

The Validated Certificate of Immunization Status (CIS):

- Is printed from the Immunization Information System (IIS)
 - o <u>Printing Instructions</u>
- 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
 - o 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 <u>Frequently Asked Questions about the Certificate</u> of Immunization Status and the Certificate of Exemption.
- The date printed and validated is displayed as highlighted in green.

🕼 Health 😡	Certifica	ite of	Imm	uniz	ation S	tatus (O	CIS)	Reviewed by: Signed COE on	Date: File? □ Yes □ No
Child's Last Name:	First Name:		Middle	Name:		Birthdate (DD/MM/YYYY):		SIIS ID Number	
CAT	BUFFY		(2) V-	INVALI	D	22/02/2013		6034637	
I give permission to my child's the Immunization Information 5				remain in	vledge that my chi n school I must pr ed deadlines. See	ovide the required	documentation of	of immunization w	
Parent/Guardian Signature Date					Guardian Signati	litional Status Date			
			NOT (COMI	PLETE				
Assessment of Required Immu Engineering Data Validated by the Immunization		5/2020		minimum vaccination	accines for school or cl valid date of the next v is, conditional status c station is not provided	accine dose plus anoth ontinues in a similar n within the conditional	ts in conditional statu ner 30 days time to tur nanner until all require period, the student m	s may remain in scho rn in documentation. I ed vaccines are compl aust be excluded from	ol while waiting for the For multiple lete. further attendance.
* Required for Preschool/Child Ca	re Only	Date MM/DD	/YY Date MM/I	DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Positive Titer
		Requir	ed Vaccines f	or School	or Child Care E	ntry	98	-	33)
DTaP (Diphtheria, Tetanus, Pertussis)		04/22/	2013 06/	/22/2013	08/22/2013	04/22/2014	02/22/2017		
Tdap (Tetanus, Diphtheria, Per	tussis)								
DT or Td (Tetanus, Diphtheria))								
Hepatitis B		02/22/.	2013 04/	/22/2013	08/22/2013				
Hib (Haemophilus influenzae t	vpe b)*	0							
IPV (Polio) (any combination of)	(PV/OPV)	04/22/	2013 06/	/22/2013	08/22/2013	02/22/2017			
OPV (Polio)							9		5 25
MMR (Measles, Mumps, Rube	lla)	02/22/	2017						
PCV/PPSV (Pneumococcal)*									
Varicella (Chickenpox) 🗆 His	tory of disease verified by IIS	02/22/	2014						
	Reco	mmended Va	accines (Not F	Required f	for School or Chi	ld Care Entry)			
Flu (Influenza)		12/03/	2013 10/	/06/2014	3				
Hepatitis A		02/22/	2014 10/	/22/2014					
HPV (Human Papillomaviru	s)								
MCV/MPSV (Meningococca	al Disease types A, C, W, Y)					0 0			
MenB (Meningococcal Disea	ase type B)								
Rotavirus						- W.			

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.

🕖 Health 😡	Certifica	te of Immunization S			ation S	tatus (O	CIS)	Reviewed by: Signed COE on I	Date: File? □ Yes □ No		
Child's Last Name:	First Name:	Middle		Name: Birthdate (DD/M		IM/YYYY):	SIIS ID Number				
CAT	BRUCELLA	(K) MI	MR IMMUNE TOGET 01/02/2015			11709478				
I give permission to my child's the Immunization Information 5			ord.	remain in		ovide the required	documentation of	onditional status. of immunization w al status.			
Parent/Guardian Signature Date				Parent/Guardian Signature Required if Starting in Conditional Status Date							
			CO	MPLE	ЕТЕ						
Assessment of Required Immun Expiration Date: Validated by the Immunization	-	1		required va minimum v vaccination	ceines for school or el alid date of the next v is, conditional status e tation is not provided	illd care entry. Studen accine dose plus anoth ontinues in a similar m within the conditional	ts in conditional statu or 30 days time to tu sanner until all requin period, the student m	m in documentation. F ed vaccines are comple ust be excluded from	d while waiting for the or multiple etc. further attendance.		
Required for Preschool/Child Care Only		Date MM/DD/YY	YY Date MM/D		Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Positive Titer		
		Required Vac	cines fo	r School	or Child Care E	ntry					
DTaP (Diphtheria, Tetanus, Pertussis)		04/01/2015	06/0	1/2015	08/01/2015	08/01/2016	02/01/2019				
Tdap (Tetanus, Diphtheria, Pert	ussis)	- 5 - 63			2.2						
DT or Td (Tetanus, Diphtheria)						33			2		
Hepatitis B		02/01/2015	04/0	1/2015	08/01/2015						
Hib (Haemophilus influenzae ty	pe b)*)			
IPV (Polio) (any combination of I	PV/OPV)	04/01/2015	06/0	1/2015	08/01/2015	02/01/2019		2			
ADD CO. P. A		10 20									
MMR (Measles, Mumps, Rubel	la)								IMMUNE		
DCV/DDSV /Decomoscoccel*		5 63				2					
Varicella (Chickenpox) 🗖 Hist	ory of disease verified by IIS	02/01/2016	02/0	1/2019		36 					
	Recom	mended Vaccines	(Not R	equired f	or School or Chi	ld Care Entry)					
Flu (Influenza)								6	20		
Hepatitis A						-		4			
HPV (Human Papillomavirus)	2 0			5 5	2			20		
MCV/MPSV (Meningococca	l Disease types A, C, W, Y)										
MenB (Meningococcal Disea	se type B)	6			2						
Rotavirus						20		- 2	29		

