



Welcome to the Immunization Requirements Webinar for Schools!

- For technical difficulties, call 1-888-259-8414, press 1.
- During this webinar, everyone will be placed on mute.
- Please type in any questions in the question box. We will answer questions at the end of the presentation.
- The webinar will be recorded. The recording will be available after today's webinar here:
www.doh.wa.gov/Portals/1/Documents/Pubs/March24WebinarInfo.pdf

Advanced School Immunization Requirements

Department of Health Office of
Immunization and Child Profile
March 24, 2016

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY



Topics to be covered

- School year 2016-17 vaccine requirements
- Varicella vaccine requirement
- Immunization Information System basics
- MyIR

Vaccine Requirements

What are the immunization laws?

www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/Regulations

- Children attending school and child care/preschool must comply with immunization requirements to protect against diseases.
- Children must be vaccinated against certain vaccine-preventable diseases at ages and intervals according to the national immunization schedule.
- Parent must submit completed [Certificate of Immunization Status](#) (or [Certificate of Exemption](#)).

Responsibilities of Schools

- Obtain a CIS for each student.
- Check each student to determine if fully immunized, conditional, out of compliance, or exempt.
- Follow-up with students not fully immunized.
- Maintain a CIS or COE.
- Keep list of students not fully immunized, exempt, or in conditional status in case of an outbreak.
- Report immunization status of students by November 1 each year.



VACCINES REQUIRED FOR SCHOOL ATTENDANCE, GRADES K-12

July 1, 2016 – June 30, 2017

VACCINE	Kindergarten - 5 th Grade	6 th - 9 th Grade	10 th - 12 th Grade
Hepatitis B	3 doses Dose 3 must be given on or after 24 weeks of age		3 doses Dose 3 must be given on or after 4 months of age
Diphtheria, Tetanus, and Pertussis (DTaP/DT/Td/Tdap)	5 doses (4 doses only IF 4 th dose given on or after 4 th birthday) <i>Plus</i> 1 dose Tdap required for 6th-12th grade AND on or after 11 years of age <i>(see page 2 for more details)</i>		
Polio (IPV or OPV)	4 doses (3 doses only IF 3 rd dose given on or after 4 th birthday) <ul style="list-style-type: none"> 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. 	4 doses (3 doses only IF 3 rd dose given on or after 4 th birthday)	
Measles, Mumps, and Rubella	2 doses		
Varicella	2 doses OR Healthcare provider verified disease		

- Look at the Minimum Age and Interval Table on page 2 for recommended minimum age and spacing information.
- Review the Individual Vaccine Requirements Summary for more detailed information:
www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/VaccineRequirements.aspx



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Vaccine Requirements – Hep B

K-9th grade

Dose 3 must be given min age of 24 weeks

10th-12th grade

Dose 3 must be given min age of 4 months

Case Example – Hep B

Patient							
Name:	PRINCESS LEIA	SIIS Patient ID:	6195645				
Date of Birth:	04/17/2008	Age:	7 yrs				
Guardian:	HANS	Status:	Active				

Vaccination Summary								
Vaccinations outside the ACIP schedule are marked with an 'X'.								
Vaccine	1	2	3	4	5	6	7	8
Hep B - 3 Dose	04/18/2008 1 day	05/17/2008 4 weeks	X 08/20/2008 4 months					

Invalid Vaccinations		
Invalid Vaccinations	Date	Reason
HEP-B 3 DOSE	08/20/2008	Dose is not valid as last dose of series. Fourth dose of HepB is needed

Is this student in compliance?



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Vaccine Requirements – DTaP

For children up to 7 years of age

If dose 4 was given on or after the 4th birthday, dose 5 is NOT required

Students 7-10 years of age not fully immunized with DTaP should get one Tdap followed by additional doses of Td if needed

DTaP given after age 7 counts for the Tdap dose; no Tdap required at 11-12 years of age

Vaccine Requirements – Tdap

For children 7 years of age and older

Students without any DTaP should get one Tdap followed by 2 Td. Then Td is recommended every 10 years

If incomplete series of DTaP, Tdap should be given

Tdap given between 7-10 years of age meet the 6th grade requirement; no Tdap required at 11 years of age

