ≥5 years on September 1st	5 doses DTaP**	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
<b>7th through 10th</b>	5 doses DTaP** Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
<b>11th through 12th</b>	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](http://www.immunize.org/cdc/schedules).

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DOH 348-051 Jan 2023



# IMMUNIZATION SCHOOL REQUIREMENTS CHART 2023-2024 CHANGES

# Vaccines Required for Preschool-12<sup>th</sup> Grade 2023-2024

## Vaccines Required for School: Preschool -12<sup>th</sup>

August 1, 2023 to July 31, 2024



	<b>DTaP/Tdap</b> (Diphtheria, Tetanus, Pertussis)	<b>Hepatitis B</b>	<b>Hib</b> ( <i>Haemophilus influenzae</i> type B)	<b>MMR</b> (Measles, mumps rubella)	<b>PCV</b> (Pneumococcal Conjugate)	<b>Polio</b>	<b>Varicella</b> (Chickenpox)
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\*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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# Preschool/Kindergarten age 4 on 09/01

	<b>DTaP/Tdap</b> (Diphtheria, Tetanus, Pertussis)	<b>Hepatitis B</b>	<b>Hib</b> ( <i>Haemophilus</i> <i>influenzae</i> type B)	<b>MMR</b> (Measles, mumps rubella)	<b>PCV</b> (Pneumococcal Conjugate)	<b>Polio</b>	<b>Varicella</b> (Chickenpox)
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\*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 4<sup>th</sup> 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 1<sup>st</sup> 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

	<b>DTaP/Tdap</b> (Diphtheria, Tetanus, Pertussis)	<b>Hepatitis B</b>	<b>Hib</b> ( <i>Haemophilus</i> <i>influenzae</i> type B)	<b>MMR</b> (Measles, mumps rubella)	<b>PCV</b> (Pneumococcal Conjugate)	<b>Polio</b>	<b>Varicella</b> (Chickenpox)
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[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



	<b>DTaP/Tdap</b> (Diphtheria, Tetanus, Pertussis)	<b>Hepatitis B</b>	<b>Hib</b> ( <i>Haemophilus influenzae</i> type B)	<b>MMR</b> (Measles, mumps rubella)	<b>PCV</b> (Pneumococcal Conjugate)	<b>Polio</b>	<b>Varicella</b> (Chickenpox)
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<b>7th through 10th</b>	5 doses DTaP** Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
<b>11th through 12th</b>	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.

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DOH 348-051 Jan 2023

# 2023-2024 Tdap Minimum Age Roll-up

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

Minimum age:

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

Providers should follow current ACIP recommendations and ensure all patients have a Tdap booster at age 10 or older.





## 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](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html)

# IVRS: Individual Vaccine Requirements Summary

Available on our website:  
[www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

# *HAEMOPHILUS INFLUENZAE* TYPE B (Hib) and PNEUMOCOCCAL CONJUGATE (PCV)

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Not routinely given to children 5 years and older unless they have certain medical conditions

Not required for school or child care at age 5 and older

For children <5 the number of doses needed depends on:

- The age of the child when the vaccine was administered
- In some situations, only 1 dose is needed
- Which vaccine (for Hib) is used

Vaccine	2 Months	4 Months	6 Months	12-15 Months
PRP-T (ActHib, Hiberix, Pentacel)	dose 1	dose 2	dose 3	Booster
PRP-OMP (PedvaxHib, Vaxelis)	dose 1	dose 2		Booster

## HAEMOPHILUS INFLUENZAE TYPE B (Hib), continued

### Hib Doses Required Chart for Children 12-14 Months of Age

The final booster dose should be given  $\geq 12$  months and  $\geq 8$  weeks after the previous dose.

Doses <12 months	Dose 12 through 14 months	Status
2 or more	1	Complete IF final dose $\geq 8$ weeks after previous dose
2 or more	0	Needs final dose $\geq 8$ weeks after previous dose
1	0	Needs dose 2 $\geq 4$ weeks after dose 1 and dose 3 $\geq 8$ weeks after dose 2
1	1	Needs final dose 3 $\geq 8$ weeks after dose 2
0	1	Needs final dose 2 $\geq 8$ weeks after previous dose
0	2	Complete IF $\geq 8$ weeks between doses
0	0	Needs dose 1 now and dose 2 $\geq 8$ weeks after dose 1

### Hib Doses Required Chart for Children $\geq 15$ - 59 Months of Age

The final booster dose should be given  $\geq 12$  months and  $\geq 8$  weeks after the previous dose.

Doses <12 months	Dose 12 through 14 months	Dose 15 through 59 months	Status
2 or more	1	0	Complete IF final dose $\geq 8$ weeks after previous dose
1 or more	0	1	Complete
1 or more	1	1	Complete IF final dose $\geq 8$ weeks after previous dose
1 or more	0	0	Needs final dose now
1	1	0	Needs final Dose $\geq 8$ weeks after previous dose
0	1	0	Needs final Dose $\geq 8$ weeks after previous dose
0	2	0	Complete IF $\geq 8$ weeks between doses
0	0	1	Complete
0	1	1	Complete IF $\geq 8$ weeks between doses
0	0	0	Needs final dose now

## IVRS: Hib Chart

Available on our website:

[www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

## PNEUMOCOCCAL CONJUGATE (PCV), continued

### PCV Doses Required Chart for Children 12-23 Months of Age

The final booster dose should be given  $\geq 12$  months and  $\geq 8$  weeks after the previous dose.

