



SCHOOL AND CHILD CARE IMMUNIZATION REQUIREMENTS

Office of Immunization
May 30, 2024

Before We Start

- All participants will be muted for the presentation.
- You may ask questions using the Q&A box, and questions will be answered at the end of the presentation.
- Continuing education is available for nurses and medical assistants attending the webinar or watching the recording. If you're watching in a group setting and wish to claim CE credit, please make sure you register for the webinar and complete the evaluation as an individual.
- You can find more information on our [web page](#).

Immunization Training Web Page

<https://doh.wa.gov/you-and-your-family/immunization/immunization-training>

The screenshot shows the Washington State Department of Health website. The header includes the logo and navigation links for 'About Us', 'Contact Us', and 'Newsroom'. A search bar is located in the top right. The main navigation bar features categories like 'You & Your Family', 'Community & Environment', 'Licenses, Permits, & Certificates', 'Data & Statistical Reports', 'Emergencies', and 'Public Health & Provider Resources'. The breadcrumb trail indicates the current location: Home > You & Your Family > Immunization > Immunization Training.

In this section

- Immunization**
- Access your Family's Immunization Information
 - Adult
 - Champions
 - Childhood Vaccine Clinic Events
 - Children
 - College Students
 - Diseases and Vaccines
 - For Preteens and Teens

Immunization Training

This page includes immunization training announcements and opportunities. These trainings are for health care providers, local public health, immunization staff, and school and child care staff.

Upcoming webinar opportunities

- March 14, 2024 - [Improving Campus Health—Building on Research to Increase Vaccination Rates](#)
- March 20, 2024 - [Updates from February 2024 Advisory Committee on Immunization Practices \(ACIP\) Meeting](#)
- March 21, 2024 - [Childhood Vaccine Program Training Series: Billing and Eligibility Screening](#)
- March 25, 2024 - [Measles: A Discussion on Risk in the U.S. and Outbreaks in the U.K.](#)
- March 27, 2024 - [Addressing Gaps in Vaccine Access and Coverage](#)
- March 28, 2024 - [Immunization requirements for the upcoming school year](#)
- April 2, 2024 - [Staying on TASK | New Trends in Vaccination for Adolescents](#)
- April 3, 2024 - [Current Issues in Vaccines - COVID-19 Vaccine Myths: And the Hits Just Keep on Comin'](#)

Continuing Education

- This nursing continuing professional development activity was approved by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation. Upon successful completion of this activity, 1.0 contact hours will be awarded.
- This medical assistant continuing education unit was approved by the American Association of Medical Assistants. Upon successful completion of this activity, 1.0 contact hours will be awarded.

Disclosures

The planners and speaker of this activity have no relevant financial relationships with any commercial interests pertaining to this activity.

Learning Objectives

- Understand the changes to the immunization requirements for the 2024-2025 school year.
- Describe immunization forms and how to use them.
- Know where to locate resources regarding the school and child care requirements.

School and Child Care Immunization Requirements

Webinar

May 30, 2024



Katherine Graff BSN, RN

School and Child Care Immunization Nurse Consultant

Office of Immunization

oischools@doh.wa.gov

Topics

- Immunization Laws and Rules
- 2024-2025 Requirements
 - Tdap roll-up
 - Reminder of rules for 4 year old students
- Certificate of Immunization Status (CIS)
- Certificate of Exemption (COE)
- WAIS School and Child Care Immunization Module (SCCIM)
- Resources



IMMUNIZATION LAW AND RULES
*REVISED CODE OF WASHINGTON (RCW) &
THE WASHINGTON ADMINISTRATIVE CODE (WAC)*

School & Child Care Immunization Requirements

The WA State Legislature passes immunization legislation which is signed into law by the Governor. See:

- [RCW 28A.210.060](#)—through [28A.210.170](#)

The WA State Board of Health has the authority to determine the immunization rules for our state. See:

- [WAC 246-105-010](#) - through [246-105-090](#)

The School and Child Care Immunization page has links to the RCWs and WACs. See:

- www.doh.wa.gov/SCCI



IMMUNIZATION REQUIREMENTS

Recommended vs. Required



ACIP Recommended

Hepatitis B
Diphtheria, Tetanus, Pertussis (DTaP/Tdap)
Polio (IPV)
Measles, Mumps, Rubella (MMR)
Varicella
Pneumococcal (PCV)
Hib
Hepatitis A
HPV
Meningococcal
Flu
Rotavirus
COVID-19



WA State Required

Hepatitis B
Diphtheria, Tetanus, Pertussis (DTaP/Tdap)
Polio (IPV)
Measles, Mumps, Rubella (MMR)
Varicella
Pneumococcal (PCV) - until 5 years old
Hib - until 5 years old

Vaccines Required for Child Care

Child Care Vaccines Required Chart for Parents



Instructions: To see which vaccines are required for child care, find your child's age on the left column and look at that row going across the chart to find the vaccines and doses needed. Children must meet minimum vaccine series time intervals and ages for the requirements. Please talk to your health care provider or child care provider if you have questions.

	Hepatitis B	DTaP (Diphtheria, Tetanus, Pertussis)	Hib (<i>Haemophilus influenzae</i> type B)	Polio	PCV (Pneumococcal Conjugate)	MMR (Measles, Mumps Rubella)	Varicella (Chickenpox)
By 3 Months	2 doses	1 dose	1 dose	1 dose	1 dose	Not routinely given before 12 months of age	Not routinely given before 12 months of age
By 5 Months	2 doses	2 doses	2 doses	2 doses	2 doses		
By 7 Months	2 doses	3 doses	2 or 3 doses**	2 doses	3 doses		
By 16 Months	2 doses	3 doses	3 or 4 doses**	2 doses	4 doses**	1 dose	1 dose
By 19 Months	3 doses	4 doses	3 or 4 doses**	3 doses	4 doses**	1 dose	1 dose
By 7 years or preschool/ school entry at ≥ 4 years*	3 doses	5 doses**	Not routinely given to children age 5 years and older	4 doses**	Not routinely given to children age 5 years and older	2 doses	2 doses

*Children attending Preschool-12th grade must meet the immunization requirements for their grade in school.

**Vaccine doses may be acceptable with fewer than listed depending on when they were given.

The Preschool-12th grade requirement chart and additional immunization resources can be found at: doh.wa.gov/vaxtoschool.

Find information about other important vaccines not required for child care attendance at: www.immunize.org/cdc/schedules.

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.

DOH 348-425 May 2024

Vaccines Required for Preschool-12th Grade 2024-2025

Parents— Are Your Kids Ready for School?

Required Immunizations for School Year 2024-2025



Instructions: To see which vaccines are required for school, find your child's grade in the first column. Look at the matching row across the page to find the amount of vaccines required for your child to enter school.

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps, rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on September 1st	4 doses DTaP	3 doses	3 or 4 doses* (depending on vaccine)	1 dose	4 doses*	3 doses	1 dose**
Preschool/Transitional Kindergarten 4 years of age or older on September 1st	5 doses DTaP*	3 doses	3 or 4 doses* (depending on vaccine) (Not required at 5 years of age or older)	2 doses	4 doses* (Not required at 5 years of age or older)	4 doses*	2 doses**
Kindergarten through 6th	5 doses DTaP*	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
7th through 11th	5 doses DTaP* Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**
12th	5 doses DTaP* Plus Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required	4 doses*	2 doses**

*Vaccine doses may be acceptable with fewer than listed depending on when they were given. **Health care provider verification of history of chickenpox disease is also acceptable. Students must get vaccine doses at the correct timeframes to be in compliance with school requirements. Talk to your health care provider or school staff if you have questions. Find information on other important vaccines not required for school at: www.immunize.org/cdc/schedules.