DTaP/Tdap/Td Catch-up Schedule

Students 7 and over without a complete series of DTaP

DTaP Dose 1 given <12 months of age:
4 total doses needed (any combination of DTaP, Tdap, and Td, but must include Tdap)

DTaP/DT Dose 1 given \geq 12 months of age:
3 total doses needed (any combination of DTaP, Tdap, and Td, but must include Tdap)

Case Example – DTaP and Tdap

Patient								
Name:	PRINCESS LEIA	SIIS Patient ID:	6195645					
Date of Birth:	04/17/2008	Age:	7 yrs					
Guardian:	HANS	Status:	Active					
Vaccination Summary								
Vaccinations outside the ACIP schedule are marked with an 'X'.								
Vaccine	1	2	3	4	5	6	7	8
DTaP/DTP/Td	06/17/2008 8 weeks	08/20/2008 4 months						
Tdap	04/20/2015 7 years							

Is this student in compliance?

Case Example – DTaP and Tdap

Patient								
Name:	HANS SOLO	SIIS Patient ID:	6195643					
Date of Birth:	09/20/1998	Age:	17 yrs					
Guardian:		Status:	Active					
Vaccination Summary								
Vaccinations outside the ACIP schedule are marked with an 'X'.								
Vaccine	1	2	3	4	5	6	7	8
DTaP/DTP/Td	09/20/2015 17 years							

Td was given. What additional vaccines, if any, does this student need?



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Measles, Mumps, and Rubella	2 doses		
Varicella	2 doses OR Healthcare provider verified disease		

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Vaccine Requirements – IPV

K-5th Grade

Dose 4, if given on or after Aug 7, 2009

Must be given ≥ 4 years of age

Separated from dose 3 by ≥ 6 months

Vaccine Requirements – IPV

K-5th Grade

Dose 4, if given before Aug 7, 2009

Dose 1 must be given ≥ 6 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

Vaccine Requirements – IPV

6th-12th Grade

Dose 1 must be given ≥ 6 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

Case Example – IPV

Patient								
Name:	LUKE SKYWALKER			SIIS Patient ID:	6195648			
Date of Birth:	05/09/2006			Age:	9 yrs			
Guardian:	LEIA			Status:	Active			
Vaccination Summary								
Vaccinations outside the ACIP schedule are marked with an 'X'.								
Vaccine	1	2	3	4	5	6	7	8
OPV/IPV	07/10/2006 8 weeks	09/10/2006 4 months	11/10/2006 6 months	X 08/07/2009 3 years				
Invalid Vaccinations								
Invalid Vaccinations	Date	Reason						
POLIO	08/07/2009	Minimum age for this dose not met.						

Is this student in compliance?



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Measles, Mumps, and Rubella	2 doses		
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Vaccine Requirements – MMR

Dose 1 given <12 months of age must be repeated (4 day grace applies)

If not given on same day, minimum interval between MMR and varicella is ≥ 28 days

If MMR and varicella not given on the same day, the second vaccine given is not valid and should be repeated

Case Example - MMR

Patient								
Name:	JEDI YODA	SIIS Patient ID:	6195650					
Date of Birth:	08/14/2003	Age:	12 yrs					
Guardian:	KATEY	Status:	Active					
Vaccination Summary								
Vaccinations outside the ACIP schedule are marked with an 'X'.								
Vaccine	1	2	3	4	5	6	7	8
MMR	08/14/2004 12 months	10/14/2004 14 months						
Varicella	X 08/16/2004 12 months	10/14/2004 14 months						
Invalid Vaccinations								
Invalid Vaccinations	Date	Reason						
VARICELLA	08/16/2004	Live vaccines not administered on same date must be separated by 28 days.						

Is this student in compliance? Which vaccine, if any, needs to be repeated?



