



SCHOOL AND CHILD CARE IMMUNIZATION REQUIREMENTS

Office of Immunization
June 17, 2025

Before We Start

- We record these webinars.
- All participants will be muted for the presentation.
- Closed captioning is available.
- 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 and medical assistants 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 at <https://www.doh.wa.gov/ImmunizationTraining>.

Immunization Training Web Page

<https://www.doh.wa.gov/ImmunizationTraining>



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Emergencies

Public Health & Provider Resources

[Home](#) | [You & Your Family](#) | [Immunization](#) | Immunization Training

In this section

Immunization

Access your Family's Immunization Information

Adult

Champions

Children

College Students

Diseases and Vaccines

For Preteens and Teens

For Seniors

Immunization Forms and Publications

Immunization Training

Immunization Training

This page includes immunization training announcements and opportunities. These trainings are for health care providers, local public health, immunization staff, and school and child care staff.

Clinical Immunization Webinar Instructions

We have changed our process for obtaining continuing education credits. Webinar attendees are now required to create an account in TRAIN.org in order to instantly generate continuing education certificates or a certificate of completion. Please follow the instructions in the document below:
[Instructions for Obtaining Continuing Education \(PDF\)](#)

Upcoming Webinar Opportunities

- March 25, 2025 - [2025-26 School Year School and Child Care Immunization Requirements Webinar for School and Child Care Staff](#)
- March 25, 2025 - [Women and Immunizations: Academic and Community Perspectives](#)
- March 26, 2025, April 2, 2025, April 9, 2025 - [Responding to Measles in Indian Country: Situation updates and response strategies](#)

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.
- This program has been granted prior approval by the American Association of Medical Assistants (AAMA) for 1.0 administrative continuing education unit.

Disclosures

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

Learning Objectives

- Understand the changes to the immunization requirements for the 2025-2026 school year
- Describe immunization forms and how to use them
- Know where to locate resources for school and child care staff

School and Child Care Immunization Requirements

Webinar



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Topics

- Immunization Laws and Rules
- 2025-2026 Requirements
 - Tdap roll-up
 - Reminder of guidance for 4-year-old students
- Diphtheria, Tetanus, and Pertussis
- Certificate of Immunization Status (CIS)
- Certificate of Exemption (COE)
- School and Child Care Immunization Module and Best Practice Entering Historical Vaccines
- Resources



IMMUNIZATION LAW AND RULES RCW & WAC

School & Child Care Immunization Requirements

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

- [28A.210.060](#)—through [28A.210.170](#)

WA State Board of Health has the authority to determine the immunization rules:

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

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

- www.doh.wa.gov/SCCI

WA Child Care and School Immunization Requirements

RCW [28A.210.080](#) requires documentation of immunity to the diseases identified by the State Board of Health.

WAC [246-105-030](#) lists the diseases for which immunity is required.

WAC [246-105-040](#) says the child must be vaccinated against, or provide documentation of immunity against, each vaccine-preventable disease at ages and intervals according to the national immunization guidelines.

Recommended vs. Required



CDC 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)

Titers and the Immunization Requirements

The and school and child care immunization requirements can be met with health care provider documentation of blood antibody titers sufficient to document immunity for:

Diphtheria	Measles
Tetanus	Mumps
Hepatitis B	Rubella
Hib	Varicella

Polio:

- Must have positive titers to all 3 polioviruses
- Antibody titers to type 2 poliovirus have not been available since 2016

Pertussis and Pneumococcal:

- There is no acceptable titer.

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.
- Parent must sign conditional status acknowledgement on the Certificate of Immunization Status form.

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 \(Word\)](#)



IMMUNIZATION REQUIREMENTS

Vaccines Required for Child Care

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.

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


Find the Preschool-12th grade requirement chart and in the Individual Vaccine Requirements Summary (IVRS) immunization requirements section on 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.

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 doh.information@doh.wa.gov.

DOH 348-053 May 2024

Vaccines Required for Preschool-12th Grade 2025-2026

Vaccines Required for School: Preschool -12th August 1, 2025 to July 31, 2026 							
	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
Grade 7 through 12	5 doses DTaP** Plus Tdap at age ≥10 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. Find it on our web page: www.doh.wa.gov/SCCI.

Vaccines Required for Preschool-12th Grade 2025-2026


Vaccine	Dose #	Minimum Age	Minimum Interval* Between Doses	Notes
Hepatitis B (Hep B)	Dose 1	Birth	4 weeks between dose 1 & 2	2 doses are acceptable if both doses are documented as adult doses of Recombivax HB* given at age 11 through 15 years. The doses must be separated by at least 4 months.
	Dose 2	4 weeks	8 weeks between dose 2 & 3	
	Dose 3	24 weeks	16 weeks between dose 1 & 3	
Diphtheria, Tetanus, and Pertussis (DTaP and Tdap)	Dose 1	6 weeks	4 weeks between dose 1 & 2	A 6 month interval is recommended between dose 3 and dose 4, but a minimum interval of 4 months is acceptable. Dose 5 not needed if dose 4 on or after the 4th birthday and at least 6 months after dose 3
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	6 months between dose 3 & 4	
	Dose 4	12 months	6 months between dose 4 & 5	DTaP can be given to children through age 6. If catch-up doses are needed at age 7 and older, Tdap is used followed by additional doses of Tdap or Td if needed.
	Dose 5	4 years	—	
	Tdap Booster	10 years	—	A Tdap booster dose is required for all students in grades 7-12.
Haemophilus influenzae type B (Hib)	Dose 1	6 weeks	4 weeks between dose 1 & 2	If all 3 doses of PedvaxHIB given, only need 3 doses total. Dose 3 must be ≥12 months of age. Vaccine doses may be acceptable with fewer than listed depending on when they were given. Review the Individual Vaccine Requirements Summary for minimum doses required: https://www.doh.wa.gov/SCCI page 12. Age ≥5 years: Not required because not routinely given to children age 5 years and older.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	8 weeks between dose 3 & 4	
	Dose 4	12 months	—	
Pneumococcal Conjugate (PCV13, PCV15 or PCV20)	Dose 1	6 weeks	4 weeks between dose 1 & 2	Vaccine doses may be acceptable with fewer than listed depending on when they were given. Review the Individual Vaccine Requirements Summary for minimum doses required: https://www.doh.wa.gov/SCCI page 17. Age ≥5 years: Not required because not routinely given to children age 5 years and older.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	8 weeks between dose 3 & 4	
	Dose 4	12 months	—	
Polio (IPV or OPV)	Dose 1	6 weeks	4 weeks between dose 1 & 2	Polio vaccine is required for all students, even those 18+ years old Dose 4 not needed if dose 3 on or after the 4th birthday and at least 6 months after dose 2. OPV given on or after 04/01/16 cannot be accepted as a valid dose in the series.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	6 months between dose 3 & 4	
	Dose 4	4 years	—	
Measles, Mumps, and Rubella (MMR or MMRV)	Dose 1	12 months	4 weeks between dose 1 & 2	MMRV (MMR + Varicella) may be used in place of separate MMR and varicella vaccines. Must be given the same day as varicella OR at least 28 days apart, also see* footnote.
	Dose 2	13 months	—	
Varicella (Chickenpox) (VAR or MMRV)	Dose 1	12 months	3 months between dose 1 & 2 (12 months through 12 years). 4 weeks between dose 1 & 2 (13 years and older)	Recommended: 3 months between varicella doses, but at least 28 days minimum interval is acceptable. Must be given the same day as MMR OR at least 28 days apart, see* footnote. Healthcare provider verification of disease history is acceptable to document immunity.
	Dose 2	15 months	—	

