



# SCHOOL AND CHILD CARE IMMUNIZATION REQUIREMENTS

Office of Immunization

March 28, 2024

# Before We Start

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- 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 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, navigation links (About Us, Contact Us, Newsroom), and a search bar. The main navigation menu has categories like 'You & Your Family', 'Community & Environment', 'Licenses, Permits, & Certificates', 'Data & Statistical Reports', 'Emergencies', and 'Public Health & Provider Resources'. The breadcrumb trail reads: Home | You & Your Family | Immunization | Immunization Training. The main content area features a sidebar with 'In this section' and 'Immunization' highlighted. The main heading is 'Immunization Training', followed by a paragraph: '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.' Below this is a section for 'Upcoming webinar opportunities' with a list of seven events from March to April 2024.

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## In this section

- Immunization
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  - 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

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- 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.

# Disclosures

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

# Learning Objectives

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- Understand the changes to the immunization requirements for the 2024-2025 school year
- Describe immunization forms and how to use them
- Discuss the measles vaccine requirement for staff
- Know where to locate resources for school and child care staff

# School and Child Care Immunization Requirements

Webinar

March 28, 2024



**Katherine Graff BSN, RN**

*School and Child Care Immunization Nurse Consultant*

Office of Immunization

[oischools@doh.wa.gov](mailto:oischools@doh.wa.gov)

# Topics

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- Immunization Laws and Rules
- 2024-2025 Requirements
  - Tdap roll-up
  - Reminder of guidance for 4 year old students
  - Special Situations
- Measles Immunity for Staff
- Certificate of Immunization Status (CIS)
- Certificate of Exemption (COE)
- School Module
- Resources





IMMUNIZATION LAW AND RULES  
RCW & WAC

# School & Child Care Immunization Requirements

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WA State Legislature passes legislation which is signed into law by the Governor:

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

WA State Board of Health has the authority to determine the immunization rules:

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

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

- [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)



# IMMUNIZATION REQUIREMENTS

# Recommended vs. Required

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## ACIP Recommended

Hepatitis B  
DTaP/Tdap  
IPV  
MMR  
Varicella  
PCV  
Hib  
Hepatitis A  
HPV  
Meningococcal  
Flu  
Rotavirus  
COVID-19



## WA State Required

Hepatitis B  
DTaP/Tdap  
IPV  
MMR  
Varicella  
PCV (until 5 years old)  
Hib (until 5 years old)

# Vaccines Required for Child Care

## Vaccines Required for Child Care

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

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

Find the Preschool-12th grade requirement chart and in the Individual Vaccine Requirements Summary immunization requirements section of the web page: [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

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](http://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 [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

DOH 348-053 Dec 2021

# Vaccines Required for Preschool-12<sup>th</sup> Grade 2024-2025

## Vaccines Required for School: Preschool -12th

August 1, 2024 to July 31, 2025



|   | <b>DTaP/Tdap</b><br>(Diphtheria, Tetanus,<br>Pertussis) | <b>Hepatitis B</b> | <b>Hib</b><br>( <i>Haemophilus<br/>influenzae</i> type B)                     | <b>MMR</b><br>(Measles, mumps<br>rubella) | <b>PCV</b><br>(Pneumococcal<br>Conjugate)      | <b>Polio</b> | <b>Varicella</b><br>(Chickenpox) |
|---|---|--------------------|---|---|--|--------------|----------------------------------|
| <b>Preschool</b><br>Age 19 months to <4 years on<br>September 1st   | 4 doses DTaP  | 3 doses            | 3 or 4 doses**<br>(depending on vaccine)                                      | 1 dose                                    | 4 doses**                                      | 3 doses      | 1 dose                           |
| <b>Preschool/Kindergarten</b><br>(including Transitional<br>Kindergarten)<br>Age =4* years on September 1st | 5 doses DTaP**  | 3 doses            | 3 or 4 doses**<br>(depending on vaccine)<br>(Not required at age ≥5<br>years) | 2 doses                                   | 4 doses**<br>(Not required at age<br>≥5 years) | 4 doses**    | 2 doses                          |
| <b>Kindergarten through 6th</b><br>Age ≥5 years on September 1st  | 5 doses DTaP**  | 3 doses            | Not Required  | 2 doses                                   | Not Required                                   | 4 doses**    | 2 doses                          |
| <b>Grade 7 through 11</b>   | 5 doses DTaP**<br>Plus Tdap at age<br>≥10 years         | 3 doses            | Not Required  | 2 doses                                   | Not Required                                   | 4 doses**    | 2 doses                          |
| <b>Grade 12</b>   | 5 doses DTaP**<br>Plus Tdap at age<br>≥7 years          | 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](http://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/SCCI](http://www.doh.wa.gov/SCCI).

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# Vaccines Required for Preschool-12<sup>th</sup> Grade 2024-2025

| Vaccine   | Dose #  | Minimum Age | Minimum Interval* Between Doses   | Notes   |
|---|---------|-------------|---|---|
| <b>Hepatitis B (Hep B)</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   |   |
| <b>Diphtheria, Tetanus, and Pertussis (DTaP and Tdap)</b> | 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.<br><br>A Tdap booster dose is required for all students in grades 7-12.<br>For students in 7th –11th grade, Tdap dose is acceptable if given on or after 10 years of age.<br>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    | —   |   |
| <b>Haemophilus influenzae type B (Hib)</b>                | 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.<br><br>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: <a href="https://www.doh.wa.gov/SCCI">https://www.doh.wa.gov/SCCI</a> page 12.<br><br>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   | —   |   |
| <b>Pneumococcal Conjugate (PCV13, PCV15 or PCV20)</b>     | 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: <a href="https://www.doh.wa.gov/SCCI">https://www.doh.wa.gov/SCCI</a> page 17.<br><br>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   | —   |   |
| <b>Polio (IPV or OPV)</b>                                 | Dose 1  | 6 weeks     | 4 weeks between dose 1 & 2  | Polio vaccine is required for all students, even those 18+ years old<br><br>Dose 4 not needed if dose 3 on or after the 4th birthday and at least 6 months after dose 2.<br><br>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     | —   |   |
| <b>Measles, Mumps, and Rubella (MMR or MMRV)</b>          | 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   | —   |   |
| <b>Varicella (Chickenpox) (VAR or MMRV)</b>               | 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.<br><br>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>

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# Vaccines Required for Preschool-12 School 2024-2025

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

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# 2024-2025 Tdap Minimum Age Roll-up

|                           |   |
|---------------------------|---|
| <b>Grade 7 through 11</b> | 5 doses DTaP<br><b><i>Plus</i></b> Tdap at<br>age $\geq 10$ years |
| <b>Grade 12</b>           | 5 doses DTaP<br><b><i>Plus</i></b> Tdap at<br>age $\geq 7$ years  |

Minimum age:

