



Certificate of Immunization Status (CIS)

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

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (mm/dd/yyyy): _____ Sex: _____

Symbols below:
 ◆ Required for School and Child Care/Preschool
 ● Required for Child Care/Preschool Only

Parent/Guardian Name (please print): _____

Office Use Only: Reviewed by: _____ Date: _____
 Signed Cert. of Exemption on file? Yes No

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required _____ Date _____

| Vaccine | Dose | Date | | |
|---|------|-------|-----|------|
| | | Month | Day | Year |
| ◆ Hepatitis B (Hep B) | | | | |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| or Hep B - 2 dose alternate schedule for teens | | | | |
| | 1 | | | |
| | 2 | | | |
| Rotavirus (RV1, RV5) | | | | |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| ◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT) | | | | |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| ◆ Tetanus, Diphtheria, Pertussis (Tdap, Td) | | | | |
| | 1 | | | |
| | 2 | | | |
| ● Haemophilus influenzae type b (Hib) | | | | |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| ● Pneumococcal (PCV, PPSV) | | | | |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |

| Vaccine | Dose | Date | | |
|--|------|--------------------|------|------|
| | | Month | Day | Year |
| ◆ Polio (IPV, OPV) | | | | |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| Influenza (flu, most recent) | | | | |
| | | | | |
| | | | | |
| ◆ Measles, Mumps, Rubella (MMR) | | | | |
| | 1 | | | |
| | 2 | | | |
| ◆ Varicella (chickenpox) or verify disease 1-4 ▶ | | | | |
| | 1 | | | |
| | 2 | | | |
| Hepatitis A (Hep A) | | | | |
| | 1 | | | |
| | 2 | | | |
| Meningococcal (MCV, MPSV) | | | | |
| | 1 | | | |
| Human Papillomavirus (HPV) | | | | |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| Office Use Only: Immunization information updated and verified with parent/guardian permission: | | | | |
| Printed Staff Name | Date | Printed Staff Name | Date | |
| Printed Staff Name | Date | Printed Staff Name | Date | |
| Printed Staff Name | Date | Printed Staff Name | Date | |

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. **Mark option 1, 2, 3, OR 4 below – see, back #5.**

1) Chickenpox disease verified by printout from CHLD Profile Immunization Registry
 Must be marked by printout (not by hand) to be valid.

2) Chickenpox disease verified by Health Care Provider (HCP)
 If you choose this box, mark 2A OR 2B below.

2A) Signed note from HCP attached OR
2B) HCP signed here and print name below:

Licensed health care provider (HCP) Signature _____ Date _____
 (MD, DO, ND, PA, ARNP)
 HCP Printed Name: _____

3) Chickenpox disease verified by school staff from CHLD Profile Immunization Registry
 If you choose this box, staff must initial that parent or guardian approves: _____ (initial) _____ (date)

4) Chickenpox disease verified by parent*
 If you choose this box, fill in the date or child's age when he or she had the disease:
 Age/Date of disease: _____
 *Can ONLY verify for some grades, see back #5 (4).

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.
Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. Signed lab report(s) MUST also be attached.

- | | | |
|--------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Polio | |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Tetanus | |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Varicella | |

Licensed health care provider (HCP) Signature _____ Date _____
 (MD, DO, ND, PA, ARNP)
 HCP Printed Name: _____

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Registry or filling it in by hand.

#1 To print with info filled in: First, ask if your health care provider's office puts vaccination history into the CHILDP Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHILDP Profile and your child's information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS** in the upper right hand box, and return it to school or child care. If your provider's office does not use CHILDP Profile, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

EXAMPLE

| Vaccine | Dose | Month | | Date | |
|---|------|-------|-----|------|------|
| | | Month | Day | Day | Year |
| ◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT) | | | | | |
| DTaP | 1 | 01 | 12 | 2011 | |
| DTaP | 2 | 03 | 20 | 2011 | |
| DTaP | 3 | 06 | 01 | 2011 | |

#2 To fill in by hand: Print your child's name, birthdate, sex, and your own name in the top box.