*The 4 day grace period can be applied to all doses except between two doses of different live vaccines (such as MMR, MMRV, varicella, and Flumist).

See the Individual Vaccine Requirements Summary for more details about the schedules. Visit: <https://www.doh.wa.gov/SCCI>

DOH 348-051 Dec 2024

Vaccines Required for Preschool-12 School 2025-2026

Vaccines Required for School: Preschool -12th August 1, 2025 to July 31, 2026 							
	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	5 doses DTaP**	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
Grade 7 through 12	5 doses DTaP** Plus Tdap at age ≥10 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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2025-2026 Tdap Minimum Age

7th through 12th	5 doses DTaP* Plus Tdap at age ≥10 years
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All students in grades 7-12 must have one Tdap at age 10+.

[Child Immunization Schedule Notes | Vaccines & Immunizations | CDC](#)

- Routine schedule
 - Age 11–12 years: 1 dose Tdap (adolescent booster)
- Tdap administered at age 7–10 years:
 - Age 7–9 years who receive Tdap should receive the adolescent Tdap booster dose at age 11–12 years.
 - Age 10 years who receive Tdap do not need the adolescent Tdap booster dose at age 11–12 years. (4-day grace period cannot be applied to the early dose)

Vaccines Required for Preschool-12th Grade 2024-2025

Vaccines Required for School: Preschool -12th

August 1, 2025 to July 31, 2026



	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus</i> <i>influenzae</i> type 3)	MMR (Measles, mumps and rubella)	PCV (Pneumococcal Polysaccharide)	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
Grade 7 through 12	5 doses DTaP** Plus Tdap at age ≥10 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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Review the Individual Vaccine Requirements Summary for more detailed information. Find it on our web page: www.doh.wa.gov/SCCI.

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 \(PDF\):](#)

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 on 09/01' when evaluating these students' immunizations



Washington State Department of

HEALTH INDIVIDUAL VACCINE REQUIREMENTS SUMMARY

Guidelines on Immunizations Required for Child Care and School Entry in Washington State
SCHOOL YEAR 2025-2026

TABLE OF CONTENTS

Click on page numbers to go to selected page.

VACCINES REQUIRED FOR CHILD CARE ATTENDANCE	3
VACCINES REQUIRED FOR SCHOOL, GRADES Preschool-12	4
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP, DT, Td, Tdap).....	5
HEPATITIS B.....	8
HAEMOPHILUS INFLUENZAE TYPE B (Hib).....	10
Dose Chart for age 15 through 59 months	12
MEASLES, MUMPS, RUBELLA (MMR)	13
PNEUMOCOCCAL CONJUGATE (PCV)	15
Dose Chart for age 24 through 59 months	17
POLIO (IPV, OPV).....	18
VARICELLA.....	20
LIST OF CHANGES TO THIS DOCUMENT FROM THE PREVIOUS VERSION.....	22

IVRS: Individual Vaccine Requirements Summary

Available on our website:

www.doh.wa.gov/SCCI



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 (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 doses 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 (dose can count for adolescent booster if at age 10+, 4-day grace period cannot be applied)
 - 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

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 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.

IVRS:

Pages 6 and 7

Catch-Up Guidance for Children 4 Months through 6 Years of Age

Diphtheria-, Tetanus-, and Pertussis-Containing Vaccines: DTaP¹

The table below provides guidance for children whose vaccinations have been delayed. Start with the

Catch-Up Guidance for Children 7 through 9 Years of Age

Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td¹

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's

Catch-Up Guidance for Children 10 through 18 Years of Age

Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.

IF current age is	AND # of previous doses of DTaP ¹ , DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due
10 through 18 years	Unknown or 0	→	→	→	Give Dose 1 (Tdap) today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1
	1	Dose 1 was given before 12 months of age	→	→	Give Dose 2 (Tdap) today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	It has been at least 4 weeks since Dose 1	Dose 1 was Tdap ^{1,2}	Give Dose 2 (Td or Tdap) today ²	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2
				Dose 1 was not Tdap	Give Dose 2 (Tdap) today	
			It has not been at least 4 weeks since Dose 1	Dose 1 was Tdap	No dose today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1 ¹
				Dose 1 was not Tdap	No dose today	Give Dose 2 (Tdap) at least 4 weeks after Dose 1
	2	Dose 1 was given before 12 months of age	It has been at least 4 weeks since Dose 2	Any dose was Tdap ¹	Give Dose 3 (Td or Tdap) today ²	Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3
				No dose was Tdap ³	Give Dose 3 (Tdap) today	

CDC Diphtheria, Tetanus, and Pertussis Vaccine catch-up guidance job aids:

- [Guidance for Children 4 Months through 6 Years of Age](#)
- [Guidance for Children 7 through 9 Years of Age](#)
- [Guidance for Children 10 through 18 Years of Age](#)

Knowledge Check

The number of doses needed in a diphtheria, tetanus, and pertussis catch-up schedule depends on:

- A. The current age of the patient
- B. The number of previous doses received, if any
- C. The age they received the 1st dose, if any
- D. All of the above

Knowledge Check

The number of doses needed in a diphtheria, tetanus, and pertussis catch-up schedule depends on:

- A. The current age of the patient
- B. The number of previous doses received, if any
- C. The age they received the 1st dose, if any
- D. All of the above**



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 an official form created by the Department of Health.

