



# SCHOOL AND CHILD CARE IMMUNIZATION REQUIREMENTS

Office of Immunization  
March 25, 2025

# Before We Start

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- All participants will be muted for the presentation.
- You may ask questions using the Q&A box, and questions will be answered at the end of the presentation.
- Continuing education is available for nurses attending the webinar or watching the recording. If you're watching in a group setting and wish to claim CE credit, please make sure you register for the webinar and complete the evaluation as an individual.

# Immunization Training Web Page

<https://doh.wa.gov/you-and-your-family/immunization/immunization-training>



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## Immunization Training

This page includes immunization training announcements and opportunities. These trainings are for health care providers, local public health, immunization staff, and school and child care staff.

## Upcoming webinar opportunities

- March 14, 2024 - [Improving Campus Health—Building on Research to Increase Vaccination Rates](#)
- March 20, 2024 - [Updates from February 2024 Advisory Committee on Immunization Practices \(ACIP\) Meeting](#)
- March 21, 2024 - [Childhood Vaccine Program Training Series: Billing and Eligibility Screening](#)
- March 25, 2024 - [Measles: A Discussion on Risk in the U.S. and Outbreaks in the U.K.](#)
- March 27, 2024 - [Addressing Gaps in Vaccine Access and Coverage](#)
- March 28, 2024 - [Immunization requirements for the upcoming school year](#)
- April 2, 2024 - [Staying on TASK | New Trends in Vaccination for Adolescents](#)
- April 3, 2024 - [Current Issues in Vaccines - COVID-19 Vaccine Myths: And the Hits Just Keep on Comin'](#)

# Continuing Education

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- This nursing continuing professional development activity was approved by 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.
- We're excited about a new process to obtain continuing education credits and will share this info after the presentation.

# Disclosures

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The planners and speaker of this activity have no relevant financial relationships with any commercial interests pertaining to this activity.

# Learning Objectives

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- Understand the changes to the immunization requirements for the 2025-2026 school year
- Describe the use of the Certificate of Immunization and Certificate of Exemption
- Discuss the measles vaccine requirement for staff
- Know where to locate resources for school and child care staff

# School and Child Care Immunization Requirements

## Webinar

March 28, 2024



**Katherine Graff BSN, RN**

*School and Child Care Immunization Nurse Consultant*

Office of Immunization

[oischools@doh.wa.gov](mailto:oischools@doh.wa.gov)

# Topics

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- Immunization Laws and Rules
- 2025-2026 Requirements
  - Tdap roll-up
  - Reminder of guidance for 4-year-old students
  - Special Situations
- Measles Immunity for Staff
- Certificate of Immunization Status (CIS)
- Certificate of Exemption (COE)
- School Module
  - Titers and Exemptions
- Resources





# IMMUNIZATION LAW AND RULES RCW & WAC

# School & Child Care Immunization Requirements

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WA State Legislature passes legislation which is signed into law by the Governor:

- [28A.210.060](#)—through [28A.210.170](#)

WA State Board of Health has the authority to determine the immunization rules:

- [246-105-010](#) - through [246-105-090](#)

The School and Child Care Immunization page has links to the RCWs and WACs:

- [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)



# IMMUNIZATION REQUIREMENTS

# Recommended vs. Required

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## CDC Recommended

Hepatitis B  
DTaP/Tdap  
IPV  
MMR  
Varicella  
PCV  
Hib  
Hepatitis A  
HPV  
Meningococcal  
Flu  
Rotavirus  
COVID-19



## WA State Required

Hepatitis B  
DTaP/Tdap  
IPV  
MMR  
Varicella  
PCV (until 5 years old)  
Hib (until 5 years old)

# Vaccines Required for Child Care

Vaccines Required for Child Care							
	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	2 doses	1 dose	1 dose	1 dose	1 dose	Not routinely given before 12 months of age	Not routinely given before 12 months of age
By 5 Months	2 doses	2 doses	2 doses	2 doses	2 doses		
By 7 Months	2 doses	3 doses	2 or 3 doses (depending on vaccine)	2 doses	3 doses		
By 16 Months	2 doses	3 doses	3 or 4 doses** (depending on vaccine)	2 doses	4 doses**	1 dose	1 dose
By 19 Months	3 doses	4 doses	3 or 4 doses** (depending on vaccine)	3 doses	4 doses**	1 dose	1 dose
By 7 years or preschool/ school entry at ≥ 4 years*	3 doses	5 doses**	Not routinely given to children age 5 years and older	4 doses**	Not routinely given to children age 5 years and older	2 doses	2 doses

\*Children attending Preschool-12th grade must meet the immunization requirements for their grade in school.

