

Facility _____
Code No. _____
District Name _____
Child's I.D. No. _____
District Entry Date _____
Reviewed for compliance by: _____
Staff Signature _____ Date _____



CERTIFICATE OF IMMUNIZATION STATUS

Having up to date immunizations is an important way to protect your children from illness. Washington State Law RCW 28A.210.160 requires that this form be completed for each child attending school or day care center.

Child's Last Name _____	First Name _____	Middle Name _____
Social Security Number (Optional) _____	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Birthdate _____

IMMUNIZATION	VACCINE	MO	DAY	YR
DIPHTHERIA, TETANUS, PERTUSSIS DTP or DT or Td	<small>Circle Type of Vaccine</small> DTP or DT			T1
	DTP or DT			T2
	DTP or DT			T3
	DTP or DT			T4
	DTP or DT or Td			T5
	DTP or DT or Td			T6
	Td Booster			T7
POLIO OPV (by mouth) or IPV (injectable)	OPV or IPV			P1
	OPV or IPV			P2
	OPV or IPV			P3
	OPV or IPV			P4
	OPV or IPV			P5
MEASLES, MUMPS, RUBELLA MMR	MMR			M1
	MMR			M2
	ME or MU or RV			
HAEMOPHILUS INFLUENZAE TYPE B Hib For pre-kindergarten children only	Hib			H1
	Hib			H2
	Hib			H3
	Hib			H4

I Certify That The Information Provided Is Correct And Verifiable.

X

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____

Attach Titer Results Here

V1	DOCUMENTATION OF MEASLES IMMUNITY	
	<p>I certify that the child named above has laboratory evidence of immunity to measles virus and does not need measles vaccine. <i>(Write "TITER" in vaccine section on front of form and attach results at left).</i></p>	
	TYPE OR PRINT PHYSICIAN'S NAME	TITER
	PHYSICIAN'S SIGNATURE OR STAMP	DATE

V2	DOCUMENTATION OF MUMPS IMMUNITY	
	<p>I certify that the child named above has laboratory evidence of immunity to mumps virus and does not need mumps vaccine. <i>(Write "TITER" in vaccine section on front of form and attach results at left).</i></p>	
	TYPE OR PRINT PHYSICIAN'S NAME	TITER
	PHYSICIAN'S SIGNATURE OR STAMP	DATE

V3	DOCUMENTATION OF RUBELLA IMMUNITY	
	<p>I certify that the child named above has laboratory evidence of immunity to rubella virus and does not need rubella vaccine. <i>(Write "TITER" in vaccine section on front of form and attach results at left).</i></p>	
	TYPE OR PRINT PHYSICIAN'S NAME	TITER
	PHYSICIAN'S SIGNATURE OR STAMP	DATE

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW**NOTICE:**

In the event of an outbreak of vaccine preventable disease for which your child is exempt, your child will be excluded from attendance for the duration of the outbreak.

E1	<input type="checkbox"/> MEDICAL EXEMPTION
	<p>I certify that the child named above has a medical reason not to have the following vaccine(s):</p> <p>VACCINE(S) _____ UNTIL: _____ DATE _____</p> <p>TYPE OR PRINT PHYSICIAN'S NAME _____ DATE _____</p> <p>PHYSICIAN'S SIGNATURE OR STAMP _____</p>

E2	<input type="checkbox"/> PERSONAL EXEMPTION
E3	<input type="checkbox"/> RELIGIOUS EXEMPTION
	<p>I am opposed to immunizations. I understand that my child will be excluded from attendance during an outbreak. I do not want my child to receive the following vaccine(s):</p> <p>VACCINE(S) _____</p> <p>SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____</p>