Doses <12 months	Doses $\geq 12$ months	Status
0	0	Needs dose 1 now and dose 2 $\geq 8$ weeks after dose 1
0	1	Needs final dose 2 $\geq 8$ weeks after dose 1
0	2	Complete IF doses separated by $\geq 8$ weeks
1	0	Needs dose 2 $\geq 4$ weeks after dose 1 and dose 3 $\geq 8$ weeks after dose 2
1	1	Needs final dose 3 $\geq 8$ weeks after dose 2
1	2	Complete IF dose 3 $\geq 8$ weeks after dose 2
2 or more	0	Needs final dose $\geq 8$ weeks after previous dose
2 or more	1	Complete IF final dose $\geq 8$ weeks after previous dose

### PCV Doses Required Chart for Children $\geq 24$ - 59 Months of Age

The final booster dose should be given  $\geq 12$  months and  $\geq 8$  weeks after the previous dose.

Doses <12 months	Dose 12 through 23 months	Dose 24 through 59 months	Status
0	0	0	Needs final dose now
0	1	0	Needs final dose 2 $\geq 8$ weeks after dose 1
0	2	0	Complete IF $\geq 8$ weeks between doses
0	1	1	Complete IF $\geq 8$ weeks between doses
0	0	1	Complete
1	1	0	Needs final dose 3 $\geq 8$ weeks after dose 2
1 or more	1	1	Complete IF final dose $\geq 8$ weeks after previous dose
1 or more	0	0	Needs final dose now
1 or more	0	1	Complete
2 or more	1	0	Complete IF last dose $\geq 8$ weeks after previous dose

## IVRS: PCV Chart

Available on our website:

[www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

# Knowledge Check

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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

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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 4<sup>th</sup> 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

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## 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 capital 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

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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

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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 4<sup>th</sup> 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

### Rules of Vaccination and Exceptions

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

1. A Tdap booster dose is required for all students in grades 7th-12th.
  - a. Students in 7<sup>th</sup>-10<sup>th</sup> grades: minimum age is  $\geq 10$  years of age.
  - b. Students in 11<sup>th</sup>-12<sup>th</sup> grades: minimum age is  $\geq 7$  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  $\geq 7$  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  $\geq 7$  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  $\geq 4$  years, Tdap must be given  $\geq 7$  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  $\geq 4$  weeks.
    - ii. Minimum interval between dose 2 and dose 3 is  $\geq 6$  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  $\geq 4$  weeks each.
    - ii. Minimum interval between dose 3 and dose 4 (or final dose) is  $\geq 6$  months.
  - d. If DTaP/DT/Tdap/Td dose 1 was given  $\geq 12$  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  $\geq 4$  weeks each.
    - ii. Minimum interval between dose 2 and dose 3 (or final dose) is  $\geq 6$  months.

IVRS:

Pages 6 and 7

## Knowledge Check

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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 is an official state form created by the Department of Health.

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

# Acceptable CIS Versions

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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

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Birthdate (MM/DD/YYYY):</b>	<b>SHS ID Number</b>
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.	
<b>Parent/Guardian Signature</b>			<b>Date</b>	<b>Parent/Guardian Signature Required if Starting in Conditional Status</b>
<b>NOT COMPLETE</b>				
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.	
Expiration Date: _____				
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
<b>Required Vaccines for School or Child Care Entry</b>				
<b>Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS</b>				
DTaP (Diphtheria, Tetanus, and Pertussis)				
Tdap (Tetanus, Diphtheria, and 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				
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>				
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):	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
<b>Required Vaccines for School or Child Care Entry</b>							
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							
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>							
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
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### 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
--	------

COVID-19 (vaccine)	08/01/2022	08/01/2022	08/01/2022				
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

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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](http://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

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Birthdate (MM/DD/YYYY):</b>	<b>SIIS ID Number</b>
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.	
<b>Parent/Guardian Signature</b>			<b>Date</b>	<b>Parent/Guardian Signature Required if Starting in Conditional Status</b>
<b>NOT COMPLETE</b>				
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
<b>Required Vaccines for School or Child Care Entry</b>				
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				
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>				
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

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Birthdate (MM/DD/YYYY):</b>	<b>SIIS ID Number</b>
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.	
<b>Parent/Guardian Signature</b>			<b>Date</b>	<b>Parent/Guardian Signature Required if Starting in Conditional Status</b>
<b>NOT COMPLETE</b>				
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
<b>Required Vaccines for School or Child Care Entry</b>				
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)				
MenB (Meningococcal Disease type B)				
Rotavirus				
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>				
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.



HARDCOPY CIS

## Hardcopy CIS

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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.

<p>X _____ Parent/Guardian Signature Date</p>	<p>X _____ Parent/Guardian Signature Required if Starting in Conditional Status Date</p>
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▲ Required for School • Required Child Care/Preschool Required Vaccines for School or Child Care Entry	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
▲▲ 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: <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		

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 _____ 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	MM/DD/YY	Documentation of Disease Immunity (Health care provider use only)									
<b>Required Vaccines for School or Child Care Entry</b>																	
•▲ DTaP (Diphtheria, Tetanus, Pertussis)								<p>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.</p> <p>I certify that the child named on this CIS has:</p> <p><input type="checkbox"/> A verified history of varicella (chickenpox) disease.</p> <p><input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.</p> <table border="0"> <tr> <td><input type="checkbox"/> Diphtheria</td> <td><input type="checkbox"/> Hepatitis A</td> <td><input type="checkbox"/> Hepatitis B</td> </tr> <tr> <td><input type="checkbox"/> Hib</td> <td><input type="checkbox"/> Measles</td> <td><input type="checkbox"/> Mumps</td> </tr> <tr> <td><input type="checkbox"/> Rubella</td> <td><input type="checkbox"/> Tetanus</td> <td><input type="checkbox"/> Varicella</td> </tr> </table> <p><input type="checkbox"/> Polio (all 3 serotypes must show immunity)</p>	<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"/> 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															
▲ 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																	
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>																	
COVID-19								<p>►</p> <p>Licensed Health Care Provider Signature _____ Date _____</p> <p>►</p>									
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

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.