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DOH 348-295 Dec. 2023



Vaccines Required for Preschool-12th Grade 2024-2025

Vaccine	Dose #	Minimum Age	Minimum Interval* Between Doses	Notes
Hepatitis B (Hep B)	Dose 1	Birth	4 weeks between dose 1 & 2	2 doses are acceptable if both doses are documented as adult doses of Recombivax HB* given at age 11 through 15 years. The doses must be separated by at least 4 months.
	Dose 2	4 weeks	8 weeks between dose 2 & 3	
	Dose 3	24 weeks	16 weeks between dose 1 & 3	
Diphtheria, Tetanus, and Pertussis (DTaP and Tdap)	Dose 1	6 weeks	4 weeks between dose 1 & 2	A 6 month interval is recommended between dose 3 and dose 4, but a minimum interval of 4 months is acceptable. Dose 5 not needed if dose 4 on or after the 4th birthday and at least 6 months after dose 3
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	6 months between dose 3 & 4	
	Dose 4	12 months	6 months between dose 4 & 5	DTaP can be given to children through age 6. If catch-up doses are needed at age 7 and older, Tdap is used followed by additional doses of Tdap or Td if needed. A Tdap booster dose is required for all students in grades 7-12. For students in 7th –11th grade, Tdap dose is acceptable if given on or after 10 years of age. For students in 12th grade, Tdap dose is acceptable if given on or after 7 years of age.
	Dose 5	4 years	—	
	Booster	10 years	—	
Haemophilus influenzae type B (Hib)	Dose 1	6 weeks	4 weeks between dose 1 & 2	If all 3 doses of PedvaxHIB given, only need 3 doses total. Dose 3 must be ≥12 months of age. Vaccine doses may be acceptable with fewer than listed depending on when they were given. Review the Individual Vaccine Requirements Summary for minimum doses required: https://www.doh.wa.gov/SCCI page 12. Age ≥5 years: Not required because not routinely given to children age 5 years and older.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	8 weeks between dose 3 & 4	
	Dose 4	12 months	—	
Pneumococcal Conjugate (PCV13, PCV15 or PCV20)	Dose 1	6 weeks	4 weeks between dose 1 & 2	Vaccine doses may be acceptable with fewer than listed depending on when they were given. Review the Individual Vaccine Requirements Summary for minimum doses required: https://www.doh.wa.gov/SCCI page 17. Age ≥5 years: Not required because not routinely given to children age 5 years and older.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	8 weeks between dose 3 & 4	
	Dose 4	12 months	—	
Polio (IPV or OPV)	Dose 1	6 weeks	4 weeks between dose 1 & 2	Polio vaccine is required for all students, even those 18+ years old Dose 4 not needed if dose 3 on or after the 4th birthday and at least 6 months after dose 2. OPV given on or after 04/01/16 cannot be accepted as a valid dose in the series.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	6 months between dose 3 & 4	
	Dose 4	4 years	—	
Measles, Mumps, and Rubella (MMR or MMRV)	Dose 1	12 months	4 weeks between dose 1 & 2	MMRV (MMR + Varicella) may be used in place of separate MMR and varicella vaccines. Must be given the same day as varicella OR at least 28 days apart, also see* footnote.
	Dose 2	13 months	—	
Varicella (Chickenpox) (VAR or MMRV)	Dose 1	12 months	3 months between dose 1 & 2 (12 months through 12 years). 4 weeks between dose 1 & 2 (13 years and older)	Recommended: 3 months between varicella doses, but at least 28 days minimum interval is acceptable. Must be given the same day as MMR OR at least 28 days apart, see* footnote. Healthcare provider verification of disease history is acceptable to document immunity.
	Dose 2	15 months	—	

*The 4 day grace period can be applied to all doses except between two doses of different live vaccines (such as MMR, MMRV, varicella, and Flumist).

See the Individual Vaccine Requirements Summary for more details about the schedules. Visit: <https://www.doh.wa.gov/SCCI>

DOH 348-051 Dec 2023



IMMUNIZATION SCHOOL REQUIREMENTS CHART 2024-2025 CHANGES


Vaccines Required for Preschool-12 School 2024-2025

Vaccines Required for School: Preschool -12th August 1, 2024 to July 31, 2025							
	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on September 1st	4 doses DTaP	3 doses	3 or 4 doses** (depending on vaccine)	1 dose	4 doses**	3 doses	1 dose
Preschool/Kindergarten (including Transitional Kindergarten) Age =4* years on September 1st	5 doses DTaP**	3 doses	3 or 4 doses** (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses** (Not required at age ≥5 years)	4 doses**	2 doses
Kindergarten through 6th Age ≥5 years on September 1st	5 doses DTaP**	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
Grade 7 through 11	5 doses DTaP** Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
Grade 12	5 doses DTaP** Plus Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses

**Vaccine doses may be acceptable with fewer than listed depending on when they were given.
 See the Minimum Age and Interval Table on page 2 for required minimum age and spacing information of vaccine doses.
 Find information on other vaccines that are recommended, but not required, for child care/preschool attendance at: www.immunize.org/cdc/schedules.
 Review the Individual Vaccine Requirements Summary for more detailed information. Find it on our web page: www.doh.wa.gov/SCC.

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 or email doh.information@doh.wa.gov.

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2024-2025 Tdap Minimum Age Roll-up

Grade 7 through 11	5 doses DTaP <i>Plus</i> Tdap at age ≥ 10 years
Grade 12	5 doses DTaP <i>Plus</i> Tdap at age ≥ 7 years

Minimum age:

- Grades 7-11: Must have 1 Tdap at age 10+.
- Grade 12: Must have 1 Tdap at age 7+.

Looking ahead:

- In the 2025-26 school year, all students in grades 7-12 must have a Tdap at age 10+.

Current CDC ACIP Recommendation if Tdap administered at age 7–10 years:

- Age 7–9 years who receive Tdap should receive the adolescent Tdap booster dose at age 11–12 years.
- Age 10 years who receive Tdap do not need the adolescent Tdap booster dose at age 11–12 years.

Vaccines Required for Preschool-12th Grade 2024-2025

Vaccines Required for School: Preschool -12th							
August 1, 2024 to July 31, 2025							
	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on September 1st	4 doses DTaP	3 doses	3 or 4 doses** (depending on vaccine)	1 dose	4 doses**	3 doses	1 dose
Preschool/Kindergarten (Including Transitional Kindergarten) Age =4* years on September 1st	5 doses DTaP**	3 doses	3 or 4 doses** (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses** (Not required at age ≥5 years)	4 doses**	2 doses
Kindergarten through 6th Age ≥5 years on September 1st	5 doses DTaP**	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
Grade 7 through 11	5 doses DTaP** Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
Grade 12	5 doses DTaP** Plus Tdap at age	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses

*Must have additional DTaP IPV, MMR, Varicella vaccine by the 1st day of school or within 30 days after 4th birthday, whichever is later.

**Vaccine doses may be acceptable with fewer than listed depending on when they were given.


See the Minimum Age and Interval Table on page 2 for required minimum age and spacing information of vaccine doses.

Find information on other vaccines that are recommended, but not required, for child care/preschool attendance at: www.immunize.org/cdc/schedules.

Review the Individual Vaccine Requirements Summary for more detailed information. Find it on our web page: www.doh.wa.gov/SCC.

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Preschool/Kindergarten age 4 on 09/01

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on September 1st	4 doses DTaP	3 doses	3 or 4 doses** (depending on vaccine)	1 dose	4 doses**	3 doses	1 dose
Preschool/Kindergarten (including Transitional Kindergarten) Age =4* year on September 1st	5 doses DTaP**	3 doses	3 or 4 doses** (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses** (Not required at age ≥5 years)	4 doses**	2 doses

*Must have additional DTaP IPV, MMR, Varicella vaccine by the 1st day of school or within 30 days after 4th birthday, whichever is later.

- For example, if the 4th birthday is:
 - August 15, then documentation is due on September 14.
 - September 1, then documentation is due on September 30.
 - More than 30 days before the 1st day of school, then documentation is due on or before the first day of attendance.

This does **not** mean that all students have a 30-day grace period from the start of school.

Preschool/Kindergarten age 4 on 09/01

	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on September 1st	4 doses DTaP	3 doses	3 or 4 doses** (depending on vaccine)	1 dose	4 doses**	3 doses	1 dose
Preschool/Kindergarten (including Transitional Kindergarten) Age =4* years on September 1st	5 doses DTaP**	3 doses	3 or 4 doses** (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses** (Not required at age ≥5 years)	4 doses**	2 doses

[Immunization Manual for Schools, Preschools, and Child Care Facilities \(PDF\)](#):

Students who turn 4 after 09/01 do not have to have the additional doses until the following school year unless required by their program (ex. ECEAP and Head Start preschools).



INDIVIDUAL VACCINE REQUIREMENTS SUMMARY

Guidelines on Immunizations Required for Child Care and School Entry in Washington State
SCHOOL YEAR 2024-2025

INTRODUCTION

The Individual Vaccine Requirements Summary (IVRS) is a companion piece to the [Vaccines Required charts](#) for child care/preschool and school entry. The purpose of the summary is to assist school and child care staff and those working with student information systems to understand state immunization requirements and the immunization schedule. Both the requirements and schedule are based on the recommendations of the national Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP).