- It should not be recreated in an electronic medical record system.
- Designed to evaluate vaccination status based on the school and child care requirements not a comprehensive vaccination 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	
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.	
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	MM/DD/YY
Required Vaccines for School or Child Care Entry				
Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS				
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				
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 7-12

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
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
Required Vaccines for School or Child Care Entry				
DTaP (Diphtheria, Tetanus, Pertussis)	04/01/2019	06/01/2019	08/01/2019	
Tdap (Tetanus, Diphtheria)				
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				

- 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			Parent/Guardian Signature Required if Starting in Conditional Status	
Date			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
				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
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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 (Seroconversion)	06/01/2022	06/01/2022	06/01/2022				
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

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	
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
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 marked permanent 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
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
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)				
MenB (Meningococcal Disease type B)				
Rotavirus				
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

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:	RUE CAT	SHS Patient ID:	12078513
Date of Birth:	02/01/2019	Age:	6 years 1 months 12 days
Report Date:	03/13/2025	Status:	Not Complete

Required Vaccines for School or Child Care Entry	
Vaccine	Dose Due on or After
DTaP/Tdap/Td	02/01/2023
MMR	02/01/2023
Polio	02/01/2023
Varicella	02/01/2023

Recommended Vaccines (Not Required)	
Vaccine	Dose Due on or After
HepA	02/01/2020
Influenza	07/01/2024
COVID-19	08/22/2024
HPV	02/01/2028
Meningococcal	02/01/2030
Meningococcal B	02/01/2035
Pneumococcal	02/01/2069
Zoster	02/01/2069
RSV	02/01/2094

Invalid Vaccine Doses Not Printed on the CIS		
Vaccine	Invalid Dose Date	Reason for Invalid Dose
MMR	X 11/01/2019	Too Young

Validated CIS – Page 2 Action Report



Action Report

Name:	RUE CAT	SHS Patient ID:	12078513
Date of Birth:	02/01/2019	Age:	6 years 1 months 12 days
Report Date:	03/13/2025	Status:	Not Complete

Required Vaccines for School or Child Care Entry		Recommended Vaccines (Not Required)	
Vaccine	Dose Due on or After	Vaccine	Dose Due on or After
DTaP/Tdap/Td	02/01/2023	HepA	02/01/2020
			07/01/2024
			08/22/2024
			02/01/2028
			02/01/2030
			02/01/2035
			02/01/2069
			02/01/2069
			02/01/2094
	</		

Validated CIS – Page 2 Action Report



Action Report

Name:	RUE CAT	SHS Patient ID:	12078513
Date of Birth:	02/01/2019	Age:	6 years 1 months 12 days
Report Date:	03/13/2025	Status:	Not Complete

Required Vaccines for School or Child Care Entry		Recommended Vaccines (Not Required)	
Vaccine	Dose Due on or After	Vaccine	Dose Due on or After
DTaP/Tdap/Td			02/01/2020
MMR			07/01/2024
Polio			08/22/2024
Varicella			02/01/2028
			02/01/2030
			02/01/2035
			02/01/2069
			02/01/2069
			02/01/2094
Invalid Vaccine Doses Not Printed			
Vaccine			for Invalid Dose
MMR			Too Young

Recommended Vaccines (Not Required)	
Vaccine	Dose Due on or After
HepA	02/01/2020
Influenza	07/01/2024
COVID-19	08/22/2024
HPV	02/01/2028
Meningococcal	02/01/2030
Meningococcal B	02/01/2035
Pneumococcal	02/01/2069
Zoster	02/01/2069
RSV	02/01/2094

Validated CIS – Page 2 Action Report



Action Report

Name:	RUE CAT	SHS Patient ID:	12078513
Date of Birth:	02/01/2019	Age:	6 years 1 months 12 days
Report Date:	03/13/2025	Status:	Not Complete

Required Vaccines for School or Child Care Entry	
Vaccine	Dose Due on or After
DTaP/Tdap/Td	02/01/2023
MMR	02/01/2023
Polio	02/01/2023
Varicella	02/01/2023

Recommended Vaccines (Not Required)	
Vaccine	Dose Due on or After
HepA	02/01/2020
Influenza	07/01/2024
COVID-19	08/22/2024
HPV	02/01/2028

Invalid Vaccine Doses Not Printed on the CIS

Vaccine	Invalid Dose Date	Reason for Invalid Dose
MMR	X 11/01/2019	Too Young

Invalid Vaccine Doses Not Printed on the CIS

Vaccine	Invalid Dose Date	Reason for Invalid Dose
MMR	X 11/01/2019	Too Young



MYIR MOBILE CIS

MyIR Mobile

MyIR allows people to view their own and their children's immunizations.

Users will need to register the first time they use MyIR Mobile.

<https://app.myirmobile.com/auth/register?state=WA>

- Tip: If you can't find any records, try a different phone number.
- For help, email MyIR@doh.wa.gov.

For more information, go to www.doh.wa.gov/immsrecords .


