Immunization Update

Katherine Graff BSN, RN

School and Child Care Immunization Nurse Consultant

Office of Immunization and Child Profile
School Team

Washington State Department of Health | 3
Today’s Presentation

- RCW and WAC Updates
- Provider Considerations
- Certificate of Immunization Status (CIS) Versions
- Exemptions and the Certificate of Exemption (COE)
- Immunization Requirements
  - DTaP and Tdap
  - Polio
- School Module
- Resources
Chapter 28A.210 RCW

ENGROSSED HOUSE BILL 1638

EFFECTIVE JULY 28, 2019
New Immunization Law

Removed option for personal or philosophical exemption for measles, mumps, and rubella (MMR) immunization requirements

- Applies to children attending public and private school (preschool-grade 12) and licensed child care centers
- No change in:
  - Other personal/philosophical exemptions
  - Religious, religious membership, or medical exemptions
  - Titer testing in lieu of immunization
New Immunization Law

Employee & Volunteer Requirement:

All licensed child care centers including ECEAP (Early Childhood Education & Assistance Program) and Head Start

- Employees and volunteers at child care centers must provide proof of one of the following:
  - Documentation of MMR immunization
  - Documentation from a health care provider that there is a history of measles disease sufficient to provide immunity
  - Proof of measles immunity with laboratory titer testing
  - Documentation from a Health Care Practitioner that the MMR vaccine is not advisable for the person

Information about the new law and FAQs:

www.doh.wa.gov/mmrexemption
POLICY UPDATE

CHAPTER 246-105 WAC
Policy Update

The State Board of Health has approved updated language in the school and child care rules in Chapter 246-105 WAC.

Changes effective **August 1, 2020** include:

- 2019 ACIP immunization Schedule Reference – Tdap change
- Immunization documentation
- Conditional Status
New Advisory Committee of Immunization Practices (ACIP) rule:

- Tdap (or DTaP given in error) administered at age 7 through 9 years of age **does not** count for the age 11-12 recommended dose
  - Another Tdap should be given at age 11-12 years
- A Tdap (or DTaP) given in error) administered at age 10 can count for the age 11 recommended dose
- WA Immunization Information System (IIS) forecast has been updated to reflect this change
Tdap Requirement Change

Implementation schedule will begin 2020-2021 school year:
• Changes the Tdap requirement from grade 6 to 7
• Students in 7th grade must have a Tdap on or after 10 years
• Students in 8th-12th grades need a Tdap on or after age 7 years

Subsequent years will roll up a grade.
If providers vaccinate per the ACIP schedule students will be in compliance with the state requirements
On or before the first day of attendance all children must have turned in documentation of:

• Full immunization by vaccination or titer for all of the diseases for which full immunization is required; or
• Completed Certificate of Exemption; or
• Initiation of a schedule towards full immunization

Documentation must be turned in before the child can start school or child care
Documentation Changes

**Effective 2020-2021 school year** vaccination records for school and child care entry need to be medically verified

Impacts:
- All students attending a new private school or school district
- Any Immunization documentation turned in on or after 08/01/20

Does Not Impact:
- Students staying at the same school or same school district
Medically Verified Records

Certificate of Immunization Status (CIS) form

- CIS printed from the IIS
  - Validated CIS
  - CIS printed from MyIR

- Hardcopy CIS completed by hand
  - Validated with a health care provider signature. or
  - Validated by a school nurse, administrator, child care health consultant or their designee with medical vaccination records attached
Medical Vaccination Records

Medically Verified Include:

- Provider records
- Lifetime Immunization record
- More examples in the Training Guide (School Module)
Schools using the School Module:
  - Verify the immunizations are complete in the IIS upon enrollment (no CIS required), or
  - If not complete in the IIS a CIS and medical vaccination records to be entered into the IIS
Conditional Status

New rule language clarifies “Conditional Status”

Currently Language:

• Students have 30 days from 1st day of attendance to turn in their immunization documentation.

Starting 08/01/2020:

• Students must turn in immunization paperwork before they can start school.
• There is no longer an automatic 30 day conditional period from the first day of school.
• Students must have all vaccinations they are eligible to receive on or before the first day of attendance
All of the Doses - Examples

A child entering kindergarten has all of the early childhood vaccines but is missing their age 4 -6yr vaccines required for kindergarten entry

• they must get the missing DTaP, IPV, MMR and varicella before starting school.

A student entering 7th grade is missing their Tdap booster

• they must get the Tdap vaccine before starting school.
Conditional Status

If more doses needed after having all the doses they are eligible to receive:

• Student can attend school in “Conditional Status”
• Parent/guardian must acknowledge conditional status entry and timelines on the CIS
Conditional Status - Examples

A child entering kindergarten has had no vaccines:
• They must get one dose of each of the required vaccines before starting school. Then they can start school in conditional status.

A child entering kindergarten has had all vaccines except MMR dose 2. MMR dose 1 was administered one day before the start of school:
• They can start school in conditional status for 28 days (waiting for MMR dose 2 recommended date) plus an additional 30 days in which to get the dose.
Conditional Status

Student stays in school until next dose is due.

Dates follow the recommended dates of the ACIP Catch-Up Schedules.
Student has 30 days from due date to turn in paperwork.

Conditional Status continues until all of the series are complete.
If the 30 days expires without documentation of immunization or an exemption the student is out of compliance.

Students out of compliance must be excluded. RCW 28A.210.120
Special Situations:

• McKinney-Vento and foster students must be immediately enrolled even if lacking documentation of immunization status

• McKinney-Vento students cannot be excluded for being out of compliance with the immunization requirements

• Children of active duty military parents must turn in documentation of immunization (CIS or Certificate of Exemption - COE) on or before the first day of attendance but they have 30 days time to get all of the required immunizations they are eligible to receive.
Health Care Provider Considerations

Higher demand for summer appointments

Recommendations:

• Send out reminder/recall messaging to parents in the spring to reduce the amount of appointments in late summer
• Provide acceptable immunization records to parents
• Add missing immunization dates into the IIS, including historical dates
• Be aware of school start dates in your area, and consider allowing quick walk in appointments for immunizations during those times
Rule Change Resources

Updated hardcopy CIS and COE forms and sample letters
Working on updating the validated CIS printed from the Immunization Information System
Broad communication to and additional resources for stakeholders including:
• School administrators
• School nurses and other school and child care staff
• Parents
• Providers
More Resources coming soon!
www.doh.wa.gov/schoolimms2020
CERTIFICATE OF IMMUNIZATION STATUS (CIS)
Acceptable CIS Versions