Requirements are listed in alphabetical order by vaccine. In each section, you will find detailed information about the immunization schedule, the exceptions to the schedule and the catch-up schedule. Exceptions may apply when the ACIP recommendations are not followed.

Find the ACIP schedules here: www.cdc.gov/vaccines/schedules/rncp/child-adolescent.html

IVRS: Individual Vaccine Requirements Summary

- Organized by vaccine family
- Minimum age and interval rules
- Exceptions to the rules
- Catch-up schedules

Available on website:
www.doh.wa.gov/SCCI

Knowledge Check

A child who turned 4 years old on 08/15/2023 is entering preschool or transitional kindergarten. When do they need to turn in documentation of the age 4 DTaP and IPV doses, and dose 2 of MMR and varicella?

- A. The first day of school
- B. 09/14/23
- C. 09/30/23

Knowledge Check

A child who turned 4 years old on 08/15/2023 is entering preschool or transitional kindergarten. When do they need to turn in documentation of the age 4 DTaP and IPV doses, and dose 2 of MMR and varicella?

~~A. The first day of school~~

B. 09/14/23 is 30 days after the 4th birthday

~~C. 09/30/23~~

The child must turn in documentation of the listed vaccine doses by the 1st day of school or within 30 days after 4th birthday, whichever is later.

Encourage families to schedule back-to-school vaccination appointments now!



CERTIFICATE OF IMMUNIZATION STATUS (CIS)

Certificate of Immunization Status (CIS)

Before a child may attend a school or child care center, a parent must provide proof of the required immunizations or immunity using a department-approved Certificate of Immunization Status (CIS) form.

[WAC 246-105-050](#)

The CIS form is an official form created by the Department of Health.

- It should not be recreated in an electronic health record system.

Acceptable CIS Versions

There are three acceptable versions of the CIS:

- A CIS printed from, and medically verified by, the WA Immunization Information System. No provider or parent signature is needed.
 - Validated CIS
 - CIS printed from MyIR
- Hardcopy, handwritten CIS verified as accurate by:
 - Health care provider signature; or
 - School nurse, administrator, childcare health consultant (or their designee's) signature that the information on the CIS matches attached medical vaccination records.

Validated CIS

Washington State Department of Health **Certificate of Immunization Status (CIS)**

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIS ID Number				
GRAFF	A LUCY CAT	HDSD-8564/10825/10829	02/01/2015	15044221				
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					
CONDITIONAL								
Assessment of Required Immunizations for GRADE K-6 Expiration Date: 10/01/2024		I am certifying that my child is entering school/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	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	Positive Titration
Required Vaccines for School or Child Care Entry								
Assessment of Required Immunizations for GRADE K-6 Expiration Date: 10/01/2024 Validated by the Immunization Information System on 05/28/2024								
MMR (Measles, Mumps, Rubella)	02/01/2016	02/01/2019						
PCV/PPSV (Pneumococcal)*	04/01/2015	06/01/2015	08/01/2015	01/01/2020				
Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS	02/01/2016	02/01/2019						
Recommended Vaccines (Not Required for School or Child Care Entry)								
COVID-19								
Flu (Influenza)	10/01/2015	12/01/2015	10/01/2023					
Hepatitis A	02/01/2016	08/01/2016						
HPV (Human Papillomavirus)								
MCV/MPSV (Meningococcal Disease types A, C, W, Y)								
Mening (Meningococcal Disease type B)								
Rotavirus								

Validation is:

- Complete
- Not Complete
- Conditional

For series selected:

- Child Care by age
- School by Grade

If Conditional:

- Lists the expiration date

Validation:

- Lists the date printed and validated

Validated CIS Series

The status of the CIS is based on the series selected:

- Child Care CIS based on current the age of the child:
 - Child Care 3-4 months
 - Child Care 5-6 months
 - Child Care 7-15 months
 - Child Care 16-18 months
 - Child Care 19+ months
- School CIS is based on:
 - Preschool or Transition to Kindergarten: child's age on 09/01 or the school year
 - PRESCH 19mo-3yr on 09/01
 - PRESCH-TK 4-5yr on 09/01
 - School grades Kindergarten-12
 - Grade K-6
 - Grade 7-11
 - Grade 12


Validated CIS

Child's Last Name:		First Name:		Middle Name:		Birthdate (MM/DD/YYYY):		SHS ID Number			
CAT		IRIS LILY				02/01/2019		11846329			
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	
NOT COMPLETE											
Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS					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.						
Validated by the Immunization Information System on 10/20/2021											
* Required for Preschool/Child Care Only		MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	Positive Titer		
Required Vaccines for School or Child Care Entry											
DTaP (Diphtheria, Tetanus, Pertussis)		04/01/2019	06/01/2019	08/01/2019							
Tdap (Tetanus, Diphtheria, DT or Td (Tetanus, Diphth		Validated by the Immunization Information System on 10/20/2021									
Hepatitis B									IMMUNE		
Hib (<i>Haemophilus influenzae type b</i>)*		04/01/2019	06/01/2019	08/01/2019							
IPV (Polio)		04/01/2019	06/01/2019	08/01/2019							
OPV (Polio)											
MMR (Measles, Mumps, Rubella)											
PCV/PPSV (Pneumococcal)*		04/01/2019	06/01/2019	08/01/2019							
Varicella (Chickenpox) <input checked="" type="checkbox"/> History of disease verified by IIS											
Recommended Vaccines (Not Required for School or Child Care Entry)											
COVID-19											
Flu (Influenza)											
Hepatitis A											
HPV (Human Papillomavirus)											
MCV/MPSV (Meningococcal Disease types A, C, W, Y)											
MenB (Meningococcal Disease type B)											
Rotavirus											


Shows the date the CIS was printed and validated.

No provider or parent validation signature is needed.

Validated CIS

		<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 (MM/DD/YYYY):	SIIS ID Number			
CAT	IRIS LILY		02/01/2019	11846329			
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		
NOT COMPLETE							
Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS Expiration Date: _____ Validated by the Immunization Information System on 10/20/2021			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	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	Positive Titer
Required Vaccines for School or Child Care Entry							
DTaP (Diphtheria, Tetanus, Pertussis)	04/01/2019	06/01/2019	08/01/2019				
Tdap (Tetanus, Diphtheria, Pertussis)							
DT or Td (Tetanus, Diphtheria)							
Hepatitis B							IMMUNE
Hib (<i>Haemophilus influenzae type b</i>)*	04/01/2019	06/01/2019	08/01/2019				
IPV (Polio)	04/01/2019	06/01/2019	08/01/2019				
OPV (Polio)							
MMR (Measles, Mumps, Rubella)							
PCV/PPSV (Pneumococcal)*	04/01/2019	06/01/2019	08/01/2019				
Varicella (Chickenpox) <input checked="" type="checkbox"/> History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Validated CIS

 **Certificate of Immunization Status (CIS)**

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SHS ID Number
CAT	IRIS LILY		02/01/2019	11846329

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
---------------------------	------	--	------

NOT COMPLETE

Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS
Expiration Date: _____
Validated by the Immunization Information System on 10/20/2021

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 on a vaccine-by-vaccine basis 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	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	Positive Titer

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.

Parent/Guardian Signature	Date
----------------------------------	-------------

Recommended Vaccines (Not Required for School or Child Care Entry)


COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Here is the place for a parent or guardian to give permission to add info to the IIS.

This is needed if school is using the IIS School Module AND info is missing in the IIS.

Signature is optional.

Validated CIS

 Certificate of Immunization Status (CIS)					Reviewed by: _____ Date: _____ Signed COE on File? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																
Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SHS ID Number																																																																																	
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* Required for Preschool/Child Care Only: MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY (Positive Title)																																																																																					
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 Required if Starting in Conditional Status				Date																																																																																	
<table border="1"> <tr> <td>PCV13 (Pneumococcal)</td> <td>04/01/2019</td> <td>08/01/2019</td> <td>08/01/2019</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Varicella (Chickenpox) <input checked="" type="checkbox"/> History of disease verified by IIS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="8" style="text-align: center;">Recommended Vaccines (Not Required for School or Child Care Entry)</td> </tr> <tr> <td>COVID-19</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Flu (Influenza)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hepatitis A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HPV (Human Papillomavirus)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MCV/MPSV (Meningococcal Disease types A, C, W, Y)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MenB (Meningococcal Disease type B)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Rotavirus</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						PCV13 (Pneumococcal)	04/01/2019	08/01/2019	08/01/2019					Varicella (Chickenpox) <input checked="" type="checkbox"/> History of disease verified by IIS								Recommended Vaccines (Not Required for School or Child Care Entry)								COVID-19								Flu (Influenza)								Hepatitis A								HPV (Human Papillomavirus)								MCV/MPSV (Meningococcal Disease types A, C, W, Y)								MenB (Meningococcal Disease type B)								Rotavirus							
PCV13 (Pneumococcal)	04/01/2019	08/01/2019	08/01/2019																																																																																		
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Rotavirus																																																																																					

This is the place for a parent or guardian to acknowledge their child's conditional status entry.