- Grade 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+

# Vaccines Required for Preschool-12<sup>th</sup> Grade 2024-2025

## Vaccines Required for School: Preschool -12<sup>th</sup>

August 1, 2024 to July 31, 2025



|   | <b>DTaP/Tdap</b><br>(Diphtheria, Tetanus, Pertussis) | <b>Hepatitis B</b> | <b>Hib</b><br>( <i>Haemophilus influenzae</i> type B)                      | <b>MMR</b><br>(Measles, mumps rubella) | <b>PCV</b><br>(Pneumococcal Conjugate)      | <b>Polio</b> | <b>Varicella</b><br>(Chickenpox) |
|---|--|--------------------|--|--|---|--------------|----------------------------------|
| <b>Preschool</b><br>Age 19 months to <4 years on September 1st  | 4 doses DTaP   | 3 doses            | 3 or 4 doses**<br>(depending on vaccine)                                   | 1 dose                                 | 4 doses**                                   | 3 doses      | 1 dose                           |
| <b>Preschool/Kindergarten<br/>(including Transitional Kindergarten)</b><br>Age =4* years on September 1st | 5 doses DTaP**                                       | 3 doses            | 3 or 4 doses**<br>(depending on vaccine)<br>(Not required at age ≥5 years) | 2 doses                                | 4 doses**<br>(Not required at age ≥5 years) | 4 doses**    | 2 doses                          |
| <b>Kindergarten through 6th</b><br>Age ≥5 years on September 1st  | 5 doses DTaP**                                       | 3 doses            | Not Required   | 2 doses                                | Not Required                                | 4 doses**    | 2 doses                          |
| <b>Grade 7 through 11</b>   | 5 doses DTaP**<br>Plus Tdap at age ≥10 years         | 3 doses            | Not Required   | 2 doses                                | Not Required                                | 4 doses**    | 2 doses                          |
| <b>Grade 12</b>   | 5 doses DTaP**<br>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.  
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# Preschool/Kindergarten age 4 on 09/01

|   | <b>DTaP/Tdap</b><br>(Diphtheria, Tetanus,<br>Pertussis) | <b>Hepatitis B</b> | <b>Hib</b><br>( <i>Haemophilus<br/>influenzae</i> type B)                     | <b>MMR</b><br>(Measles, mumps<br>rubella) | <b>PCV</b><br>(Pneumococcal<br>Conjugate)      | <b>Polio</b> | <b>Varicella</b><br>(Chickenpox) |
|---|---|--------------------|---|---|--|--------------|----------------------------------|
| <b>Preschool</b><br>Age 19 months to <4 years on<br>September 1st   | 4 doses DTaP  | 3 doses            | 3 or 4 doses**<br>(depending on vaccine)                                      | 1 dose                                    | 4 doses**                                      | 3 doses      | 1 dose                           |
| <b>Preschool/Kindergarten</b><br>(including Transitional<br>Kindergarten)<br>Age =4* years on September 1st | 5 doses DTaP**  | 3 doses            | 3 or 4 doses**<br>(depending on vaccine)<br>(Not required at age ≥5<br>years) | 2 doses                                   | 4 doses**<br>(Not required at age<br>≥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 4<sup>th</sup> birthday is:
  - 08/15 then documentation is due on 09/14
  - 09/01 then documentation is due on 09/30
  - More than 30 days before the 1<sup>st</sup> 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

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

- Student information systems may show these vaccines as required when the students turns 4.
- Schools using the IIS School Module should use the compliance series ‘Preschool age 19months-3years on 09/01’ when evaluating these students’ immunizations



## 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](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html)

# IVRS: Individual Vaccine Requirements Summary

Available on our website:  
[www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

# Knowledge Check

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When reviewing immunization records the only important thing to look for is do they have the correct number of vaccine doses.

- A. True
- B. False

# Knowledge Check

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When reviewing immunization records the only important thing to look for is do they have the correct number of vaccine doses.

~~A. True~~

**B. False**

In addition to the number of doses make sure they are given at the appropriate ages and meet the minimum intervals between doses.

# Special Situations

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Students who meet the definition of homeless under the federal McKinney-Vento Act or children who are in foster care must be immediately enrolled and allowed to attend school even if missing immunization documentation.

<https://www2.ed.gov/policy/elsec/leg/esea02/pg116.html>

- Students missing documentation are considered out of compliance but cannot be excluded
- District Homeless Liaison should work with the family to obtain missing records or assist student with getting the needed vaccinations
- Students who have refugee or asylum status may or may not meet the definition of homeless, review these students on a case-by-case basis





# CERTIFICATE OF IMMUNIZATION STATUS (CIS)

# Certificate of Immunization Status (CIS)

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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 created by the Department of Health.

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

# Acceptable CIS Versions

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There are three acceptable versions of the CIS:

- Printed from and medically verified by the WA Immunization Information System (no provider or parent validation signature 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) signature that the information on the CIS matches attached medical vaccination records

# Validated CIS



## Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed COE on File?  Yes  No

|   |                    |   |  |                      |          |          |                |
|---|--------------------|---|--|----------------------|----------|----------|----------------|
| <b>Child's Last Name:</b>   | <b>First Name:</b> | <b>Middle Name:</b>   | <b>Birthdate (MM/DD/YYYY):</b>   | <b>SHS ID Number</b> |          |          |                |
| 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.  |                      |          |          |                |
| <b>Parent/Guardian Signature</b>  | <b>Date</b>        | <b>Parent/Guardian Signature Required if Starting in Conditional Status</b> |  | <b>Date</b>          |          |          |                |
|   |                    | <b>NOT COMPLETE</b>   |  |                      |          |          |                |
| Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS<br>Expiration Date: _____<br>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 |
| <b>Required Vaccines for School or Child Care Entry</b>   |                    |   |  |                      |          |          |                |
| <b>Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS</b>   |                    |   |  |                      |          |          |                |
| DTaP (Diphtheria, Tetanus, and Pertussis)   |                    |   |  |                      |          |          |                |
| 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   |                    |   |  |                      |          |          |                |
| <b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>   |                    |   |  |                      |          |          |                |
| COVID-19  |                    |   |  |                      |          |          |                |
| Flu (Influenza)   |                    |   |  |                      |          |          |                |
| Hepatitis A   |                    |   |  |                      |          |          |                |
| HPV (Human Papillomavirus)  |                    |   |  |                      |          |          |                |
| MCV/MPSV (Meningococcal Disease types A, C, W, Y)   |                    |   |  |                      |          |          |                |
| MenB (Meningococcal Disease type B)   |                    |   |  |                      |          |          |                |
| Rotavirus   |                    |   |  |                      |          |          |                |

Validation is:

- Complete
- Not Complete
- Conditional

For series selected

- Child Care by age
- Preschool: 19 months-3 years
- Preschool-TK: 4 years
- Grade K-6
- Grade 7-10
- Grade 11-12