Four Versions:

- Validated CIS printed from the WA Immunization Information System (IIS)
- CIS printed from MyIR
- Hardcopy CIS
  - 2019-2020 school year
  - 2020-2021+ school year - NEW

The CIS form is created by the Department of Health
Validated CIS

Is printed from the Immunization Information System (IIS)
- Demographics page
- Vaccination View/Add page
- Reports page

Includes valid immunization dates in the IIS

Shows if a child is complete or not complete for school or child care entry

The CIS assesses each child’s immunization record based on:
- School requirements by grade
- Child care requirements by age

How to Generate the Certificate of Immunization Status
# Certificate of Immunization Status (CIS)

**For Kindergarten-12th Grade Entry**  
DOH 346-813 May 2016

<table>
<thead>
<tr>
<th>Child's Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
<th>Birthdate (MM/DD/YYYY):</th>
<th>Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDENT</td>
<td>TEST</td>
<td></td>
<td>12/12/2004</td>
<td>F</td>
</tr>
</tbody>
</table>

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.

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

Parent/Guardian Signature Required  
Date  
Parent/Guardian Signature Required  
Date

## Assessment of Immunizations

- [ ] A) Temporary Certificate – Expires __________
- [ x] B) Complete for SY 2016-17 GRADE 6-12

**PASS**

**Validated by the WA State Immunization Information System**

**Certified by (Signature/Stamp or WA IIS) Date of Issue**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Disease MM/DD/YY</th>
<th>Positive Titer MM/DD/YY</th>
<th>History MM/DD/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP, DT (Diphtheria, Tetanus, Pertussis)</td>
<td>02/15/05</td>
<td>04/20/05</td>
<td>06/22/05</td>
<td>03/19/06</td>
<td>01/01/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap (Tetanus, Diphtheria, Pertussis)</td>
<td>08/17/15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Td (Tetanus, Diphtheria)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>12/12/04</td>
<td>09/15/15</td>
<td>09/13/16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
<td>11/20/10</td>
<td>11/20/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IPV or OPV (Polio)</td>
<td>02/15/05</td>
<td>04/20/05</td>
<td>03/18/06</td>
<td>01/01/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>11/20/10</td>
<td>11/20/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Recommended Vaccines**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Disease MM/DD/YY</th>
<th>Positive Titer MM/DD/YY</th>
<th>History MM/DD/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>03/18/06</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib (Haemophilus influenzae type B)</td>
<td>02/15/05</td>
<td>04/20/05</td>
<td>03/18/06</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV (Human Papilloma Virus)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCV, MPSV (Meningococcal)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCV, PPSV (Pneumococcal)</td>
<td>02/15/05</td>
<td>04/20/05</td>
<td>06/22/05</td>
<td>03/18/06</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td>02/15/05</td>
<td>04/20/05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Varicella (Chickenpox) Disease History

History of Varicella (Chickenpox) will print on the CIS if it has been entered in the IIS.

It will print differently depending on how it was entered into the IIS:

- The word HISTORY will display in the History column
  OR
- The date of disease will display in the Disease column

The word HISTORY or the date printed on the validated CIS is considered to be provider verification of disease. No other documentation form the provider is needed.
# Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade Entry  DOH 348-013 May 2016

Child's Last Name: STUDENT  First Name: TEST  Middle Initial:  

Birthdate (MM/DD/YYYY): 12/12/2004  Sex: F

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.

Parent/Guardian Signature Required  Date  

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

Parent/Guardian Signature Required  Date

---

Assessment of Immunizations

- [ ] A) Temporary Certificate – Expires __________
- [ ] B) Complete for SY 2016-17 GRADE 6-12

PASS

Printed or stamped name, address, phone of qualified healthcare provider (MD, DO, PA, ARNP or Health Department):

Validated by the WA State Immunization Information System

Certified by (Signature/Stamp or WAiIS)  Date of Issue

---

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Disease MM/DD/YY</th>
<th>Positive Titer MM/DD/YY</th>
<th>History MM/DD/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP, DT (Diphtheria, Tetanus, Pertussis)</td>
<td>02/15/05</td>
<td>04/20/05</td>
<td>06/22/05</td>
<td>03/19/06</td>
<td>01/01/10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap (Tetanus, Diphtheria, Pertussis)</td>
<td>08/17/15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Td (Tetanus, Diphtheria)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>12/12/04</td>
<td>09/15/15</td>
<td>09/13/16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check here if 11-15 years, 2-dose schedule used</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
<td>11/20/10</td>
<td>11/20/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IPV or OPV (Polo)</td>
<td>02/15/05</td>
<td>04/20/05</td>
<td>03/18/06</td>
<td>01/01/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Recommended Vaccines

- Hepatitis A  03/18/06
- Hib (Haemophilus influenzae type B)  02/15/05  04/20/05  03/18/06
- HPV (Human Papilloma Virus)  
- Influenza  
- MCV, MPSV (Meningococcal)  
- PCV, PPSV (Pneumococcal)  02/15/05  04/20/05  06/22/05  03/18/06
- Rotavirus  02/15/05  04/20/05

---

6/10/2006

HISTORY
Documentation of Immunity

If a provider has entered evidence of immunity in the IIS it will print on the Validated CIS

• The word IMMUNE will display in the Positive Titer column

The word IMMUNE printed on the Validated CIS is considered to be provider verification of immunity.

• Blood titer lab results still need to be attached to the CIS.
Certificate of Immunization Status (CIS)
For Kindergarten-12th Grade Entry

<table>
<thead>
<tr>
<th>Child's Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
<th>Birthdate (MM/DD/YYYY):</th>
<th>Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDENT</td>
<td>TEST</td>
<td></td>
<td>12/12/2004</td>
<td>F</td>
</tr>
</tbody>
</table>

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.