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:	1	Middle Name:		Birthdate (DD/MM/YYYY):		SIIS ID Number		
CAT	LAURIE		(K) V-DISEA	SE	01/03/2015		1610628		
I give permission to my child's the Immunization Information			ord. remain	wledge that my chi in school I must pr hed deadlines. See	ovide the required	documentation	of immunization v		
Parent/Guardian Signature Date				Parent/Guardian Signature Required if Starting in Conditional Status Date					
			COMPL	ETE					
Assessment of Required Immu Expiration Date: Validated by the Immunization			required minimum vaccinati	aal Status: Children can vaccines for school or c valid date of the next v ons, conditional status c entation is not provided	hild care entry. Studen raccine dose plus anoth continues in a similar n	its in conditional stati her 30 days time to to nanner until all require	as may remain in scho im in documentation. I red vaccines are compl	ol while waiting fo For multiple lete.	
* Required for Preschool/Child Ca	are 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 Tit	
		Required Va	cines for Schoo	ol or Child Care E	ntry	1	1		
DTaP (Diphtheria, Tetanus, Pe	ertussis)	05/01/2015	07/01/2015	09/01/2015	03/01/2016	03/01/2019		1	
Tdap (Tetanus, Diphtheria, Per	rtussis)								
Tdap (Tetanus, Diphtheria, Per		03/01/2015	05/01/2015	07/01/2015	09/01/2015				
Tdap (Tetanus, Diphtheria, Per DT or Td (Tetanus, Diphtheria	a)	03/01/2015	05/01/2015	07/01/2015	09/01/2015				
Tdap (Tetanus, Diphtheria, Per DT or Td (Tetanus, Diphtheria Hepatitis B	i) type b)*	03/01/2015	05/01/2015	07/01/2015	09/01/2015				
Tdap (Tetanus, Diphtheria, Per DT or Td (Tetanus, Diphtheria Hepatitis B Hib (<i>Haemophilus influenzae</i>)	i) type b)*			-					
Tdap (Tetanus, Diphtheria, Per DT or Td (Tetanus, Diphtheria Hepatitis B Hib (<i>Haemophilus influenzae</i> IPV (Polio) (any combination of	a) (ype b)* (IPV/OPV)			-					
Tdap (Tetanus, Diphtheria, Per DT or Td (Tetanus, Diphtheria Hepatitis B Hib (<i>Haemophilus influenzae</i> a IPV (Polio) (any combination of OPV (Polio)	a) (ype b)* (IPV/OPV)	05/01/2015	07/01/2015	-					
Tdap (Tetanus, Diphtheria, Per DT or Td (Tetanus, Diphtheria Hepatitis B Hib (<i>Haemophilus influenzae</i> a IPV (Polio) (any combination of OPV (Polio) MMR (Measles, Mumps, Rube	i) (ype b)* (IPViOPV) ella)	05/01/2015 03/01/2016 11/15/2017	07/01/2015	-					
Tdap (Tetarus, Diphtheria, Per DT or Td (Tetarus, Diphtheria Hepatitis B Hib (<i>Haemophilus influenzae</i> (IPV (Polio) (any combination of OPV (Polio)) MMR (Measles, Mumps, Rube FCVTFSV (Freenococcar)	a) (ype b)* (IPV:OPV) ella) story of disease verified by II:	05/01/2015 03/01/2016 11/15/2017	07/01/2015	09/01/2015	03/01/2019				

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 <u>Conditional Status FAQ (PDF)</u>.