# Validated CIS



## Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed COE on File?  Yes  No

|   |  |   |  |                       |          |          |          |                |
|---|--|---|--|-----------------------|----------|----------|----------|----------------|
| <b>Child's Last Name:</b>   | <b>First Name:</b>   | <b>Middle Name:</b>   | <b>Birthdate (MM/DD/YYYY):</b>   | <b>SIIS ID Number</b> |          |          |          |                |
| 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.  |                       |          |          |          |                |
| <b>Parent/Guardian Signature</b>  | <b>Date</b>  | <b>Parent/Guardian Signature Required if Starting in Conditional Status</b> |  | <b>Date</b>           |          |          |          |                |
| <b>NOT COMPLETE</b>   |  |   |  |                       |          |          |          |                |
| Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS<br><i>Required by Date:</i>  |  |   | 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 |
| <b>Required Vaccines for School or Child Care Entry</b>   |  |   |  |                       |          |          |          |                |
| DTaP (Diphtheria, Tetanus, Pertussis)   | 04/01/2019   | 06/01/2019  | 08/01/2019   |                       |          |          |          |                |
| Tdap (Tetanus, Diphtheria)  | Validated by the Immunization Information System on 10/20/2021 |   |  |                       |          |          |          |                |
| DT or Td (Tetanus, Diphth)  |  |   |  |                       |          |          |          |                |
| 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   |  |   |  |                       |          |          |          |                |
| <b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>   |  |   |  |                       |          |          |          |                |
| 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 date CIS was printed and validated

No provider or parent validation signature is needed

# 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): | 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<br>Expiration Date: _____<br>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 |
|--|----------|----------|----------|----------|----------|----------|----------------|
|--|----------|----------|----------|----------|----------|----------|----------------|

|   |      |
|---|------|
| 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  |  |  |  |  |  |  |  |

Place for parent/guardian to give permission to add info to the IIS

Needed if using the IIS School Module IF info is missing in the IIS

Signature is optional

# 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 \_\_\_\_\_ 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

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 \_\_\_\_\_

| Vaccine   | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | Positive Titer |
|---|----------|----------|----------|----------|----------|----------|----------------|
| 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   |          |          |          |          |          |          |                |

Place for parent/guardian to acknowledge child's conditional status entry

Signature is *required* if the child will be attending in conditional status

# Conditional Status Attendance

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Before starting school or child care they 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
- Must turn in documentation of additional doses needed within 30 after the dose comes due

Additional information about conditional status on [www.doh.wa.gov/SCCI](http://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

|   |                    |   |  |                       |          |          |                |
|---|--------------------|---|--|-----------------------|----------|----------|----------------|
| <b>Child's Last Name:</b>   | <b>First Name:</b> | <b>Middle Name:</b>   | <b>Birthdate (MM/DD/YYYY):</b>   | <b>SIIS ID Number</b> |          |          |                |
| 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.  |                       |          |          |                |
| <b>Parent/Guardian Signature</b>  | <b>Date</b>        | <b>Parent/Guardian Signature Required if Starting in Conditional Status</b> |  | <b>Date</b>           |          |          |                |
| <b>NOT COMPLETE</b>   |                    |   |  |                       |          |          |                |
| Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS<br>Expiration Date: _____<br>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 |
| <b>Required Vaccines for School or Child Care Entry</b>   |                    |   |  |                       |          |          |                |
| DTaP (Diphtheria, Tetanus, Pertussis)   | 04/01/2019         | 06/01/2019  | 08/01/2019   |                       |          |          |                |
| Tdap (Tetanus, Diphtheria, Pertussis)   |                    |   |  |                       |          |          |                |
| Hepatitis B   |                    |   |  |                       |          |          | IMMUNE         |
| IPV (Polio)   | 04/01/2019         | 06/01/2019  | 08/01/2019   |                       |          |          |                |
| OPV (Polio)   |                    |   |  |                       |          |          | IMMUNE         |
| 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   |                    |   |  |                       |          |          |                |
| <b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>   |                    |   |  |                       |          |          |                |
| 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



## Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed COE on File?  Yes  No

|   |                    |   |  |                       |          |          |                |
|---|--------------------|---|--|-----------------------|----------|----------|----------------|
| <b>Child's Last Name:</b>   | <b>First Name:</b> | <b>Middle Name:</b>   | <b>Birthdate (MM/DD/YYYY):</b>   | <b>SIIS ID Number</b> |          |          |                |
| 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.  |                       |          |          |                |
| <b>Parent/Guardian Signature</b>  | <b>Date</b>        | <b>Parent/Guardian Signature Required if Starting in Conditional Status</b> |  | <b>Date</b>           |          |          |                |
| <b>NOT COMPLETE</b>   |                    |   |  |                       |          |          |                |
| Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS<br>Expiration Date: _____<br>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 |
| <b>Required Vaccines for School or Child Care Entry</b>   |                    |   |  |                       |          |          |                |
| 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 ( <i>Haemophilus influenzae</i> 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)   | 04/01/2019         | 06/01/2019  | 08/01/2019   |                       |          |          |                |
| Varicella (Chickenpox) <input checked="" type="checkbox"/> History of disease verified by IIS   |                    |   |  |                       |          |          |                |
| <b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>   |                    |   |  |                       |          |          |                |
| 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

|                       |               |                         |                          |
|-----------------------|---------------|-------------------------|--------------------------|
| <b>Name:</b>          | IRIS LILY CAT | <b>SIIS Patient ID:</b> | 11846329                 |
| <b>Date of Birth:</b> | 02/01/2019    | <b>Age:</b>             | 2 years 8 months 19 days |
| <b>Report Date:</b>   | 10/20/2021    | <b>Status:</b>          | 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

|                       |               |                         |                          |
|-----------------------|---------------|-------------------------|--------------------------|
| <b>Name:</b>          | IRIS LILY CAT | <b>SIIS Patient ID:</b> | 11846329                 |
| <b>Date of Birth:</b> | 02/01/2019    | <b>Age:</b>             | 2 years 8 months 19 days |
| <b>Report Date:</b>   | 10/20/2021    | <b>Status:</b>          | 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           |
| <b>Required Vaccines for School or Child Care Entry</b> |                      |                                     |                      |
| 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

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

### Required Vaccines for School or Child Care Entry

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

### 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 P

| Vaccine |
|---------|
| MMR     |

|         | 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           |
| for this dose not met. |

# Validated CIS – Page 2 Action Report



## Action Report

|                       |               |                         |                          |
|-----------------------|---------------|-------------------------|--------------------------|
| <b>Name:</b>          | IRIS LILY CAT | <b>SIIS Patient ID:</b> | 11846329                 |
| <b>Date of Birth:</b> | 02/01/2019    | <b>Age:</b>             | 2 years 8 months 19 days |
| <b>Report Date:</b>   | 10/20/2021    | <b>Status:</b>          | 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/IPV/Hib                                     | 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

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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

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 different phone number
- For help email [MyIR@doh.wa.gov](mailto:MyIR@doh.wa.gov)

For more information go to [www.doh.wa.gov/immsrecords](http://www.doh.wa.gov/immsrecords)