# Hardcopy CIS

<b>Documentation of Disease Immunity (Health care provider use only)</b>		
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 or 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

<b>Documentation of Disease Immunity (Health care provider use only)</b>		
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

<b>Documentation of Disease Immunity (Health care provider use only)</b>		
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



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

# Certificate of Exemption (COE)

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

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

The COE is an official state form created by the Department of Health.

- It should not be recreated in an electronic health record.
- Exemption forms or letters from other state's are not acceptable.

It can be downloaded in several languages from: [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

# Philosophical/Personal and Religious

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## 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.



## 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\*

- ☐ Diphtheria      ☐ Hepatitis B      ☐ Hib      ☐ Pneumococcal  
☐ Polio      ☐ Pertussis (whooping cough)      ☐ Tetanus      ☐ Varicella (chickenpox)

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

#### RELIGIOUS EXEMPTION

- ☐ Diphtheria      ☐ Hepatitis B      ☐ Hib      ☐ Pneumococcal  
☐ Polio      ☐ Pertussis (whooping cough)      ☐ Tetanus      ☐ Varicella (chickenpox)  
☐ Measles      ☐ Mumps      ☐ 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

☐ 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.

X

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](http://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.

X

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.

X

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

# Education Requirement

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Philosophical/Personal and Religious Exemptions must have the signature of a health care practitioner licensed in WA State:

- *Medical Doctor (MD),*
- *Doctor of Osteopathy (DO),*
- *Doctor of Naturopathic Medicine (ND),*
- Physician Assistant (PA) or
- Advanced Registered Nurse Practitioner (ARNP).

that they:

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

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](#)

# Education Requirement

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

- Signing the COE does not mean that the health care practitioner agrees with the parent's beliefs.

In lieu of signing the COE the health care practitioner can give the parent a letter to be attached to the parent signed COE. The letter must:

- Include the child's name
- State that they have the provided information to the parents about the benefits and risks of vaccination
- Be signed (including credentials) and dated by the health care practitioner



# 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):			
<b>PERSONAL/PHILOSOPHICAL EXEMPTION*</b>			
<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)
<i>*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law</i>			
<b>RELIGIOUS EXEMPTION</b>			
<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	
<b>Parent/Guardian Declaration</b>			
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.			
<b>X</b>			
Parent/Guardian Name (print)	Parent/Guardian Signature	Date	
<b>Health Care Practitioner Declaration</b>			
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.			
<b>X</b>			
Licensed Health Care Practitioner Name (print)	Licensed Health Care Practitioner Signature	Date	
<input type="checkbox"/> MD <input type="checkbox"/> ND <input type="checkbox"/> DO <input type="checkbox"/> ARNP <input type="checkbox"/> PA		Washington License # _____	

Use for parent-requested exemptions or alternate schedules

Needs parent and health care practitioner signatures



# Religious Membership Exemption

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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

<b>RELIGIOUS MEMBERSHIP EXEMPTION</b> Complete this section <b>ONLY</b> 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.		
<b>Parent/Guardian Declaration</b> 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.		
<b>X</b>		
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](http://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

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- Completed COE can be used for the student's K-12 school attendance
  - Only temporary medical exemptions expire
- New form should be used for all NEW exemptions
- Incomplete or improperly completed forms should be returned to the parent or HCP to complete
- Only one type of exemption is allowed for each immunization requirement
  - Ex. not allowed: both a medical and personal exemption for polio
- Different exemption types are allowed for different requirement
  - Ex. is allowed: medical for varicella and personal for pertussis

Additional exemption information including a fact sheet and FAQs:  
[www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

# Knowledge Check

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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?

