

# Validated Certificate of Immunization Status

## Quick Reference Guide



### The Validated Certificate of Immunization Status (CIS):


- Is printed from the Immunization Information System (IIS)
  - [Printing Instructions](#)
- Includes valid immunization dates in the IIS
  - It does not print doses that are invalid because they were given outside the vaccination schedule
- Is considered medically verified by the IIS
  - No provider or parent verification signature required
- Assesses each child's immunization record as Complete, Not Complete or Conditional based on:
  - School requirements by grade
  - Child care requirements by age
- The CIS will show the grade or age the assessment was based on, as highlighted in **orange**.
  - For example, the certificate shown below is validated for Grade K-6, as highlighted in **yellow**.
  - For an explanation about the terms see the [Frequently Asked Questions about the Certificate of Immunization Status and the Certificate of Exemption](#).
- The date printed and validated is displayed as highlighted in **green**.

Child's Last Name:		First Name:	Middle Name:	Birthdate (DD/MM/YYYY):	SIIS ID Number		
CAT		BUFFY	(2) V-INVALID	22/02/2013	6034637		
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		
<b>NOT COMPLETE</b>							
Assessment of Required Immunizations for <b>GRADE K-6</b>							
Validated by the Immunization Information System on <b>09/15/2020</b>							
<small>Students in conditional status may 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.</small>							
* Required for Preschool/Child Care Only	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Positive Titer
<b>Required Vaccines for School or Child Care Entry</b>							
DTaP (Diphtheria, Tetanus, Pertussis)	04/22/2013	06/22/2013	08/22/2013	04/22/2014	02/22/2017		
Tdap (Tetanus, Diphtheria, Pertussis)							
DT or Td (Tetanus, Diphtheria)							
Hepatitis B	02/22/2013	04/22/2013	08/22/2013				
Hib ( <i>Haemophilus influenzae type b</i> )*							
IPV (Polio) (any combination of IPV/OPV)	04/22/2013	06/22/2013	08/22/2013	02/22/2017			
OPV (Polio)							
MMR (Measles, Mumps, Rubella)	02/22/2017						
PCV/PPSV (Pneumococcal)*							
Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS	02/22/2014						
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>							
Flu (Influenza)	12/03/2013	10/06/2014					
Hepatitis A	02/22/2014	10/22/2014					
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

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](mailto:doh.information@doh.wa.gov).

### Evidence of Immunity

- The validated CIS displays the word IMMUNE if laboratory evidence of immunity was entered into the IIS by a health care provider, as highlighted in **blue**.
  - Note: the CIS says COMPLETE even though there is no doses of MMR vaccine.
- If IMMUNE prints on the CIS, no other provider verification of immunity is needed.

		<h2>Certificate of Immunization Status (CIS)</h2>				Reviewed by: _____ Date: _____ Signed COE on File? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Last Name:	First Name:	Middle Name:	Birthdate (DD/MM/YYYY):		SIIS ID Number		
CAT	BRUCELLA	(K) MMR IMMUNE TOGET	01/02/2015		11709478		
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	
<h3>COMPLETE</h3>							
Assessment of Required Immunizations for GRADE K-6 Expiration Date: Validated by the Immunization Information System on 09/15/2020				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	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Positive Titer
<b>Required Vaccines for School or Child Care Entry</b>							
DTaP (Diphtheria, Tetanus, Pertussis)	04/01/2015	06/01/2015	08/01/2015	08/01/2016	02/01/2019		
Tdap (Tetanus, Diphtheria, Pertussis)							
DT or Td (Tetanus, Diphtheria)							
Hepatitis B	02/01/2015	04/01/2015	08/01/2015				
Hib ( <i>Haemophilus influenzae type b</i> )*							
IPV (Polio) (any combination of IPV/OPV)	04/01/2015	06/01/2015	08/01/2015	02/01/2019			
MMR (Measles, Mumps, Rubella)							IMMUNE
DC32/DC33 (Dysentery)*							
Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS	02/01/2016	02/01/2019					
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

## History of Chickenpox/Varicella Disease


- The validated CIS displays history of chickenpox disease entered in to the IIS, as highlighted in purple
  - Note: the CIS says COMPLETE even though there are no doses of varicella vaccine.
- If disease history prints on the CIS, no other provider verification is needed.