\*\*Vaccine doses may be acceptable with fewer than listed depending on when they were given.


Find the Preschool-12th grade requirement chart and in the Individual Vaccine Requirements Summary (IVRS) immunization requirements section on [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI).  
See the Minimum Age and Interval Table on page 2 for required minimum age and spacing information of vaccine doses.

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

Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).

DOH 348-053 May 2024

# Vaccines Required for Preschool-12<sup>th</sup> Grade 2025-2026

<b>Vaccines Required for School: Preschool -12th</b> August 1, 2025 to July 31, 2026 							
	<b>DTaP/Tdap</b> (Diphtheria, Tetanus, Pertussis)	<b>Hepatitis B</b>	<b>Hib</b> ( <i>Haemophilus influenzae</i> type B)	<b>MMR</b> (Measles, mumps rubella)	<b>PCV</b> (Pneumococcal Conjugate)	<b>Polio</b>	<b>Varicella</b> (Chickenpox)
<b>Preschool</b> Age 19 months to <4 years on September 1st	4 doses DTaP	3 doses	3 or 4 doses** (depending on vaccine)	1 dose	4 doses**	3 doses	1 dose
<b>Preschool/Kindergarten</b> (including Transitional Kindergarten) Age =4* years on September 1st	5 doses DTaP**	3 doses	3 or 4 doses** (depending on vaccine) (Not required at age ≥5 years)	2 doses	4 doses** (Not required at age ≥5 years)	4 doses**	2 doses
<b>Kindergarten through 6th</b> Age ≥5 years on September 1st	5 doses DTaP**	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses
<b>Grade 7 through 12</b>	5 doses DTaP** Plus Tdap at age ≥10 years	3 doses	Not Required	2 doses	Not Required	4 doses**	2 doses

\*Must have additional DTaP IPV, MMR, Varicella vaccine by the 1st day of school or within 30 days after 4th birthday, whichever is later.

\*\*Vaccine doses may be acceptable with fewer than listed depending on when they were given.

See the Minimum Age and Interval Table on page 2 for required minimum age and spacing information of vaccine doses.

Find information on other vaccines that are recommended, but not required, for child care/preschool attendance at: [www.immunize.org/cdc/schedules](http://www.immunize.org/cdc/schedules).

Review the Individual Vaccine Requirements Summary for more detailed information. Find it on our web page: [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI).

# Vaccines Required for Preschool-12<sup>th</sup> Grade 2025-2026


Vaccine	Dose #	Minimum Age	Minimum Interval* Between Doses	Notes
Hepatitis B (Hep B)	Dose 1	Birth	4 weeks between dose 1 & 2	2 doses are acceptable if both doses are documented as adult doses of Recombivax HB* given at age 11 through 15 years. The doses must be separated by at least 4 months.
	Dose 2	4 weeks	8 weeks between dose 2 & 3	
	Dose 3	24 weeks	16 weeks between dose 1 & 3	
Diphtheria, Tetanus, and Pertussis (DTaP and Tdap)	Dose 1	6 weeks	4 weeks between dose 1 & 2	A 6 month interval is recommended between dose 3 and dose 4, but a minimum interval of 4 months is acceptable. Dose 5 not needed if dose 4 on or after the 4th birthday and at least 6 months after dose 3
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	6 months between dose 3 & 4	
	Dose 4	12 months	6 months between dose 4 & 5	DTaP can be given to children through age 6. If catch-up doses are needed at age 7 and older, Tdap is used followed by additional doses of Tdap or Td if needed.
	Dose 5	4 years	—	
	Tdap Booster	10 years	—	A Tdap booster dose is required for all students in grades 7-12.
Haemophilus influenzae type B (Hib)	Dose 1	6 weeks	4 weeks between dose 1 & 2	If all 3 doses of PedvaxHIB given, only need 3 doses total. Dose 3 must be ≥12 months of age.  Vaccine doses may be acceptable with fewer than listed depending on when they were given. Review the Individual Vaccine Requirements Summary for minimum doses required: <a href="https://www.doh.wa.gov/SCCI">https://www.doh.wa.gov/SCCI</a> page 12.  Age ≥5 years: Not required because not routinely given to children age 5 years and older.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	8 weeks between dose 3 & 4	
	Dose 4	12 months	—	
Pneumococcal Conjugate (PCV13, PCV15 or PCV20)	Dose 1	6 weeks	4 weeks between dose 1 & 2	Vaccine doses may be acceptable with fewer than listed depending on when they were given. Review the Individual Vaccine Requirements Summary for minimum doses required: <a href="https://www.doh.wa.gov/SCCI">https://www.doh.wa.gov/SCCI</a> page 17.  Age ≥5 years: Not required because not routinely given to children age 5 years and older.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	8 weeks between dose 3 & 4	
	Dose 4	12 months	—	
Polio (IPV or OPV)	Dose 1	6 weeks	4 weeks between dose 1 & 2	Polio vaccine is required for all students, even those 18+ years old  Dose 4 not needed if dose 3 on or after the 4th birthday and at least 6 months after dose 2.  OPV given on or after 04/01/16 cannot be accepted as a valid dose in the series.
	Dose 2	10 weeks	4 weeks between dose 2 & 3	
	Dose 3	14 weeks	6 months between dose 3 & 4	
	Dose 4	4 years	—	
Measles, Mumps, and Rubella (MMR or MMRV)	Dose 1	12 months	4 weeks between dose 1 & 2	MMRV (MMR + Varicella) may be used in place of separate MMR and varicella vaccines. Must be given the same day as varicella OR at least 28 days apart, also see* footnote.
	Dose 2	13 months	—	
Varicella (Chickenpox) (VAR or MMRV)	Dose 1	12 months	3 months between dose 1 & 2 (12 months through 12 years). 4 weeks between dose 1 & 2 (13 years and older)	Recommended: 3 months between varicella doses, but at least 28 days minimum interval is acceptable. Must be given the same day as MMR OR at least 28 days apart, see* footnote.  Healthcare provider verification of disease history is acceptable to document immunity.
	Dose 2	15 months	—	