MyIRMobile Validated CIS

Child's Last Name:		First Name:		Middle Name:		Birthdate (MM/DD/YYYY):		SIIS ID Number	
GRAFF		A CIRCE CAT		Katherine		02/01/2010		N/A printed from MyIR	
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	
COMPLETE									
Assessment of Required Immunizations: SY 2023-2024 Grade 7-10						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 MyIR from the Immunization Information System on 08/04/2023									
		MM/DD/YY		MM/DD/YY		MM/DD/YY		MM/DD/YY	
Required Vaccines for School or Child Care Entry									
DTaP (Diphtheria, Tetanus, Pertussis)	04/01/10	06/01/10	08/01/10	08/01/11	02/01/14				
Tdap (Tetanus, Diphtheria, Pertussis)	02/01/21								
DT or Td (Tetanus, Diphtheria)									
Hepatitis B	02/01/10	04/01/10	08/01/10						
Hib (<i>Haemophilus influenzae type b</i>)*									
IPV (Polio)	04/01/10	06/01/10	08/01/10	02/01/14					
OPV (Polio)									
MMR (Measles, Mumps, Rubella)	02/01/19	02/01/23							
PCV/PPSV (Pneumococcal)*									
Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS	02/01/11	02/01/14							
Recommended Vaccines (Not Required for School or Child Care Entry)									
COVID-19	11/30/21	12/21/21	06/22/22	09/18/22					
Flu (Influenza)	10/01/22								
Hepatitis A	02/01/16								
HPV (Human Papillomavirus)									
MCV/MPSV (Meningococcal Disease types A, C, W, Y)									
MenB (Meningococcal Disease type B)									
Rotavirus									

Similar to IIS CIS

- Says validated by MyIR
- The validation series depends on the grade selected by the parent
- Dates come from the WAIS so no medical verification signature is needed
- Prints valid dates only

MyIRMobile 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
GRAFF	A CIRCE CAT	Katherine	02/01/2010	N/A printed from MyIR
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	
COMPLETE				
Assessment of Required Immunizations: SY 2023-2024 Grade 7-10 Expiration Date: _____ Validated by MyIR from the Immunization Information System on 08/04/2023			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
Required Vaccines for School or Child Care Entry				
DTaP (Diphtheria, Tetanus, Pertussis)	04/01/10	06/01/10	08/01/10	02/01/14
Tdap (Tetanus, Diphtheria, Pertussis)				
DT or Td (Tetanus, Diphtheria)				
Hepatitis B				
Hib (Haemophilus influenzae type b)				
IPV (Polio)	04/01/10	06/01/10	08/01/10	02/01/14
OPV (Polio)				
MMR (Measles, Mumps, Rubella)	02/01/19	02/01/23		
MMRV (Measles, Mumps, Rubella, Varicella)				
Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS	02/01/11	02/01/14		
Recommended Vaccines (Not Required for School or Child Care Entry)				
COVID-19	11/30/21	12/21/21	06/22/22	09/18/22
Flu (Influenza)	10/01/22			
Hepatitis A	02/01/16			
HPV (Human Papillomavirus)				
MCV/MPSV (Meningococcal Disease types A, C, W, Y)				
MenB (Meningococcal Disease type B)				
Rotavirus				

Differences from the IIS CIS

- Does not print the SIIS ID Number
- Does not include immunity by antibody titer
- May not show history of chicken pox disease depending on how it was entered

Validated CIS – Page 2 Action Report



Action Report

Name:	A CIRCE CAT Katherine GRAFF	SIIS Patient ID:	unable to print from MyIR
Date of Birth:	02/01/2010	Age:	13 years, 5 months, 20 days
Report Date:	07/21/2023	Status:	NOT COMPLETE

Required Vaccines for School or Child Care Entry

Vaccine	Dose Due on or After
Tdap (Tetanus, Diphtheria, Pertussis)	02/01/2021

Recommened Vaccines (Not Required)

Vaccine	Dose Due on or After
Flu (Influenza)	07/01/2023
Hepatitis A	08/01/2016
HPV (Human Papillomavirus)	02/01/2019
MCV/MPV (Meningococcal Disease)	02/01/2021

Invalid Vaccine Doses Not Printed on the CIS

Vaccine	Invalid Dose Date	Reason for Invalid Dose



HARDCOPY CIS

Hardcopy CIS



Certificate of Immunization Status (CIS)

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

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

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

Required Vaccines for School or Child Care Entry								Documentation of Disease Immunity (Health care provider use only)
▲ Required 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	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)
▲▲ DTaP (Diphtheria, Tetanus, Pertussis)								
▲ Tdap (Tetanus, Diphtheria, Pertussis) grade 7+								
▲▲ DT or Td (Tetanus, Diphtheria)								
▲▲ Hepatitis B								
• Hib (Haemophilus influenzae type b)								
▲▲ IPV (Polio)								
▲▲ OPV (Polio)								
▲▲ MMR (Measles, Mumps, Rubella)								
• PCV (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)								
Meningococcal Disease types A, C, W, Y								
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: _____ Handwritten forms must have medical immunization records attached for school or child care staff verification.	Signature: _____ Date: _____
---	--	---

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 CIS 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)		
<div>▶</div>		
Licensed Health Care Provider Signature Date		
<div>▶</div>		
Printed Name		

Has a place for a 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) 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 a 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 has not been available for poliovirus type 2 since vaccine for type 2 was 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)

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

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

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 information.			
X _____ Parent/Guardian Signature		_____ Date		X _____ Parent/Guardian Signature Required if Starting in Conditional Status		_____ Date	
Required Vaccines for School or Child Care Entry						Documentation of Disease Immunity (Health care provider use only)	
•▲ DTaP (Diphtheria, Tetanus, Pertussis) ▲ Tdap (Tetanus, Diphtheria, Pertussis) grade 7+ •▲ DT or Td (Tetanus, Diphtheria) •▲ Hepatitis B • Hib (Haemophilus influenzae type b) •▲ IPV (Polio) •▲ OPV (Polio) •▲ MMR (Measles, Mumps, Rubella) • PCV (Pneumococcal) •▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						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)	
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
Meningococcal Disease types A, C, W, Y							
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: _____	
Handwritten forms must have medical immunization records attached for school or child care staff verification.							

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://myirmobile.com/>

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.

