

STUDENT IMMUNIZATION AND LIFE-THREATENING HEALTH CONDITIONS

Required Immunization Documentation

Immediately upon enrollment in the district, the student's parent or legal guardian must provide proof of required immunizations as specified by the Washington Department of Health with a completed Certificate of Immunization Status (CIS) form approved by the Department of Health, and/or an exemption with a completed Certificate of Exemption (COE) form approved by the Washington Department of Health. The student cannot start attending school until the completed CIS and/or COE is on file at the school or the Conditional Immunization Status conditions have been met. Students experiencing homelessness, including migratory and refugee children and children in out-of-home (foster) care, who have not provided the required documentation will be allowed to enroll, attend classes, and participate fully, despite being out of compliance with immunization requirement.

The CIS and/or COE will be made a part of the student's permanent record. The district will provide access to immunization records of each student enrolled to agents of the state or local health department. The district will return the CIS and/or COE or a legible copy to the parent or legal guardian if the child is withdrawn or transferred from the district. The district may not withhold the CIS and/or COE for any reasons, including nonpayment of school fees.

Certificate of Immunization

Language if the district is actively using the IIS School Module:

School staff may verify that the student's immunizations are complete in the WA Immunization Information System (IIS), in this situation a CIS is not required to be on file. School staff will document this verification in the student's cumulative school record. If the immunizations are not complete in the IIS the immunization status of students must be documented on a completed CIS form.

Language if the district is not actively using the IIS School Module:

The immunization status of all students must be documented on a completed CIS form.

All immunization information documented on a CIS by new enrollees starting school on or after August 1, 2020 must be medically verified. A CIS printed from the Washington Immunization Information System (IIS) with immunization information prepopulated is considered medically verified by the IIS. A hardcopy CIS completed by the parent or legal guardian must be verified as accurate by either a health care provider signature or by a school administrator, school nurse or designee's signature after verifying that the information on the CIS is accurate when compared to medical immunization records attached to the CIS.

For currently enrolled students all new immunization documentation submitted on or after August 1, 2020 must be on a medical immunization record. School staff may use the information on the medical immunization record to update the student's existing CIS on file. **(add the following language if the district is using the ISS School Module:** A district school nurse or their delegate, with parent or legal guardian permission, may use the information on the medical immunization record to update the student's immunization information in the ISS).

Conditional Immunization Status Attendance

If by a student's first day of attendance the student does not have documentation of all of the required immunizations the student may be permitted to start school in a temporary "conditional immunization status" provided that the student has received all of the immunizations that he/she is eligible to receive and is waiting for the recommended date of the next vaccine does according to the national immunization catchup schedule. The parent or legal guardian must sign the CIS acknowledging the conditional status rules and times lines that follow. Once the next dose comes due the student can remain in conditional status for thirty (30) calendar days to have time to turn in the required documentation. If additional vaccines are needed conditional status continues in a similar manner until all of the vaccine series are complete. If the thirty (30) calendar day period expires and documentation has not been given to the school the student will be excluded from further attendance. Valid documentation includes medical records showing vaccination, evidence immunity to the disease in question, or a completed Certificate of Exemption (COE) form.

Exemptions from Immunization

Any and all exemptions will be processed and recorded on a Certificate of Exemption (COE) form approved by the Washington Department of Health (DOH). All exemptions requested on a COE must be signed by the parent or legal guardian. Additionally, with the exemption of a religious membership exemption, all COE forms presented on or after July 22, 2011, must also have the signature of a health care practitioner (HCP) saying they have given the parent or guardian information about the benefits and risks of immunizations. The form may be signed by a HCP at any time prior to the enrollment of the child in a school. Photocopies of the signed form or a letter from the HCP at any time prior to the enrollment of the child in a school. Photocopies of the signed form or letter from the HCP at any time prior to the enrollment of the child in a school. Photocopies of the signed form or letter from the HCP referencing the child's name shall be accepted in lieu of the original form. Such a letter should be attached to the COE signed by the parent or legal guardian. Only a health care practitioner who is a physician (MD), physician assistant (PA) osteopath (DO), naturopath (ND), or advanced registered nurse practitioner (ARNP) licensed in Washington State may sign the COE.

The district will grant medical exemptions from one or more of the required immunizations if the HCP indicates on the COE that in their opinion the vaccine is not advisable for the student. If the HCP indicates the medical exemptions is temporary an expiration date must be documented on the COE.

When a temporary medical exemption expires the student can attend school in 'conditional immunization status' for thirty (30) calendar days to get the missing immunization or another exemption. If the thirty (30) calendar day period expires and documentation has not been given to the school, the student will be excluded from further attendance. Valid documentation includes medical records showing vaccination, evidence of immunity to the disease in question, or a completed Certificate of Exemption (COE) form.

The district will grant religious membership exemptions from one or more of the required immunizations if the parent or legal guardian completes the religious membership section of the

COE and signs affirming, they are a member in a religious body or church with beliefs or teachings that preclude a child from receiving medical treatment from a HCP. The HCP signature is not required for a religious membership exemption.

The district will grant personal/philosophical exemptions from one or more of the required immunizations, except measles, mumps, or rubella, if the parent completes the personal/philosophical exceptions section on the COE.

The district will not grant an exemption for philosophical or personal reasons from the measles, mumps, or rubella immunization requirements.

Exclusion from School

The school principal will exclude students from further attendance who are out of compliance with the immunization requirements as required in RCW 28A.210.120.

When excluding students, the school will provide written notification as required in WAC 392-380-050.

Written notification will:

- Order that the student is excluded immediately, and
- Be delivered in person or by certified mail, and
- Be in the parent's native language if possible, and
- Include a copy of the applicable laws and rules (RCW 28A.210.010-160, 246-105 WAC, and 392-182 WAC sections 005, 020, 045, 050, 080), and
- Provide information regarding immunization services available through local health or other public agencies, and
- Include notice that the parent/legal guardian and student has a right to a hearing provided they notify the school within three (3) days after receiving the exclusion order from the school principal, and
- Describe the hearing process, and
- Explain that the exclusion continues until either the required immunization documentation, or a completed Certificate of Exemption form is turned in to the school, or hearing officer determines that the student is no longer excluded from school.

If the parent requests a hearing, the district will notify in writing the parent or guardian and school principal of the time and place for the hearing and will present the case to a hearing officer appointed by the superintendent.

Lists of Students Not Fully Immunized

The district will keep or be able to produce within twenty-four hours a current list of children who are not fully immunized. This list must be transmitted to the local health department upon request. The local health officer may use this list for easy identification of students to be excluded from school temporarily during a disease outbreak.

Adoption Date: **August 2018**

Revised Dates: **December 2, 2020**

Policy & Legal: 7/19; 5/20



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):
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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 child/student may be excluded from school or child care settings and activities during an outbreak of the disease that 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"/> Pneumococcal
<input type="checkbox"/> Polio	<input type="checkbox"/> Pertussis (whooping cough)	<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"/> Pneumococcal
<input type="checkbox"/> Polio	<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)
<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	

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.

<u> X </u>		
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.

<u> X </u>		
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 # _____		

RELIGIOUS MEMBERSHIP EXEMPTION

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

Parent/Guardian Declaration

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

<u> X </u>		
Parent/Guardian Name (print)	Parent/Guardian Signature	Date

Certificate of Exemption—Medical

For School, Child Care, and Preschool Immunization Requirements

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
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NOTICE: This form may be used to exempt a child from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for the child 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 (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.

*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.

 X _____
 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 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.

 X _____
 Parent/Guardian Name (print) Parent/Guardian Signature Date