A signature is *required* if the child will be attending in conditional status.

Conditional Status Attendance

Before starting school or child care children must:


- Have **all vaccinations they are eligible to receive** on or before the first day of attendance.
- Not be currently due for any of the additional required doses.
- Turn in documentation of additional doses needed within 30 days after the dose comes due.

Find additional information about conditional status at:

www.doh.wa.gov/SCCI

- [Conditional Status Catch Up Immunization Schedule \(PDF\)](#)
- [Conditional Status Overview Video \(YouTube\)](#)
- [Conditional Status FAQ](#)
- [Sample Conditional Status Parent Letter \(Word\)](#) | [Español \(Word\)](#)

Validated CIS



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
 Signed COE on File? Yes No

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIIS ID Number			
CAT	IRIS LILY		02/01/2019	11846329			
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				
NOT COMPLETE							
Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS Expiration Date: _____ Validated by the Immunization Information System on 10/20/2021			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 on a vaccine-by-vaccine basis 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	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	Positive Titer
Required Vaccines for School or Child Care Entry							
DTaP (Diphtheria, Tetanus, Pertussis)	04/01/2019	06/01/2019	08/01/2019				
Tdap (Tetanus, Diphtheria, Pertussis)							
DTaP (Diphtheria, Tetanus, Pertussis)							
Hepatitis B							IMMUNE
TIG (Haemophilus influenzae type b)*	04/01/2019	06/01/2019	08/01/2019				
IPV (Polio)	04/01/2019	06/01/2019	08/01/2019				
OPV (Polio)							
MMR (Measles, Mumps, Rubella)							
PCV/PPSV (Pneumococcal)*	04/01/2019	06/01/2019	08/01/2019				
Varicella (Chickenpox) <input checked="" type="checkbox"/> History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Immunity:

Lab evidence of immunity entered by providers in the IIS will print in the Positive Titer column.

This is considered provider verification of immunity.

Validated CIS

Child's Last Name:		First Name:		Middle Name:		Birthdate (MM/DD/YYYY):		SHS ID Number	
CAT		IRIS LILY				02/01/2019		11846329	
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	
NOT COMPLETE									
Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS Expiration Date: _____ Validated by the Immunization Information System on 10/20/2021					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 on a vaccine-by-vaccine basis 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		MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	Positive Titer
Required Vaccines for School or Child Care Entry									
DTaP (Diphtheria, Tetanus, Pertussis)		04/01/2019	06/01/2019	08/01/2019					
Tdap (Tetanus, Diphtheria, Pertussis)									
DT or Td (Tetanus, Diphtheria)									
Hepatitis B									
Hib (Haemophilus influenzae type b)									
IPV (Polio)		04/01/2019	06/01/2019	08/01/2019					
OPV (Polio)									
MMR (Measles, Mumps, Rubella)									
MCV/MPSV (Meningococcal Disease types A, C, W, Y)									
MenB (Meningococcal Disease type B)									
Rotavirus									
Recommended Vaccines (Not Required for School or Child Care Entry)									
COVID-19									
Flu (Influenza)									
Hepatitis A									
HPV (Human Papillomavirus)									
MCV/MPSV (Meningococcal Disease types A, C, W, Y)									
MenB (Meningococcal Disease type B)									
Rotavirus									

Varicella (Chickenpox) History of disease verified by IIS

History of Chickenpox Disease:

Checks the box on Varicella line if history of chickenpox disease is entered in the IIS.

This is considered provider verification.

Validated CIS – Page 2 Action Report



Action Report

Name:	IRIS LILY CAT	SIIS Patient ID:	11846329
Date of Birth:	02/01/2019	Age:	2 years 8 months 19 days
Report Date:	10/20/2021	Status:	Not Complete

Required Vaccines for School or Child Care Entry

Vaccine	Dose Due on or After
HIB	02/01/2020
MMR	02/01/2020
PNEUMO (PCV)	02/01/2020
DTaP/DT/Td	05/01/2020

Recommended Vaccines (Not Required)

Vaccine	Dose Due on or After
POLIO	02/01/2023
FLU	08/01/2019
HEP-A	02/01/2020
HPV	02/01/2030
MENINGOCOCCAL	02/01/2030
Coronavirus (SARS-CoV-2)(COVID-19)	02/01/2031
MENINGOCOCCAL B, OMV	02/01/2035
MENINGOCOCCAL B, RECOMBINANT	02/01/2035

Invalid Vaccine Doses Not Printed on the CIS

Vaccine	Invalid Dose Date	Reason for Invalid Dose
MMR	X 11/01/2019	Minimum age for this dose not met.

Validated CIS – Page 2 Action Report



Action Report

Name:	IRIS LILY CAT	SIIS Patient ID:	11846329
Date of Birth:	02/01/2019	Age:	2 years 8 months 19 days
Report Date:	10/20/2021	Status:	Not Complete

Required Vaccines for School or Child Care Entry		Recommended Vaccines (Not Required)													
Vaccine	Dose Due on or After	Vaccine	Dose Due on or After												
			02/01/2023												
			08/01/2019												
			02/01/2020												
			02/01/2030												
			02/01/2030												
			02/01/2031												
			02/01/2035												
			02/01/2035												
<table border="1"> <thead> <tr> <th colspan="2">Required Vaccines for School or Child Care Entry</th> </tr> <tr> <th>Vaccine</th> <th>Dose Due on or After</th> </tr> </thead> <tbody> <tr> <td>HIB</td> <td>02/01/2020</td> </tr> <tr> <td>MMR</td> <td>02/01/2020</td> </tr> <tr> <td>PNEUMO (PCV)</td> <td>02/01/2020</td> </tr> <tr> <td>DTaP/DT/Td</td> <td>05/01/2020</td> </tr> </tbody> </table>		Required Vaccines for School or Child Care Entry		Vaccine	Dose Due on or After	HIB	02/01/2020	MMR	02/01/2020	PNEUMO (PCV)	02/01/2020	DTaP/DT/Td	05/01/2020		
Required Vaccines for School or Child Care Entry															
Vaccine	Dose Due on or After														
HIB	02/01/2020														
MMR	02/01/2020														
PNEUMO (PCV)	02/01/2020														
DTaP/DT/Td	05/01/2020														
Invalid Vaccine															
MMR	X 11/01/2019	Minimum age for this dose not met.													

Validated CIS – Page 2 Action Report



Action Report

Name:	IRIS LILY CAT	SIIS Patient ID:	11846329
Date of Birth:	02/01/2019	Age:	2 years 8 months 19 days
Report Date:	10/20/2021	Status:	Not Complete

Required Vaccines for School or Child Care Entry

Vaccine
HIB
MMR
PNEUMO (PCV)
DTaP/DT/Td

Invalid Vaccine Doses Not P

Vaccine
MMR

Recommended Vaccines (Not Required)

Vaccine	Dose Due on or After
POLIO	02/01/2023
FLU	08/01/2019
HEP-A	02/01/2020
HPV	02/01/2030
MENINGOCOCCAL	02/01/2030
Coronavirus (SARS-CoV-2)(COVID-19)	02/01/2031
MENINGOCOCCAL B, OMV	02/01/2035
MENINGOCOCCAL B, RECOMBINANT	02/01/2035

	Dose Due on or After
	02/01/2023
	08/01/2019
	02/01/2020
	02/01/2030
	02/01/2030
VID-19)	02/01/2031
MV	02/01/2035
IBINANT	02/01/2035

Invalid Dose

Invalid Dose
or this dose not met.

Validated CIS – Page 2 Action Report



Action Report

Name:	IRIS LILY CAT	SIIS Patient ID:	11846329
Date of Birth:	02/01/2019	Age:	2 years 8 months 19 days
Report Date:	10/20/2021	Status:	Not Complete

Required Vaccines for School or Child Care Entry	
Vaccine	Dose Due on or After
HIB	02/01/2020
MMR	02/01/2020
PNEUMO (PCV)	02/01/2020
DTaP	05/01/2020

Recommended Vaccines (Not Required)	
Vaccine	Dose Due on or After
POLIO	02/01/2023
FLU	08/01/2019
HEP-A	02/01/2020
MMR	02/01/2020

Invalid Vaccine Doses Not Printed on the CIS

Vaccine	Invalid Dose Date	Reason for Invalid Dose
MMR	X 11/01/2019	Minimum age for this dose not met.