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

Parent/Guardian Signature Required | Date |
-----------------------------------|------|
Parent/Guardian Signature Required | Date |

Assessment of Immunizations

☐ A) Temporary Certificate – Expires  

☐ B) Complete for SY 2016-17 GRADE 6-12

PASS

Printed or stamped name, address, phone of qualified healthcare provider (MD, DO, PA, ARNP or Health Department):

Validated by the WA State Immunization Information System

Certified by (Signature/Stamp or WaIIS) | Date of Issue |
----------------------------------------|---------------|

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Disease MM/DD/YY</th>
<th>Positive Titer MM/DD/YY</th>
<th>History MM/DD/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP, DT (Diphtheria, Tetanus, Pertussis)</td>
<td>02/15/05</td>
<td>04/20/05</td>
<td>06/22/05</td>
<td>03/19/06</td>
<td>01/01/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap (Tetanus, Diphtheria, Pertussis)</td>
<td>08/17/15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Td (Tetanus, Diphtheria)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Check here if 11-15 years, 2-dose schedule used</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
<td>11/20/10</td>
<td>11/20/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IPV or OPV (Polio)</td>
<td>02/15/05</td>
<td>04/20/05</td>
<td>03/18/06</td>
<td>01/01/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td>11/20/10</td>
<td>11/20/11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recommended Vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Disease MM/DD/YY</th>
<th>Positive Titer MM/DD/YY</th>
<th>History MM/DD/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>03/18/06</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib (Haemophilus influenzae type B)</td>
<td>02/15/05</td>
<td>04/20/05</td>
<td>03/18/06</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV (Human Papilloma Virus)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCV, MPSV (Meningococcal)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCV, PPSV (Pneumococcal)</td>
<td>02/15/05</td>
<td>04/20/05</td>
<td>06/22/05</td>
<td>03/13/06</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td>02/15/05</td>
<td>04/20/05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IMMUNE
Validated CIS - Update

Working with our software vendor to make changes and improvements

New version coming in the next few months......

Current version is still considered medically verified
Currently using the previous version of the WAIIS CIS.

Plan to update to the new form

Can still accept this as a valid medically verified CIS form
Parents can register to use MyIR to view immunization records and print a CIS:

How to Register

• Consumers can self-register: https://wa.myir.net/register/
• Contact our office for help with registration, a release form is required: WAIISRecords@doh.wa.gov

Flyer for parents:

• https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-519-WA-MyIR-card.pdf
• Order by sending an email to: immunematerials@doh.wa.gov
Hardcopy CIS

Two Versions:

• 2019-2020 school year
  • Used for students enrolling to attend this school year
• 2020-2021 school year
  • Used for student enrolling for next school year
  (ex. kindergarten registration)

Both versions can be printed from www.doh.wa.gov/SCCI
# Certificate of Immunization Status (CIS)

For Kindergarten - 12th Grade / Child Care Entry

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

<table>
<thead>
<tr>
<th>Child's Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Birthdate (MM/DD/YY)</th>
<th>Sex</th>
</tr>
</thead>
</table>

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.

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

Parent/Guardian Signature Required

<table>
<thead>
<tr>
<th>Date</th>
<th>Parent/Guardian Signature Required</th>
</tr>
</thead>
</table>

### Required for School and Child Care/Preschool
- DTaP / DT (Diphtheria, Tetanus, Pertussis)
- Tdap (Tetanus, Diphtheria, Pertussis)
- Td (Tetanus, Diphtheria)
- Hepatitis B
  - Complete schedule used between ages 11-15
- Hib (Haemophilus influenzae type b)
- IPV / OPV (Poliomyelitis)
- 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)
- MerB (Meningococcal)
- Rotavirus

**Documentation of Disease Immunity**

Healthcare provider use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider.

I certify that the child named on this CIS has:
- a verified history of Varicella (Chickenpox).
- laboratory evidence of immunity (titer) to disease(s) marked below. Lab report(s) for titers MUS! also be attached.

- Diphtheria
- Mumps
- Hepatitis A
- Polio
- Hepatitis B
- Rubella
- Hib
- Tetanus
- Measles
- Varicella

Licensed healthcare provider signature: ___________________________
Date: ________

Printed Name: ___________________________
# Certificate of Immunization Status (CIS)

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

<table>
<thead>
<tr>
<th>Child’s Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
<th>Date of Birth (MM/DD/YYYY):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

**Parent/Guardian Signature**

<table>
<thead>
<tr>
<th>Required for School</th>
<th>Required Child Care/Preschool</th>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>Date of Birth (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▲ ▲ DTaP (Diphtheria, Tetanus, Pertussis)</td>
<td>▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7 &amp; up)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ DT or Td (Tetanus, Diphtheria)</td>
<td>▲ HBV (Hepatitis B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ IPV (Polio) (any combination of IPV/OIPV)</td>
<td>▲ OPV (Polio)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ MMN (Measles, Mumps, Rubella)</td>
<td>▲ PCV/PPSV (Pneumococcal)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ Varicella (Chickenpox)</td>
<td>□ History of disease verified by IED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Recommended Vaccines (Not Required for School or Child Care Entry)**

- MMR (Measles, Mumps, Rubella)
- Hib (Haemophilus influenzae type b)
- IPV (Polio)
- OPV (Polio)
- Tdap (Tetanus, Diphtheria, Pertussis) (grade 7 & up)
- DTaP (Diphtheria, Tetanus, Pertussis)
- DT or Td (Tetanus, Diphtheria)

**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**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

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

**Health Care Provider or School Official Name:**

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

If verified by school or child care staff the medical immunization records must be attached to this document.

---

Washington State Department of Health | 40
2020-2021 and Beyond CIS

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
### 2020-2021 and Beyond CIS

#### 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
# Certificate of Immunization Status (CIS)

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: [Blank]
First Name: [Blank]
Middle Initial: [Blank]
Birthday (MM/DD/YYYY): [Blank]

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.

### Required Vaccines for School or Child Care Entry

<table>
<thead>
<tr>
<th>Required for School</th>
<th>Required Child Care/Preschool</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
<th>Date MM/DD/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td>▲ DTaP</td>
<td>Diphtheria, Tetanus, Pertussis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ Tdap</td>
<td>Tetanus, Diphtheria, Pertussis (grade 7+)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ DT or Td</td>
<td>Tetanus, Diphtheria</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ Hib</td>
<td>Haemophilus influenzae type b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ IPV</td>
<td>Polio (any combination of IPV/OPV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ OPV</td>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ MMR</td>
<td>Measles, Mumps, Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ PCKV/PPSV</td>
<td>Pneumococcal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▲ Varicella (Chickenpox)</td>
<td>History of disease verified by IED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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)

### Documentation of Disease Immunity (Health care provider use only)

If the child named on 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)

### License Health Care Provider Signature Date

- □

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

Health Care Provider or School Official Name: [Blank]

Signature: [Blank]

Date: [Blank]

If verified by school or child care staff the medical immunization records must be attached to this document.
2020-2021 and Beyond CIS

Certificate of Immunization Status (CIS)

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: Birthday (MM/DD/YYYY):

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 a conditional status. For my child to remain in school, I must provide documented immunization by established deadlines. See back for guidance on conditional status.

