



Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

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

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

Parent/Guardian Name (please print): _____

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

Parent/Guardian Signature Required _____ Date _____

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

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

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

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

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

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

2) Chickenpox disease verified by Health Care Provider (HCP). If you choose this box, mark 2A OR 2B below.
 2A) Signed note from HCP attached OR
 2B) HCP signed here and print name below:

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

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

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

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

Documentation of Disease Immunity

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

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

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

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

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

EXAMPLE

Vaccine	Dose	Date	
		Month	Day Year
DTaP	1	01	12 2011
DTaP	2	03	20 2011
DTaP	3	06	01 2011

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

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

#4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

- #5** If your child has had chickenpox (varicella) disease and not the vaccine, use only one of these four options to record this on the CIS:
- If your child's CIS is printed directly from the CHILDD Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).
 - If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.
 - If school staff access the CHILDD Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.
 - If your child started kindergarten in the 2008-2009 school year or later, you **CANNOT** use this box. If your child started kindergarten before the 08-09 school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: <http://www.doh.wa.gov/oh/immunize/schools/vaccine.htm>
- #6** Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your health care provider (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and attach signed lab reports.
- #7** Be sure to sign and date the CIS in the upper right hand box, and return to school or child care.
- #8** If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

Vaccine Trade Names in alphabetical order				(For updated lists, visit http://www.cdc.gov/vaccines/pubs/printbook/downloads/appendices/B/us-vaccines-508.pdf)			
Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHib	Hib	Engerix-B	Hep B	IPol	IPV	Pentaxim	DTaP + Hep B + Hib
Adacel	Tdap	Fluarix	Flu (TIV)	Infranx	DTaP	Pneumovax	PPSV or PPV23
Aduna	Flu (TIV)	FluLaval	Flu (TIV)	Kimrix (Kmx)	DTaP + IPV	Prevnar	PCV or PCV7 or PCV13
Boostrix	Tdap	FluMist	Flu (LAIV)	Menactra	MCV or MCV4	ProQuad (P-Qd)	MMR + Varicella
Genavax	HPV2	Fluvirin	Flu (TIV)	Menomune	MPSV or MPSV4	Quadracel (Qdrt)	DTaP + IPV
Comvax (Cmx)	Hep B + Hib	Flixzone	Flu (TIV)	Pediarix (Pdx)	DTaP + Hep B + IPV	Recombivax Hib	Hep B
Daptacel	Hep A	Gardasil	HPV4	PedvaxHB	Hib	Rotarix	Rotavirus (RV1)
Decovac	Td	Hayvix	Hep A	Pentaxim	DTaP + Hib + IPV	Rotifem	Rotavirus (RV5)

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

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

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

Reference Guide