Invalid Vaccine Doses Not Printed on the CIS

Vaccine	Invalid Dose Date	Reason for Invalid Dose
MMR	X 11/01/2019	Minimum age for this dose not met.



MYIR MOBILE CIS

MyIR Mobile

MyIR allows people to view their own and their children's immunizations.

- MyIR.net has been retired.
- MyIRMobile.com is on a new platform.
 - Easier to use
 - Easier to update
 - Has a new validated CIS
 - In English and Spanish


Users will need to register the first time they use MyIR Mobile.

<https://app.myirmobile.com/auth/register?state=WA>

- Tip: if records aren't found try a different phone number.
- For help, email MyIR@doh.wa.gov.

For more information go to www.doh.wa.gov/immsrecords.

MyIRMobile Validated CIS



Certificate of Immunization Status (CIS)


Reviewed by: _____ Date: _____
 Signed COE on File? Yes No

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIIS ID Number
GRAFF	A CIRCE CAT	Katherine	02/01/2010	N/A printed from MyIR
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
COMPLETE				
Assessment of Required Immunizations:		SY 2023-2024 Grade 7-10		
Validated by MyIR from the Immunization Information System on 08/04/2023		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.		
		MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry				
DTaP (Diphtheria, Tetanus, Pertussis)	04/01/10	06/01/10	08/01/10	08/01/11
Tdap (Tetanus, Diphtheria, Pertussis)	02/01/21			
DT or Td (Tetanus, Diphtheria)				
Hepatitis B	02/01/10	04/01/10	08/01/10	
Hib (<i>Haemophilus influenzae type b</i>)*				
IPV (Polio)	04/01/10	06/01/10	08/01/10	02/01/14
OPV (Polio)				
MMR (Measles, Mumps, Rubella)	02/01/19	02/01/23		
PCV/PPSV (Pneumococcal)*				
Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS	02/01/11	02/01/14		
Recommended Vaccines (Not Required for School or Child Care Entry)				
COVID-19	11/30/21	12/21/21	06/22/22	09/18/22
Flu (Influenza)	10/01/22			
Hepatitis A	02/01/16			
HPV (Human Papillomavirus)				
MCV/MPSV (Meningococcal Disease types A, C, W, Y)				
MenB (Meningococcal Disease type B)				
Rotavirus				

Similar to IIS CIS

- It shows validation by MyIR.
- The validation series depends on the grade selected by the parent.
- Dates come from the WAIS, so no medical verification signature is needed.
- Prints valid dates only.

MyIR Validated CIS – Page 2 Action Report



Action Report

Name:	A CIRCE CAT Katherine GRAFF	SIIS Patient ID:	unable to print from MyIR
Date of Birth:	02/01/2010	Age:	13 years, 5 months, 20 days
Report Date:	07/21/2023	Status:	NOT COMPLETE

Required Vaccines for School or Child Care Entry	
Vaccine	Dose Due on or After
Tdap (Tetanus, Diphtheria, Pertussis)	02/01/2021

Reccomended Vaccines (Not Required)	
Vaccine	Dose Due on or After
Flu (Influenza)	07/01/2023
Hepatitis A	08/01/2016
HPV (Human Papillomavirus)	02/01/2019
MCV/MPSV (Meningococcal Disease)	02/01/2021

Invalid Vaccine Doses Not Printed on the CIS		
Vaccine	Invalid Dose Date	Reason for Invalid Dose



HARDCOPY CIS

Hardcopy CIS

Parents may fill out a hardcopy CIS with their child's vaccination dates.

Hardcopy CIS forms are primarily used when children don't have vaccination dates in the IIS.

Hardcopy CIS



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
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.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X _____ Parent/Guardian Signature Date		X _____ Parent/Guardian Signature Required if Starting in Conditional Status Date	

▲ Required for School • Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (<i>Haemophilus influenzae type b</i>)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox)						
<input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:

A verified history of varicella (chickenpox) disease.

Laboratory evidence of immunity (titer) to disease(s) marked below.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella

Polio (all 3 serotypes must show immunity)

▶ _____

Licensed Health Care Provider Signature Date

▶ _____

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
---	---

Hardcopy CIS

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

Health Care Provider or School Official Name: _____ Signature: _____ Date: _____
If verified by school or child care staff the medical immunization records must be attached to this document.

Must be medically verified for accuracy with a signature by:

- A health care provider.
 - Licensed, certified or registered in a profession listed in RCW [18.130.040](#)(2), if administering vaccinations is within the profession's scope of practice (ex. a doctor, nurse or medical assistant).
 - If signed by a health care provider, no medical immunization records need to be attached to the CIS.

OR

- A school nurse, administrator, child care health consultant or their designee.
 - Before signing they must determine the information on the CIS is accurate after comparing it with attached medical vaccination records.
 - If not signed by a health care provider CIS must have medical vaccination records attached.

Medical Vaccination Records

Medical Vaccination Records Include:

- Provider records.
- Lifetime Immunization records completed by a provider.
- Another state registry's records.
 - [Find state registry information here.](#)

Additional examples can be found in DOH's [Acceptable Versions of a Certificate of Immunization Status \(PDF\)](#) document.

Hardcopy CIS

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease.		
<input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature		Date
▶		
Printed Name		

The hardcopy CIS has a place for a provider to verify history of chickenpox disease.

This is considered provider verification of history of disease. No other documentation is required.

Hardcopy CIS

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has:		
<input type="checkbox"/> A verified history of varicella (chickenpox)		
<input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature		Date
▶		
Printed Name		

The hardcopy CIS has a place for the provider to document immunity by antibody titer.

This is considered provider verification of immunity. No other documentation is required.

Note: Immunity by antibody titer is not acceptable for:

- Pneumococcal disease.
- Pertussis.

Hardcopy CIS

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has:		
<input type="checkbox"/> A verified history of varicella (chickenpox) disease.		
<input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature		Date
▶		
Printed Name		

Polio can only be marked as immune by antibody titer if the child is immune to all three polioviruses.

Testing is not available for poliovirus type 2 since the vaccine for type 2 was removed from OPV on 04/01/2016.

OPV doses on or after 04/01/2016 do not count in the polio series completion in the US schedule or for school and child care requirements.



EXEMPTIONS FROM THE SCHOOL AND CHILDCARE
IMMUNIZATION REQUIREMENTS
AND THE
CERTIFICATE OF EXEMPTION (COE)

Certificate of Exemption (COE)

A child may be exempted from one or more required immunizations, per [RCW 28A.210.090](#).

- A parent/guardian must turn in a completed and signed Certificate of Exemption (COE) to the school or childcare.
- The COE is an official form created by the Department of Health.
 - It should not be recreated in an electronic health record system.
- The COE is available in several languages. Visit www.doh.wa.gov/SCCI .
- Exemption forms or letters from other states are not acceptable.

Four exemption options

- Personal or philosophical exemption
 - not allowed for measles, mumps or rubella immunization requirements
- Religious
- Religious membership
- Medical



CERTIFICATE OF EXEMPTION - PERSONAL/RELIGIOUS

For school, child care, and preschool immunization requirements

CHILD'S LAST NAME: FIRST NAME: MIDDLE INITIAL: BIRTHDATE (MM/DD/YYYY):

NOTICE: A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted student/child may be excluded from school or child care settings and activities during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

PERSONAL/PHILOSOPHICAL OR RELIGIOUS EXEMPTION

I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. **Select an exemption type and the vaccinations you wish to exempt your child from:**

PERSONAL/PHILOSOPHICAL EXEMPTION*

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Pertussis (whooping cough)
<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Polio	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)

*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law.

RELIGIOUS EXEMPTION

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Measles
<input type="checkbox"/> Mumps	<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Polio
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)	

PARENT/GUARDIAN DECLARATION

One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

Parent/Guardian Name (Print) Parent/Guardian Signature Date

HEALTH CARE PRACTITIONER DECLARATION

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington state. My signature does not necessarily mean I endorse this decision.