Parent/Guardian Signature:

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 IED

Recommended Vaccines (Not Required for School or Child Care Entry)

- Flu (Influenza)
- Hepatitis A
- HPV (Human Papillomavirus)
- MCV/MPMV (Meningococcal Disease types A, C, W, Y)
- MenB (Meningococcal Disease type B)
- Rotavirus

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

Healthcare 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.
2020-2021 and Beyond CIS

Certificate of Immunization Status (CIS)

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.

Parent/Guardian Signature Date

Recommended Vaccines (Not Required for School or Child Care Entry)

- OPV (Polio)
- MMR (Measles, Mumps, Rubella)
- PCV/PPSV (Pneumococcal)
- Varicella (Chickenpox)

- History of disease verified by IDE

- Flu (Influenza)
- Hepatitis A
- HPV (Human Papillomavirus)
- MCV/MPSV (Meningococcal Disease types A, C, W, Y)
- MenB (Meningococcal Disease type B)
- Rotavirus

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.
## Certificate of Immunization Status (CIS)

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

<table>
<thead>
<tr>
<th>Child’s Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
<th>Birthdate (MM/DD/YYYY):</th>
</tr>
</thead>
</table>

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

### 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.

- **OPV (Polio)**
- **MMR (Measles, Mumps, Rubella)**
- **PCV/PPSV (Pneumococcal)**
- **Varicella (Chickenpox)**  
  - [ ] History of disease verified by IHS

#### Recommended Vaccines (Not Required for School or Child Care Entry)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flur (Influenza)</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
</tr>
<tr>
<td>HPV (Human Papillomavirus)</td>
<td></td>
</tr>
<tr>
<td>MCV/MPSV (Meningococcal Disease types A, C, W, Y)</td>
<td></td>
</tr>
<tr>
<td>MenE (Meningococcal Disease type B)</td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td></td>
</tr>
</tbody>
</table>

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

Health Care Provider or School Official Name: ____________________ Signature: ____________________ Date: __________
2020-2021 and Beyond CIS

Instructions for Completing the Certificate of Immunization Status (CIS): Print this 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 stores 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 http://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 1-800-535-0357).

To Fill Out the Form by Hand:
1. Print your child's name and birthday, 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 Pediarix 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 your school requirements.
   - If the health care provider has not verified your child's chickenpox, the考核 at the top of the Varicella section.
   - If the health care provider has verified your child's chickenpox, the考核 at the top of the Varicella section.
4. If your child has ever had Varicella (chickenpox) or has had a live attenuated vaccine for Varicella, the考核 at the top of the Varicella section.
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 hard copy CIS with a health care provider validation signature.
- A completed hard copy 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 vaccination. This means they may enter school while waiting for their next required vaccine dose). If a child is in 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 10 days to complete 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.610.120. 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.

<table>
<thead>
<tr>
<th>Trade Name</th>
<th>Vaccine</th>
<th>Trade Name</th>
<th>Vaccine</th>
<th>Trade Name</th>
<th>Vaccine</th>
<th>Trade Name</th>
<th>Vaccine</th>
<th>Trade Name</th>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>ActHIB</td>
<td>Hib</td>
<td>ActHIB</td>
<td>Hib</td>
<td>ActHIB</td>
<td>Hib</td>
<td>ActHIB</td>
<td>Hib</td>
<td>ActHIB</td>
<td>Hib</td>
</tr>
<tr>
<td>Adacel</td>
<td>TsP</td>
<td>Adacel</td>
<td>TsP</td>
<td>Adacel</td>
<td>TsP</td>
<td>Adacel</td>
<td>TsP</td>
<td>Adacel</td>
<td>TsP</td>
</tr>
<tr>
<td>Afuressa</td>
<td>Flu</td>
<td>Afuressa</td>
<td>Flu</td>
<td>Afuressa</td>
<td>Flu</td>
<td>Afuressa</td>
<td>Flu</td>
<td>Afuressa</td>
<td>Flu</td>
</tr>
<tr>
<td>BexiShes</td>
<td>MMR</td>
<td>BexiShes</td>
<td>MMR</td>
<td>BexiShes</td>
<td>MMR</td>
<td>BexiShes</td>
<td>MMR</td>
<td>BexiShes</td>
<td>MMR</td>
</tr>
<tr>
<td>Boostrix</td>
<td>TsP</td>
<td>Boostrix</td>
<td>TsP</td>
<td>Boostrix</td>
<td>TsP</td>
<td>Boostrix</td>
<td>TsP</td>
<td>Boostrix</td>
<td>TsP</td>
</tr>
<tr>
<td>Cervarix</td>
<td>2vHPV</td>
<td>Cervarix</td>
<td>2vHPV</td>
<td>Cervarix</td>
<td>2vHPV</td>
<td>Cervarix</td>
<td>2vHPV</td>
<td>Cervarix</td>
<td>2vHPV</td>
</tr>
<tr>
<td>Depacece</td>
<td>DTaP</td>
<td>Depacece</td>
<td>DTaP</td>
<td>Depacece</td>
<td>DTaP</td>
<td>Depacece</td>
<td>DTaP</td>
<td>Depacece</td>
<td>DTaP</td>
</tr>
<tr>
<td>Engervix-V</td>
<td>Hep B</td>
<td>Engervix-V</td>
<td>Hep B</td>
<td>Engervix-V</td>
<td>Hep B</td>
<td>Engervix-V</td>
<td>Hep B</td>
<td>Engervix-V</td>
<td>Hep B</td>
</tr>
<tr>
<td>Gardasil 9</td>
<td>9vHPV</td>
<td>Gardasil 9</td>
<td>9vHPV</td>
<td>Gardasil 9</td>
<td>9vHPV</td>
<td>Gardasil 9</td>
<td>9vHPV</td>
<td>Gardasil 9</td>
<td>9vHPV</td>
</tr>
</tbody>
</table>

If you have a disability and need this document in another format, please call 1-800-535-0357 (TDD/TTY call 711).

DOH 148-013 November 2019

Washington State Department of Health | 47
EXEMPTIONS FROM THE SCHOOL AND CHILD CARE IMMUNIZATION REQUIREMENTS AND THE CERTIFICATE OF EXEMPTION (COE)
A child may be exempted from one or more required immunizations, RCW 28A.210.090.

To request an exemption, a parent/guardian must turn in a completed and signed Certificate of Exemption (COE) to the school or childcare.

The COE is created by the Department of Health.