Certificate of Immunization Status (CIS)

Additional information about the CIS are available at www.doh.wa.gov/SCCI:

- Certificate of Immunization Status form
 - English and 17 translations
- Certificate of Immunization Status Overview Video
- Frequently Asked Questions about the Certificate of Immunization Status
- Acceptable Versions of a Certificate of Immunization Status
- Validated CIS Quick Reference Guide
- How to print the CIS from the Immunization Information System

Knowledge Check

To meet the polio immunity requirement by blood antibody titer the titer must:

- A. Be documented by a health care provider
- B. Confirm immunity to all three polioviruses
- C. Confirm immunity to poliovirus type 1 and 2
- D. A & B
- E. A & C

Knowledge Check

To meet the polio immunity requirement by blood antibody titer the titer must:

- A. Be documented by a health care provider
- B. Confirm immunity to all three polioviruses
- ~~C. Confirm immunity to poliovirus type 1 and 2~~
- D. A & B**
- ~~E. A & C~~



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](#).

- Parent/guardian must turn in a completed and signed Certificate of Exemption (COE) to the school or childcare.
- The COE is an official form created by the Department of Health.
 - It should not be recreated in an electronic medical record system.
- Exemption forms or letters from other state's are not acceptable.

Four exemption options

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



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 student/child may be excluded from school or child care settings and activities 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. 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"/> Pertussis (whooping cough)
<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Polio	<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"/> Measles
<input type="checkbox"/> Mumps	<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Polio
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)	

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. My signature does not necessarily mean I endorse this decision.

Licensed Health Care Practitioner Name (Print) Licensed Health Care Practitioner Signature Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA Washington License #: _____

RELIGIOUS MEMBERSHIP EXEMPTION (do not use this section if using the Religious Exemption section above)

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, 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

To request this document in a different format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov. **DOH 348-106 January 2024**



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 a vaccination requirement when a health care practitioner has determined specific vaccination is not advisable 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, per RCW 28A.210.090. Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practice's (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 a vaccine-preventable disease outbreak 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

To request this document in a different format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov. **DOH 348-106 January 2024**

Education Requirement

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

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

Their signature affirms they:

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

For exemptions clinicians and school staff have no role in verifying the validity of a parent’s personal or religious beliefs.

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"/> Pertussis (whooping cough)
<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Polio	<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>			
RELIGIOUS EXEMPTION			
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Measles
<input type="checkbox"/> Mumps	<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Polio
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)	
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. My signature does not necessarily mean I endorse this decision.			
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 this section for personal/philosophical or religious exemptions.
Needs both parent and health care practitioner signatures.

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

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. My signature does not necessarily mean I endorse this decision.

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. My signature does not necessarily mean I endorse this decision.		
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 this section for personal/philosophical or religious exemptions.
Needs both parent and health care practitioner signatures.

Education Requirement

In lieu of signing the COE, the health care practitioner can give the parent a letter that can be attached to the parent-signed COE.

The letter must:

- Include the child's name and birthdate.
- State that they have provided information to the parents about the benefits and risks of vaccination.
- Documentation that the health care practitioner is a MD, ND, DO, ARNP, or PA licensed in Washington State.
- Be signed and dated by the health care practitioner.

Religious vs Religious Membership Exemptions



Religious

Used when the parent/guardian has a *religious belief that is contrary to the required immunization*.

- Child receives health care other than vaccinations from a health care practitioner.
- Requires a parent/guardian signature.
- Requires a health care practitioner signature or letter.



Religious Membership

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.

- Child does not receive any health care from a health care practitioner.
- Requires a parent/guardian signature.
- Does not require a health care practitioner signature.

Medical Exemption

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"/>	

A medical exemption is granted by a health care practitioner when, **in their judgement**, 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.

Guidance about contraindications to vaccination:

- CDC Child and Adolescent Immunization Schedule:
<https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>
- Vaccine manufacturer's package insert

Permanent or Temporary:

- Both require health care practitioner and parent/guardian signatures.
- Temporary exemptions must have an expiration date. When reached, the child has 30 days to get the vaccine or another exemption.

Immunization Exemption Toolkit for Health Care Practitioners

IMMUNIZATION EXEMPTIONS TOOLKIT FOR HEALTH CARE PRACTITIONERS

Dear Health Care Practitioner,

Children are required to have documentation of immunity to certain diseases or an exemption on file at the school or child care on or before their first day of attendance, RCW [28A.210.080](#). Parents and legal guardians may exempt their child from one or more of the immunization requirements by turning in a completed Certificate of Exemption (COE) form. This requirement is outlined in the Revised Code of Washington (RCW) [28A.210.090](#).

All exemptions except religious membership exemptions require education from a health care practitioner on the benefits and risks of immunizations. Health care practitioners must sign the Health Care Provider declaration on the COE or they can write and sign a letter with the same information. If the education is documented in a letter, it must be attached to the parent/guardian-signed COE before being turned in to the school or child care. A health care practitioner who, in good faith, signs that they gave immunization education is immune from civil liability for providing the signature, per RCW [28A.210.090](#).

Specific health care practitioners are allowed to provide the parent/guardian with information about the benefits and risks of immunization and grant a medical exemption. Only physicians (MD), physician assistants (PA), osteopaths (DO), naturopaths (ND), or advanced registered nurse practitioners (ARNP) licensed in Washington State can complete the COE, per RCW [28A.210.090](#).

The health care practitioner may grant a medical exemption to a required immunization based on their judgment the vaccine is not advisable for the child. When the health care practitioner determines the specific vaccine is no longer contraindicated, the child will be required to have the vaccine.

With the exception of the medical exemption outlined above, providing a signed statement affirming that information was provided to the parent/guardian about the benefits and risks of vaccination does not mean that the health care practitioner agrees with or endorses the parent/guardian's beliefs.

This toolkit provides information and resources to health care practitioners about exemptions for school and child care immunization requirements for the state of Washington.

CONTENTS	
Certificate of Exemption Quick Reference Guide & Instructions	PAGE 2
Certificate of Exemption (COE) form	PAGE 2
How to Bill For Vaccine Counseling	PAGE 2
COE Education Requirements	PAGE 3
COE Education Considerations	PAGE 3
Immunization Exemption FAQs	PAGES 4-6
Educational Resources	PAGES 7-8
Immunization Contraindication Resources	PAGE 8

1



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The toolkit can be downloaded from the COE section of the School and Child Care Immunization page at www.doh.wa.gov/SCCI.

