



IMMUNIZATION UPDATE 2020-2021 REQUIREMENTS

Office of Immunization and Child Profile

Presenters



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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

Tdap Requirement Change

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

School/Child Care Entry Requirements RCW

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 up to date with their immunizations who are 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
- Another state registry:
https://www.cdc.gov/vaccines/programs/iis/contacts-locate-records.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fprograms%2Fiis%2Fcontacts-registry-staff.html
- Lifetime Immunization record completed by provider
- More examples in the [Training Guide \(School Module\)](#)

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

September 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

MMR #2 due

Student stays in school until next dose is due.

Dates follow the recommended dates of the [ACIP Catch-Up Schedules](#).

Conditional Status

October 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

*Paperwork
due to school*

Student has 30 days from due date to turn in paperwork.

Conditional Status continues until all of the series are complete.

Conditional Status

October 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

X

No Paperwork?
Out of Compliance

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](#)

Conditional Status

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



POLL QUESTION



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 an official form created by the Department of Health

- It should not be recreated in an electronic health record

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 348-013 May 2016

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):	Sex:
STUDENT	TEST		12/12/2004	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.			I certify that the information provided on this form is correct and verifiable.	
_____ Parent/Guardian Signature Required			_____ Parent/Guardian Signature Required	
_____ Date			_____ Date	

Assessment of Immunizations <input type="checkbox"/> A) Temporary Certificate – Expires _____ <input checked="" type="checkbox"/> B) Complete for SY 2016-17 GRADE 6-12	<div style="border: 2px solid red; padding: 10px; font-size: 24px; font-weight: bold;">PASS</div>	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 WAIS) _____ Date of Issue _____

Vaccine	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Disease MM/DD/YY	Positive Titer MM/DD/YY	History MM/DD/YY
Required Vaccines for School Entry									
DTaP, DT (Diphtheria, Tetanus, Pertussis)	02/15/05	04/20/05	06/22/05	03/18/06	01/01/10				
Tdap (Tetanus, Diphtheria, Pertussis)	08/17/15								
Td (Tetanus, Diphtheria)									
Hepatitis B <input type="checkbox"/> Check here if 11-15 years, 2-dose schedule used	12/12/04	09/15/15	09/13/16						
MMR (Measles, Mumps, Rubella)	11/20/10	11/20/11							
IPV or OPV (Polio)	02/15/05	04/20/05	03/18/06	01/01/10					
Varicella (Chickenpox)	11/20/10	11/20/11							
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							

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 from the provider is needed.



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade Entry

DOH 348-013 May 2016

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

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.			I certify that the information provided on this form is correct and verifiable.	
_____ Parent/Guardian Signature Required			_____ Parent/Guardian Signature Required	
Date			Date	

Assessment of Immunizations <input type="checkbox"/> A) Temporary Certificate – Expires _____ <input checked="" type="checkbox"/> B) Complete for SY 2016-17 GRADE 6-12	<h2>PASS</h2>	Printed or stamped name, address, phone of qualified healthcare provider (MD, DO, PA, ARNP or Health Department): <i>Validated by the WA State Immunization Information System</i>
		Certified by (Signature/Stamp or WAIS) _____ Date of Issue _____

Vaccine	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Disease MM/DD/YY	Positive Titer MM/DD/YY	History MM/DD/YY
Required Vaccines for School Entry									
DTaP, DT (Diphtheria, Tetanus, Pertussis)	02/15/05	04/20/05	06/22/05	03/18/06	01/01/10				
Tdap (Tetanus, Diphtheria, Pertussis)	08/17/15								
Td (Tetanus, Diphtheria)									
Hepatitis B <input type="checkbox"/> Check here if 11-15 years, 2-dose schedule used	12/12/04	09/15/15	09/13/16						
MMR (Measles, Mumps, Rubella)	11/20/10	11/20/11							
IPV or OPV (Polio)	02/15/05	04/20/05	03/18/06	01/01/10					
Varicella (Chickenpox)							6/10/2006		HISTORY
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							

