



Immunization Record Requirements 2022-2023 School Year

Dear Parent or Guardian,

Starting August 1, 2020, all immunization records turned into schools or child care centers are required by state law to be medically verified. Immunization records must be turned into the school on or before the first day of attendance. This means immunization records turned into the school must be from a health care provider, or you must attach paperwork from a health care provider to your handwritten form that shows your child's records are accurate. Your child cannot attend school until you provide these records.

Here are some examples of medically verified immunization records:

- A completed Certificate of Immunization Status (CIS) signed by a health care provider. The CIS form can be found on <https://www.doh.wa.gov/SCCI> and clicking on "Certificate of Immunization Status."
- A CIS filled out by you or another parent/guardian with medical records attached.
- A CIS printed by printed by a health care provider or school from the Washington State Immunization Information System.
- A CIS printed from MyIR which is a free Department of Health online tool that allows families to view and print their official immunization records. Go to <https://wa.myir.net/regist> to begin the sign up process.

If you are requesting an exemption from one or more immunizations you must provide the school with a completed Certificate of Exemption. Please note that the MMR vaccine can not be a personal exemption. A religious or medical exemption is acceptable for the MMR.

If your child already meets immunization requirements and has records on file with the school then you do not need to do anything. If you aren't sure, or if you have questions please contact Nurse McKenzie at (360)678-2441 or mdoughty@coupeville.k12.wa.us

Sincerely,

Mckenzie Doughty, RN, BSN

Coupeville Elementary School Nurse



Certificate of Immunization Status (CIS)

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.

Child's Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **Birthdate (MM/DD/YYYY):** _____

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature Required if Starting in Conditional Status **Date** _____

I give permission to my child's school/child care to add immunization information into the Immunization 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.

	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						
<ul style="list-style-type: none"> ● <input type="checkbox"/> Required for School ● <input type="checkbox"/> Required Child Care/Preschool 						
● <input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis)						
▲ <input type="checkbox"/> Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
● <input type="checkbox"/> DT or Td (Tetanus, Diphtheria)						
● <input type="checkbox"/> Hepatitis B						
● <input type="checkbox"/> Hib (<i>Haemophilus influenzae type b</i>)						
● <input type="checkbox"/> IPV (Polio) (any combination of IPV/OPV)						
● <input type="checkbox"/> OPV (Polio)						
● <input type="checkbox"/> MMR (Measles, Mumps, Rubella)						
● <input type="checkbox"/> PCV/PPSV (Pneumococcal)						
● <input type="checkbox"/> Varicella (Chickenpox)						
<input type="checkbox"/> 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.

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

Polio (all 3 serotypes must show immunity)

▲ _____

Licensed Health Care Provider Signature Date _____

▲ _____

Printed Name _____

I certify that the information provided on 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.

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

To print with the immunization information filled in:

Ask 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 child'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 Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. 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 below to record each vaccine correctly. For example, record Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. 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.
4. 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 date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All 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.

Conditional Status

Children 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 intervals, 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 child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students 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 catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 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 documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

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

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Fluceivax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib + IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

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

VACCINES REQUIRED FOR SCHOOL, GRADES Preschool-12

Vaccines Required for School: Preschool -12th August 1, 2022 to July 31, 2023							
	DTaP/Tdap (Diphtheria, Tetanus, Pertussis)	Hepatitis B	Hib (<i>Haemophilus influenzae</i> type B)	MMR (Measles, mumps rubella)	PCV (Pneumococcal Conjugate)	Polio	Varicella (Chickenpox)
Preschool Age 19 months to <4 years on 09/01/2022	4 doses DTaP	3 doses	3 or 4 doses** (depending on vaccine)	1 dose	4 doses**	3 doses	1 dose***
Preschool/Kindergarten (including Transitional Kindergarten) Age =4* years on 09/01/2022	5 doses DTaP**	3 doses	3 or 4 doses** (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses** (Not required at age ≥5 years)	4 doses**	2 doses***
Kindergarten through 6th Age ≥5 years on 09/01/2022	5 doses DTaP**	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses***
7th through 9th	5 doses DTaP** Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses***
10th through 12th	5 doses DTaP** Plus Tdap at age ≥7 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses***

*Consistent with ACIP CDC Immunization Schedule. **Vaccine doses may be acceptable with fewer than listed depending on when they were given. ***Health care provider verification of history of chickenpox disease is also acceptable. See the Minimum Age and Interval Table on page 2 for required minimum age and spacing information of vaccine doses. Find information on other vaccines that are recommended, but not required, for child care/preschool attendance at: www.immunize.org/cdc/schedules. Review the Individual Vaccine Requirements Summary for more detailed information, located on our web page: www.doh.wa.gov/SCCI

To request this document in another format, call 1-800-525-0127.

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

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Students entering school must get the required doses listed in this chart to be in compliance with the immunization requirements. School-aged children (Preschool-12) in before and after-school programs must meet the immunization requirements for their grade in school. The requirements follow the national Advisory Committee on Immunization Practices (ACIP) Immunization Schedule with requirements specified by grade level.

To find the doses required, look at the row that includes the student’s grade and the column for the required vaccine. For example, a student entering Kindergarten needs 2 doses of MMR vaccine. The requirements and rules vary depending on the student’s grade.

Children in Preschool <4 years of age on 09/01 who turn 4 during the school year do not need to meet the requirements for Preschool/Kindergarten age ≥4 years until the following school year.