Links to Exemption QRG and Instructions

Exemptions to School and Child Care Immunization Requirements Quick Reference Guide

How to Complete the Certificate of Exemption (COE) Form

- Complete the section of the COE for the exemption being requested:
 - Only one type of exemption (personal/philosophical, religious, or medical) is allowed for each disease.
 - Different types of exemptions are allowed for different diseases.
- Write the child's name and birthdate at the top of the COE form.
- Once completed give the COE to the school or child care.

Personal/Philosophical and Religious Exemptions

The parent/guardian should:

- Check the box in the personal/philosophical or religious section for each disease they want to have an exemption.
 - Check only one type of exemption for each disease.
- Take the form to a health care practitioner (MD, DO, ND PA, ARNP licensed in WA).
- Discuss the risks and benefits of vaccination with the health care practitioner.
- Read, sign and date the parent/guardian declaration.

The health care practitioner should:

- Discuss the risks and benefits of vaccination with the parent/guardian.
- Read, sign and date the health practitioner signature line.
- Check the appropriate box (MD, DO, ND PA, ARNP) and add their professional license number issued by the state of Washington.
 - A health care practitioner who, in good faith, signs the statement is immune from civil liability for providing the signature, RCW [28A.210.090](#).
 - Instead of signing the form, the health care practitioner can give the parent/guardian a signed letter that can be attached to the parent signed COE. The letter must include the child's name, information in the declaration statement and professional license number issued by the state of Washington.

The QRG includes:

- Information about the 4 exemptions types
- Instructions on how to fill out the form.

Immunization Exemption Toolkit for Health Care Practitioners

CERTIFICATE OF EXEMPTION (COE) form	
English (PDF)	Kajin Majöl - Marshallese (PDF)
Español-Spanish (PDF)	پښتو - Pashto (PDF)
አማርኛ - Amharic (PDF)	Português - Portuguese (PDF)
العربية - Arabic (PDF)	ਪੰਜਾਬੀ - Punjabi (PDF)
中文 - Chinese (PDF)	Русский - Russian (PDF)
Fosun Chuuk - Chuukese (PDF)	Af-soomaali - Somali (PDF)
دری - Dari (PDF)	Tagalog (PDF)
हिन्दी - Hindi (PDF)	Українська - Ukrainian (PDF)
한국어 - Korean (PDF)	Tiếng Việt - Vietnamese (PDF)

IMMUNIZATION EXEMPTION VIDEO	
Immunization Exemptions Overview Video (YouTube)	A brief (8m 41s) video explaining Exemptions to the WA Immunization Requirements.

HOW TO BILL VACCINE COUNSELING	
How do I bill for stand-alone vaccine counseling?	Find billing code in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Well-Child Program Billing Guide

The toolkit includes links to:

- The COE in 16 languages.
- A brief exemption overview video.
- Billing for vaccine counseling.

Immunization Exemption Toolkit for Health Care Practitioners

CERTIFICATE OF EXEMPTION EDUCATION REQUIREMENTS

For personal/philosophical and religious exemptions, health care practitioners can document that they have provided the parent or legal guardian with information about the benefits and risks of immunization. They do this by signing the health care practitioner statement on the Certificate of Exemption (COE) form, or they can give the parent a letter stating the same information. This letter, when attached to Certificate of Exemption form with parent/guardian signature, meets documentation of the education requirement in the Revised Code of Washington (RCW) 28A.210.090. A health care practitioner who, in good faith, signs affirming the immunization education is immune from civil liability for providing the signature, following RCW.

To be acceptable documentation of the parent/guardian education, the letter must include:

- The child's name and birthdate
- A statement affirming the health care practitioner has discussed the benefits and risks of immunizations with the parent/legal guardian.
- Documentation that the health care practitioner is a MD, ND, DO, ARNP, or PA licensed in Washington State.
- A health care practitioner signature.

CERTIFICATE OF EXEMPTION EDUCATION CONSIDERATIONS

State law says the health care provider must discuss the benefits and risks of immunizations with the parent/legal guardian who is seeking an exemption from the immunization requirements. The law does not provide additional any details about education. This gives health care providers the flexibility to educate the parent or legal guardian on the benefits and risks of immunizations. However, some providers may want more guidance on immunization education before they feel comfortable talking to families.

The toolkit includes:

- Details about the education requirement
- Information about the provider letter option.

Immunization Exemption Toolkit for Health Care Practitioners

The toolkit includes:

- Exemption FAQs.
- Education Resources for talking to parents.
- Vaccine contraindication resources (for medical exemptions).

Immunization Exemption FAQs	Find more FAQs at www.doh.wa.gov/SCCI
What kinds of exemptions are available for parents who want to exempt their child from the school or child care immunization requirements?	There are four different types of exemptions: Medical Exemption: A health care practitioner may grant a medical exemption to a vaccine required by rule of the state board of health only if in his or her judgment, the vaccine is not advisable for the child. When

Educational Resources	
Need Help Responding to Vaccine-Hesitant Parents? (immunize.org)	This PDF has Science-based materials available from respected organizations; AAP, California Department of Public Health, CDC, immunize.org, Institute for Vaccine Safety, Vaccinate Your

Vaccine Contraindication Resources	
Pinkbook Course Book: Epidemiology of Vaccine Preventable Diseases CDC	CDC reference on vaccines by disease including contraindication and precautions.
Birth-18 Years Immunization Schedule – Healthcare Providers CDC	Appendix with contraindications and precautions by vaccine.
Vaccine Package Inserts	Listed alphabetically by vaccine. Immunize.org
Guide to contraindications and precautions to commonly used vaccines for all ages	Comprehensive list of contraindication and precautions to administering vaccines. Immunize.org

Certificate of Exemption (COE)

Additional information about exemptions and the COE are available at www.doh.wa.gov/SCCI:

- Exemptions – Quick Reference Guide and Instructions:
 - English, Spanish, Russian, and Ukrainian
- Certificate of Exemption form:
 - English and 17 translations
- Immunization Exemptions Overview Video
- Frequently Asked Questions about the Certificate of Exemption
- Immunization Exemptions Toolkit for Health Care Providers



The School and Child Care Immunization Module and Best Practice Entering Historical Vaccinations into the WAIS

School and Child Care Immunization Module

The School and Child Care Immunization Module (SCCIM)

- is part of the WA Immunization Information System (WAIS).
- is available for schools, preschools, and child cares across the state.
- allows users:
 - to track and manage student, child and school-level immunization information.
 - access existing immunization records in the WAIS entered by healthcare providers.