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Measles, Mumps, and Rubella	2 doses		
Varicella	2 doses OR Healthcare provider verified disease		

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Immunization Requirements - Varicella

Option 1

- 2 doses of varicella vaccine

Option 2

- Healthcare provider verifies history of chickenpox

Option 3

- For 9th-12th grade only: parent report of history of chickenpox IF submitted **before or during** school year 2013-14

Option 4

- Blood test showing titer for immunity

Option 5

- Exemption

Valid Provider Verification

School staff finds documentation in IIS and transfers to CIS

CIS printed from IIS

Provider documents on CIS hard copy

Letter from provider

Chickenpox Verification on the CIS



Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

Office Use Only:	
Reviewed by: _____	Date: _____
Signed Cert. of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Child's Last Name: _____	First Name: _____	Middle Initial: _____	Birthdate (mm/dd/yyyy): _____	Sex: _____	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.	
Symbols below: ◆ Required for School and Child Care/Preschool ● Required for Child Care/Preschool Only ■ Recommended, but not required				I certify that the information provided on this form is correct and verifiable.		
Parent/Guardian Signature Required _____				Date _____	Parent/Guardian Signature Required _____	Date _____

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
■ Rotavirus (RV1, RV5)				
	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap)				
	1			
■ Tetanus, Diphtheria (Td)				
	1			
	2			
● Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			
■ Influenza (flu, most recent)				

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

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.
Mark option 1, 2, OR 3 below (see # 5 on back)

1) Chickenpox disease verified by printout from the Immunization Information System (IIS)
 Must be marked by printout (not by hand) to be valid.

2) Chickenpox disease verified by healthcare provider (HCP)
 If you choose this box, mark 2A OR 2B below.
 2A) Signed note from HCP attached OR
 2B) HCP sign here and print name below:

Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)

Printed Name: _____

3) Chickenpox disease verified by school staff from the Immunization Information System

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

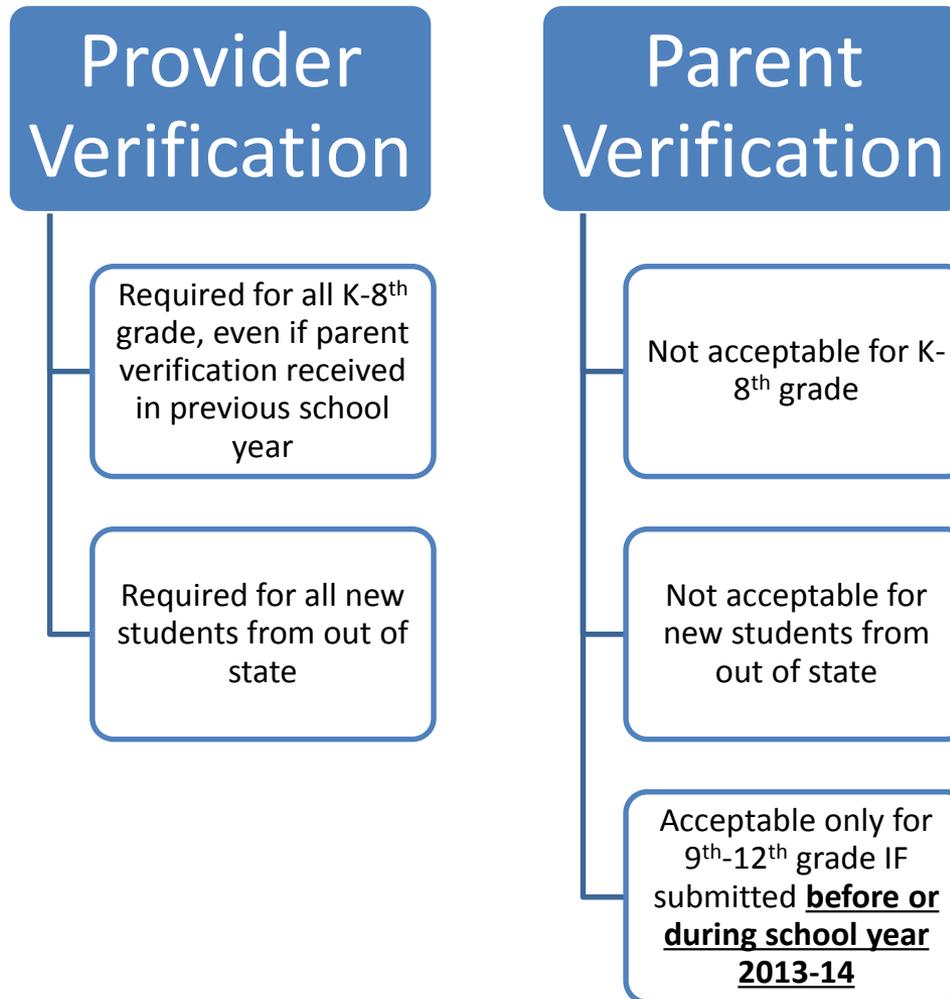
I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.
Signed lab report(s) MUST also be attached.