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

DOH 348-013 May 2016

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):	Sex:
STUDENT	TEST		12/12/2004	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.		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 <input type="checkbox"/> A) Temporary Certificate – Expires _____ <input checked="" type="checkbox"/> 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 WAIS)	_____ Date of Issue
--	-------------	---	------------------------

Vaccine	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Disease MM/DD/YY	Positive Titer MM/DD/YY	History MM/DD/YY
Required Vaccines for School Entry									
DTaP, DT (Diphtheria, Tetanus, Pertussis)	02/15/05	04/20/05	06/22/05	03/18/06	01/01/10				
Tdap (Tetanus, Diphtheria, Pertussis)	08/17/15								
Td (Tetanus, Diphtheria)									
Hepatitis B <input type="checkbox"/> Check here if 11-15 years, 2-dose schedule used									
MMR (Measles, Mumps, Rubella)	11/20/10	11/20/11							
IPV or OPV (Polio)	02/15/05	04/20/05	03/18/06	01/01/10					
Varicella (Chickenpox)	11/20/10	11/20/11							
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							

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

MyIR CIS

Washington Department of Health **Certificate of Immunization Status (CIS)**
DOH 348-013 January 2016

Office Use Only:
Reviewed by: MyIR Date: 08/16/2018
Signed Cert. of Exemption on file? Yes 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: Graff First Name: Katherine Middle Initial: Birthdate (mm/dd/yyyy): 05/27/1983 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.

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.
Katherine Graff 08/15/2018
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)				
Tdap	1	05	10	2007
Tdap		10	23	2017
■ Tetanus, Diphtheria (Td)				
Tdap	1	05	10	2007
Tdap	2	10	23	2017
◆ Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			
■ Influenza (flu, most recent)				
FLU		10	23	2017
FLU		10	28	2016

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)				
Hep A	1	12	08	2001
Hep A	2	11	01	2002
■ 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: _____

Currently using the previous version of the WAIS CIS.

Plan to update to the new form

Can still accept this as a valid medically verified CIS form

MyIR CIS

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: WAISRecords@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

2019-2020 CIS



Certificate of Immunization Status (CIS) For Kindergarten-12th Grade / Child Care Entry

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 Washington Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YY):	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.		I certify that the information provided on this form is correct and verifiable.		
Parent/Guardian Signature Required		Date	Parent/Guardian Signature Required	

	Date	Date	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
♦ DTaP / DT (Diphtheria, Tetanus, Pertussis)						
♦ Tdap (Tetanus, Diphtheria, Pertussis)						
♦ Td (Tetanus, Diphtheria)						
♦ Hepatitis B <input type="checkbox"/> 2-dose schedule used between ages 11-15						
♦ Hib (Haemophilus influenzae type b)						
♦ IPV / OPV (Polio)						
♦ MMR (Measles, Mumps, Rubella)						
♦ PCV / PPSV (Pneumococcal)						
♦ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV / MPSV (Meningococcal)						
MenB (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 Variocella (Chickenpox).

laboratory evidence of immunity (titer) to disease(s) marked below. **Lab report(s) for titers MUST also be attached.**

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	_____
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	_____
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Measles	<input type="checkbox"/> Variocella	

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

Printed Name _____

2020-2021 and Beyond CIS



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
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.	
X _____ Parent/Guardian Signature Date		X _____ Parent/Guardian Signature Required if Starting in Conditional Status Date	

▲ Required for School ● Required Child Care/Preschool	Date	Date	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
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 (<i>Haemophilus influenzae type b</i>)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has:		
<input type="checkbox"/> A verified history of varicella (chickenpox) disease.		
<input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature		Date
▶		
Printed Name		

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____	
If verified by school or child care staff the medical immunization records must be attached to this document.		

