



Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

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

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

Symbols below:
 ◆ Required for School and Child Care/Preschool
 ● Required for Child Care/Preschool Only
 ■ Recommended, but not required

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

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

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

| 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) | | | | |
| | 1 | | | |
| ■ Tetanus, Diphtheria (Td) | | | | |
| | 1 | | | |
| | 2 | | | |
| ● Haemophilus influenzae type b (Hib) | | | | |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| ■ Influenza (flu most recent) | | | | |
| | | | | |
| | | | | |

| Vaccine | Dose | Date | | |
|---|------|-------|-----|------|
| | | Month | Day | Year |
| ● Pneumococcal (PCV, PPSV) | | | | |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 | | | |
| ◆ Polio (IPV, OPV) | | | | |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| ◆ Measles, Mumps, Rubella (MMR) | | | | |
| | 1 | | | |
| | 2 | | | |
| ◆ Varicella (chickenpox) | | | | |
| | 1 | | | |
| | 2 | | | |
| ■ Hepatitis A (Hep A) | | | | |
| | 1 | | | |
| | 2 | | | |
| ■ Human Papillomavirus (HPV) – does not print from the IIS; write dates in by hand | | | | |
| | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| ■ Meningococcal (MCV, MPSV) | | | | |
| | 1 | | | |
| | 2 | | | |

Parent/Guardian Signature Required _____ Date _____

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.
 Mark option 1, 2, OR 3 below (see # 5 on back)
 1) Chickenpox disease verified by printout from the Immunization Information System (IIS) Must be marked by printout (not by hand) to be valid.
 2) Chickenpox disease verified by healthcare provider (HCP)
 If you choose this box, mark 2A OR 2B below.
 2A) Signed note from HCP attached OR
 2B) HCP sign here and print name below:
 Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)
 Printed Name: _____
 3) Chickenpox disease verified by school staff from the Immunization Information System

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 healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)
 Printed Name: _____

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

#1 To print with information filled in: First, ask if your healthcare provider's office puts vaccination history into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's information will fill in automatically. Be sure to review all the information, **sign and date the CIS**, and return it to school or child care. If your provider's office does not use the IIS, 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 | Year |
| ◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT) | | | |
| DTaP | 1 | 01 | 2011 |
| DTaP | 2 | 03 | 2011 |
| DTaP | 3 | 06 | 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 had chickenpox (varicella) disease and not the vaccine, use **only one** of these three options to record this on the CIS:
 1) If your child's CIS is printed directly from the IIS (by your healthcare provider or school), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the IIS printout (not by hand).
 2) If your healthcare provider can verify that your child had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your provider, or 2B if your provider signs and dates in the space provided. Be sure your provider's full name is also printed.
 3) If school staff access the IIS and see verification that your child had chickenpox, they will mark box 3.

#6 Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your healthcare provider fill in this box. Ask your provider 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, and return to the school or child care.

Vaccine Trade Names in alphabetical order (For updated lists, visit <https://fortress.wa.gov/doh/epir/iweb/homepage/complete/istofvaccinames.pdf>)

| Trade Name | Vaccine | Trade Name | Vaccine | Trade Name | Vaccine | Trade Name | Vaccine |
|------------|---------|--------------------|---------------------------|--------------------|----------------------|-----------------|---------------|
| AsthIB | Hib | Ipov | IPV | PedvaxHB | Hib | Twinnx (Twinnx) | Hep A + Hep B |
| Adacel | Tdap | Infamix | DTaP | Pentacel (Pnticel) | DTaP + Hib + IPV | Vaqta | Hep A |
| Afluria | Flu | Kinrix (Kinrx) | DTaP + IPV | Pneumovax | PPSV or PPV23 | Vartavax | Varicella |
| Boostrix | Tdap | Menactra | MCV or MCV4 | Prevnar | PCV or PCV7 or PCV13 | | |
| Cervarix | HPV2 | MenHibrix (Mnhbrx) | Meningococcal C/Y-HIB-PRP | ProQuad (PrQd) | MMR + Varicella | | |
| Daptacel | DTaP | Menomune | MPSV or MPSV4 | Recombivax HB | Hep B | | |
| Engerix-B | Hep B | Menveo | Meningococcal | Rotarix | Rotavirus (RV1) | | |
| Fluarix | Flu | Pediarix (Pdrix) | DTaP + Hep B + IPV | Rotateq | Rotavirus (RV5) | | |

Vaccine Abbreviations in alphabetical order (For updated lists, visit <https://fortress.wa.gov/doh/epir/iweb/homepage/complete/istofvaccinames.pdf>)

| Abbreviations | Full Vaccine Name | Abbreviations | Full Vaccine Name | Abbreviations | Full Vaccine Name |
|-------------------|--|----------------------|--|-------------------|--|
| DT | Diphtheria, Tetanus, acellular Pertussis | MPSV or MPSV4 | Meningococcal Polysaccharide Vaccine | Rota (RV1 or RV5) | Rotavirus |
| DTaP | Diphtheria, Tetanus, acellular Pertussis | MIMR / MMRV | Measles, Mumps, Rubella / with Varicella | Td | Tetanus, Diphtheria |
| DTP | Diphtheria, Tetanus, Pertussis | OPV | Oral Poliovirus Vaccine | Tdap | Tetanus, Diphtheria, acellular Pertussis |
| Flu (IIV or LAIV) | Influenza | PCV or PCV7 or PCV13 | Pneumococcal Conjugate Vaccine | TIG | Tetanus immune globulin |
| HBIG | Hepatitis B Immune Globulin | 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 call 711).

Reference Guide