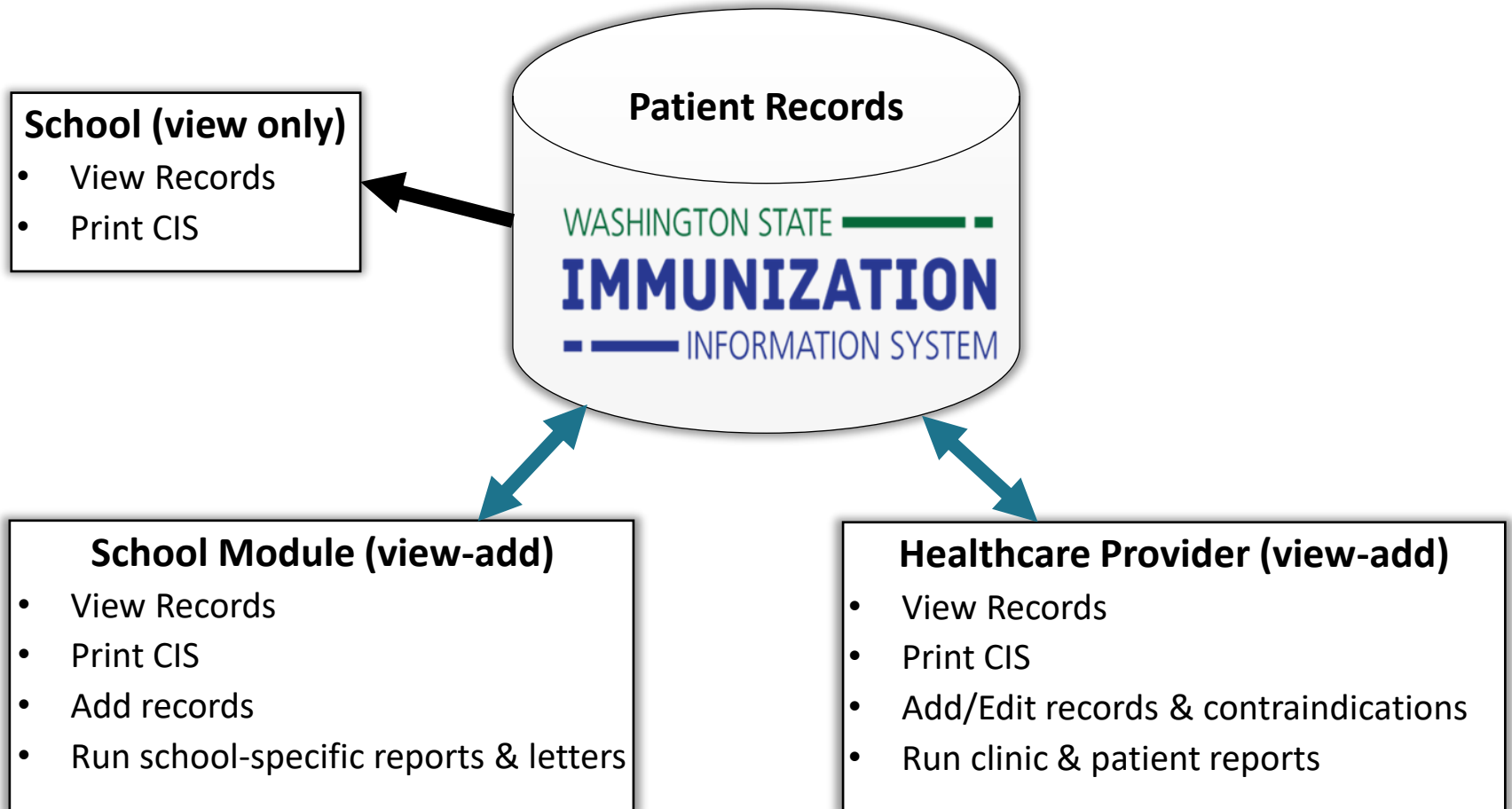
- ~~A. The Religious Membership exemption can be used for children who go to a doctor for medical treatment.~~
- ~~B. Exemption forms from other states are ok to use.~~
- ~~C. New exemption forms must be turned in annually.~~
- D. The WA Certificate of Exemption form must be completed for all exemptions.



# WAIIS SCHOOL MODULE ROLL-OUT



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



# School Module Use Across the State

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As of May 2023, using the School Module:

- 210 Public School Districts
- 88 Private Schools
- 8 Charter Schools
- 15 Childcares or Head Start/ECAPS

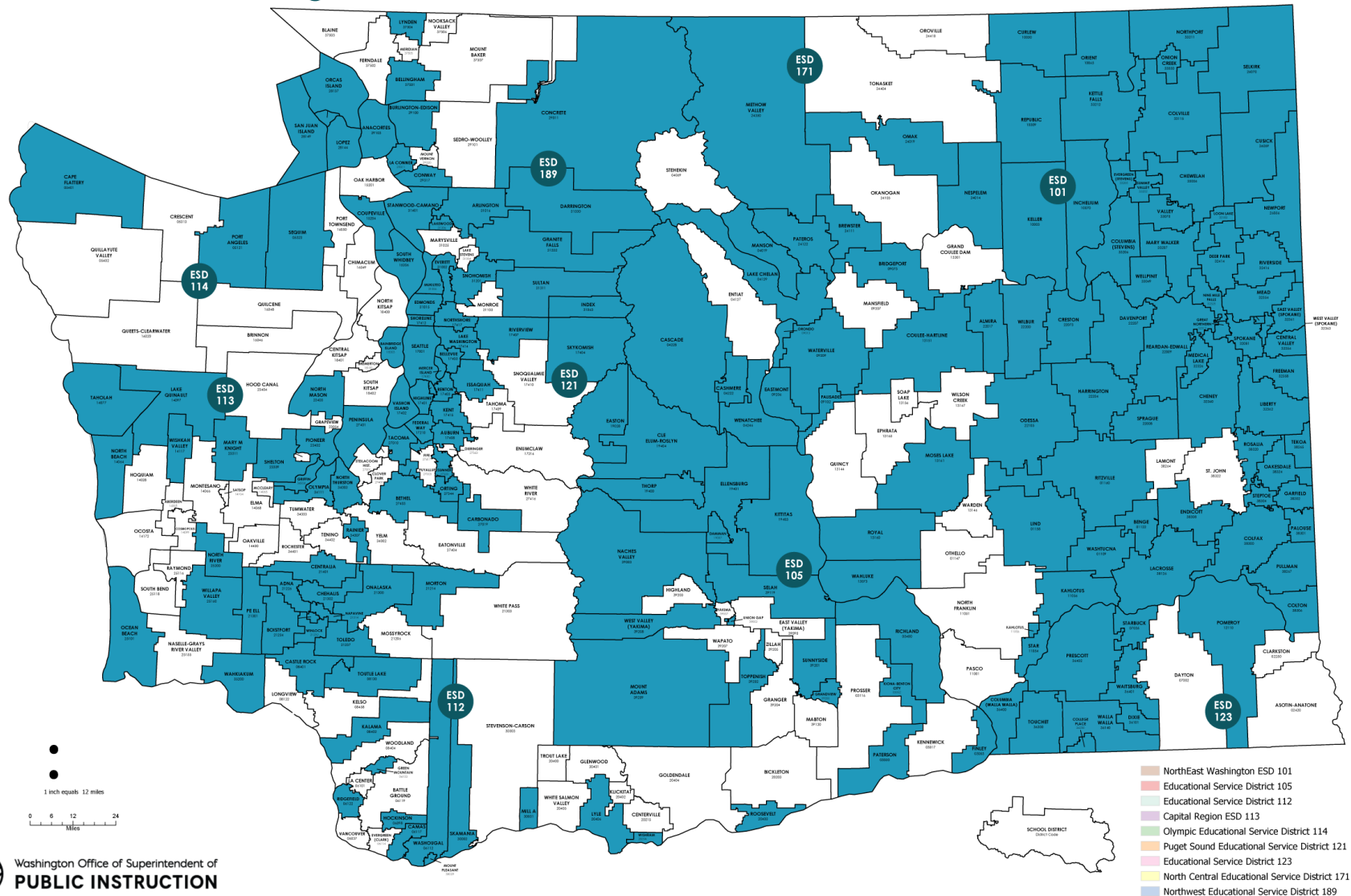
In total we serve approximately 806,000 Students