2020-2021 and Beyond CIS

Documentation of Disease Immunity (Health care provider use only)		
<p>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.</p> <p>I certify that the child named on this CIS has:</p> <p><input type="checkbox"/> A verified history of varicella (chickenpox) disease.</p> <p><input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.</p>		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> 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:		
<input type="checkbox"/> A verified history of varicella (chickenpox) disease.		
<input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature		Date
▶		
Printed Name		

2020-2021 and Beyond CIS



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

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

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

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.

X _____
Parent/Guardian Signature Date

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

▲ Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib (<i>Haemophilus influenzae</i> type B)						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:
 A verified history of varicella (chickenpox) disease.
 Laboratory evidence of immunity (titer) to disease(s) marked below.

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

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.

2020-2021 and Beyond CIS



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

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

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):
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.	
X _____ Parent/Guardian Signature		X _____ Parent/Guardian Signature Required if Starting in Conditional Status	
Date		Date	

Required for School	Date	Date	Date	Date	Date	Date	Documentation of Disease Immunity (Health care provider use only)
Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	
Required Vaccines for School or Child Care Entry							
•▲ DTaP (Diphtheria, Tetanus, Pertussis)							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: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below. <input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella <input type="checkbox"/> Polio (all 3 serotypes must show immunity)
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)							
•▲ DT or Td (Tetanus, Diphtheria)							
•▲ Hepatitis B							
• Hib (<i>Haemophilus influenzae type b</i>)							
•▲ IPV (Polio) (any combination of IPV/OPV)							
•▲ OPV (Polio)							
•▲ MMR (Measles, Mumps, Rubella)							
• PCV/PPSV (Pneumococcal)							
•▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
Flu (Influenza)							Licensed Health Care Provider Signature Date Printed Name
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.		

2020-2021 and Beyond CIS



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
Signed COE on File? Yes No

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

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

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.

X

Parent/Guardian Signature

Date

<ul style="list-style-type: none"> •▲ OPV (Polio) •▲ MMR (Measles, Mumps, Rubella) • PCV/PPSV (Pneumococcal) •▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS 	<ul style="list-style-type: none"> <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hib <input type="checkbox"/> Rubella <input type="checkbox"/> Polio (all 3 serotypes must show immunity)
Recommended Vaccines (Not Required for School or Child Care Entry)	
Flu (Influenza)	
Hepatitis A	
HPV (Human Papillomavirus)	
MCV/MPSV (Meningococcal Disease types A, C, W, Y)	
MenB (Meningococcal Disease type B)	
Rotavirus	

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.

2020-2021 and Beyond CIS

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

To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waisrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record 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 meet school requirements.
 - If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records:

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status:

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

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

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

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

DOH 348-013 November 2019



EXEMPTIONS FROM THE SCHOOL AND CHILD CARE
IMMUNIZATION REQUIREMENTS
AND THE
CERTIFICATE OF EXEMPTION (COE)

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: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____

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 child/student 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 # _____

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: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____

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 (RCW 28A.210.090). 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/imz/aciip-rev/general-rev/contraindications.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."

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 # _____

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

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

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*			
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Pneumococcal
<input type="checkbox"/> Polio	<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)
<i>*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law</i>			
RELIGIOUS EXEMPTION			
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Pneumococcal
<input type="checkbox"/> Polio	<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)
<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> 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	
<input type="checkbox"/> MD <input type="checkbox"/> ND <input type="checkbox"/> DO <input type="checkbox"/> ARNP <input type="checkbox"/> PA	Washington License # _____		

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

Education Requirement

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

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

Religious Membership Exemption

Parent affirms they belongs 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
- 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.

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

Disease	Not Exempt	Permanent Exempt	Temporary Exempt	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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.