Licensed Health Care Practitioner Name (Print) Licensed Health Care Practitioner Signature Date

MD ND DO ARNP PA Washington License #: _____

RELIGIOUS MEMBERSHIP EXEMPTION (do not use this section if using the Religious Exemption section above)

Complete this section only if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

PARENT/GUARDIAN DECLARATION

I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

Parent/Guardian Name (Print) Parent/Guardian Signature Date

To request this document in a different format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov. **DOH 348-106 January 2024**



CERTIFICATE OF EXEMPTION - MEDICAL

For school, child care, and preschool immunization requirements

CHILD'S LAST NAME: FIRST NAME: MIDDLE INITIAL: BIRTHDATE (MM/DD/YYYY):

NOTICE: This form may be used to exempt a child from a vaccination requirement when a health care practitioner has determined specific vaccination is not advisable for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.

MEDICAL EXEMPTION

A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in their judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine, per RCW 28A.210.090. Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practice's (ACIP) recommendations via the Centers for Disease Control and Prevention publication, "Guide to Vaccine Contraindications and Precautions," or the manufacturer's package insert. The ACIP guide can be found at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

Please indicate which vaccination the medical exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark "not exempt."

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

HEALTH CARE PRACTITIONER DECLARATION

I declare that vaccination for the disease(s) checked above is/are not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington state, and the information provided on this form is complete and correct.

Licensed Health Care Practitioner Name (Print) Licensed Health Care Practitioner Signature Date

MD ND DO ARNP PA Washington License #: _____

PARENT/GUARDIAN DECLARATION

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have been told if a vaccine-preventable disease outbreak occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

Parent/Guardian Name (Print) Parent/Guardian Signature Date

To request this document in a different format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov. **DOH 348-106 January 2024**

Philosophical/Personal and Religious

Personal or Philosophical Exemption:

- This exemption should be used when the parent/guardian has a *personal or philosophical objection to the immunization* of the child.
- It cannot be used for the measles, mumps and rubella immunization requirements.

Religious Exemption:

- This exemption should be used when the parent/guardian has a *religious belief that is contrary to the required immunization*.

There is no requirement for a parent to validate or prove their personal or religious beliefs.

Education Requirement

Philosophical/Personal and Religious Exemptions must have the signature of a health care practitioner licensed in WA State:

- *Medical Doctor (MD),*
- *Doctor of Osteopathy (DO),*
- *Doctor of Naturopathic Medicine (ND),*
- Physician Assistant (PA) or
- Advanced Registered Nurse Practitioner (ARNP).

Providers must verify they:

“provided the signator with information about the benefits and risks of immunization to the child.”

A health care practitioner who, in good faith, signs the statement about the education is immune from civil liability for providing the signature.

[RCW28A.210.090](#)

Signing the COE does not mean that the health care practitioner agrees with the parent's beliefs.

Education Requirement

Can be met by a health care practitioner signature:

- In the Health Care Practitioner Declaration on the Certificate of Exemption (COE) form, or
- On a letter that that the parent can attach to the parent signed COE. The letter must include:
 - The sentence “I have provided the parent with information about the benefits and risks of immunization to the child.”
 - The child’s name and birthdate.
 - The practitioner’s printed name.
 - The practitioner’s WA license number.
 - The practitioner's signature.
 - Date of signature.

Personal or Religious Exemption

PERSONAL/PHILOSOPHICAL OR RELIGIOUS EXEMPTION
I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. Select an exemption type and the vaccinations you wish to exempt your child from:

PERSONAL/PHILOSOPHICAL EXEMPTION*			
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Pertussis (whooping cough)
<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Polio	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)

**Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law.*

RELIGIOUS EXEMPTION			
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Measles
<input type="checkbox"/> Mumps	<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Polio
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)	

HEALTH CARE PRACTITIONER DECLARATION

I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington state. My signature does not necessarily mean I endorse this decision.

child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington state. My signature does not necessarily mean I endorse this decision.

Licensed Health Care Practitioner Name (Print)

Licensed Health Care Practitioner Signature

Date

MD ND DO ARNP PA

Washington License #: _____

Use this section for personal/philosophical or religious exemptions.

This section needs both parent and health care practitioner signatures (or health care practitioner letter).

There is no requirement for a parent to validate or prove their personal or religious beliefs.

Religious Membership Exemption

RELIGIOUS MEMBERSHIP EXEMPTION		
Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.		
Parent/Guardian Declaration		
I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.		
<input checked="" type="checkbox"/>		
_____ Parent/Guardian Name (print)	_____ Parent/Guardian Signature	_____ Date

This section should be used when the parent/guardian affirms *membership in a church or religious body that does not allow* their child to get medical treatment by a health care practitioner.

- No health care practitioner signature is required.
- If the parent or guardian takes their child to see a health care practitioner for things like illness or injury care, they cannot use this exemption. They need to use the Religious or Personal Exemption area of the COE which must have a health care practitioner signature (or letter).
- The child care or school does NOT need to verify the parent's religious beliefs.

Medical Exemption

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Granted by a health care practitioner when **in their judgement** the vaccine is not advisable for the child.

Guidance about contraindications to vaccination:

- Recommendations of the Advisory Committee on Immunization Practices: [ACIP Contraindications Guidelines for Immunization | CDC](#)
- Vaccine manufacturer’s package insert

Permanent or Temporary:

- Both require health care practitioner and parent/guardian signatures.
- Temporary exemptions must have an expiration date, when reached, the child has 30 days to get the vaccine or another exemption.

NEW! Immunization Exemption Toolkit for Health Care Practitioners

IMMUNIZATION EXEMPTIONS TOOLKIT FOR HEALTH CARE PRACTITIONERS

Dear Health Care Practitioner,

Children are required to have documentation of immunity to certain diseases or an exemption on file at the school or child care on or before their first day of attendance, RCW [28A.210.080](#). Parents and legal guardians may exempt their child from one or more of the immunization requirements by turning in a completed Certificate of Exemption (COE) form. This requirement is outlined in the Revised Code of Washington (RCW) [28A.210.090](#).

All exemptions except religious membership exemptions require education from a health care practitioner on the benefits and risks of immunizations. Health care practitioners must sign the Health Care Provider declaration on the COE or they can write and sign a letter with the same information. If the education is documented in a letter, it must be attached to the parent/guardian-signed COE before being turned in to the school or child care. A health care practitioner who, in good faith, signs that they gave immunization education is immune from civil liability for providing the signature, per RCW [28A.210.090](#).

Specific health care practitioners are allowed to provide the parent/guardian with information about the benefits and risks of immunization and grant a medical exemption. Only physicians (MD), physician assistants (PA), osteopaths (DO), naturopaths (ND), or advanced registered nurse practitioners (ARNP) licensed in Washington State can complete the COE, per RCW [28A.210.090](#).

The health care practitioner may grant a medical exemption to a required immunization based on their judgment the vaccine is not advisable for the child. When the health care practitioner determines the specific vaccine is no longer contraindicated, the child will be required to have the vaccine.

With the exception of the medical exemption outlined above, providing a signed statement affirming that information was provided to the parent/guardian about the benefits and risks of vaccination does not mean that the health care practitioner agrees with or endorses the parent/guardian's beliefs.

This toolkit provides information and resources to health care practitioners about exemptions for school and child care immunization requirements for the state of Washington.

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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 civil.rights@doh.wa.gov. DOH #348-992 August 2023

The toolkit can be downloaded from the COE section of the School and Child Care Immunization page at www.doh.wa.gov/SCCI.

Links to Exemption QRG and Instructions

Exemptions to School and Child Care Immunization Requirements Quick Reference Guide

How to Complete the Certificate of Exemption (COE) Form

- Complete the section of the COE for the exemption being requested:
 - Only one type of exemption (personal/philosophical, religious, or medical) is allowed for each disease.
 - Different types of exemptions are allowed for different diseases.
- Write the child's name and birthdate at the top of the COE form.
- Once completed give the COE to the school or child care.

Personal/Philosophical and Religious Exemptions

The parent/guardian should:

- Check the box in the personal/philosophical or religious section for each disease they want to have an exemption.
 - Check only one type of exemption for each disease.
- Take the form to a health care practitioner (MD, DO, ND PA, ARNP licensed in WA).
- Discuss the risks and benefits of vaccination with the health care practitioner.
- Read, sign and date the parent/guardian declaration.

The health care practitioner should:

- Discuss the risks and benefits of vaccination with the parent/guardian.
- Read, sign and date the health practitioner signature line.
- Check the appropriate box (MD, DO, ND PA, ARNP) and add their professional license number issued by the state of Washington.
 - A health care practitioner who, in good faith, signs the statement is immune from civil liability for providing the signature, RCW [28A.210.090](#).
 - Instead of signing the form, the health care practitioner can give the parent/guardian a signed letter that can be attached to the parent signed COE. The letter must include the child's name, information in the declaration statement and professional license number issued by the state of Washington.