~ 74% 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](http://www.doh.wa.gov/SchoolModule)

# Washington State K-12 School District Enrollment into School Module



# Healthcare Providers and the School Module

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Healthcare providers play an important role in the School Module and are critical to its success.

The immunization data provided to the IIS creates comprehensive records for schools to use that:

- Allows schools to accurately determine immunization compliance for their students
- Allows schools to quickly identify vulnerable students during a disease outbreak using verified immunization data
- Results in fewer requests for immunization records from parents

# School Module Depends on the IIS Data

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The immunization data provided to the IIS impacts compliance status in the School Module and on the Certificate of Immunization Status (CIS) form

Missing immunization data in the IIS causes functionality issues

Healthcare providers can support parents and schools by:

- Entering missing historical immunizations
- Entering immunity and disease information
- Providing medically verified records to schools and parents



# RESOURCES

# School and Child Care Immunization Page

Website:

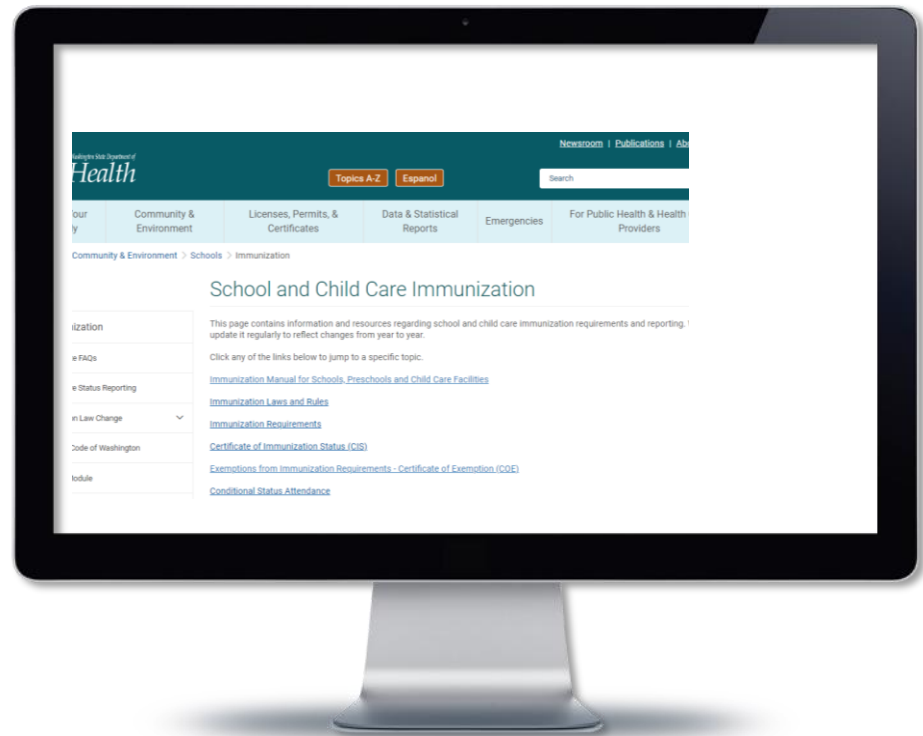
[www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

Questions?

Feedback!

Email us at:

[oischools@doh.wa.gov](mailto:oischools@doh.wa.gov)



# NEW! Immunization Page for Families

Website:

[www.doh.wa.gov/vaxtoschool](http://www.doh.wa.gov/vaxtoschool)

Questions?

Feedback!