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

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

Vaccines Required for Preschool/Child Care 2020-2021



VACCINES REQUIRED FOR CHILD CARE/PRESCHOOL ATTENDANCE

August 1, 2020 – July 31, 2021

	Hepatitis B	DTaP (Diphtheria, Tetanus, Pertussis)	Hib (<i>Haemophilus influenzae</i> type B)	Polio	PCV (Pneumococcal Conjugate)	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)
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	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	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	3 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*	1 dose May get Dose 1 as early as 12 months of age	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	4 doses May get Dose 4 as early as 12 months as long as 6 months separate Dose 3 and Dose 4	4 doses	3 doses	4 doses*	1 dose	1 dose OR Healthcare provider verified disease
By 7 Years (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 OR Healthcare provider verified disease

Vaccines Required for Preschool/Child Care 2020-2021



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

	Hepatitis B	DTaP (Diphtheria, Tetanus, Pertussis)	Hib (<i>Haemophilus influenzae</i> type B)	Polio	PCV (Pneumococcal Conjugate)	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)
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	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	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	3 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*	1 dose May get Dose 1 as early as 12 months of age	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	4 doses May get Dose 4 as early as 12 months of age OR as long as 6 months separate Dose 3 and Dose 4	4 doses	3 doses	4 doses*	1 dose	1 dose OR Healthcare provider verified disease
By 7 Years (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 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

VACCINE	Kindergarten - 6 th Grade	7 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		
DTaP (Diphtheria, Tetanus, and Pertussis)	5 doses (4 doses only IF 4 th dose given on or after 4 th birthday AND a minimum interval of 6 months from the previous dose)		
Tdap (Diphtheria, Tetanus, and Pertussis)	Not Required	1 dose Tdap <i>(see page 2 for more details)</i>	
IPV (Polio, for OPV see page 2)	4 doses (3 doses only IF 3 rd dose given on or after 4 th 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.		4 doses (3 doses only IF 3 rd dose given on or after 4 th birthday)
MMR (Measles, Mumps, and Rubella)	2 doses		
Varicella (Chickenpox)	2 doses OR Healthcare provider verified disease history		

Vaccines Required for K-12 School 2020-2021



VACCINES REQUIRED FOR SCHOOL ATTENDANCE, GRADES K-12 August 1, 2020 – July 31, 2021

VACCINE	Kindergarten - 6 th Grade	7 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	
DTaP (Diphtheria, Tetanus, and Pertussis)	5 doses (4 doses only IF 4 th dose given on or after 4 th birthday AND a minimum interval of 6 months from the previous dose)		
Tdap (Diphtheria, Tetanus, and Pertussis)	Not Required		1 dose Tdap (see page 2 for more details)
IPV (Polio, for OPV see page 2)	4 doses (3 doses only IF 3 rd dose given on or after 4 th 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.		4 doses (3 doses only IF 3 rd dose given on or after 4 th birthday)
MMR (Measles, Mumps, and Rubella)		2 doses	
Varicella (Chickenpox)		2 doses OR Healthcare provider verified disease history	



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

IVRS: Individual Vaccine Requirements Summary

Available on our website:

www.doh.wa.gov/SCCI

Diphtheria, Tetanus and Pertussis



DTaP age 0- 6 years

- Licensed for children through 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



Image courtesy of the CDC Public Health Image Library

Tdap

Students in 7th grade must have a Tdap on or after age 10 years

Students in 8th-12th 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 $\geq 4^{\text{th}}$ 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



OPV

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**



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

Grades 10 through 12 - All Students

Grades K through 9 - If IPV or OPV dose 4 given before 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.
- 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 given ≥ 4 years of age and the interval between dose 2 and dose 3 is ≥ 6 months.