# MyIRMobile Validated CIS

|   |             |   |  |                       |  |          |
|---|-------------|---|--|-----------------------|--|----------|
|    |             | <h2>Certificate of Immunization Status (CIS)</h2> |  |                       | Reviewed by: _____ Date: _____<br>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        |  |          |
| 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   |          |
| <b>COMPLETE</b>   |             |   |  |                       |  |          |
| Assessment of Required Immunizations: SY 2023-2024 Grade 7-10   |             |   | 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 MyIR from the Immunization Information System on 08/04/2023  |             |   |  |                       |  |          |
|   |             | MM/DD/YY  | MM/DD/YY   | MM/DD/YY              | MM/DD/YY   | MM/DD/YY |
| <b>Required Vaccines for School or Child Care Entry</b>   |             |   |  |                       |  |          |
| DTaP (Diphtheria, Tetanus, Pertussis)   | 04/01/10    | 06/01/10  | 08/01/10   | 08/01/11              | 02/01/14   |          |
| 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  |  |                       |  |          |
| <b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>   |             |   |  |                       |  |          |
| 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

- Says validated 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

# MyIRMobile Validated CIS

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

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed COE on File?  Yes  No

|   |                    |  |                                |                       |          |          |          |
|---|--------------------|--|--------------------------------|-----------------------|----------|----------|----------|
| <b>Child's Last Name:</b>   | <b>First Name:</b> | <b>Middle Name:</b>  | <b>Birthdate (MM/DD/YYYY):</b> | <b>SIIS ID Number</b> |          |          |          |
| 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.  |                                |                       |          |          |          |
| <b>Parent/Guardian Signature</b>  | <b>Date</b>        | <b>Parent/Guardian Signature Required if Starting in Conditional Status</b>  |                                | <b>Date</b>           |          |          |          |
| <b>COMPLETE</b>   |                    |  |                                |                       |          |          |          |
| Assessment of Required Immunizations: SY 2023-2024 Grade 7-10   |                    | 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. |                                |                       |          |          |          |
| Expiration Date:  |                    |  |                                |                       |          |          |          |
| Validated by MyIR from the Immunization Information System on 08/04/2023  |                    |  |                                |                       |          |          |          |
| * 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 |
| <b>Required Vaccines for School or Child Care Entry</b>   |                    |  |                                |                       |          |          |          |
| DTaP (Diphtheria, Tetanus, Pertussis)   | 04/01/10           | 06/01/10   | 08/01/10                       | 08/01/11              | 02/01/14 |          |          |
| Tdap (Tetanus, Diphtheria, Pertussis)   |                    |  |                                |                       |          |          |          |
| DT or Td (Tetanus, Diphtheria)  |                    |  |                                |                       |          |          |          |
| Hepatitis B   |                    |  |                                |                       |          |          |          |
| Hib ( <i>Haemophilus influenzae</i> type b)   |                    |  |                                |                       |          |          |          |
| 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   |                                |                       |          |          |          |
| MMRV (Measles, Mumps, Rubella, Varicella)   |                    |  |                                |                       |          |          |          |
| Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS  | 02/01/11           | 02/01/14   |                                |                       |          |          |          |
| <b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>   |                    |  |                                |                       |          |          |          |
| 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   |                    |  |                                |                       |          |          |          |

## Differences from the IIS CIS

- Does not print the SIIS ID Number
- Does not include immunity by antibody titer
- May not show history of chicken pox disease depending on how it was entered

# Validated CIS – Page 2 Action Report



## Action Report

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

### Required Vaccines for School or Child Care Entry

| Vaccine                               | Dose Due on or After |
|---------------------------------------|----------------------|
| Tdap (Tetanus, Diphtheria, Pertussis) | 02/01/2021           |
|                                       |                      |
|                                       |                      |
|                                       |                      |
|                                       |                      |
|                                       |                      |
|                                       |                      |
|                                       |                      |
|                                       |                      |
|                                       |                      |

### Recommened 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



## 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.

|   |                    |  |                                |
|---|--------------------|--|--------------------------------|
| <b>Child's Last Name:</b>   | <b>First Name:</b> | <b>Middle Initial:</b>   | <b>Birthdate (MM/DD/YYYY):</b> |
| 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 _____<br><b>Parent/Guardian Signature</b>   |                    | X _____<br><b>Parent/Guardian Signature Required if Starting in Conditional Status</b>   |                                |
| <b>Date</b>   |                    | <b>Date</b>  |                                |

| <input type="checkbox"/> Required for School • <input type="checkbox"/> Required Child Care/Preschool | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY | MM/DD/YY |
|---|----------|----------|----------|----------|----------|----------|
| <b>Required Vaccines for School or Child Care Entry</b>   |          |          |          |          |          |          |
| •▲ 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   |          |          |          |          |          |          |
| <b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>                             |          |          |          |          |          |          |
| 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.
  - 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

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## Medical Vaccination Records Include:

- Provider records
- Lifetime Immunization record completed by provider
- Another state registry:  
[https://www.cdc.gov/vaccines/programs/iis/contacts-locate-records.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fprograms%2Fiis%2Fcontacts-registry-staff.html](https://www.cdc.gov/vaccines/programs/iis/contacts-locate-records.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fprograms%2Fiis%2Fcontacts-registry-staff.html)

More examples are in the [Acceptable Versions of a Certificate of Immunization Status \(PDF\)](#)

# Hardcopy CIS

|   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| <b>Documentation of Disease Immunity<br/>(Health care provider use only)</b>  |                                      |                                      |
| 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:<br><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  |                                      |                                      |

Has a place for 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<br>(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  |                                      |                                      |

Has a place for 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
- Pertussis

# Hardcopy CIS

| Documentation of Disease Immunity<br>(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.<br><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)  |                                      |                                      |
| <div style="border: 1px solid black; height: 40px; width: 100%;"></div>  |                                      |                                      |
| <div style="border: 1px solid black; height: 40px; width: 100%;"></div>  |                                      |                                      |
| Licensed Health Care Provider Signature  |                                      | Date                                 |
| <div style="border: 1px solid black; height: 40px; width: 100%;"></div>  |                                      |                                      |
| Printed Name   |                                      |                                      |

Polio can only be marked as immune by antibody titer if they are immune to all three polioviruses.