School module users as of June 2025:

- 298 Public School Districts and Charter Schools (almost 100% of all public schools)
- 211 Private Schools (~40% of private schools)
- 201 Child Cares and Preschools

Healthcare Providers and the SCCIM

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

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

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

The SCCIM Depends on the IIS Data

The immunization data provided to the WAIS impacts compliance status in the SCCIM 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.

Documenting Historical Vaccinations in the WAIS

Immunization records for vaccines given to a patient outside of your facility are referred to in the WAIS as 'Historical'. Patients may present documentation of immunization records that are not found in the WAIS. These records are often from out of state or from another country. Historical vaccination records in the WAIS are considered **medically verified**, and the decision to document an historical record in the WAIS should be based on the review and clinical judgment of a healthcare provider.

For detailed instructions on adding vaccinations directly in the IIS, see [Adding, Editing & Deleting Vaccinations](#).

Examples of Official Medical Records of Immunization

- A hardcopy Certificate of Immunization Status (CIS) verified for accuracy with a unique healthcare provider or clinic stamp, or handwritten CIS with provider signature
- Immunization records from a provider, clinic or hospital EHR with a unique healthcare provider, clinic or hospital logo, header, stamp, or handwritten provider signature
- Official CIS or immunization record from another U.S. territory or state's IIS
- Official Lifetime Immunization Record from WA or another state with a unique healthcare provider or clinic stamp, or handwritten provider signature
- An immigration form or lifetime immunization record from another country with a clinic or healthcare provider stamp, or handwritten signature



Records from one of the above sources should include the following:

- Source of the record – a stamp, official logo, or provider signature
- Patient's name
- Patient's date of birth
- Vaccine name
- Month, day, and year each vaccine was administered

Examples of documents that are **NOT** considered medically verified, and should **NOT** be entered into the WAIS

- Oral or written report of vaccinations *without* medical proof
- Lifetime Immunization Records not filled out and signed by a health care provider
- Home vaccine lists, including baby books
- A Certificate of Immunization Status completed by hand *without* a health care provider signature or without medical immunization records attached
- A document printed from a school's recordkeeping system



Questions? Contact the IIS Help Desk at 1-800-325-5599 or WAISHelpDesk@doh.wa.gov

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 doh.information@doh.wa.gov.

Documenting Historical Vaccines in the WAIS:

Linked in the [WAIS Training Materials Portal](#):

[Documenting Historical Vaccinations in the WAIS \(PDF\)](#)

Polio Vaccine Documentation in the WAIS

Since 2000, *inactivated polio vaccine (IPV)* is the only polio vaccine given in the United States.

- Document all polio vaccines administered in the U.S. since 01/01/2000 as IPV.
- IPV is available in the U.S. as a single vaccine, IPOL[®], or in combination vaccines such as Pentacel (DTaP-IPV/Hib), Pediarix (DTaP-IPV-HepB), Kinrix (DTaP-IPV), VAXELIS (DTaP-IPV-Hib-HepB), or Quadracel (DTaP-IPV).
- Click [here](#) for information about IPV vaccine code information needed to accurately document vaccines in electronic health records and manage vaccine inventory in the Washington State Immunization Information System (IIS).

In many parts of the world, *oral polio vaccine (OPV)* is still being used to protect against polio.

- In April 2016, countries that use OPV switched from trivalent OPV (tOPV) to bivalent OPV (bOPV). Monovalent (mOPV) is also used during outbreak responses.
- OPV doses on or after 04/01/2016 should not be counted towards series completion
- Historical non-U.S. polio vaccinations must be correctly documented to accurately assess series completion and compliance for school and childcare immunization requirements in Washington state.

How do I document *historical oral polio vaccines (OPV)* in the WAIS?

- Click [here](#) to learn more about adding, editing and deleting vaccinations in the WAIS.
- Use the table below to determine which OPV vaccine should be documented in the WAIS based on the patient's historical record:

WAIS Vaccine Name	When can it be used in the WAIS?	CVX Code
OPV bivalent	bOPV administered before or after 04/01/2016	178
OPV, monovalent, unspecified	mOPV administered before or after 04/01/2016	179
OPV, trivalent, live, oral	tOPV administered before 04/01/2016 *It is very unlikely that tOPV was given after 04/01/2016	02
OPV, Unspecified	Administered before or after 04/01/2016, documented as OPV (specific formulation unknown) or administered outside the U.S. and documented as "polio"	182
polio, unspecified formulation	*Do not use for doses given on or after 04/01/2016 (if dose may be OPV (non-U.S.))	89

Visit [CDC ACIP Child Immunization Schedule](#) for U.S. Poliovirus Vaccination Recommendations.

Contact ImmunNurses@DOH.WA.GOV for additional questions.

How do I document historical non-U.S. IPV and OPV administered on the same day?

Most vaccines in the same family or group cannot be documented for the same patient on the same day due to the deduplication logic in the WAIS. Because IPV doses count towards U.S. vaccination requirements, IPV should be documented in the patient's historical record. A comment may be added to the vaccine record to note that a dose of OPV was also given on the same day outside of the U.S.



Questions? Contact the IIS Help Desk at 1-800-325-5599 or WAISHelpDesk@doh.wa.gov

Polio Documentation Resources

Polio Vaccine Documentation in the WAIS:

Linked in the [IIS Training Materials Portal](#):

[Polio Vaccine Documentation In The WAIS \(PDF\)](#)

CDC:

- [Child Immunization Schedule Notes | Vaccines & Immunizations | CDC-Polio](#)
- www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm
- www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm
- [Persons Vaccinated Outside the United States](#)

World Health Organization (WHO):

- [Vaccine Introduction](#)
- [WHO Vaccine Schedules](#)



RESOURCES

School and Child Care Immunization and School Module Pages

Website:

www.doh.wa.gov/SCCI

www.doh.wa.gov/SchoolModule

Questions?