Email us at:

[oischools@doh.wa.gov](mailto:oischools@doh.wa.gov)

[schoolmodule@doh.wa.gov](mailto:schoolmodule@doh.wa.gov)





# Resources

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## 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](http://www.doh.wa.gov/SCCI)

And on the Immunization Training webpage: [Immunization Training | 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

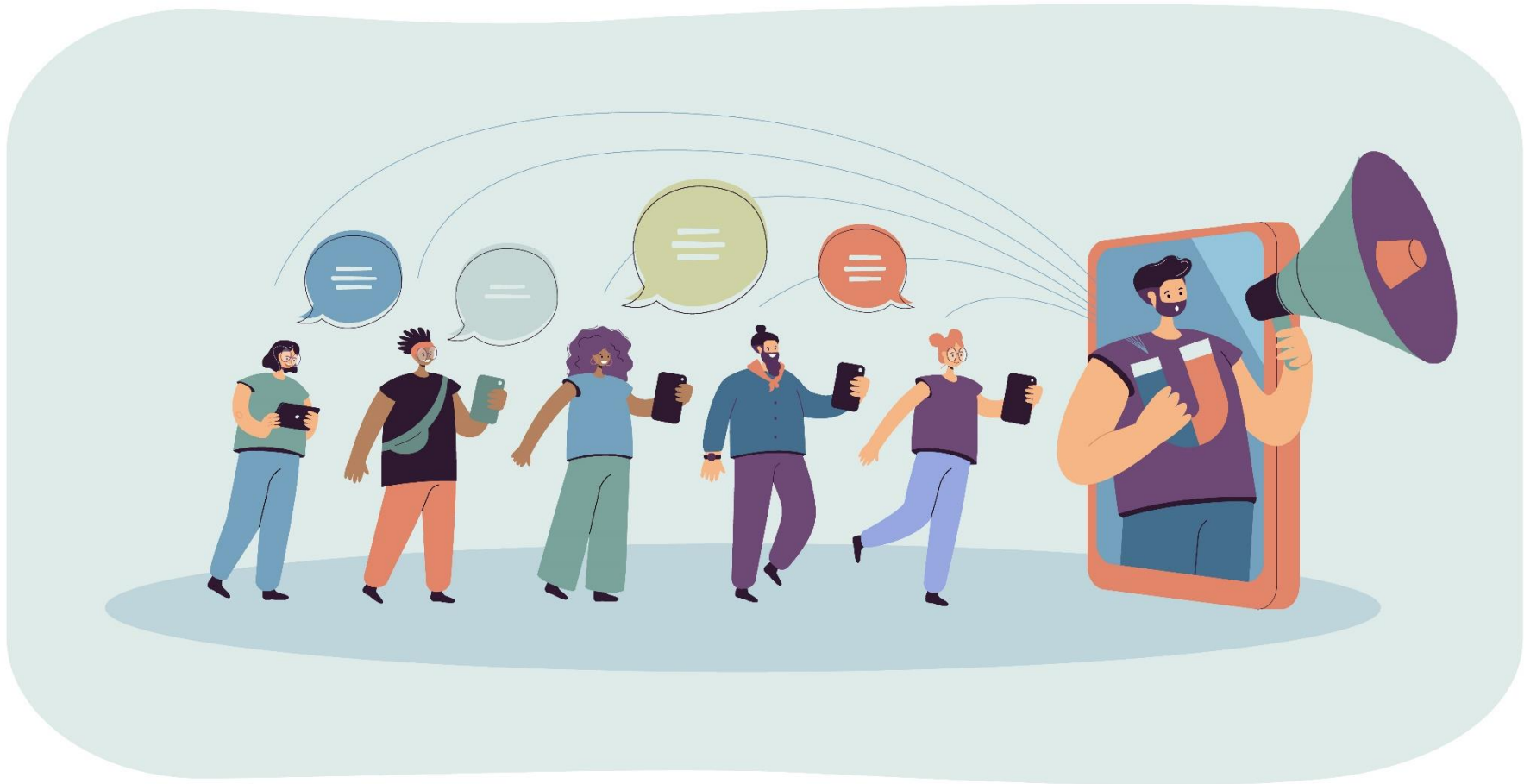
The Individual Vaccine Requirements Summary (IVRS) is a companion piece to the [Vaccines Required charts](#) for child care/preschool and school entry. The purpose of the summary is to assist school and child care staff and those working with student information systems to understand state immunization 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](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html)

# IVRS: Individual Vaccine Requirements Summary

Available on our website:  
[www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)



# COMMUNICATION PRACTICES TO SUPPORT SCHOOL AND CHILD CARE IMMUNIZATION

# OVERVIEW

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- We will review some existing trends with school and child care immunization.
- We will discuss communication best practices for immunizations.
- We will review some existing trends with migration and Limited English Proficiency (LEP).
- We will discuss some ways to support families with limited English proficiency (LEP) with immunizations.

# CLINIC TRENDS, BRIEFLY

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- Clinics/practices continue to experience high levels of traffic.
- Some clinics have reported staffing shortages with increased levels of patients.
- We recognize this situation and understand everyone is trying to do the best with the resources they have.



# SCHOOL TRENDS, BRIEFLY

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- Schools have limited health staff to handle immunization records and communication.
  - (rotating nurse, no nurse, etc)
- Children in WA continue to have lower immunization rates compared to pre-pandemic rates.
- We are seeing an uptick of students out of compliance with school imms. requirements.
- We're seeing more requests for translated forms and materials in different languages.



# SUMMER TRENDS FOR SCHOOL AND CHILD CARE

---

- Child cares see increased enrollment over the summer (children out of school).
- Vaccination tends to ramp up during the summer, especially close to school opening around September 1.
- Some families will schedule appointments close to the start of school.
- In a worst case scenario, families are unaware of requirements until the start of school, their child is excluded, and then they rush to find an appointment.



SO WHAT CAN WE DO TO SUPPORT SCHOOL IMMUNIZATIONS?



# REMINDER/RECALL

---

**Reminder/Recall is the process of determining the patients who are due for immunizations and notifying them to schedule an appointment.**

- This is a research-based best practice<sup>5</sup> shown to:
  - Increase clinic immunization rates.
  - Reduce children behind on vaccination.
  - Be a cost-effective option for clinics and schools.
- Providers or schools run a report for those needing immunizations.
  - Usually through Immunization Information System (IIS) or Electronic Health Record (EHR) system.
- Providers use that report to send out communication to the patient or family. Common strategies include:
  - Automated phone messaging.
  - Automated text messaging.
  - Post cards or letters.
  - Patient portal reminders and emails.