Diphtheria Mumps Other: _____
 Hepatitis A Polio _____
 Hepatitis B Rubella _____
 Hib Tetanus _____
 Measles Varicella _____

Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)

Printed Name: _____

Parent vs. Provider Verification of Disease



These guidelines apply to students from another Washington district or school

Varicella Materials

www.doh.wa.gov/YouandYourFamily/Immunization/FormsandPublications/Forms

Washington State's New Chickenpox Vaccine Requirement for Grades 7 - 12

Protecting teens against chickenpox is important.

The new vaccine requirement will start in fall 2015 for students in 7th and 8th grades. They will need two doses of the vaccine.

In fall 2016 all students in 9th through 12th grade will also be required to have two doses of the vaccine.

Students who already had two doses of the vaccine do not need to repeat it.

The vaccine prevents chickenpox and its serious complications.

Teens are at higher risk of severe complications if they get chickenpox. The new requirement helps protect these young people.

Washington State has required only students in kindergarten through 6th grade to have two doses of chickenpox vaccine, until now. The new requirement is based on national recommendations from the Advisory Committee on Immunization Practices.

Where Can I Learn More?

Talk to your school nurse, healthcare provider, or visit the Department of Health at: www.doh.wa.gov/VaccineRequirements



If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY call 711).
DOH 348-488 January 2015



New Chickenpox Vaccine Requirement for 7th - 8th grade

Student name: _____ Date: _____

Dear Parent or Guardian,

Starting in school year 2015-2016, all students in 7th and 8th grade are required by law to get two doses of chickenpox (or varicella) vaccine. Until now, Washington State has only required students in Kindergarten through 6th grade to have two doses of the vaccine. If your student already got the vaccine or had chickenpox, then he or she will not need to get the vaccine.

Our records show:

- Student got only one dose of the vaccine
- No record of immunization or disease

Please do one of the following:

- Get one or two doses of chickenpox vaccine before the start of school, OR
- Get a blood test to check for immunity to the disease, OR
- Get a letter or signature on the Certificate of Immunization Status from a licensed healthcare provider to verify that your student had chickenpox disease in the past, OR
- Get a Certificate of Exemption signed by your licensed healthcare provider.

When your student gets the chickenpox vaccine, please bring your shot record to the school office or fill in the dates below that your student got the vaccination(s) and return this form to the school.

IMMUNIZATION	Date Given		
	MONTH	DAY	YEAR
Varicella #1			
Varicella #2			

I certify that the above information is correct and certifiable.

Signature of Parent/Guardian _____

Date _____

Sincerely,

School Nurse _____

Phone _____

Fax _____

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY 711).
DOH 348-475 January 2015

Email immunematerials@doh.wa.gov; specify the flyer, the amount, and provide your contact info

WA Immunization Information System

Contact: 1-800-325-5599
waiishelpdesk@doh.wa.gov

Print the CIS

WASHINGTON STATE IMMUNIZATION INFORMATION SYSTEM

Logged in: TRANG KUSS

Organization (IRMS): 1-WASHINGTON STATE IMMUNIZATION INFORMATION SYSTEM (1033) Date: March 3, 2016

Every age. Every vaccination.

Patient
 Name: KATELYN T KUSS SIIS Patient ID: 907861
 Date of Birth: 08/14/2003 Age: 12 yrs
 Guardian: TRANG THI Status: Active

Vaccination Summary
 Vaccinations outside the ACIP schedule are marked with an 'X'.