IVRS: Individual Vaccine Requirements Summary

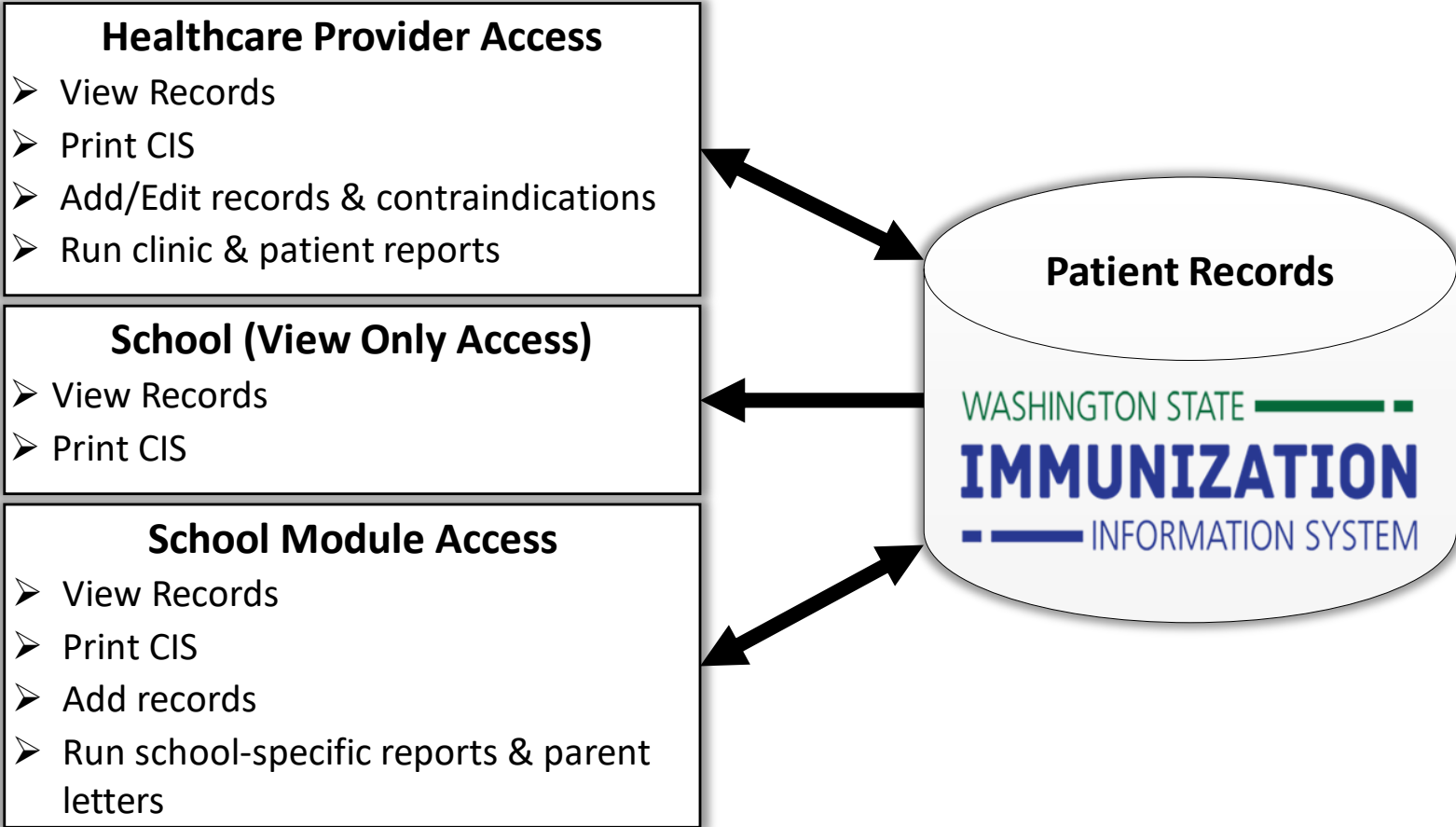
Available on our website:

www.doh.wa.gov/SCCI



POLL QUESTION

Relationship of the School Module to the Immunization Information System (IIS)