Testing is not available for poliovirus type 2 since vaccine for type 2 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 school and child care requirements

# 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 _____<br>Parent/Guardian Signature Date   | X _____<br>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 | Documentation of Disease Immunity (Health care provider use only)  |                                     |                                      |                                      |                              |                                  |                                |                                  |                                  |                                    |
|---|--------------------------------------|--------------------------------------|----------|----------|----------|----------|----------|--|-------------------------------------|--------------------------------------|--------------------------------------|------------------------------|----------------------------------|--------------------------------|----------------------------------|----------------------------------|------------------------------------|
| <b>Required Vaccines for School or Child Care Entry</b>                   |                                      |                                      |          |          |          |          |          | <p>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.</p> <p>I certify that the child named on this CIS has:</p> <input type="checkbox"/> A verified history of varicella (chickenpox) disease.<br><input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below. <table border="0"> <tr> <td><input type="checkbox"/> Diphtheria</td> <td><input type="checkbox"/> Hepatitis A</td> <td><input type="checkbox"/> Hepatitis B</td> </tr> <tr> <td><input type="checkbox"/> Hib</td> <td><input type="checkbox"/> Measles</td> <td><input type="checkbox"/> Mumps</td> </tr> <tr> <td><input type="checkbox"/> Rubella</td> <td><input type="checkbox"/> Tetanus</td> <td><input type="checkbox"/> Varicella</td> </tr> </table> <input type="checkbox"/> Polio (all 3 serotypes must show immunity) | <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"/> 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   |          |          |          |          |          |  |                                     |                                      |                                      |                              |                                  |                                |                                  |                                  |                                    |
| ●▲ 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               |                                      |                                      |          |          |          |          |          |  |                                     |                                      |                                      |                              |                                  |                                |                                  |                                  |                                    |
| <b>Recommended Vaccines (Not Required for School or Child Care Entry)</b> |                                      |                                      |          |          |          |          |          |  |                                     |                                      |                                      |                              |                                  |                                |                                  |                                  |                                    |
| COVID-19  |                                      |                                      |          |          |          |          |          |  |                                     |                                      |                                      |                              |                                  |                                |                                  |                                  |                                    |
| Flu (Influenza)   |                                      |                                      |          |          |          |          |          |  |                                     |                                      |                                      |                              |                                  |                                |                                  |                                  |                                    |
| Hepatitis A   |                                      |                                      |          |          |          |          |          |  |                                     |                                      |                                      |                              |                                  |                                |                                  |                                  |                                    |
| HPV (Human Papillomavirus)  |                                      |                                      |          |          |          |          |          |  |                                     |                                      |                                      |                              |                                  |                                |                                  |                                  |                                    |
| MCV/MPSV (Meningococcal Disease types A, C, W, Y)                         |                                      |                                      |          |          |          |          |          |  |                                     |                                      |                                      |                              |                                  |                                |                                  |                                  |                                    |
| MenB (Meningococcal Disease type B)                                       |                                      |                                      |          |          |          |          |          |  |                                     |                                      |                                      |                              |                                  |                                |                                  |                                  |                                    |
| Rotavirus   |                                      |                                      |          |          |          |          |          |  |                                     |                                      |                                      |                              |                                  |                                |                                  |                                  |                                    |

|   |   |
|---|---|
| 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



## 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): |
| cat   | Sparky      | M  | 02/01/2019              |
| 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   |             | X  |                         |
| Parent/Guardian Signature   | Date        | 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 |
|---|----------|----------|----------|----------|----------|----------|
| <b>Required Vaccines for School or Child Care Entry</b>                   |          |          |          |          |          |          |
| ●▲ 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               |          |          |          |          |          |          |
| <b>Recommended Vaccines (Not Required for School or Child Care Entry)</b> |          |          |          |          |          |          |
| 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 \_\_\_\_\_

▶

Printed Name \_\_\_\_\_

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



## 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): |
| cat   | Sparky      | M  | 02/01/2019              |
| 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<br>Parent/Guardian Signature _____ Date _____   |             | X<br>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 |
|--|----------|----------|----------|----------|----------|----------|
| <b>Required Vaccines for School or Child Care Entry</b>                                  |          |          |          |          |          |          |
| ●▲ DTaP (Diphtheria, Tetanus, Pertussis)   | 4/1/19   | 6/1/19   | 8/1/19   | 8/1/20   |          |          |
| ▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)                                       |          |          |          |          |          |          |
| ●▲ DT or Td (Tetanus, Diphtheria)  |          |          |          |          |          |          |
| ●▲ Hepatitis B   | 2/1/19   | 4/1/19   | 8/1/19   |          |          |          |
| ● Hib ( <i>Haemophilus influenzae type b</i> )   | 4/1/19   | 6/1/19   | 2/1/20   |          |          |          |
| ●▲ IPV (Polio) (any combination of IPV/OPV)  | 4/1/19   | 6/1/19   | 8/1/19   |          |          |          |
| ●▲ OPV (Polio)   |          |          |          |          |          |          |
| ●▲ MMR (Measles, Mumps, Rubella)   | 2/1/20   |          |          |          |          |          |
| ● PCV/PPSV (Pneumococcal)  | 3/1/21   |          |          |          |          |          |
| ●▲ Varicella (Chickenpox)<br><input type="checkbox"/> History of disease verified by IIS | 2/1/20   |          |          |          |          |          |
| <b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>                |          |          |          |          |          |          |
| COVID-19   |          |          |          |          |          |          |
| Flu (Influenza)  |          |          |          |          |          |          |
| Hepatitis A  |          |          |          |          |          |          |
| HPV (Human Papillomavirus)   |          |          |          |          |          |          |
| MCV/MPSV (Meningococcal Disease types A, C, W, Y)  |          |          |          |          |          |          |
| MenB (Meningococcal Disease type B)  |          |          |          |          |          |          |

**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.

Diphtheria     Hepatitis A     Hepatitis B  
 Hib             Measles         Mumps  
 Rubella         Tetanus         Varicella  
 Polio (all 3 serotypes must show immunity)

▶ \_\_\_\_\_

Licensed Health Care Provider Signature    Date \_\_\_\_\_

▶ \_\_\_\_\_

Printed Name \_\_\_\_\_

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

Health Care Provider or School Official Name: Katherine Graff    Signature: Katherine Graff    Date: 9/1/21

If verified by school or child care staff the medical immunization records must be attached to this document.



# Hardcopy CIS

**Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.**

**To print with the immunization information filled in:**

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: [waisrecords@doh.wa.gov](mailto:waisrecords@doh.wa.gov) or 1-866-397-0337.

