



## Oregon Certificate of Immunization Status Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>	

Complete for all  
 Up-to-date  
 Medical  
 Non medical

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

**I certify that the above information is an accurate record of this child's immunization history.**

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For school/facility use only</b>
School/facility Name
Student ID Number
Grade

\*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

**Continued On Reverse Side**



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### Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
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Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

**For medical exemptions:**  
**Please submit a letter signed by a licensed physician stating:**

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

**For Immunity Documentation** (history of disease or positive titer): **Please submit a letter signed by a licensed physician stating:**

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

**Nonmedical Exemption:**  
 I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

A health care practitioner  
 The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

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

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Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Optional:**  
 ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

Religious belief     Philosophical belief     Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature \_\_\_\_\_

Date

Update Signature \_\_\_\_\_

Date

Update Signature \_\_\_\_\_

Date

Update Signature \_\_\_\_\_

Date

# Instructions for completing the Certificate of Immunization Status

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## **Contact information:**

Complete information for your child including full name, birthdate, current mailing address, parents' or guardians' names and home telephone number. This information will be used to contact you if there are questions about your child's immunization history.

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## **Required vaccines (Front):**

Fill in the month/day/year that your child received each dose of vaccine. Doses must be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box. Check with your child's school or daycare to find out which vaccines are required for your child's age or grade.

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## **Recommended vaccines (Back):**

These doses are not required by law, however these vaccines are recommended and most children receive them. Fill in the month/day/year that your child received each dose of vaccine. Doses should be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box.

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## **Signature:**

The parent or guardian signature is a sworn statement that the child's record is accurate. The signature of a physician or local health department is not required but it is acceptable. **Every time you add on to your child's information you need to resign the form.**

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## **REMEMBER TO COMPLETE BOTH SIDES OF FORM**

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## **Exemptions:**

Oregon allows medical and nonmedical exemptions.

For a nonmedical exemption, check the appropriate box and submit one of the following required documents:

1. A certificate signed by a health care practitioner verifying discussion of the benefits and risks of immunization, or
2. A certificate of completion of the vaccine educational module about the benefits and risks of immunization.

Indicate which vaccines you are exempting your child from by checking the boxes. Sign and date on the indicated line.

For a medical exemption or proof of immunity, submit a letter from your child's physician to the school or child care.

## **Instrucciones para llenar el Certificado de Estado de Vacunación**

### **Información de contacto:**

Dé la siguiente información sobre su hijo: nombre completo, fecha de nacimiento, dirección postal actual, nombres y números de teléfono de los padres o tutores. Usaremos esta información para comunicarnos con usted si hay preguntas sobre los datos de vacunación de su hijo.

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### **Vacunas requeridas (adelante):**

Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Las dosis se deben enumerar en el orden en que fueron recibidas. Los casilleros sombreados del formulario indican las dosis que no se dan rutinariamente. Sin embargo, si su hijo las recibió, escriba la fecha en el casillero sombreado. Averiguar con la escuela o guardería cuales son las vacunas requeridas para la edad y grado escolar de su niño.

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### **Vacunas recomendadas (atrás):**

Estas dosis no son obligatorias por ley, pero son recomendadas y la mayoría de los niños las reciben. Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Las dosis se deben enumerar en el orden en que fueron recibidas. Los casilleros sombreados del formulario indican las dosis que no se dan rutinariamente. Sin embargo, si su hijo las recibió, escriba la fecha en el casillero sombreado.

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### **Firma:**

La firma del padre, madre o tutor es una declaración jurada de que la historia de vacunas del niño esta correcta. La firma del médico o del departamento de salud local no son requeridas, pero son aceptable. **Cada vez que agregue datos a la información sobre su hijo debe volver a firmar el formulario.**

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## **RECUERDE LLENAR AMBOS LADOS DEL FORMULARIO**

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### **Excepciones:**

Oregon permite excepciones médicas y no médicas.

Para una excepción no médica, marque la casilla adecuada y presente uno de los siguientes documentos requeridos:

1. Un certificado firmado por un proveedor de atención de salud verificando la discusión de los beneficios y riesgos de la vacunación, o
2. Un certificado de terminación del módulo educativo de la vacuna sobre los beneficios y riesgos de la vacunación.

Indique para cuáles vacunas quiere que su hijo(a) sea exento(a) al marcar las casillas. Firme y feche la línea indicada.

Para una excepción médica o un comprobante de inmunidad, presente una carta del doctor de su hijo(a) a la escuela o cuidado infantil.