School Module Resources

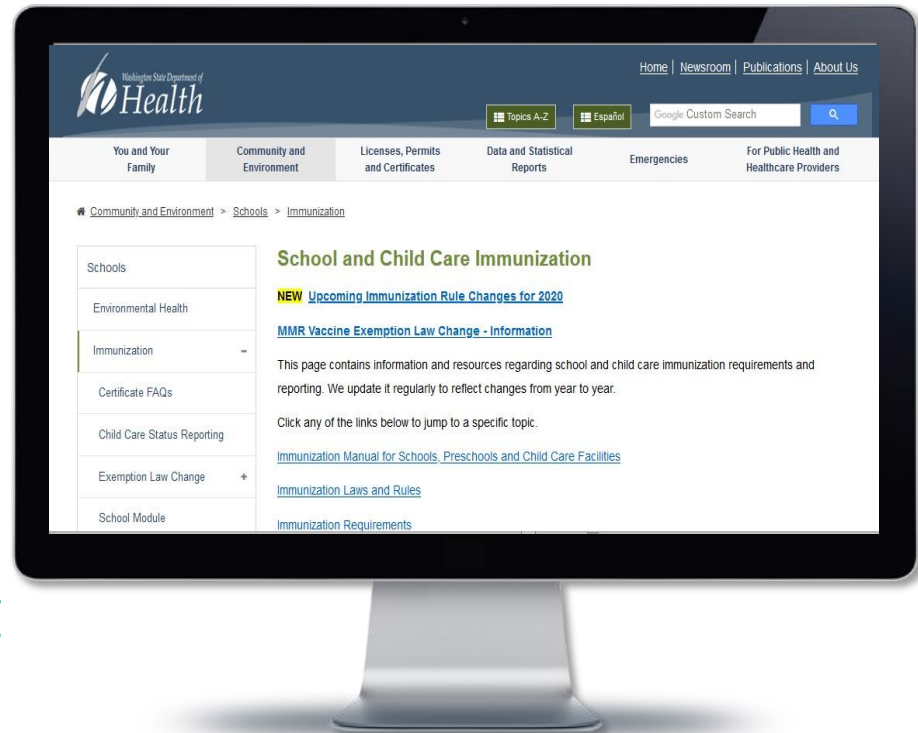
Website:

www.doh.wa.gov/SchoolModule

Questions?

Email us at:

SchoolModule@doh.wa.gov



School and Child Care Immunization Page

Website:

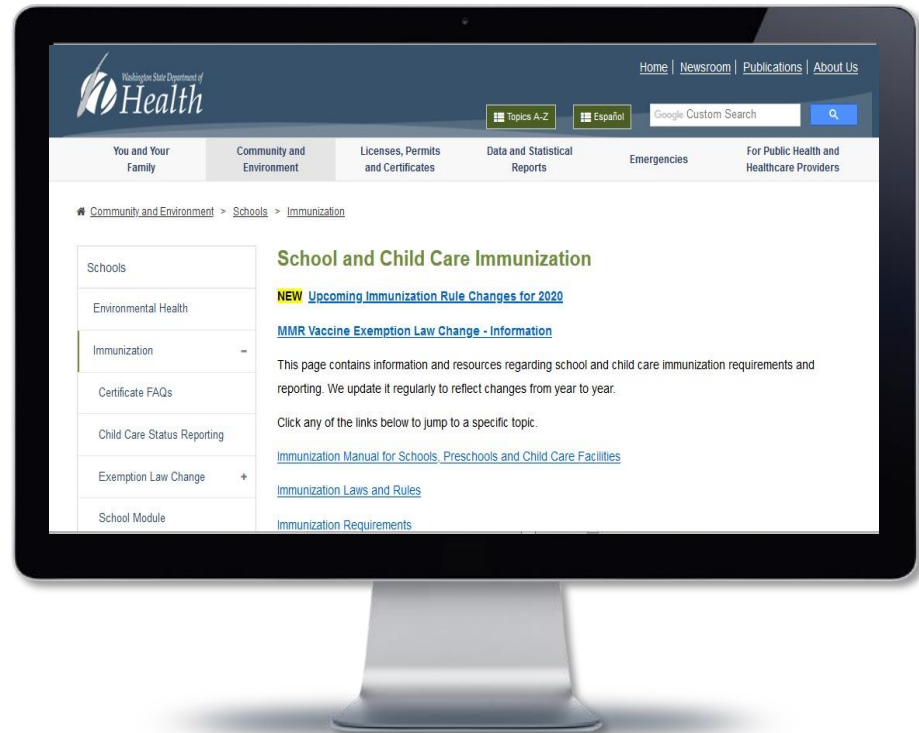
www.doh.wa.gov/SCCI

Questions?

Feedback!

Email us at:

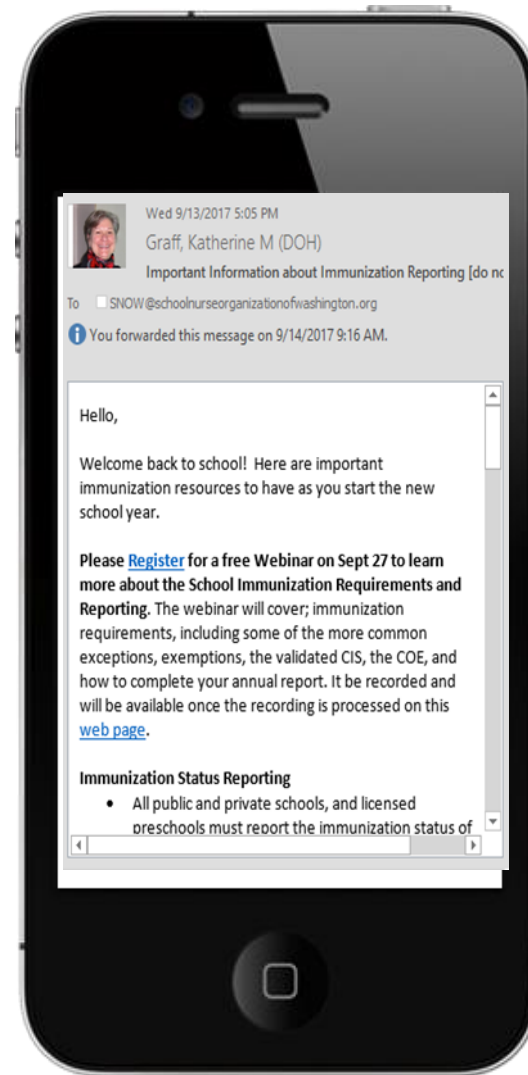
OICPSchools@doh.wa.gov



School and Child Care Listserve

<http://bit.ly/2HybXYS>

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?

Obtaining Continuing Education

- Continuing education is available for nurses, medical assistants, physicians, and pharmacists.
- Successful completion of this continuing education activity includes the following:
 - Attending the entire live webinar or watching the webinar recording
 - Completing the evaluation available after the webinar or webinar recording
- Expiration date is 3/3/21
- After completing the evaluation, send an email to trang.kuss@doh.wa.gov to request a certificate
- If you have any questions about CEs, contact Trang Kuss at trang.kuss@doh.wa.gov

Continuing Education

- This continuing nursing education activity was approved by the Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation. Upon successful completion of this activity, 1.0 contact hours will be awarded.
- This program has been granted prior approval by the American Association of Medical assistants (AAMA) for 1.0 administrative continuing education unit.
- This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Federation of State Medical Boards, the Washington Medical Commission and the Washington State Department of Health. The Federation of State Medical Boards is accredited by the ACCME to provide continuing medical education for physicians.

The Federation of State Medical Boards designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

- This training was approved by the Washington State Pharmacy Quality Assurance Commission (PQAC) for pharmacist education. Upon successful completion of this activity, 1.0 credit hour of continuing education will be awarded.



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