It can be downloaded from this website: https://www.doh.wa.gov/SCCI
Certificate of Exemption—Personal/Religious

For School, Child Care, and Preschool Immunization Requirements

Child’s Last Name: [Blank]
First Name: [Blank]
Middle Initial: [Blank]
Birthdate (MM/DD/YYYY): [Blank]

NOTICE: A parent or guardian may exempt their child from the vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted student/child may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine-preventable diseases still exist, and can spread quickly in school and child care settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

Personal/Philosophical or Religious Exemption
I am exempting my child from the requirement my child be vaccinated against the following disease(s) to attend school or child care. (Select an exemption type and the vaccinations you wish to exempt your child from):

PERSONAL/PHILOSOPHICAL EXEMPTION

☐ Diphtheria ☐ Hepatitis B ☐ Hib ☐ Pneumococcal
☐ Polio ☐ Pertussis (whooping cough) ☐ Tetanus ☐ Varicella (chickenpox)

*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law

RELIGIOUS EXEMPTION

☐ Diphtheria ☐ Hepatitis B ☐ Hib ☐ Pneumococcal
☐ Polio ☐ Pertussis (whooping cough) ☐ Tetanus ☐ Varicella (chickenpox)

☐ Measles ☐ Mumps ☐ Rubella

Parent/Guardian Declaration
One or more of the required vaccines are in conflict with my personal, philosophical, or religious beliefs. I have discussed the benefits and risks of immunizations with the health care practitioner (signed below). I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X Parent/Guardian Name (print)
Parent/Guardian Signature
Date

Health Care Practitioner Declaration
I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State.

X Licensed Health Care Practitioner Name (print)
Licensed Health Care Practitioner Signature
Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA
Washington License # [Blank]

RELIgIOUS MEMBERSHIP EXEMPTION

Complete this section ONLY if you belong to a church or religion that objects to the use of medical treatment. Use the section above if you have a religious objection to vaccinations but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses.

Parent/Guardian Declaration
I am the parent or legal guardian of the above-named child. I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to my child. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X Parent/Guardian Name (print)
Parent/Guardian Signature
Date

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

DOH-348-106 October 2019

Certificate of Exemption—Medical

For School, Child Care, and Preschool Immunization Requirements

Child’s Last Name: [Blank]
First Name: [Blank]
Middle Initial: [Blank]
Birthdate (MM/DD/YYYY): [Blank]

NOTICE: This form may be used to exempt a child from the requirement of vaccination when a health care practitioner has determined specific vaccination is not advisable for the child for medical reasons. This form must be completed by a health care practitioner and signed by the parent/guardian. An exempted child/student may be excluded from school or child care during an outbreak of the disease they have not been fully vaccinated against. Vaccine preventable diseases still exist, and can spread quickly in school and child care settings.

Medical Exemption
A health care practitioner may grant a medical exemption to a vaccine required by rule of the Washington State Board of Health only if in their judgment, the vaccine is not advisable for the child. When it is determined that this particular vaccine is no longer contraindicated, the child will be required to have the vaccine (WAC 246-52.180). Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practices (ACIP) recommendations via the Centers for Disease Control and Prevention publication, “Guide to Vaccine Contraindications and Precautions,” or the manufacturer’s package insert. The ACIP guide can be found at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindicates.html.

Please indicate which vaccination the medical exemption is referring to by disease. If the patient is not exempt from certain vaccinations, mark “not exempt.”:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Not Exempt</th>
<th>Permanent Exempt</th>
<th>Temporary Exempt</th>
<th>Expiration Date for Temporary Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hib</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Measles</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mumps</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pertussis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Polio</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Rubella</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Tetanus</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Varicella</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Health Care Practitioner Declaration
I declare that vaccination for the disease(s) checked above is/are not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in Washington State, and the information provided on this form is complete and correct.

X Licensed Health Care Practitioner Name (print)
Licensed Health Care Practitioner Signature
Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA
Washington License # [Blank]

Parent/Guardian Declaration
I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have been told if an outbreak of vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from their school or child care for the duration of the outbreak. The information on this form is complete and correct.

X Parent/Guardian Name (print)
Parent/Guardian Signature
Date

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

DOH-348-106 October 2019
Types of Exemptions for Children

- Personal or philosophical exemption
  - not allowed for MMR immunization requirements
- Religious
- Religious membership
- Medical
Philosophical/Personal and Religious Exemptions

Personal or Philosophical Exemption:

- To be used when the parent/guardian has a *personal or philosophical objection to the immunization* of the child.
- Cannot be used for the measles, mumps and rubella immunization requirements.

Religious Exemption:

- To be used when the parent/guardian has a *religious belief that is contrary to the required immunization*.

There is no requirement for a parent to validate or prove their personal or religious beliefs.
Personal or Religious Exemption

Use for parent-requested exemptions or alternate schedules
Needs parent and health care practitioner signatures

Washington State Department of Health | 53
Philosophical/Personal and Religious Exemptions must have the signature of a health care practitioner that he or she

“provided the signator with information about the benefits and risks of immunization to the child.”

Clinician and school staff have no role in assessing parents’ personal or religious beliefs.

A health care practitioner who, in good faith, signs the statement about the education is immune from civil liability for providing the signature.

Health care practitioner is a physician (MD, DO), Naturopath (NP), Physician Assistant (PA) or Advanced Registered Nurse Practitioner (ARNP) licensed in WA State

RCW28A.210.090
Religious Membership Exemption

To be used when the parent/guardian affirms *membership in a church or religious body that does not allow* their child to get medical treatment by a health care practitioner.

- No health care practitioner signature is required.
- If the parent or guardian takes their child to see a health care practitioner for things like illness, and injury care they cannot use this exemption. They need to use the Religious or Personal Exemption area of the COE which must have a health care practitioner signature.
Religious Membership Exemption

Parent affirms they belong to a church or religion that does not allow ANY medical treatment by a health care practitioner.

School does NOT need to verify the religious beliefs.

Needs parent signature but does not need health care practitioner signature.
Medical Exemption

Granted by a health care practitioner when in their judgement the vaccine is not advisable for the child.

Guidance about contraindications to vaccination:

• Recommendations of the Advisory Committee on Immunization Practices: [www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm](http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm)

• Vaccine manufacturer’s package insert

Permanent or Temporary:

• Both require health care practitioner and parent/guardian signatures.

• When a temporary exemption ends the child has 30 days to get the vaccine or another exemption.
Medical Exemption Exemption

Indicates for each disease vaccine antigen whether the child is not exempt, permanently exempt or temporarily exempt.

