Port Angeles School District

Health Services

Schools are required by law to have documentation of required immunizations for students to attend school.

Dear Parent/Guardian:

Washington State Law (RCW 28A.210.080) requires that all children have a signed and up-to-date Certificate of Immunization Status (CIS) on file at the school, preschool or child care facility that they attend. At registration, parents, guardians or loco parentis adults are responsible for accurately completing and signing the CIS form.

I, Parent/Guardian of _____
acknowledge receipt of the notice of required documentation of completed immunizations for students to attend school.

I understand that my student may not attend Port Angeles Schools until the school has received documentation of the completed immunizations.

Any student without a completed CIS (Certificate of Immunizations Status) on file will be removed from the school after the first full week of the quarter in which they are enrolled.

_____ _____

Signature of Parent/Guardian Date

Certificate of Immunization Status (CIS)

Washington State Department of Health

Reviewed by: Date:
Signed COE on File? ☐ Yes ☐ No

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

ıild's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):

;ive permission to my child's school/child care to add immunization information into the ımunization Information System to help the school maintain my child's record.	Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.
☐	X
Parent/Guardian Signature **Date**	**Parent/Guardian Signature Required if Starting in Conditional Status** **Date**

٤equired for School ٤equired Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
، DTaP (Diphtheria, Tetanus, Pertussis)						
Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
، DT or Td (Tetanus, Diphtheria)						
، Hepatitis B						
Hib (*Haemophilus influenzae type b*)						
، IPV (Polio) (any combination of IPV/OPV)						
، OPV (Polio)						
، MMR (Measles, Mumps, Rubella)						
PCV/PPSV (Pneumococcal)						
، Varicella (Chickenpox) ☐ History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:
☐ A verified history of varicella (chickenpox) disease.
☐ Laboratory evidence of immunity (titer) to disease(s) marked below.

☐ Diphtheria	☐ Hepatitis A	☐ Hepatitis B
☐ Hib	☐ Measles	☐ Mumps
☐ Rubella	☐ Tetanus	☐ Varicella

☐Polio (all 3 serotypes must show immunity)

▶

Licensed Health Care Provider Signature Date

▶

Printed Name

ertify that the information provided this form is correct and verifiable.

Health Care Provider or School Official Name: _____ Signature: _____ Date: _____
If verified by school or child care staff the medical immunization records must be attached to this document.

structions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.

print with the immunization information filled in:

k if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your ld's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at https://wa.myir.net. If your provider doesn't use the IIS, email or call the partment of Health to get a copy of your child's CIS: waiisrecords@doh.wa.gov or 1-866-397-0337.

fill out the form by hand:

Print your child's name and birthdate, and sign your name where indicated on page one.
Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides ow to record each vaccine correctly. For example, record Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.

- ☐ If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
- ☐ If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.

If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and e the form. You must provide lab reports with this CIS.
Provide proof of medically verified records, following the guidelines below.

ceptable Medical Records

l vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

nditional Status

ildren can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum ervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or ild care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

idents in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is ching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

he 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid cumentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

ference guide for vaccine trade names in alphabetical order For updated list, visit https://www.cdc.gov/vaccines/terms/usvaccines.html

ade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
tHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
lacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
luria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
xsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
ostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
rvarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
ptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
gerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

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