WHealth 😡	Certifica	te of In	nmu	niz	ation S	tatus (O	CIS)	Reviewed by: Signed COE on	Date: File? □ Yes □ No	
Child's Last Name:	Child's Last Name: First Name:		Middle N	ame:		Birthdate (DD/MM/YYYY):		SIIS ID Number		
CAT	BUFFY		(2) V-IN	VALII	0	22/02/2013		6034637		
I give permission to my child's the Immunization Information S			cord.	emain in	school I must pr		documentation	conditional status. of immunization w nal status.		
Parent/Guardian Signature Date				Parent/Guardian Signature Required if Starting in Conditional Status Date						
		N	01 C	омр						
Assessment of Required Immun Expiration Date: Validated by the Immunization		1	r	equired va ninimum v accination	ccines for school or cl alid date of the next v s, conditional status c tation is not provided	hild care entry. Studen accine dose plus anoth ontinues in a similar n within the conditional	ts in conditional statu ner 30 days time to tu nanner until all requir period, the student r	nditional status if they as may remain in schoo rrn in documentation. E red vaccines are compl nust be excluded from	el while waiting for the for multiple etc. further attendance.	
* Required for Preschool/Child Car	e Only	Date MM/DD/YY	Date MM/DI	D/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Positive Titer	
		Required Va	ccines for	School	or Child Care E	ntry			20	
DTaP (Diphtheria, Tetanus, Per	tussis)	04/22/2013	06/22	2/2013	08/22/2013	04/22/2014	02/22/2017			
Tdap (Tetanus, Diphtheria, Pert	ussis)					10. 12			2	
DT or Td (Tetanus, Diphtheria)										
Hepatitis B		02/22/2013	04/22	2/2013	08/22/2013					
Hib (Haemophilus influenzae ty	pe b)*								Ĵ.	
IPV (Polio) (any combination of II	PV/OPV)	04/22/2013	06/22	2/2013	08/22/2013	02/22/2017				
OPV (Polio)						0. 		2 S	N. 20	
MMR (Measles, Mumps, Rubel	la)	02/22/2017								
PCV/PPSV (Pneumococcal)*										
Varicella (Chickenpox) 🗆 Hist	ory of disease verified by IIS	02/22/2014							Ĵ.	
	Recon	nmended Vaccine	s (Not Re	quired f	or School or Chi	ld Care Entry)				
Flu (Influenza)		12/03/2013	10/06	5/2014						
Hepatitis A		02/22/2014	10/22	2/2014						
HPV (Human Papillomavirus)									
MCV/MPSV (Meningococca	Disease types A, C, W, Y)									
	se type B)									

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 <u>Conditional Status FAQ (PDF)</u>
- 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.

Name:		Y CAT	SIIS Patient ID:	6034637			
Date of Birth:	02/22/2	2013	Age:		8 years 5 months 15 days		
Report Date:	ate: 08/06/2021		Status:	Not Complete			
Required Vaccines for So	hool or Child C	are Entry		Recommended Vaccines (Not Required)		
Vaccine		Dose Due on or After		Vaccine	Dose Due on or After		
VARICELL	Α	03/29/2017	Γ	FLU	07/01/2021		
			Γ	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		
nvalid Vaccine Doses No	ot Printed on the	CIS Invalid Dose Date	I	Reason for Invalid Dose			
			T income de		- 1 has 20 days		
Vaccine		X 03/01/2017	Live vaccine	es not administered on same date must be separat	ed by 28 days.		
Vaccine varicella							

Resources

- For more information see the <u>Frequently Asked Questions about the Certificate of Immunization</u> <u>Status and the Certificate of Exemption</u>.
- Questions about the CIS can be sent to <u>OICPSchools@doh.wa.gov</u>.