**To fill out the form by hand:**

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides 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.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
  - If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
  - If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

**Acceptable Medical Records:**

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

**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. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

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 of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

**Reference guide for vaccine trade names in alphabetical order** For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

| Trade Name | Vaccine | Trade Name | Vaccine | Trade Name | Vaccine     | Trade Name    | Vaccine            | Trade Name | Vaccine         |
|------------|---------|------------|---------|------------|-------------|---------------|--------------------|------------|-----------------|
| ActHIB     | Hib     | Fluarix    | Flu     | Havrix     | Hep A       | Menveo        | Meningococcal      | Rotarix    | Rotavirus (RV1) |
| Adacel     | Tdap    | Flucelvax  | Flu     | Hiberix    | Hib         | Pediarix      | DTaP + Hep B + IPV | RotaTeq    | Rotavirus (PV5) |
| Afluria    | Flu     | FluLaval   | Flu     | HibTITER   | Hib         | PedvaxHIB     | Hib                | Tenivac    | Td              |
| Bexsero    | MenB    | FluMist    | Flu     | Ipol       | IPV         | Pentacel      | DTaP + Hib + IPV   | Trumenba   | MenB            |
| Boostrix   | Tdap    | Fluvirin   | Flu     | Infanrix   | DTaP        | Pneumovax     | PPSV               | Twinnix    | Hep A + Hep B   |
| Cervarix   | 2vHPV   | Fluzone    | Flu     | Kimrix     | DTaP + IPV  | Prevnar       | PCV                | Vaqta      | Hep A           |
| Daptacel   | DTaP    | Gardasil   | 4vHPV   | Menactra   | MCV or MCV4 | ProQuad       | MMR + Varicella    | Varivax    | Varicella       |
| Engerix-B  | Hep B   | Gardasil 9 | 9vHPV   | Menomne    | MPSV4       | Recombivax HB | Hep B              |            |                 |

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 November 2019



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

# Certificate of Exemption (COE)

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

- Parent/guardian must turn in a completed and signed Certificate of Exemption (COE) to the school or childcare.
- The COE is created by the Department of Health.
- Available in several languages from: [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)
- Exemption forms or letters from other state's 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 Practices (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](http://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

# Education Requirement

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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).

that 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

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Can be met by a health care practitioner signature:

- In the Health Care Practitioner Declaration on the Certificate of Exemption (COE) form
- On a letter that references the child (name and birthdate) which includes the sentence “I have provided the parent with information about the benefits and risks of immunization to the child”
  - The parent can attach this letter to the parent signed COE

# 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)     |
| <i>*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law.</i> |   |                                       |   |
| 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    |   |

## 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.

|  |   |      |
|--|---|------|
| Parent/Guardian Name (Print)   | Parent/Guardian Signature                   | Date |
| <b>HEALTH CARE PRACTITIONER DECLARATION</b>  |   |      |
| 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 |
| <input type="checkbox"/> MD <input type="checkbox"/> ND <input type="checkbox"/> DO <input type="checkbox"/> ARNP <input type="checkbox"/> PA  | Washington License #: _____                 |      |

Use this section for personal/philosophical or religious exemptions.  
 Needs both parent and health care practitioner signatures.  
 There is no requirement for a parent to validate or prove their personal or religious beliefs.

# Religious Membership Exemption

|  |                           |       |
|--|---------------------------|-------|
| <b>RELIGIOUS MEMBERSHIP EXEMPTION</b>  |                           |       |
| Complete this section <b>ONLY</b> 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.  |                           |       |
| <b>Parent/Guardian Declaration</b>   |                           |       |
| 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  |

To 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, and 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.
- Child Care or school does NOT need to verify the 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: [www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm](http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm)
- 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.



# Exemption Considerations

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- Completed COE can be used for the whole student's K-12 school attendance
  - Only temporary medical exemptions expire
- New form should be used for all NEW exemptions
- Children with existing exemptions DO NOT need to resubmit a new COE
- Incomplete or improperly completed forms should be returned to the parent or HCP to complete
- If an exemption is no longer needed because the child has received the needed immunizations remove the exemption from your tracking system

# Certificate of Exemption (COE)

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Additional information about exemptions and the COE are available at [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI):

- Exemptions – Quick Reference Guide and Instructions:
  - English, Spanish, Russian, and Ukrainian
- Certificate of Exemption form:
  - English and 17 translations
- Immunization Exemptions Overview Video
- Frequently Asked Questions about the Certificate of Exemption
- Immunization Exemptions Toolkit for Health Care Providers



# Knowledge Check

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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 the 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.

# 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 the 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.~~



# MEASLES

# Employee & Volunteer Measles Immunization Law

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Measles immunity law applies to staff (may include teachers, bus drivers, playground supervisors etc.) and volunteers who supervise children at a:

- Child care center
- ECEAP (Early Childhood Education & Assistance Program)
- Head Start
- K-12 school with an ECEAP or Headstart program

Staff and volunteers must provide one of the following:

- Documentation of MMR vaccination
- Proof of measles immunity with laboratory titer testing or by being born before 1957
- Documentation from a Health Care Practitioner that the MMR vaccine is not advisable for the person

Information about the law is in the FAQs at [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

# Measles Vaccine

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## MMR Vaccine Recommendations for Adults

- Adults who have presumptive evidence of immunity\* include:
  - Birth before 1957
  - Laboratory evidence of immunity (positive IgG)
  - Prior laboratory confirmed measles diagnosis
- Adults without evidence of immunity generally should get one dose of MMR
  - Two doses are required/recommended for high-risk adults
    - › Healthcare personnel
    - › International travelers
    - › Postsecondary school students

2013 ACIP recommendations: <http://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf>

2019 Adult Immunization schedule: <http://www.cdc.gov/vaccines/schedules/hcp/adult.html>

\* Apart from written documentation of age-appropriate vaccination

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\* From CDC COCA '[We Must Maintain Measles Elimination in the United States: Measles Clinical Presentation, Diagnosis, and Prevention](#)' 08/17/23