# REMINDER/RECALL



# REMINDER/RECALL TIPS

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**Only message the amount you can handle as new appointments.**

- Expect a 20-40% response rate

**Evaluate:**

- If you try multiple methods, which works best?
- How many patients schedule appointments after being notified?

**For school and child care:**

- Pulling reports on key immunization ages (K, 7<sup>th</sup> grade, etc.)
- The earlier the better to reduce school rush

# REMINDER/RECALL MESSAGING

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## **For message content, follow these best practices:**

- Use short, complete sentences.
- Use easy to understand language.
- Have a call to action.
- Include contact information.

## **When possible, avoid:**

- Medical or technical jargon.
- Large words, colloquialisms.

## **Remember:**

- Average person in the U.S. has reading level of 7<sup>th</sup> to 8<sup>th</sup> grade<sup>5\*</sup>
- 19% of working age adults are functionally illiterate (ages 16-65)<sup>6</sup>

# MESSAGING EXAMPLES

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## **POOR EXAMPLE:**

“This is your friendly neighborhood Washington State Clinic, at your service. Our detailed medical records indicate that you or a member of your household is due for an immunization or a well child visit or a checkup within the immediate future. Please schedule with our fine establishment post-haste!”

## **GOOD EXAMPLE:**

“This is Washington State Clinic. We’re calling today because your child is due for one or more vaccines. Please call us at 1-509-555-5555 to schedule an appointment.”

Can soften language as needed, or insert a salutation. Keep short:

“We look forward to your visit.”

“Have a nice day!”

“Thank you for your time!”



# BROADER COMMUNICATION

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## **Social Media:**

- 54% of millennials/42% of adults would like to friend or follow their health care professional on social media (AOA)<sup>7</sup>
- 96% of parents use social media, with 68% using it for health info too (NIH)<sup>8</sup>

## **Messaging about vaccines and well-child visits via social media, newsletters, web pages, or mass email.**

- Use to support your existing work.
- Can be great if you're highlighting an event (vaccine clinic) or providing broad reminders.
- Message urgency may encourage families to schedule appointments earlier.
- Having a website or socials with multiple languages better supports your patient community.

# BROADER COMMUNICATION

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DOH has a variety of toolkits and resources for social media and messaging for immunizations.

- [Childhood Vaccine Campaign Toolkit | Washington State Department of Health](#)
- [Immunization Toolkit for the 2022-2023 School Year | Washington State Department of Health](#)
- [Health Care Provider Toolkit for Catch-Up and COVID-19 Vaccinations | Washington State Department of Health](#)



# PROVIDER SUPPORT

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## **If you're overbooked with appointments:**

- If patient is in for different reason, still check for needed imms.
- Consider shorter, vaccine specific appointment blocks.
- Option for [DOH Care-A-Van](#), esp. in communities with existing inequities.
- Consider referring vaccine appointments.
  - Be aware of a family's insurance considerations.

## **Check in with your Local Health Jurisdiction to:**

- Learn about and promote other mass vaccination clinics.
- Connect to your local school.
- Plan a mass vaccination clinic.
- See if they also offer vaccination.
- Get in touch with community organizations.



**SUPPORTING LIMITED ENGLISH PROFICIENCY**

# CURRENT TRENDS

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## MIGRATION, IMMIGRATION, AND LIMITED ENGLISH PROFICIENCY

- Net migration into the state each year has been positive since 1984<sup>1</sup>
- 1 in 7 residents in Washington are foreign born (In part due to labor demand for farming, fishery, and forestry industries).<sup>2</sup>
- Largest foreign-born groups from Mexico (23%), India (8%), China (7%), Philippines (6%), Vietnam (6%).<sup>2</sup>
- 80% of immigrants report speaking English well or very well.<sup>2</sup>
- In 2022 alone, we resettled 15,000 refugees in WA (Larger groups being Ukrainians and Afghans).<sup>3</sup>
- Diverse needs across the state for translation services.

# EQUITY AND LEP

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Consider:

## **Equity of access to health care and health care systems**

- Limited English Proficiency individuals have increased morbidity and mortality rates (more at risk for complications) compared to the general population
- LEP individuals might not know about or how to access existing services
- Difficulty making appointments, completing basic info at clinic
- Inability to communicate effectively with health care staff
- Lower patient satisfaction

# IN CLINIC BEST PRACTICES

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## **Practices based on CLAS standards. Broadly:**

- Develop a supportive culture for diverse populations of patients.
- Adapt existing systems to support LEP (intake, interpretation, phone messaging, reminder recall, staffing).
- Make phone/video interpretation an ‘everyday’ practice (be comfortable using them).
- Maintain immunization materials and posters in a variety of languages.
- Family centered: Providing info in simple and useful manner so patient/family can participate as they choose.

# IN CLINIC BEST PRACTICES FOR IMMS

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- Have specific immunization materials in appropriate language ready to go beforehand (VIS, parent charts, CIS, COE, etc).
- Understand and prepare for cultural differences around immunization. Ask questions to clarify.
- If exemptions are requested, provide required education and avoid judgments. Continue strong recommendation at next visit.
- Process for interpreting non-English records to avoid unnecessary vaccination. Consider requesting any forms before appointment. Add into IIS/EHR.
- Remember the importance of posted imms materials in rooms!