#3 Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ▶

#4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide 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**.

#5 If your child has had chickenpox (varicella) disease and not the vaccine, **use only one** of these four options to record this on the CIS:

- 1) If your child's CIS is printed directly from the CHILDP Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).
 - 2) If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.
 - 3) If school staff access the CHILDP Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.
 - 4) If your child started kindergarten in the 2008-2009 school year or later, you **CANNOT** use this box (i.e. make this change) to the CIS. school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: <http://www.doh.wa.gov/cfh/immunize/schools/vaccine.htm>
- #6** Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your health care provider (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

#7 Be sure to **sign and date the CIS** in the upper right hand box, and return to school or child care.

#8 If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

Vaccine Trade Names in alphabetical order (For updated lists, visit <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf>)

| Trade Name | Vaccine | Trade Name | Vaccine | Trade Name | Vaccine | Trade Name | Vaccine |
|---------------|-------------|------------|------------|------------------|--------------------|-------------------|----------------------|
| ActHIB | Hib | Engerix-B | Hep B | Ipol | IPV | Pentavalente | DTaP + Hep B + Hib |
| Adacel | Tdap | Fluarix | Flu (TIV) | Infanrix | DTaP | Pneumovax | PPSV or PPV23 |
| Afluria | Flu (TIV) | FluLaval | Flu (TIV) | Kinrix (Knrx) | DTaP + IPV | Prevnar | PCV or PCV7 or PCV13 |
| Boostrix | Tdap | FluMist | Flu (LAIV) | Menaetra | MCV or MCV4 | ProQuad (PrQd) | MMR + Varicella |
| Cervarix | HPV2 | Fluvirin | Flu (TIV) | Menomune | MPSV or MPSV4 | Quadracel (Qdrel) | DTaP + IPV |
| Comvax (Cmvx) | Hep B + Hib | Fluzone | Flu (TIV) | Pediarix (Pdrx) | DTaP + Hep B + IPV | Recombivax HB | Hep B |
| Daptacel | DTaP | Gardasil | HPV4 | PedvaxHIB | Hib | Rotarix | Rotavirus (RV1) |
| Decavac | Td | Havrix | Hep A | Pentacel (Pntcl) | DTaP + Hib + IPV | RotaTeq | Rotavirus (RV5) |

Vaccine Abbreviations in alphabetical order (For updated lists, visit <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf>)

| Abbreviations | Full Vaccine Name | Abbreviations | Full Vaccine Name | Abbreviations | Full Vaccine Name |
|-------------------|--|---------------|--------------------------------------|----------------------|--|
| DT | Diphtheria, Tetanus, acellular Pertussis | Hep A (HAV) | Hepatitis A | MPSV or MPSV4 | Meningococcal Polysaccharide Vaccine |
| DTaP | Diphtheria, Tetanus, acellular Pertussis | Hep B (HBV) | Hepatitis B | MMR / MMRV | Measles, Mumps, Rubella / with Varicella |
| DTP | Diphtheria, Tetanus, Pertussis | Hib | <i>Haemophilus influenzae</i> type b | OPV | Oral Poliovirus Vaccine |
| Flu (TIV or LAIV) | Influenza | HPV | Human Papillomavirus | PCV or PCV7 or PCV13 | Pneumococcal Conjugate Vaccine |
| HBIG | Hepatitis B Immune Globulin | IPV | Inactivated Poliovirus Vaccine | PPSV or PPV23 | Pneumococcal Polysaccharide Vaccine |
| | | MCV or MCV4 | Meningococcal Conjugate Vaccine | | |
| | | | | Rotavirus | Rotavirus |
| | | | | Td | Tetanus, Diphtheria |
| | | | | Tdap | Tetanus, Diphtheria, acellular Pertussis |
| | | | | TIG | Tetanus immune globulin |
| | | | | VAR or VZV | Varicella |

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

Reference Guide