If temporarily exempt it must have an expiration date.
Exemption Considerations

- New form should be used for all NEW exemptions
- Students with existing exemptions DO NOT need to resubmit a new COE
- Incomplete or improperly completed forms should be returned to the parent or HCP to complete
- If an exemption is no longer needed because the student has received the needed immunizations remove the exemption from your tracking system
- Additional exemption information including FAQs: www.doh.wa.gov/SCCI
2020 -2021 IMMUNIZATION REQUIREMENTS
Recommended vs. Required

ACIP Recommended
- Hepatitis B
- DTaP
- Tdap
- IPV
- MMR
- Varicella
- PCV
- Hib
- Hepatitis A
- HPV
- Meningococcal
- Flu
- Rotavirus

WA State Required
- Hepatitis B
- DTaP
- Tdap
- IPV
- MMR
- Varicella
- PCV (preschool/child care)
- Hib (preschool/child care)
Table 1
Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger
United States, 2019

These recommendations must be read with the Notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Table 1. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Birth</th>
<th>1 mo</th>
<th>2 mos</th>
<th>4 mos</th>
<th>6 mos</th>
<th>9 mos</th>
<th>12 mos</th>
<th>15 mos</th>
<th>18 mos</th>
<th>19-23 mos</th>
<th>2-3 yrs</th>
<th>4-6 yrs</th>
<th>7-10 yrs</th>
<th>11-12 yrs</th>
<th>13-15 yrs</th>
<th>16 yrs</th>
<th>17-18 yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B (HepB)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3rd dose</td>
<td>2-3 yrs</td>
<td>4-6 yrs</td>
<td>7-10 yrs</td>
<td>11-12 yrs</td>
<td>13-15 yrs</td>
<td>16 yrs</td>
<td>17-18 yrs</td>
</tr>
<tr>
<td>Rotavirus (RV) RV1 (2-dose series); RV5 (3-dose series)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td></td>
<td></td>
<td></td>
<td>4th dose</td>
<td>5th dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, tetanus, &amp; acellular pertussis (DTaP; &lt;7 yrs)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td></td>
<td></td>
<td>4th dose</td>
<td>5th dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenza type b (Hib)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td></td>
<td></td>
<td>3rd dose</td>
<td>4th dose</td>
<td>5th dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal conjugate (PCV13)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
<td></td>
<td></td>
<td>4th dose</td>
<td>5th dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactivated poliovirus (IPV; &lt;18 yrs)</td>
<td>1st dose</td>
<td>2nd dose</td>
<td></td>
<td></td>
<td></td>
<td>3rd dose</td>
<td>4th dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza (IIV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Annual vaccination 1 or 2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza (LAIV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Annual vaccination 1 dose only</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1st dose</td>
<td>2nd dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (VAR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1st dose</td>
<td>2nd dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A (HepA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2nd dose</td>
<td>3rd dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1st dose</td>
<td>2nd dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, &amp; acellular pertussis (Tdap; ≥7 yrs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1st dose</td>
<td>2nd dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1st dose</td>
<td>2nd dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1st dose</td>
<td>2nd dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1st dose</td>
<td>2nd dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Range of recommended ages for all children**
- **Range of recommended ages for catch-up immunization**
- **Range of recommended ages for certain high-risk groups**
- **Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision-making**
- **No recommendation**

02/22/19

Centers for Disease Control and Prevention | Recommended Child and Adolescent Immunization Schedule, United States, 2019 | Page 2
# Vaccines Required for Preschool/Child Care 2020-2021

**VACCINES REQUIRED FOR CHILD CARE/PRESCHOOL ATTENDANCE**
August 1, 2020 – July 31, 2021

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Hepatitis B</th>
<th>DTaP (Diphtheria, Tetanus, Pertussis)</th>
<th>Hib (Haemophilus influenzae type B)</th>
<th>Polio</th>
<th>PCV (Pneumococcal Conjugate)</th>
<th>MMR (Measles, Mumps, Rubella)</th>
<th>Varicella (Chickenpox)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>By 3 Months</strong></td>
<td></td>
<td>2 doses</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>Not given before 12 months of age</td>
<td>Not given before 12 months of age</td>
</tr>
<tr>
<td>(on or before last day of month 2)</td>
<td>2 doses</td>
<td>May get Dose 1 at birth and Dose 2 as early as 1 month of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>By 5 Months</strong></td>
<td></td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(on or before last day of month 4)</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>By 7 Months</strong></td>
<td></td>
<td>2 doses</td>
<td>3 doses</td>
<td>2 doses</td>
<td>3 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(on or before last day of month 6)</td>
<td>2 doses</td>
<td>May get Dose 5 as early as 6 months of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>By 16 Months</strong></td>
<td></td>
<td>2 doses</td>
<td>3 doses</td>
<td>4 doses</td>
<td>2 doses</td>
<td>1 dose</td>
<td>1 dose</td>
</tr>
<tr>
<td>(on or before last day of month 15)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>May get Dose 1 as early as 12 months of age</td>
<td>May get Dose 1 as early as 12 months of age OR Healthcare provider verified disease</td>
</tr>
<tr>
<td><strong>By 19 Months</strong></td>
<td></td>
<td>2 doses</td>
<td>4 doses</td>
<td>3 doses</td>
<td>4 doses*</td>
<td></td>
<td>1 dose</td>
</tr>
<tr>
<td>(on or before last day of month 18)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>May get Dose 1 as early as 12 months of age</td>
<td>OR Healthcare provider verified disease</td>
</tr>
<tr>
<td><strong>By 7 Years</strong></td>
<td></td>
<td>3 doses</td>
<td>4 doses</td>
<td>3 doses</td>
<td>4 doses*</td>
<td></td>
<td>1 dose</td>
</tr>
<tr>
<td>(on or before last day of year 6) or by Kindergarten Entry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 dose</td>
</tr>
<tr>
<td><strong>Not given after 5 years of age unless child has medical condition</strong></td>
<td>3 doses</td>
<td>5 doses</td>
<td>4 doses</td>
<td>Not given after 5 years of age unless child has medical condition</td>
<td></td>
<td>2 doses</td>
<td></td>
</tr>
<tr>
<td><strong>2 doses OR Healthcare provider verified disease</strong></td>
<td>3 doses</td>
<td>5 doses</td>
<td>4 doses</td>
<td>Not given after 5 years of age unless child has medical condition</td>
<td></td>
<td>2 doses</td>
<td></td>
</tr>
</tbody>
</table>
# Vaccines Required for Preschool/Child Care 2020-2021