The QRG includes information about the 4 exemptions types and how to fill out the form.

NEW! Immunization Exemption Toolkit for Health Care Practitioners

CERTIFICATE OF EXEMPTION (COE) form	
English (PDF)	Kajin Majôl - Marshallese (PDF)
Español-Spanish (PDF)	پښتو - Pashto (PDF)
አማርኛ - Amharic (PDF)	Português - Portuguese (PDF)
العربية - Arabic (PDF)	ਪੰਜਾਬੀ - Punjabi (PDF)
中文 - Chinese (PDF)	Русский - Russian (PDF)
Fosun Chuuk - Chuukese (PDF)	Af-soomaali - Somali (PDF)
دري - Dari (PDF)	Tagalog (PDF)
हिन्दी - Hindi (PDF)	Українська - Ukrainian (PDF)
한국어 - Korean (PDF)	Tiếng Việt - Vietnamese (PDF)

IMMUNIZATION EXEMPTION VIDEO	
Immunization Exemptions Overview Video (YouTube)	A brief (8m 41s) video explaining Exemptions to the WA Immunization Requirements.

HOW TO BILL VACCINE COUNSELING	
How do I bill for stand-alone vaccine counseling?	Find billing code in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Well-Child Program Billing Guide

The toolkit includes links to:

- The COE in 16 languages.
- A brief exemption overview video.
- Billing for vaccine counseling.

NEW! Immunization Exemption Toolkit for Health Care Practitioners

CERTIFICATE OF EXEMPTION EDUCATION REQUIREMENTS

For personal/philosophical and religious exemptions, health care practitioners can document that they have provided the parent or legal guardian with information about the benefits and risks of immunization. They do this by signing the health care practitioner statement on the Certificate of Exemption (COE) form, or they can give the parent a letter stating the same information. This letter, when attached to Certificate of Exemption form with parent/guardian signature, meets documentation of the education requirement in the Revised Code of Washington (RCW) 28A.210.090. A health care practitioner who, in good faith, signs affirming the immunization education is immune from civil liability for providing the signature, following RCW.

To be acceptable documentation of the parent/guardian education, the letter must include:

- The child's name and birthdate
- A statement affirming the health care practitioner has discussed the benefits and risks of immunizations with the parent/legal guardian.
- Documentation that the health care practitioner is a MD, ND, DO, ARNP, or PA licensed in Washington State.
- A health care practitioner signature.

CERTIFICATE OF EXEMPTION EDUCATION CONSIDERATIONS

State law says the health care provider must discuss the benefits and risks of immunizations with the parent/legal guardian who is seeking an exemption from the immunization requirements. The law does not provide additional any details about education. This gives health care providers the flexibility to educate the parent or legal guardian on the benefits and risks of immunizations. However, some providers may want more guidance on immunization education before they feel comfortable talking to families.

The toolkit includes:

- Details about the education requirement and the provider letter option.
- Things to consider when talking to parents.

NEW! Immunization Exemption Toolkit for Health Care Practitioners

Immunization Exemption FAQs	Find more FAQs at www.doh.wa.gov/SCCI
What kinds of exemptions are available for parents who want to exempt their child from the school or child care immunization requirements?	<p>There are four different types of exemptions:</p> <p>Medical Exemption: A health care practitioner may grant a medical exemption to a vaccine required by rule of the state board of health only if in his or her judgment, the vaccine is not advisable for the child. When</p>

Educational Resources	
Need Help Responding to Vaccine-Hesitant Parents? (immunize.org)	This PDF has Science-based materials available from respected organizations; AAP, California Department of Public Health, CDC, immunize.org, Institute for Vaccine Safety, Vaccinate Your

Vaccine Contraindication Resources	
Pinkbook Course Book: Epidemiology of Vaccine Preventable Diseases CDC	CDC reference on vaccines by disease including contraindication and precautions.
Birth-18 Years Immunization Schedule – Healthcare Providers CDC	Appendix with contraindications and precautions by vaccine.
Vaccine Package Inserts	Listed alphabetically by vaccine. Immunize.org
Guide to contraindications and precautions to commonly used vaccines for all ages	Comprehensive list of contraindication and precautions to administering vaccines. Immunize.org

The toolkit includes:

- Exemption FAQs.
- Education Resources for talking to parents.
- Vaccine contraindication resources (for medical exemptions).

Knowledge Check

Which statement is true?

- A. Healthcare practitioners can sign a letter saying they have given the parent education about benefits and risks of immunization instead of signing a personal or religious COE.
- B. Exemption forms from other states are ok to use.
- C. When a doctor signs a personal exemption it means they agree with the parent's decision not to vaccinate their child.

Knowledge Check

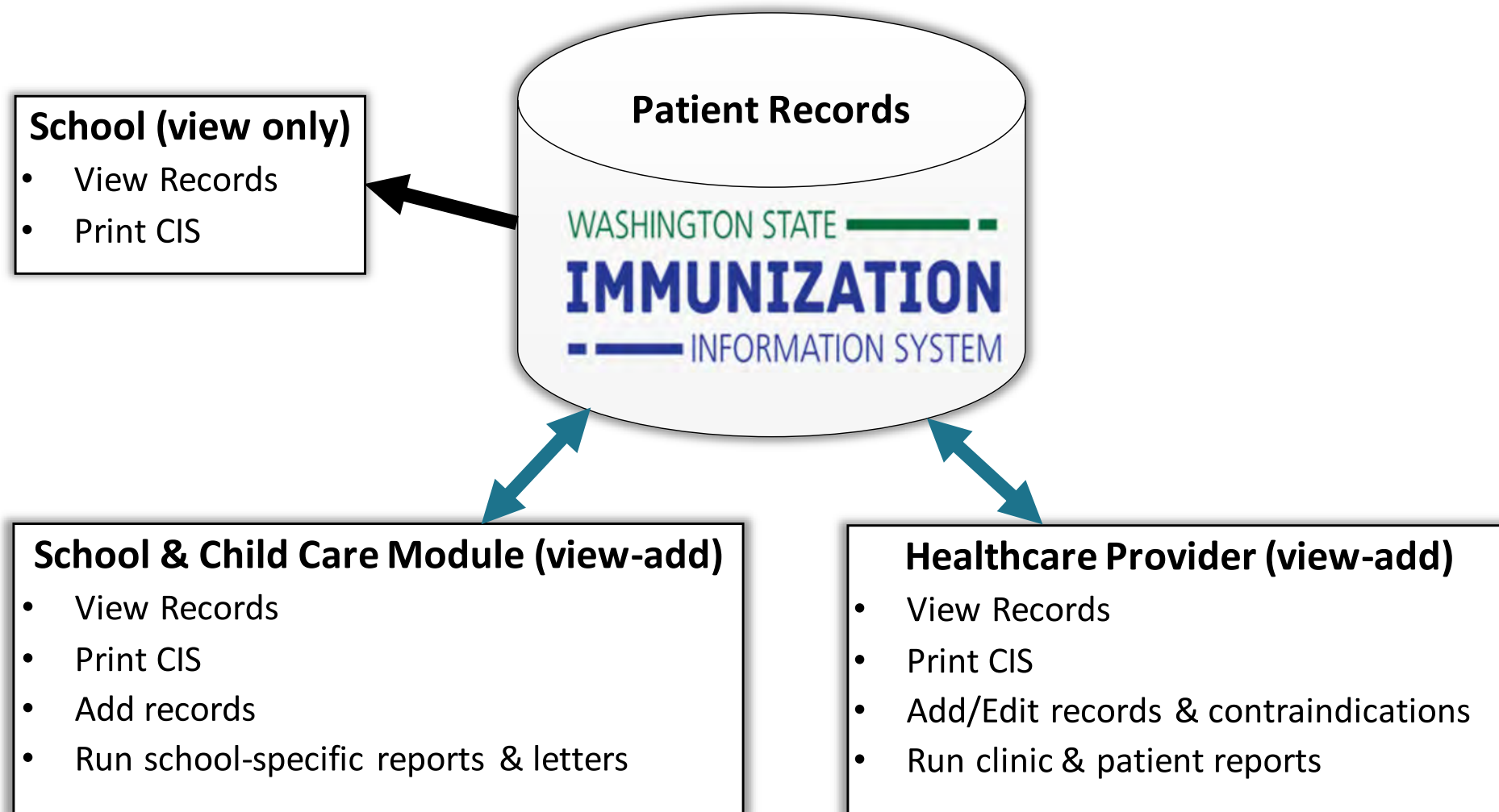
Which statement is true?

