

School Certificate of Immunization Status (CIS)

Quick Reference Guide: How to Print a Student's CIS using the Washington State CHILD Profile Immunization Registry. *



Step by Step Directions:

1. Log into CHILD Profile with your user name and password.
2. Using the navigation menu click on the **Patient Menu Heading**.
3. Click on the words **Search/Add**.
4. Enter the search criteria, i.e. child's/patient's name and birth date. (Enter the birth date as a string of numbers; for example, enter May 8, 2005 as 050805 or 05082005.)
5. Click **RUN SEARCH**.
6. If the child/patient appears in the *Search Results*, click on the arrow to the left of the child's/patient's name (the select-arrow-button) to view the child's demographic information.
7. Now that the child/patient has been selected, you are ready to view the CIS.
8. Using the navigation menu, click on the **Reports Menu Heading**.
9. Click on the words **State Reports**.
10. From the *State Reports Screen*, click on the words "School Certificate (PDF)" to go directly to the completed form.
11. The form will retrieve the history of required vaccines from the child's CHILD Profile record and print it directly on the CIS.
12. Use your web-browser to print the report.

Note: When searching by First and/or Last Name, you may use % or _ as wildcard characters.

Select	First Name	Middle Name	Last Name	Birth Date	SIIS Patient ID	Grd First Name	Grd Last Name
<input type="checkbox"/>	MARIA		PAN	12/12/2003	4064458	MARIA	
<input type="checkbox"/>	MARIA		PAN	01/10/2005	4064459	CINDY	

2 records were found. Notice the difference in the Patient's Birth Date and Guardian's (Grd) First Name to select the appropriate patient.

NOTE: The form does NOT need to be double sided or on cardstock.

* Please NOTE: child care providers do not have access to the Immunization Registry.



Have Questions? Need Help?

Call or email the CHILD Profile Help Desk at 1-800-325-5599 or cphelpdesk@kingcounty.gov.

Sample Certificate of Immunization Status

Reviewed by: Staff Signature	Date:	Is there an accompanying signed Certificate of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		DOH 348-013 Rev: 7/2/08			
Certificate of Immunization Status (CIS)							
Child's Last Name: PAN	First Name: MARIA	Middle Initial:	Child's Address:				
Child's Birthdate: 01/10/2005	Child's Sex: F		Parent/Guardian Day Phone:				
Parent/Guardian Name:							
If completing by hand, write the vaccine in the row to the left of "Dose" and the date the vaccine was received in the "Date" column. Age column is optional. ◆ Required for School and Child Care/Preschool ● Required for Child Care Only							
Vaccine	Dose	Date	Age	Vaccine	Dose	Date	Age
◆ Hepatitis B (Hep B)				● Pneumococcal (PCV, PPV)			
Hep B	1	01/10/2005		PCV	1	03/10/2005	
Hep B	2	03/10/2005		PCV	2	05/15/2005	
Hep B	3	05/15/2005		PCV	3	01/25/2006	
Hep B		07/20/2005			4		
Hepatitis B (Hep B) Alternate schedule for teens				◆ Polio (IPV, OPV)			
	1			IPV	1	03/10/2005	
	2			IPV	2	05/15/2005	
Rotavirus				IPV	3	07/20/2005	
	1			IPV	4	01/17/2009	
	2			Hepatitis A (Hep A)			
				Hep A	1	07/04/2005	
				Hep A	2	01/25/2006	
				Meningococcal (MCV4, MPSV4)			
					1		
				Human Papillomavirus (HPV)			
					1		
					2		
					3		