**VACCINES REQUIRED FOR CHILD CARE/PRESCHOOL ATTENDANCE**  
August 1, 2020 – July 31, 2021

<table>
<thead>
<tr>
<th></th>
<th>Hepatitis B</th>
<th>DTaP (Diphtheria, Tetanus, Pertussis)</th>
<th>Hib (<em>Haemophilus influenzae</em> type B)</th>
<th>Polio</th>
<th>PCV (Pneumococcal Conjugate)</th>
<th>MMR (Measles, Mumps, Rubella)</th>
<th>Varicella (Chickenpox)</th>
</tr>
</thead>
</table>
| **By 3 Months**  
(on or before last day of month 2) | 2 doses  
May get Dose 1 at birth and Dose 2 as early as 1 month of age | 1 dose | 1 dose | 1 dose | Not given before 12 months of age | Not given before 12 months of age |                        |
| **By 5 Months**  
(on or before last day of month 4) | 2 doses | 2 doses | 2 doses  
May get Dose 2 as early as 4 months of age | 2 doses |                            |                               |                        |
| **By 7 Months**  
(on or before last day of month 6) | 2 doses  
May get Dose 3 as early as 6 months of age | 3 doses | 2 doses | 3 doses |                            |                               |                        |
| **By 16 Months**  
(on or before last day of month 15) | 2 doses | 3 doses | 4 doses | 2 doses | 4 doses  
May get Dose 1 as early as 12 months of age  
OR Healthcare provider verified disease |                            | 1 dose  
May get Dose 1 as early as 12 months of age  
OR Healthcare provider verified disease |
| **By 19 Months**  
(on or before last day of month 18) | 3 doses  
May get Doses 4 and 5 as early as 12 months of age  
and 6 months separate Doses | 4 doses | 3 doses | 4 doses  
May get Dose 1 as early as 12 months of age  
OR Healthcare provider verified disease | 1 dose | 1 dose  
May get Dose 1 as early as 12 months of age  
OR Healthcare provider verified disease |
| **By 1 Year**  
(on or before last day of year 6) or by Kindergarten Entry | 3 doses | 5 doses | Not given after 5 years of age unless child has medical condition | 4 doses | Not given after 5 years of age unless child has medical condition | 2 doses | 2 doses  
May get Dose 1 as early as 12 months of age  
OR Healthcare provider verified disease | 1 dose  
May get Dose 1 as early as 12 months of age  
OR Healthcare provider verified disease |
# Vaccines Required for K-12 School 2020-2021

**VACCINES REQUIRED FOR SCHOOL ATTENDANCE, GRADES K-12**

August 1, 2020 – July 31, 2021

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>Kindergarten - 6&lt;sup&gt;th&lt;/sup&gt; Grade</th>
<th>7&lt;sup&gt;th&lt;/sup&gt; – 9&lt;sup&gt;th&lt;/sup&gt; Grade</th>
<th>10&lt;sup&gt;th&lt;/sup&gt; - 12&lt;sup&gt;th&lt;/sup&gt; Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td>3 doses</td>
<td>Dose 3 must be given on or after 24 weeks of age</td>
</tr>
<tr>
<td>DTaP (Diphtheria, Tetanus, and Pertussis)</td>
<td>5 doses (4 doses only IF 4&lt;sup&gt;th&lt;/sup&gt; dose given on or after 4&lt;sup&gt;th&lt;/sup&gt; birthday AND a minimum interval of 6 months from the previous dose)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap (Diphtheria, Tetanus, and Pertussis)</td>
<td>Not Required</td>
<td>1 dose Tdap (see page 2 for more details)</td>
<td>(see page 2 for more details)</td>
</tr>
<tr>
<td>IPV (Polio, for OPV see page 2)</td>
<td>4 doses (3 doses only IF 3&lt;sup&gt;rd&lt;/sup&gt; dose given on or after 4&lt;sup&gt;th&lt;/sup&gt; birthday) The final dose given on or after August 7, 2009, must be given on or after 4 years of age AND a minimum interval of 6 months from the previous dose.</td>
<td>4 doses (3 doses only IF 3&lt;sup&gt;rd&lt;/sup&gt; dose given on or after 4&lt;sup&gt;th&lt;/sup&gt; birthday)</td>
<td></td>
</tr>
<tr>
<td>MMR (Measles, Mumps, and Rubella)</td>
<td></td>
<td>2 doses</td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td></td>
<td>2 doses</td>
<td>OR Healthcare provider verified disease history</td>
</tr>
</tbody>
</table>
# Vaccines Required for K-12 School 2020-2021

## Vaccines Required for School Attendance, Grades K-12

**August 1, 2020 – July 31, 2021**

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>Kindergarten - 6th Grade</th>
<th>7th – 9th Grade</th>
<th>10th - 12th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B</strong></td>
<td></td>
<td>3 doses</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dose 3 must be given on or after 24 weeks of age</td>
<td></td>
</tr>
<tr>
<td><strong>DTaP (Diphtheria, Tetanus, and Pertussis)</strong></td>
<td></td>
<td><strong>5 doses</strong> (4 doses only IF 4th dose given on or after 4th birthday AND a minimum interval of 6 months from the previous dose)</td>
<td></td>
</tr>
<tr>
<td><strong>Tdap (Diphtheria, Tetanus, and Pertussis)</strong></td>
<td></td>
<td>Not Required</td>
<td><strong>1 dose Tdap</strong> (see page 2 for more details)</td>
</tr>
<tr>
<td><strong>IPV (Polio, for OPV see page 2)</strong></td>
<td></td>
<td><strong>4 doses</strong> (3 doses only IF 3rd dose given on or after 3rd birthday) The final dose given on or after August 7, 2009 must be given on or after 4 years of age AND a minimum interval of 6 months from the previous dose.</td>
<td><strong>4 doses</strong> (3 doses only IF 3rd dose given on or after 4th birthday)</td>
</tr>
<tr>
<td><strong>MMR (Measles, Mumps, and Rubella)</strong></td>
<td></td>
<td><strong>2 doses</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Varicella (Chickenpox)</strong></td>
<td></td>
<td><strong>2 doses</strong> OR <strong>Healthcare provider verified disease history</strong></td>
<td></td>
</tr>
</tbody>
</table>
INDIVIDUAL VACCINE REQUIREMENTS SUMMARY
Guidelines on Immunizations Required for Child Care/Preschool and School Entry in Washington State
SCHOOL YEAR 2020-2021

INTRODUCTION

The Individual Vaccine Requirements Summary is a companion piece to the Vaccines Required charts for child care/preschool and school entry. The purpose of the summary is to assist school and child care staff and those working with student information systems to understand state immunization requirements and the immunization schedule. Both the requirements and schedule are based on the recommendations of the national Advisory Committee on Immunization Practices (ACIP).