# Travel Recommendations

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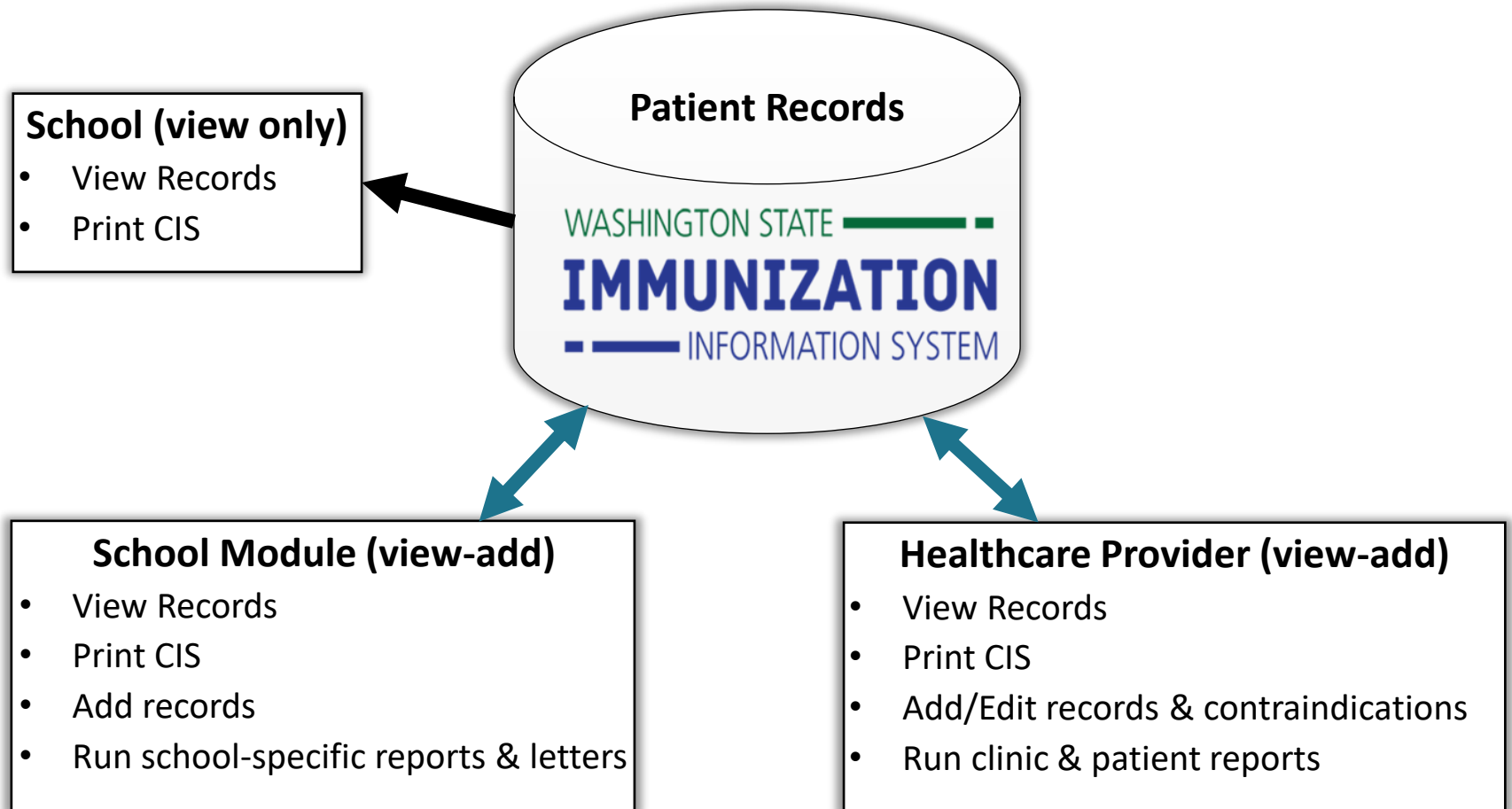
CDC recommends people be up to date on their MMR vaccines before travel.

- Children age 6 through 11 months should get an early dose of MMR
  - Does **not** count as part of the routine 2-dose series
- Children age 12+ months should get 1<sup>st</sup> dose immediately and 2<sup>nd</sup> dose 28 days later
- Teens and adults without previous vaccination or immunity should get 1<sup>st</sup> dose immediately and 2<sup>nd</sup> dose 28 days later
- Large outbreaks of measles are accruing internationally, including Europe and Asia
- Most cases of measles in the U.S. are from unvaccinated residents returning from international travel



# WAIIS SCHOOL MODULE ROLL-OUT

# Relationship of the School Module to the Immunization Information System (IIS)





# School Module Use Across the State

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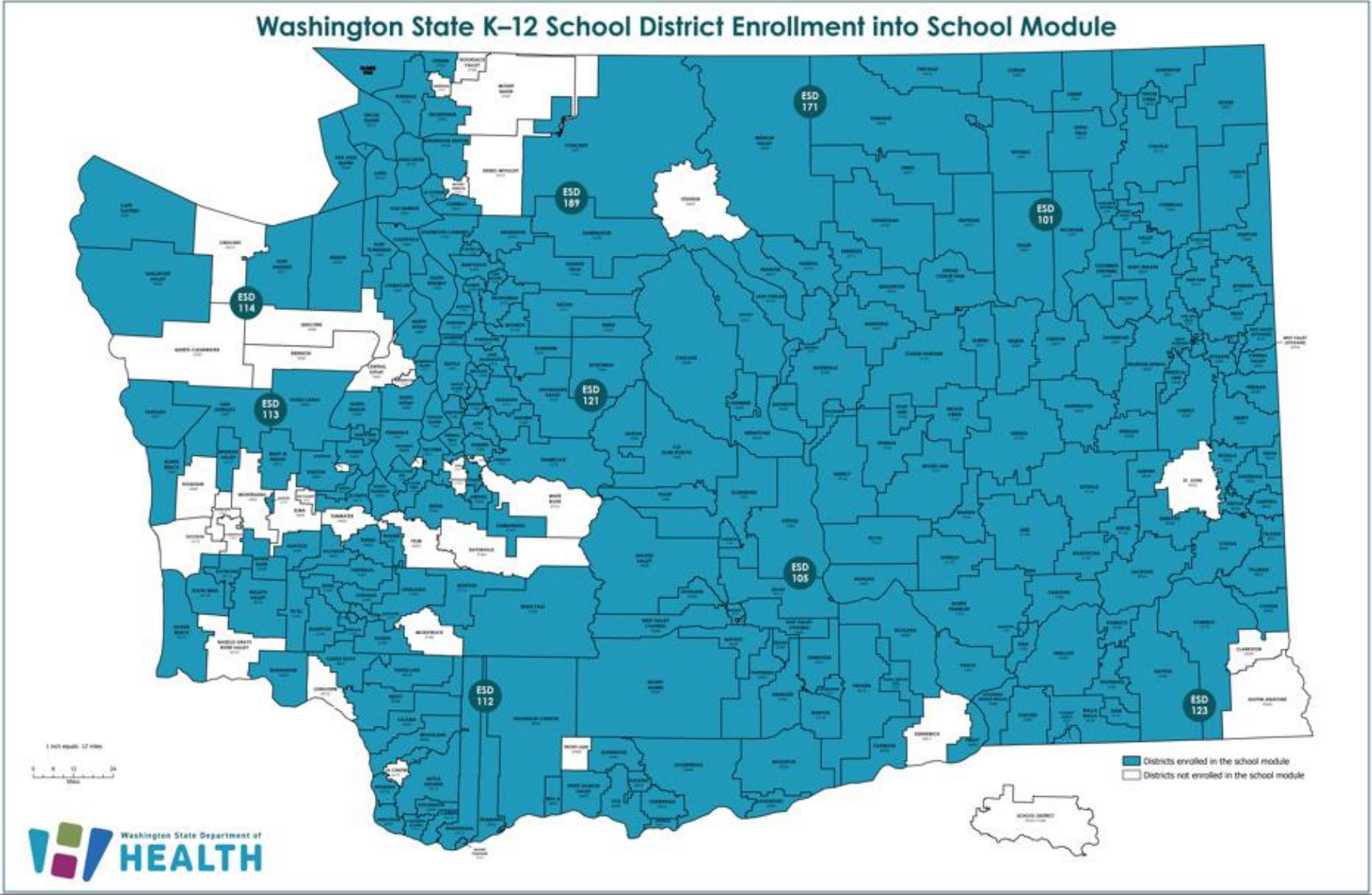
As of Mid March- 2024, using the School Module:

- 259 Public School Districts
- 108 Private Schools
- 8 Charter Schools
- 56 Childcares or Head Start/ECAPS

In total we serve ~ 91% of K-12 students in the state (OSPI 2023-24 enrollment).