# RESOURCES & REFERENCES

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## MIGRATION

1. [Population change: natural increase and net migration | Office of Financial Management \(wa.gov\)](#)
2. [Immigrants in Washington | American Immigration Council](#)
3. [Office of Refugee and Immigrant Assistance | DSHS \(wa.gov\)](#)
4. [Article: Immigrants in the U.S. States with the Fastest Growing Populations | migrationpolicy.org](#)

## REMINDER RECALL

5. [Reminder Systems and Strategies for Improving Vaccination Rates \(CDC\)](#)
6. [Reminder and Recall Strategies \(aap.org\)](#)

## SOCIAL MEDIA AND HEALTH CARE

7. [Survey Finds Patients Want to be Friends with their Physicians on Social Media \(American Osteopathic Association\)](#)
8. [Parental Perceptions of the Internet and Social Media as a Source of Pediatric Health Information \(NIH\)](#)

# RESOURCES & REFERENCES

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## LITERACY

9. [Literacy Project Foundation – Believe – Dream – Soar](#)
10. [Adult Literacy in the United States \(National Center for Education Statistics\)](#)

## LANGUAGE ACCESS AND CLAS STANDARDS

11. [Welcome to LEP.gov](#)
12. [DHS I Speak Booklet \(lep.gov\)](#)
12. [How Should Clinicians Respond to Language Barriers That Exacerbate Health Inequity? | Journal of Ethics | American Medical Association \(ama-assn.org\)](#)
13. [quick-safety-issue-13-lep-update-10-5-21.pdf \(jointcommission.org\)](#)
14. [National CLAS Standards \(Health and Human Services\)](#)
15. [A Practical Guide to Implementing the National CLAS Standards \(cms.gov, 2016\)](#)
16. [Cultural Competency In Health Services and Care \(HSQA, 2010\)](#)
17. [Interpreter services \(providers\) | Washington State Health Care Authority](#)  
(Apple Health or Medicaid, + provider enrollment)



# RESOURCES & REFERENCES

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## DEPT OF HEALTH RESOURCES

- 18. [CIS](#), [COE](#), [Parent Charts](#) (16 Languages)
- 19. Family Friendly Immunization Page ([English](#)/[Spanish](#))

## TRANSLATION GUIDES FOR IMMS RECORDS IN DIFF. LANGUAGES

- 20. [Spokane Health District - Russian & Ukrainian Translation Guide for School Records Resources](#)
- 21. [Migrantclinician.org – Mexico Immunization Record Interpreting \(PDF\)](#)

We would love to hear from you!

What are you doing to support LEP families?

- What services do you use?
- How have you adapted your workflows?
- What are your best practices?
- What do you need help with?



# Obtaining Continuing Education

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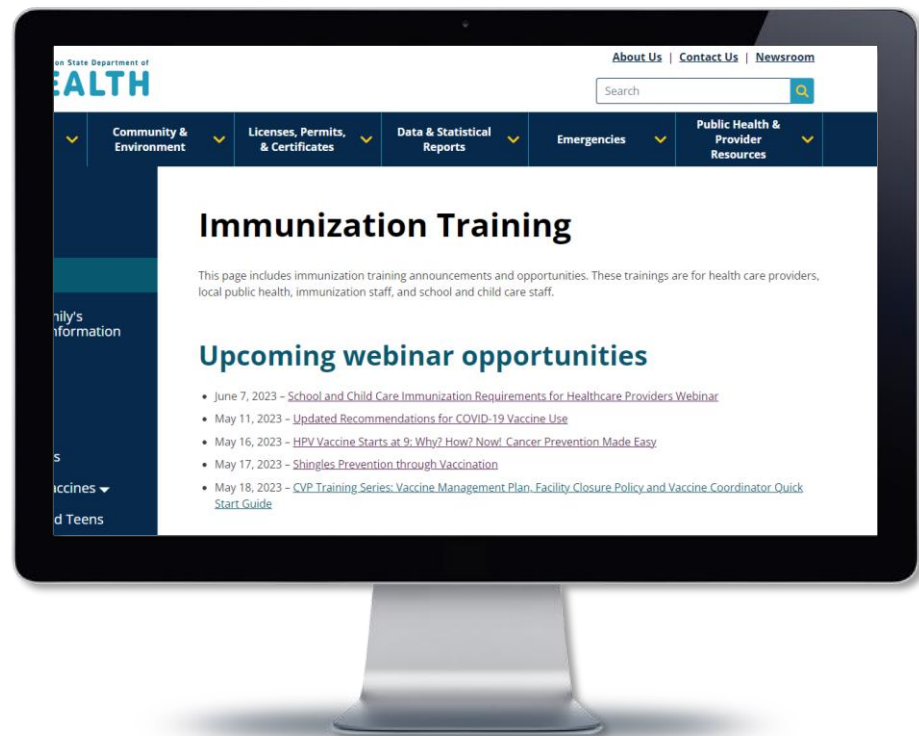
- Continuing education is available for physicians, nurses, medical assistants, pharmacists/pharmacy techs, and health educators
  - There is no cost for CEs
- Expiration date is June 7, 2024
- Successful completion of this continuing education activity includes the following:
  - Attending the entire 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](mailto:trang.kuss@doh.wa.gov)

# Obtaining Continuing Education for Health Educators

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- To earn credit, you must be present for the webinar and complete the evaluation, which includes comprehension questions and submission of your NCHEC credential number.
- You may also watch the webinar recording for CHES credit when it is posted to the webinar web page. To earn CHES credit, **all evaluations must be in no later than June 19, 2023.**
  - CE for health educators is offered only until June 19, 2023

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