Vaccine	1	2	3	4	5	6	7	8
DTaP/DTp/Td	10/23/2003 10 weeks 08/18/2014	01/09/2004 4 months	03/11/2004 6 months	11/17/2004 15 months	08/28/2008 5 years			
Tdap								
OPV/IPV	10/23/2003 10 weeks	01/09/2004 4 months	03/11/2004 6 months	08/28/2008 5 years				
MMR	11/17/2004 15 months	10/03/2005 25 months						
Hib	10/23/2003 10 weeks	01/09/2004 4 months	03/11/2004 6 months	11/17/2004 15 months				
Hep A	10/03/2005 25 months	12/22/2006 3 years						
Hep B - 3 Dose	08/16/2003 2 days	10/23/2003 10 weeks	06/14/2004 10 months					
Varicella	11/17/2004 15 months	08/28/2008 5 years						
Influenza	11/17/2004 15 months	12/21/2004 16 months	11/03/2007 4 years	11/08/2008 5 years	11/16/2009 6 years	10/15/2010 7 years	09/30/2011 8 years	11/12/2012 9 years
Pneumo (PCV)	10/23/2003 10 weeks	01/09/2004 4 months	11/17/2004 15 months					
Meningococcal	08/18/2014 11 years							
HPV	08/18/2014 11 years	11/07/2014 11 years	09/21/2015 12 years					
Novel Influenza H1N1-09	11/16/2009 6 years							

Invalid Vaccinations

Invalid Vaccinations	Date	Reason

Vaccine Deferrals

Vaccine	Dose	Date

Vaccine Contraindications / Exemptions / Precautions

- Contraindications
- Exemptions
- Precautions

Vaccination Forecast
 The forecast automatically switches to the accelerated schedule when a patient is behind schedule.

Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status
FLU	B	10/01/2016	08/01/2016	10/31/2016	Up to Date
MENINGOCOCCAL	2	08/14/2019	08/14/2019	08/14/2022	Up to Date

Version: 5.15.8.2.1
 Help Desk
 1-800-325-5599
 E-Mail

Washington State Department of Health



WASHINGTON STATE IMMUNIZATION INFORMATION SYSTEM

Logged in: TRANG KUSS

Organization (IRMS): 1-WA STATE IMMUNIZATION INFORMATION SYSTEM (1033) Date: May 5, 2016

Every age. Every vaccination.

QA environment

Main
 Home
 Logout
 Select Organization (IRMS)
 Select Facility
 Select VFC Pin
 Document Center

Organization (IRMS)

Reports
 Patient Record
 Report Module
 State Reports
 Mgmt Reports
 School Reports

State Reports

Patient Specific
 Immunization Detail Record Report
 Immunization Record Consent
 Patient Immunization Forecast
 Certificate of Immunization Status (CIS)
 Vaccination Screening Questionnaire
 PPD Report

Other
 VFC Patient Breakdown
 Washington State Vaccine Administered Report
 Lot Number Summary
 Washington State Vaccine Monthly Doses Administered Report
 Washington State Vaccine Administered Submission Report

Schedule

Printing instructions: www.doh.wa.gov/Portals/1/Documents/Pubs/348-389-CIS-PrintingInstructions.pdf

IIS Contraindications

QA Environment

- ▶ **Main**
 - Home
 - Logout
 - Select Organization (IRMS)
 - Select Facility
 - Select VFC Pin
 - Document Center
- ▶ **Message**
- ▶ **Favorites**
- ▶ **Patient**
- ▶ **Vaccinations**
 - View/Add
 - Forecast
 - Summary
- ▶ **Organization (IRMS)**
- ▶ **Reports**
- ▶ **Settings**
- **CASA Export**
- ▶ **Imports**
- ▶ **Exports**
- ▶ **Scheduled Reports**
- **Job Queue**
- **Change Password**
- **Administration**
- **Answers**



iWeb

Version: 5.16.1.2



Logged in: TRANG KUSS

Organization (IRMS): 1-WA STATE IMMUNIZATION INFORMATION SYSTEM (IIS) (1033)

Date: March 15, 2016

Patient

Name:	TEST STUDENT	SIIS Patient ID:	5778995
Date of Birth:	08/14/2003	Age:	12 yrs
Guardian:		Status:	Active

Vaccination Summary

Vaccinations outside the ACIP schedule are marked with an 'X'.

Vaccine	1	2	3	4	5	6	7	8
DTaP/DTP/Td	10/14/2003 8 weeks	12/14/2003 4 months	04/14/2008 4 years					
Tdap	08/14/2014 11 years							

Invalid Vaccinations

Invalid Vaccinations	Date	Reason

Vaccine Deferrals

Vaccine	Dose	Date

Vaccine Contraindications / Exemptions / Precautions

Contraindications

Vaccine	Contraindication	Facility Where Documented	Date Documented	Permanent	Disease Date
varicella	Patient or parent report of disease			Y	

Exemptions

Precautions

Vaccination Forecast

The forecast automatically switches to the accelerated schedule when a patient is behind schedule.

Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status
HEP-B 3 DOSE	1	08/14/2003	08/14/2003	11/14/2003	Past Due
POLIO	1	10/14/2003	09/25/2003	11/14/2003	Past Due
FLU	1	02/14/2004	02/14/2004	03/15/2004	Past Due
HEP-A	1	08/14/2004	08/14/2004	08/14/2005	Past Due
MMR	1	08/14/2004	08/14/2004	12/14/2004	Past Due
HPV	1	08/14/2014	08/14/2012	08/14/2016	Due Now
MENINGOCOCCAL	1	08/14/2014	08/14/2014	08/14/2016	Due Now
DTaP/DT/Td	B	08/14/2024	08/14/2019	09/13/2024	Up to Date

IIS Forecasting Tool

- ▶ Main
 - Home
 - Logout
 - Select Facility
 - Document Center
- ▶ Message
- ▶ Favorites
- ▶ Patient
- ▶ Vaccinations
 - View/Add
 - Forecast
 - Summary
- ▶ Reports
- ▶ Settings
- CASA Export
- ▶ Exports
- Scheduled Reports
- Job Queue
- Change Password
- Answers



iWeb

Version: 5.14.8.0



Vaccination Summary

Vaccinations outside the ACIP schedule are marked with an 'X'.

Vaccine	1	2	3	4	5	6	7	8
DTaP/DTP/Td	06/15/2004 16 months	08/15/2004 18 months	02/15/2005 24 months					
Tdap	02/15/2010 7 years							
OPV/IPV	04/15/2003 8 weeks	12/15/2003 10 months	02/15/2005 24 months	03/15/2006 3 years	02/15/2007 4 years			
MMR	02/15/2007 4 years	03/15/2007 4 years						
Hep B - 3 Dose	02/15/2003 0 days							
Measles	06/15/2004 16 months	08/15/2004 18 months						
Mumps	06/15/2004 16 months	08/15/2004 18 months						
Rubella	06/15/2004 16 months	08/15/2004 18 months						

Invalid Vaccinations

Invalid Vaccinations	Date	Reason

Vaccine Deferrals

Vaccine	Dose	Date

Vaccine Contraindications

- ▶ Contraindications
- ▶ Exemptions
- ▶ Precautions

Vaccination Forecast

The forecast automatically switches to the accelerated schedule when a patient is behind schedule.

Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status
HEP-B 3 DOSE	2	03/15/2003	03/15/2003	06/15/2003	Past Due
FLU	1	08/15/2003	08/15/2003	09/14/2003	Past Due
HEP-A	1	02/15/2004	02/15/2004	02/15/2005	Past Due
VARICELLA	1	04/12/2007	04/12/2007	05/12/2007	Past Due
HPV	1	02/15/2014	02/15/2012	02/15/2016	Due Now
MENINGOCOCCAL	1	02/15/2014	02/15/2014	02/15/2016	Due Now
DTaP/DT/Td	5	02/15/2020	02/15/2015	03/16/2020	Up to Date

MyIR

- Parents access portal to the Immunization Information System to view child's immunizations and print the CIS
- Steps to get access
 - Fill out a release form
 - Email, fax, or mail the form to:
Washington State Immunization Information System
PO Box 47843
Olympia, WA 98504-7843
Fax: 360-236-3590
E-mail: WAISRecords@doh.wa.gov
- DOH staff registers parent and sends a PIN
- Providers NOT involved in process at this time

Resources

- Immunization Toolkit: <http://immstoolkit.org/>
- Main school and child care web page:
www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization.aspx
- Vaccine requirements:
www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/VaccineRequirements.aspx
- Forms and sample letters:
www.doh.wa.gov/YouandYourFamily/Immunization/FormsandPublications/Forms
- Immunization Manual for Schools, Preschools, and Child Cares:
www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/SchoolManual

Need help?

- For questions about whether a student needs more vaccine doses, send an email to DOH nurses at immunenurses@doh.wa.gov
- For school policy or requirement questions, send an email to oicpschools@doh.wa.gov

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A certificate of completion is available after you complete the evaluation:

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**Thank you for attending the
webinar!**

Please type in your questions.