

Reviewed by: _____ Staff Signature	Date: _____
Is there an accompanying signed Certificate of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	



DOH 348-013
Rev: 10/15/08

Certificate of Immunization Status (CIS)

Child's Last Name:	First Name:	Middle Initial:	Child's Address:
Child's Birthdate:		Child's Sex:	
Parent/Guardian Name:		Parent/Guardian Day Phone:	

If completing by hand, write the vaccine in the row to the left of "Dose" and the date the vaccine was received in the "Date" column. Age column is optional.

◆ Required for School and Child Care/Preschool ● Required for Child Care/Preschool Only

Vaccine	Dose	Date	Age	Vaccine	Dose	Date	Age	Vaccine	Dose	Date	Age		
◆ Hepatitis B (Hep B)				● Pneumococcal (PCV, PPV)				Hepatitis A (Hep A)					
	1				1				1				
	2				2				2				
	3				3								
	4				4								
Hepatitis B (Hep B) Alternate schedule for teens				◆ Polio (IPV, OPV)				Meningococcal (MCV4, MPSV4)					
	1				1				1				
	2				2								
Rotavirus				Influenza (most recent)				Human Papillomavirus (HPV)					
	1				1				1				
	2				2				2				
	3				3				3				
	4				4								
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				◆ Measles, Mumps, Rubella (MMR)				Other					
	1				1								
	2				2								
	3												
	4												
	5												
◆ Diphtheria, Tetanus, Pertussis (Tdap, Td)				◆ Varicella (chickenpox)				<p>I certify that the information provided here is correct and verifiable.</p> <p>_____ Signature of Parent or Guardian</p> <p>_____ Date</p>					
	1				1								
	2				2								
	3				3								
	4				4								
● Haemophilus influenzae type b (Hib)				<p>▼ Verification of varicella disease history ▼</p> <table border="0" style="width:100%;"> <tr> <td style="width:50%;"><input type="checkbox"/> Health Care Provider (HCP) Verified ▶</td> <td style="width:50%;"><input type="checkbox"/> Signed note from HCP attached or <input type="checkbox"/> HCP provider signature here: ▶</td> </tr> <tr> <td><input type="checkbox"/> HCP Verified by Registry ▶</td> <td><input type="checkbox"/> No HCP Sig required if box at left checked.</td> </tr> <tr> <td><input type="checkbox"/> Parental Report ▶</td> <td>ONLY acceptable for some grades. Write date or age child had disease:</td> </tr> </table>				<input type="checkbox"/> Health Care Provider (HCP) Verified ▶	<input type="checkbox"/> Signed note from HCP attached or <input type="checkbox"/> HCP provider signature here: ▶	<input type="checkbox"/> HCP Verified by Registry ▶	<input type="checkbox"/> No HCP Sig required if box at left checked.	<input type="checkbox"/> Parental Report ▶	ONLY acceptable for some grades. Write date or age child had disease:
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<input type="checkbox"/> Parental Report ▶	ONLY acceptable for some grades. Write date or age child had disease:												
<p>See the back of this page for documentation of immunity, a vaccine trade name reference guide, and a vaccine abbreviation list.</p>				<p>Licensed HCP Signature (MD, DO, ND, PA, ARNP) _____ Date _____</p>									
				<p>Either initial with parent approval or get parent signature below:</p> <p>Staff initials indicating parent approval: _____</p>									
				<p>Parent Signature indicating approval: _____</p>									

Documentation of Immunity by Blood Test (titer)

I certify that the child named on this form has laboratory evidence of immunity to (check all that apply):

- Diphtheria
 Hepatitis A
 Hepatitis B
 Hib
 Measles
 Mumps
 Polio
 Rubella
 Tetanus
 Varicella
 Other (list): _____ lab report(s) attached (required)

X
 Typed or Printed Name of **Licensed Health Care Provider** (MD, DO, ND, PA, ARNP)

X
 Signature of **Licensed Health Care Provider** (required) Date (required)

Vaccine Trade Names*

Read down and across - Trade Names are in Alphabetical Order.

Trade Name	Vaccine	Trade Name	Vaccine
Acel-Imune	DTaP	Menomune	MPSV4
ActHIB	Hib	OmniHIB	Hib
Adacel	Tdap	Pediarix	DTaP + IPV + Hep B
Boostrix	Tdap	PedvaxHIB	Hib
Certiva	HPV	Pentacel	DTaP + IPV + Hib
Comvax	Hib + Hep B	Pentavalente	DTaP + Hep B + Hib
Daptacel	DTaP	Pneumovax	PPV23
Decavac	Td	Prevnar	PCV or PCV7
Engerix-B	Hep B	ProHIBit	Hib
Fluarix	Flu	ProQuad	MMRV
FluMist	Flu	Quadracel	DTaP + IPV
Fluvirin	Flu	Recombivax	Hep B
Fluzone	Flu	Rotarix	Rotavirus
Gardasil	HPV	RotaTeq	Rotavirus
Havrix	Hep A	Tetramune	DTP + Hib
HibTITER	Hib	TriHIBit	DTaP + Hib
HyperTET	TIG	Tri-Immunol	DTP
HyperHEP B	HBIG	Tripedia	DTaP
Ipol	IPV	Twinrix	Hep B + Hep A
Infanrix	DTaP	Vaqa	Hep A
Kinrix	DTaP + IPV	Varivax	Varicella
Menactra	MCV4		

Vaccine Abbreviations*

Read down – Abbreviations are in Alphabetical Order.

Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus
DTaP	Diphtheria, Tetanus, acellular Pertussis
DTP	Diphtheria, Tetanus, Pertussis
Flu (TIV or LAIV)	Influenza
HBIG	Hepatitis B Immune Globulin
Hep A (HAV)	Hepatitis A
Hep B (HBV)	Hepatitis B
Hib	<i>Haemophilus influenzae</i> type b
HPV	Human Papillomavirus
IPV	Inactivated Poliovirus Vaccine
MCV4	Meningococcal Conjugate Vaccine
MPSV4	Meningococcal Polysaccharide Vaccine
MMR	Measles, Mumps, Rubella
MMRV	Measles, Mumps, Rubella, Varicella
OPV	Oral Poliovirus vaccine
PCV or PCV7	Pneumococcal Conjugate Vaccine
PPV23	Pneumococcal Polysaccharide Vaccine
Rota (RV1 or RV5)	Rotavirus
Td	Tetanus, Diphtheria
Tdap	Tetanus, Diphtheria, acellular Pertussis
TIG	Tetanus immune globulin
VAR or VZV	Varicella

*These lists may not be comprehensive; visit <http://www.doh.wa.gov/cfh/immunize/forms/default.htm> for updated lists.