

Reviewed for compliance by: _____
 (Staff Signature)

Date: _____ Exemption: YES NO



Certificate of Immunization Status

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

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

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
Hep B <small>(HBV) Hepatitis B</small>		1			
		2			
		3			
		4			
DTaP/ DTP/DT <small>Diphtheria, Tetanus Pertussis</small>		1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
Td/Tdap		1			
		2			
		3			
HIB <small>Haemophilus Influenza B</small>		1			
		2			
		3			
		4			
Polio <small>OPV (by mouth) IPV (by injection)</small>		1			
		2			
		3			
		4			
		5			

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
MMR <small>Measles (Rubeola), Mumps & Rubella</small>	MMR	1			
	MMR	2			
	MMR				
	Measles				
	Mumps				
	Rubella				
Varicella <small>(Chickenpox)</small>	Vaccine	1			
		2			
	Disease	Yes		No	
	Approximate date or age at time of disease				
OTHER VACCINES					

X _____ Date: _____
 Signature of Parent or Guardian

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/he can be excluded from school, preschool or child care until the outbreak is over.

<input type="checkbox"/> Medical Exemption	
I certify that the child named on this form is medically exempt from the requirement for the following vaccine(s):	
_____	Until _____
Vaccine(s)	Date
Type or print name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)	
_____	_____
Licensed Health Care Provider Signature	Date

<input type="checkbox"/> Personal Exemption	<input type="checkbox"/> 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)	Date
_____	_____
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/varicella (Please circle one)	
Attach TITER results	

Type or print name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)	
_____	_____
Licensed Health Care Provider Signature	Date

For more information: <http://www.doh.wa.gov/cfh/Immunize/documents/childschedule05.pdf>
<http://www.doh.wa.gov/cfh/Immunize/schools.htm>