Requirements are listed in alphabetical order by vaccine. In each section, you will find detailed information about the immunization schedule and the exceptions to the schedule. Exceptions may apply when vaccine administration errors occur or when the ACIP recommendations are not followed.

Find the ACIP schedules here: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

Available on our website: www.doh.wa.gov/SCCI
Diphtheria, Tetanus and Pertussis

**DTaP age 0-6 years**
- Licensed for children though age 6 years
- Contains more vaccine than Tdap
- Is not given to children age 7 years and older

**Tdap age 7+ years**
- If primary DTaP series is incomplete, Tdap and Td are used to complete the series, Tdap must be included
- Tdap given between 7 through 9 years of age may meet the 8-12th grade requirement
Tdap
Students in 7\textsuperscript{th} grade must have a Tdap on or after age 10 years
Students in 8\textsuperscript{th}-12\textsuperscript{th} grades need a Tdap on or after age 7 years
Polio

Rules differ by grade and date of 4th dose.

All Students:
• Dose 1 must be given ≥6 weeks of age
• Dose 1, 2, and 3 must be ≥4 weeks apart
• Dose 4 not needed if dose 3 ≥4th birthday and meets grade level minimum interval from previous dose

Grades K through 9 must adhere to the 08/07/09 rule:
• The last dose if administered on or after 08/07/2009 must:
  • Be given on or after the 4th birthday
  • Be separated by ≥6 months from the previous dose

Grades 10-12
• Dose 4 may be before the 4th birthday
• Dose 3 and 4 must be ≥4 weeks apart
The US has used IPV (types 1, 2 and 3) exclusively since 2000

There are 3 types of wild poliovirus.

• Wild poliovirus type 2 was declared eradicated in 2015 and type 3 declared eradicated October 2019

• OPV contains live, attenuated polioviruses which has a small risk of causing vaccine-derived polioviruses disease (cVDPV)

• 04/01/16 the world changed from tOPV to bOPV

• OPV administered on or after 04/01/2016 is not considered a valid dose in the US schedule

Image courtesy of the CDC Public Health Image Library
### INTRODUCTION

The Individual Vaccine Requirements Summary is a companion piece to the Vaccines Required charts for child care/preschool and school entry. The purpose of the summary is to assist school and child care programs in determining if children entering these programs are in compliance with the immunization requirements. Please refer to the charts for a complete list of immunizations and the recommended ages for administration.

### Grades K through 9 - If IPV or OPV dose 4 given on or after 8/7/09
- Only OPV doses given before 4/1/16 are valid; disregard any OPV doses given on or after 4/1/16 (see number 1 above).
- Dose 1 must be given ≥5 weeks of age.
- Interval between doses 1, 2, 3, and 4 must be ≥4 weeks each.
- Dose 4 must be given ≥18 weeks of age.
- Exception: dose 4 is not required if dose 3 was given ≥4 years of age. The interval between dose 2 and dose 3 is ≥4 weeks. Note: For students not fully immunized against polio disease on a catch-up schedule, an interval of ≥6 months between dose 2 and dose 3 is also acceptable and follows the current ACIP recommendations.

### Grades K through 9 - If IPV or OPV dose 4 given on or after 8/7/09
- Only OPV doses given before 4/1/16 are valid; disregard any OPV doses given on or after 4/1/16 (see number 1 above).
- Dose 1 must be given ≥6 weeks of age.
- The interval between doses 1, 2, and 3 must be ≥4 weeks each.
- Dose 4 must be given ≥4 years of age.
- Dose 4 must be separated from dose 3 by ≥6 months.
- Exception: dose 4 is not required if dose 3 was given ≥4 years of age and the interval between dose 2 and dose 3 is ≥6 months.

### Grades 10 through 12 - All Students
- Only OPV doses given before 4/1/16 are valid; disregard any OPV doses given on or after 4/1/16 (see number 1 above).
- Dose 1 must be given ≥5 weeks of age.
- Interval between doses 1, 2, 3, and 4 must be ≥4 weeks each.
- Dose 4 must be given ≥18 weeks of age.
- Exception: dose 4 is not required if dose 3 was given ≥4 years of age. The interval between dose 2 and dose 3 is ≥4 weeks. Note: For students not fully immunized against polio disease on a catch-up schedule, an interval of ≥6 months between dose 2 and dose 3 is also acceptable and follows the current ACIP recommendations.

Available on our website: [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)
WAIISS SCHOOL MODULE ROLL-OUT
Relationship of the School Module to the Immunization Information System (IIS)

**Healthcare Provider Access**
- View Records
- Print CIS
- Add/Edit records & contraindications
- Run clinic & patient reports

**School (View Only Access)**
- View Records
- Print CIS

**School Module Access**
- View Records
- Print CIS
- Add records
- Run school-specific reports & parent letters

Patient Records
BENEFITS OF THE SCHOOL MODULE

FOR SCHOOLS...

• Access to the IIS that contains millions of immunization records
• Accurately determine a student’s vaccination status
• Improves the ability to identify under or unvaccinated students
• Eliminates the need to submit the required annual immunization report
• Support healthy, well-vaccinated students

FOR THE STATE...

• Leads to more complete data in the IIS
• Reduces unnecessary immunizations
• Department of Health can easily pull data for the annual report
• Ultimately, improve school immunization compliance rates
• Provides more robust immunization information statewide
School Module Resources

Website:
www.doh.wa.gov/School Module

Questions?
Email us at:
SchoolModule@doh.wa.gov
School and Child Care Immunization Page

Website:
www.doh.wa.gov/SCCI

Questions?
Feedback!
Email us at:
OICPSchools@doh.wa.gov
School and Child Care Listserve


1. Sign in with email and name
2. Click **Add Subscriptions** button
3. Click the + to open **Immunization**
4. Check **School Nurses** and/or **Childcare and Preschool**
5. Click **Submit**
Questions?
Katherine Graff BSN, RN

School and Child Care Immunization Nurse Consultant

Katherine.graff@doh.wa.gov
For persons with disabilities, this document is available in other formats. Please call 711 Washington Relay Service or email civil.rights@doh.wa.gov.