- A. Healthcare practitioners can sign a letter saying they have given the parent education about benefits and risks of immunization instead of signing a personal or religious COE.**
- ~~B. Exemption forms from other states are ok to use.~~
- ~~C. New exemption forms must be turned in annually.~~
- ~~D. When a doctor signs a personal exemption it means they agree with the parent's decision not to vaccinate their child.~~



WAIIS SCHOOL AND CHILD CARE IMMUNIZATION MODULE (SCCIM)

Relationship of the School and Child Care Module to the Immunization Information System (IIS)



SCCIM Use Across the State

School module data as of late-April 2024:

- 268 Public School Districts (90% of all districts)
- 120 Private Schools
- 8 Charter Schools
- 68 Childcares or Head Start/ECAPS

In total we serve ~ 94% of K-12 students in the state when compared to OSPI 2023-24 enrollment data.

A list of schools using the School Module is on the following web page:

www.doh.wa.gov/SchoolModule

Healthcare Providers and the SCCIM

Healthcare providers play an important role in the School and Child Care Module and are critical to its success.

The immunization data provided to the IIS creates comprehensive records for schools and child cares to use that:

- Allows schools and child cares to accurately determine immunization compliance for their students.
- Allows schools and child cares to quickly identify vulnerable students during a disease outbreak using verified immunization data.
- Results in fewer requests for immunization records from parents.

The SCCIM Depends on the IIS Data

The immunization data provided to the IIS impacts compliance status in the SCCIM and on the Certificate of Immunization Status (CIS) form.

Missing immunization data in the IIS causes functionality issues.

Healthcare providers can support parents and schools by:

- Entering missing historical immunizations.
- Entering immunity and disease information.
- Providing medically verified records to schools and parents.



RESOURCES

School and Child Care Immunization and School and Child Care Immunization Module

Websites:

www.doh.wa.gov/SCCI

www.doh.wa.gov/SchoolModule

Questions?

Feedback!

Email us at:

oischools@doh.wa.gov

schoolmodule@doh.wa.gov



Immunization Page for Families

Web page:

<https://doh.wa.gov/vaxtoschool>

Questions?

Feedback!

Email us at:

oischools@doh.wa.gov

schoolmodule@doh.wa.gov



Acceda a los registros oficiales de vacunación de su familia en línea justo en el momento que los necesite.

Quando utiliza MyIR Mobile usted puede:

- Ver los registros de inmunización de su familia.
- Imprimir el formulario del Certificado del estatus de vacunación de sus niños

iRegístrese hoy!

Visite myirmobile.com o escanee el código QR abajo y siga las instrucciones para inscribirse.



MyIR Mobile es la forma más rápida de obtener los registros que necesita, pero puede encontrar más formas de acceder a la información de las vacunas de su familia visitando <https://bit.ly/informaciondevacunas>

Más información en:
1-866-397-0337
WAISRecords@doh.wa.gov or
MyIR@doh.wa.gov

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Para solicitar este documento en otro formato, llame al 1-800-525-0127. Las personas con sordera o problemas de audición deben llamar al 711 (servicio de relé de Washington) o enviar un correo electrónico a doh.information@doh.wa.gov.



Access your family's official immunization records online, right when you need them.

When you use MyIR Mobile you can:

- View your family's immunization records.
- Print your children's Certificate of Immunization Status form.

Register today!

Visit MyIRmobile.com or scan the QR code below and follow the registration instructions.



MyIR Mobile is the quickest way to get the records you need, but you can find more ways to access your family's immunization by visiting www.doh.wa.gov/immsrecords

More information available at:
1-866-397-0337
WAISRecords@doh.wa.gov or
MyIR@doh.wa.gov

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MyIR Promotional Flyers

Available to download and print:

[Promotional Flyer for MyIR \(English and Spanish\) \(PDF\)](#)

Resources

Video Series:

- [Vaccine Requirements Overview Video \(YouTube\)](#)
- [Certificate of Immunization Status Overview Video \(YouTube\)](#)
- [Immunization Exemptions Overview Video \(YouTube\)](#)
- [Conditional Status Overview Video \(YouTube\)](#)

Available on our website in topic-specific sections:

www.doh.wa.gov/SCCI

And on the Immunization Training web page:

[Immunization Training | Washington State Department of Health](#)



INDIVIDUAL VACCINE REQUIREMENTS SUMMARY

Guidelines on Immunizations Required for Child Care and School Entry in Washington State
SCHOOL YEAR 2024-2025

INTRODUCTION

The Individual Vaccine Requirements Summary (IVRS) is a companion piece to the [Vaccines Required charts](#) for child care/preschool and school entry. The purpose of the summary is to assist school and child care staff and those working with student information systems to understand state immunization requirements and the immunization schedule. Both the requirements and schedule are based on the recommendations of the national Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP).

Requirements are listed in alphabetical order by vaccine. In each section, you will find detailed information about the immunization schedule, the exceptions to the schedule and the catch-up schedule. Exceptions may apply when the ACIP recommendations are not followed.

Find the ACIP schedules here: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

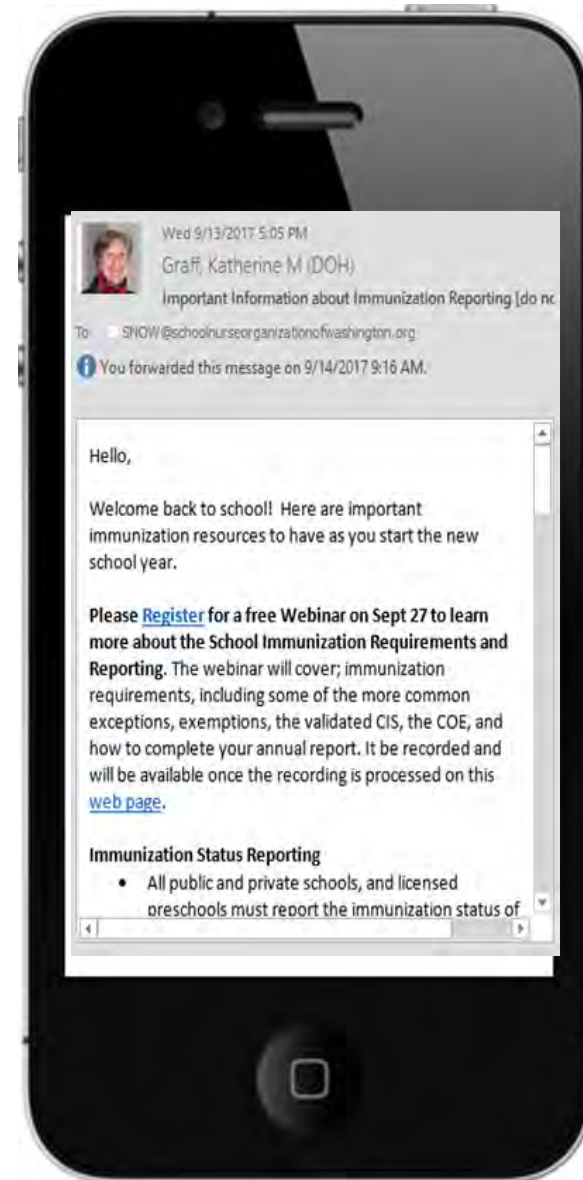
IVRS: Individual Vaccine Requirements Summary

Available on our website:
www.doh.wa.gov/SCCI

School and Child Care Listserve

<http://bit.ly/2HybXYS>

1. Sign in with your name and email.
2. Click the **Add Subscriptions** button.
3. Click the + to open the **Immunization** topics.
4. Check the **School Nurses** and/or **Childcare and Preschool lists**.
5. Click **Submit**.



Obtaining Continuing Education

- Continuing education is available for nurses and medical assistants.
 - There is no cost for CEs.
- This CE opportunity expires on August 30, 2024.
- Successful completion of this continuing education activity includes the following:
 - Attending the entire live webinar or watching the webinar recording.
 - Completing the evaluation after the live webinar or webinar recording.
- **Please note:** CE certificates are NOT generated after evaluation completion. CE certificates will be sent by DOH via email within a few weeks after evaluation completion.
- If you have any questions about CEs, contact Trang Kuss at trang.kuss@doh.wa.gov.



QUESTIONS?



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 civil.rights@doh.wa.gov.