Child's Last Name:		First Name:		Middle Name:		Birthdate (DD/MM/YYYY):		SIIS ID Number			
CAT		LAURIE		(K) V-DISEASE		01/03/2015		1610628			
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	
<b>COMPLETE</b>											
Assessment of Required Immunizations for <b>GRADE K-6</b> Expiration Date: _____ Validated by the Immunization Information System on 09/15/2020					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	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Positive Titer			
Required Vaccines for School or Child Care Entry											
DTaP (Diphtheria, Tetanus, Pertussis)	05/01/2015	07/01/2015	09/01/2015	03/01/2016	03/01/2019						
Tdap (Tetanus, Diphtheria, Pertussis)											
DT or Td (Tetanus, Diphtheria)											
Hepatitis B	03/01/2015	05/01/2015	07/01/2015	09/01/2015							
Hib ( <i>Haemophilus influenzae type b</i> )*											
IPV (Polio) (any combination of IPV/OPV)	05/01/2015	07/01/2015	09/01/2015	03/01/2019							
OPV (Polio)											
MMR (Measles, Mumps, Rubella)	03/01/2016	03/01/2019									
PCV13 (Pneumococcal)	11/15/2017										
Recommended Vaccines (Not Required for School or Child Care Entry)											
Flu (Influenza)	10/17/2018	11/27/2019									
<b>Varicella (Chickenpox) <input checked="" type="checkbox"/> History of disease verified by IIS</b>											
Rotavirus											

## Parent/Guardian Signatures


There are two places where the parent or guardian may sign the CIS

- One is for parent/guardian to give permission to add immunization information given to a school to the IIS, as highlighted in **blue**.
  - Needed for schools using the IIS School Module IF info is missing in the IIS
  - Signature is optional for school attendance
- The second is a place for parent/guardian to acknowledge student’s conditional status entry, as highlighted in **purple**
  - Signature is *required* if the child will be attending in conditional status. For more information about conditional status attendance see [Conditional Status FAQ \(PDF\)](#).

		<h3>Certificate of Immunization Status (CIS)</h3>			Reviewed by: _____ Date: _____ Signed COE on File? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child's Last Name:	First Name:	Middle Name:	Birthdate (DD/MM/YYYY):	SIIS ID Number			
CAT	BUFFY	(2) V-INVALID	22/02/2013	6034637			
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	
<b>NOT COMPLETE</b>							
Assessment of Required Immunizations for GRADE K-6 Expiration Date: Validated by the Immunization Information System on 09/15/2020			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.				
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<b>Required Vaccines for School or Child Care Entry</b>							
DTaP (Diphtheria, Tetanus, Pertussis)	04/22/2013	06/22/2013	08/22/2013	04/22/2014	02/22/2017		
Tdap (Tetanus, Diphtheria, Pertussis)							
DT or Td (Tetanus, Diphtheria)							
Hepatitis B	02/22/2013	04/22/2013	08/22/2013				
Hib ( <i>Haemophilus influenzae type b</i> )*							
IPV (Polio) (any combination of IPV/OPV)	04/22/2013	06/22/2013	08/22/2013	02/22/2017			
OPV (Polio)							
MMR (Measles, Mumps, Rubella)	02/22/2017						
PCV/PPSV (Pneumococcal)*							
Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS	02/22/2014						
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>							
Flu (Influenza)	12/03/2013	10/06/2014					
Hepatitis A	02/22/2014	10/22/2014					
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

## Page 2 – CIS Action Report

- Missing required immunizations for the grade or age of the evaluation series are in the red chart. These will have a date in the ‘Dose Due on or After’ column.
  - If the CIS status is ‘Not Complete’ then the child must have all of the doses due now to attend school or child care.
  - If the CIS status is ‘Conditional’ the ‘Dose Due on or After’ date will be a future date. The child may attend school or child care while waiting for this date to come due. For more information about conditional status attendance see [Conditional Status FAQ \(PDF\)](#)
- Recommended vaccines that are not required for the school or child care series selected are in the black chart. These also have a date in the ‘Dose Due on or After’ column.
- Invalid doses with the reason they are invalid are in the orange chart. When a dose is invalid it does not print on the validated CIS because it is not used in calculating vaccine series completion. The Action Report lists the invalid doses to let the user know why these doses are missing on the CIS. If additional doses are needed to complete the series the Action Report will list the vaccine in the required or recommended charts and populate a date in the ‘Dose Due on or After’ column. If the vaccine is not listed in the required or recommended charts, then another dose of the vaccine is not needed.



### Action Report

Name:	BUFFY CAT	SIIS Patient ID:	6034637
Date of Birth:	02/22/2013	Age:	8 years 5 months 15 days
Report Date:	08/06/2021	Status:	Not Complete

Required Vaccines for School or Child Care Entry	
Vaccine	Dose Due on or After
VARICELLA	03/29/2017

Recommended Vaccines (Not Required)	
Vaccine	Dose Due on or After
FLU	07/01/2021
HPV	02/22/2024
MENINGOCOCCAL	02/22/2024
Tdap	02/22/2024
Coronavirus (SARS-CoV-2)(COVID-19)	02/22/2025
MENINGOCOCCAL B, OMV	02/22/2029
MENINGOCOCCAL B, RECOMBINANT	02/22/2029

Invalid Vaccine Doses Not Printed on the CIS		
Vaccine	Invalid Dose Date	Reason for Invalid Dose
varicella	X 03/01/2017	Live vaccines not administered on same date must be separated by 28 days.

## Resources

- For more information see [Frequently Asked Questions about the Certificate of Immunization Status](#)
- Questions about the CIS can be sent to [OICPSchools@doh.wa.gov](mailto:OICPSchools@doh.wa.gov).