List of schools using the School Module on the website: [www.doh.wa.gov/SchoolModule](http://www.doh.wa.gov/SchoolModule)

# Districts Using School Module March 2024



# Benefits of the School Module for Schools

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- Access to the IIS that contains millions of immunization records already entered by healthcare providers which saves staff time entering data and finding missing immunizations.
- Frees up more time to work with students instead of time spent on record keeping.
- Improves the ability to identify under or unvaccinated students.
- Eliminates the need to submit the required annual immunization report.
- Improves the ability to respond in future outbreaks.
- Free and easy to use with resources available for support.

# Benefits of the School Module for Students/Parents

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- Provides students with a lifetime record they can access wherever they go.
- Keeps students safer by increasing immunization compliance rates within schools and allowing staff to better respond if an outbreak were to occur.
- If permitted by the school, parents do not have to give a CIS to their child's school if the school verifies the student's immunization status is complete in the IIS.

# Interested in using the School Module? Here's how to start:

- Visit our website at [School Module :: Washington State Department of Health](#) to find our onboarding process outline.
- Talk to administrators and IT staff about the School Module. Use the [Talking Points for School Nurses](#) to help guide the conversation.
- Complete the [Information Sharing Agreement](#) and [Cover Sheet](#) It must be signed by the school nurse and district superintendent (public schools) or principal (private schools).
- Email us at [SchoolModule@doh.wa.gov](mailto:SchoolModule@doh.wa.gov) to let us know you have started the onboarding process and to complete the School Module training and get user accounts set up.
- Start using the School Module!



# RESOURCES

# School and Child Care Immunization and School Module Pages

Website:

[www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

[www.doh.wa.gov/SchoolModule](http://www.doh.wa.gov/SchoolModule)

Questions?

Feedback!

Email us at:

[oischools@doh.wa.gov](mailto:oischools@doh.wa.gov)

[schoolmodule@doh.wa.gov](mailto:schoolmodule@doh.wa.gov)



# Immunization Page for Families

Website:

[www.doh.wa.gov/vaxtoschool](http://www.doh.wa.gov/vaxtoschool)

Questions?

Feedback!

Email us at:

[oischools@doh.wa.gov](mailto:oischools@doh.wa.gov)

[schoolmodule@doh.wa.gov](mailto: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](http://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](mailto:WAISRecords@doh.wa.gov) or  
[MyIR@doh.wa.gov](mailto:MyIR@doh.wa.gov)

DOH 348-519 CS October 2023  
Para solicitar este documento en otro formato, llame al 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](mailto: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](http://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](http://www.doh.wa.gov/immsrecords)

More information available at:  
1-866-397-0337  
[WAISRecords@doh.wa.gov](mailto:WAISRecords@doh.wa.gov) or  
[MyIR@doh.wa.gov](mailto:MyIR@doh.wa.gov)

DOH 348-519 CS October 2023  
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](mailto:doh.information@doh.wa.gov).



# MyIR Promotional Flyers

Available to download and print:

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

## SCHOOL STAFF IMMUNIZATION CHECKLIST FOR REGISTRATION

### General Guidance

All required forms for state immunization requirements have extensive foreign language options. Additionally, supporting handouts and letters have some additional language options. Use the materials and language options that best fit your community.

Use grade-specific communication and materials for requirements that apply to your school setting. Examples include immunization requirements around:

- Tdap boosters for newly enrolled students in 7th to 12th grades.
- Tdap boosters for all 7th graders.
- Preschool or kindergarten students 4 years or older on September 1st.
- Required meningococcal and HPV information for 6th through 12th graders each school year.

Find all referenced materials listed in the resources section at the end of this checklist.

### Prepare For Next Year's Student Enrollment

- Include immunization requirements in student enrollment communications.

**Suggested language:** Student enrollment is just around the corner. As part of enrollment, make sure your child meets immunization requirements. You can find parent charts and required forms at <https://doh.wa.gov/vaxtoschool>.

We encourage you to talk to your doctor or health provider if you are unsure of your child's immunizations.

- Include immunization requirements information in enrollment mailings or packets.
- Add student enrollment information, including immunization requirements, to your school web page.

**Suggested language:** Student enrollment for the 2024-2025 school year starts on XX-XX-XXXX. Students need to meet immunization requirements to attend the first day of school.

To make sure your child meets requirements, visit the Department of Health's family page for immunizations at <https://doh.wa.gov/vaxtoschool>. Families can view and print out official immunization records at <https://myirmobile.com>. Updated records can be turned in to staff on or before the first day of school.

If you have questions, reach out to our nurse/school staff at [school.email.com].



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](mailto:doh.information@doh.wa.gov).

DOH 348-1030 March 2024

# New Resource! School Immunization Checklist

Available on our website:  
[www.doh.wa.gov/SCCI](https://www.doh.wa.gov/SCCI)



## 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](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html)

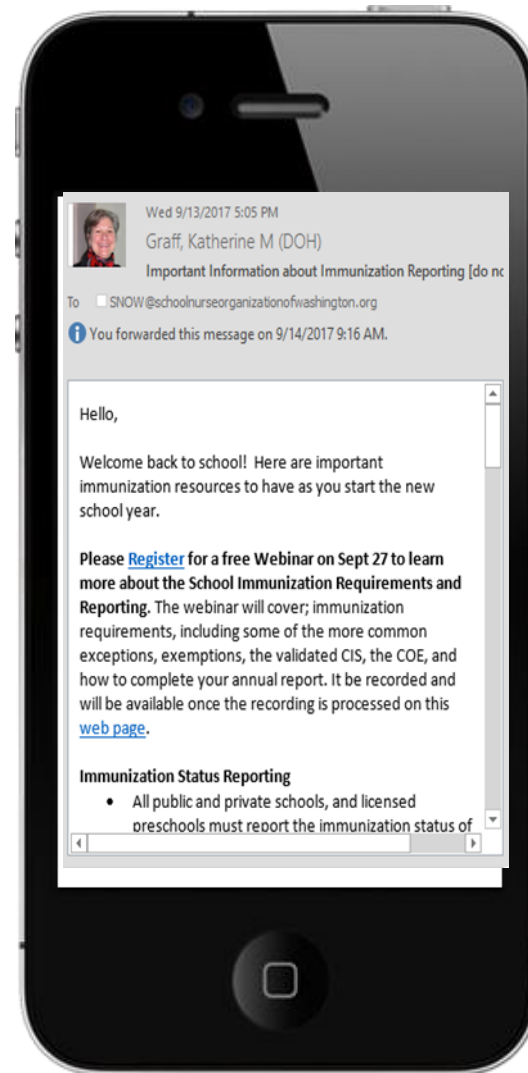
# IVRS: Individual Vaccine Requirements Summary

Available on our website:  
[www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

# School and Child Care Listserv

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

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



# Obtaining Continuing Education

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- Continuing education is available for nurses
  - There is no cost for CEs
- Expiration date is June 28, 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](mailto: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](mailto:civil.rights@doh.wa.gov).