

Reviewed for compliance by: \_\_\_\_\_

Staff Signature

Date: \_\_\_\_\_ Exemption: YES  NO   
(see back)



## CERTIFICATE OF IMMUNIZATION STATUS

Washington State Law (RCW 28A.210.160) requires that all children have a completed Certificate of Immunization Status on file at the school, preschool or a child care facility that they attend.

Child's Last Name	First Name	Middle Name	Sex	Birthdate
Parent/Guardian Name			Daytime Phone	

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
<b>HEP B</b> (HBV) Hepatitis B		1			
		2			
		3			
		4			
<b>DTaP/DTP/DT</b>  Diphtheria, Tetanus,  Pertussis		1			
		2			
		3			
		4			
		5			
		6			
<b>Td/Tdap</b>		1			
		2			
		3			
<b>HIB</b> Haemophilus Influenzae B		1			
		2			
		3			
		4			
<b>POLIO</b> OPV (by mouth) IPV (by injection)		1			
		2			
		3			
		4			
		5			

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
<b>MMR</b>  Measles (Rubeola), Mumps & Rubella	MMR	1			
	MMR	2			
	MMR				
	MEASLES				
	MUMPS RUBELLA				
<b>VARICELLA</b>  (Chickenpox)	VACCINE	1			
		2			
	DISEASE	YES		NO	
Approximate date or age at time of disease					
<b>OTHER VACCINES</b>					

➔ I certify that the information provided here is correct and verifiable ➜

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Guardian

# Immunization Entry Requirements for Schools, Preschools and Child Care Facilities ✕

Vaccines are listed under the routinely recommended ages. Shaded bars indicate range of acceptable ages for vaccination.

Age → Vaccine ↓	Birth	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	4-6 Years	11-12 Years	14-16 Years	
Hepatitis B **  Diphtheria, Tetanus, Pertussis  H. Influenzae type b  Polio  Measles, Mumps, Rubella	Hep B-1										
			Hep B-2		Hep B-3						
			DTP	DTP	DTP	DTP or DTaP at 15+ Mo			DTP or DTaP	Td **	
			Hib	Hib	Hib	Hib					
			Polio	Polio	Polio				Polio		
					MMR				MMR	or	MMR

✕The above schedule was recommended and approved January 1, 1995 by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Physicians. Footnotes of this schedule provide more information about vaccines and when they can be given. They are reprinted in the Immunization Manual for Schools, Preschools and Child Care Facilities, which can be found at most schools and Local Health Departments. Although there are more medically current recommended schedules, the January 1995 schedule is the only one required by Washington State Immunization Law.

\*\* Effective September, 1997

## Statement of Exemption to Immunization Law

**NOTICE:**

Your Child can be exempted (excused) from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that your child has not been immunized against, she or he can be excluded from school, preschool or child care until the outbreak is over.

**Medical Exemption**

I certify that the child named on this form is medically exempted from the requirement for the following vaccine(s):

\_\_\_\_\_ Until \_\_\_\_\_  
Vaccine(s) Date

\_\_\_\_\_ Date  
Type or Print Physician's name

\_\_\_\_\_  
Physician's Signature

**Personal Exemption**

**Religious Exemption**

I am opposed to immunization. I understand that my child can be excluded from attendance during an outbreak

I do not want my child to receive the following vaccine(s):

\_\_\_\_\_ Vaccine(s)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Documentation of Immunity**

I certify that the child named on this form has laboratory evidence of immunity to measles/mumps/rubella (please circle).

Attach TITER results

\_\_\_\_\_  
TYPE or PRINT Physician's Name

\_\_\_\_\_  
Physician's Signature or Stamp

\_\_\_\_\_  
Date