Feedback!

Email us at:

oischools@doh.wa.gov

schoolmodule@doh.wa.gov



Immunization Page for Families

Website:

www.doh.wa.gov/vaxtoschool

Questions?

Feedback!

Email us at:

oischools@doh.wa.gov

schoolmodule@doh.wa.gov



Acceda a los registros oficiales de vacunación de su familia en línea justo en el momento que los necesite.

Cuando utiliza MyIR Mobile usted puede:

- Ver los registros de inmunización de su familia.
- Imprimir el formulario del Certificado del estatus de vacunación de sus niños

iRegístrese hoy!

Visite myirmobile.com o escanee el código QR abajo y siga las instrucciones para inscribirse.



MyIR Mobile es la forma más rápida de obtener los registros que necesita, pero puede encontrar más formas de acceder a la información de las vacunas de su familia visitando <https://bit.ly/informaciondevacunas>

Más información en:
1-866-397-0337
WAISRecords@doh.wa.gov or
MyIR@doh.wa.gov

DOH 348-519 CS October 2023

Para solicitar este documento en otro formato, llame al 525-0127. Las personas con sordera o problemas de audición deben llamar al 711 (servicio de relé de Washington) o enviar un correo electrónico a doh.information@doh.wa.gov.



Access your family's official immunization records online, right when you need them.

When you use MyIR Mobile you can:

- View your family's immunization records.
- Print your children's Certificate of Immunization Status form.

Register today!

Visit MyIRmobile.com or scan the QR code below and follow the registration instructions.



MyIR Mobile is the quickest way to get the records you need, but you can find more ways to access your family's immunization by visiting www.doh.wa.gov/immersrecords

More information available at:
1-866-397-0337
WAISRecords@doh.wa.gov or
MyIR@doh.wa.gov

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MyIR Promotional Flyers and Posters

Available to order:

[Immunization Forms](#)
[and Publications | Washington State](#)
[Department of Health](#)

Available to download and print:

- [MyIR Poster \(bilingual\) \(PDF\)](#)
- [MyIR Flyer \(bilingual\) \(PDF\)](#)



Washington State Department of

HEALTH INDIVIDUAL VACCINE REQUIREMENTS SUMMARY

Guidelines on Immunizations Required for Child Care and School Entry in Washington State
SCHOOL YEAR 2025-2026

TABLE OF CONTENTS

Click on page numbers to go to selected page.

VACCINES REQUIRED FOR CHILD CARE ATTENDANCE	3
VACCINES REQUIRED FOR SCHOOL, GRADES Preschool-12	4
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP, DT, Td, Tdap).....	5
HEPATITIS B.....	8
HAEMOPHILUS INFLUENZAE TYPE B (Hib).....	10
Dose Chart for age 15 through 59 months	12
MEASLES, MUMPS, RUBELLA (MMR)	13
PNEUMOCOCCAL CONJUGATE (PCV)	15
Dose Chart for age 24 through 59 months	17
POLIO (IPV, OPV).....	18
VARICELLA.....	20
LIST OF CHANGES TO THIS DOCUMENT FROM THE PREVIOUS VERSION.....	22

IVRS: Individual Vaccine Requirements Summary

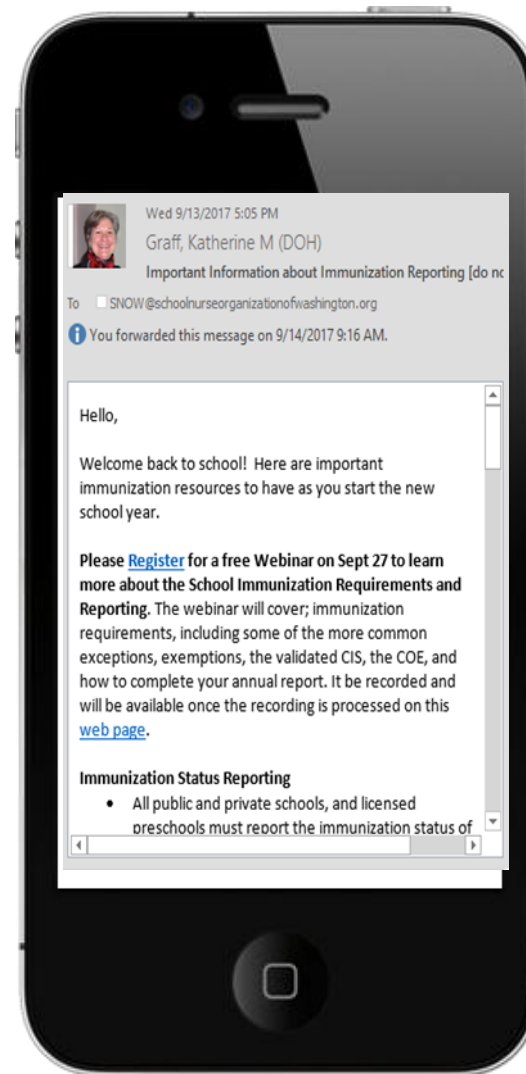
Available on our website:

www.doh.wa.gov/SCCI

School and Child Care Listserv

<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 and medical assistants.
 - There is no cost for CEs.
- The expiration date for credit is September 17, 2025.
- Successful completion of this continuing education activity includes the following:
 - Attending the entire live webinar or watching the webinar recording.
 - Completing the evaluation and assessment after the live webinar or webinar recording.

Obtaining Continuing Education

- We are now using [TRAIN.org](https://www.train.org) that allows attendees to automatically generate CE certificates or certificates of completion after completing the evaluation.
- You will need to have an account to access our immunization webinars.
- You can register for webinars, watch the recording, complete an evaluation, and print or download a CE certificate from [TRAIN.org](https://www.train.org).
- If you haven't already registered for this webinar in TRAIN, please search for the recording.
- For any questions, please send an email to immstraining@doh.wa.gov





QUESTIONS?



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