\*The 4 day grace period can be applied to all doses except between two doses of different live vaccines (such as MMR, MMRV, varicella, and Flumist).

See the Individual Vaccine Requirements Summary for more details about the schedules. Visit: <https://www.doh.wa.gov/SCCI>

DOH 348-051 Dec 2024

# Vaccines Required for Preschool-12 School 2025-2026

<b>Vaccines Required for School: Preschool -12th</b> August 1, 2025 to July 31, 2026 							
	<b>DTaP/Tdap</b> (Diphtheria, Tetanus, Pertussis)	<b>Hepatitis B</b>	<b>Hib</b> ( <i>Haemophilus influenzae</i> type B)	<b>MMR</b> (Measles, mumps rubella)	<b>PCV</b> (Pneumococcal Conjugate)	<b>Polio</b>	<b>Varicella</b> (Chickenpox)
<b>Preschool</b> Age 19 months to <4 years on September 1st	4 doses DTaP	3 doses	3 or 4 doses** (depending on vaccine)	1 dose	4 doses**	3 doses	1 dose
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\*Must have additional DTaP IPV, MMR, Varicella vaccine by the 1st day of school or within 30 days after 4th birthday, whichever is later.  
 \*\*Vaccine doses may be acceptable with fewer than listed depending on when they were given.  
 See the Minimum Age and Interval Table on page 2 for required minimum age and spacing information of vaccine doses.  
 Find information on other vaccines that are recommended, but not required, for child care/preschool attendance at: [www.immunize.org/cdc/schedules](http://www.immunize.org/cdc/schedules).  
 Review the Individual Vaccine Requirements Summary for more detailed information. Find it on our web page: [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI).



# 2025-2026 Tdap Minimum Age Roll-up

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<b>7th through 12th</b>	5 doses DTaP* <i>Plus Tdap at age ≥10 years</i>
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All students in grades 7-12 must have one Tdap at age 10+.

# Vaccines Required for Preschool-12<sup>th</sup> Grade 2024-2025

## Vaccines Required for School: Preschool -12<sup>th</sup>

August 1, 2025 to July 31, 2026



	<b>DTaP/Tdap</b> (Diphtheria, Tetanus, Pertussis)	<b>Hepatitis B</b>	<b>Hib</b> ( <i>Haemophilus</i> <i>influenzae</i> type 3)	<b>MMR</b> (Measles, mumps and rubella)	<b>PCV</b> (Pneumococcal Polysaccharide)	<b>Polio</b>	<b>Varicella</b> (Chickenpox)
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\*Must have additional DTaP IPV, MMR, Varicella vaccine by the 1st day of school or within 30 days after 4th birthday, whichever is later.

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# Preschool/Kindergarten age 4 on 09/01

	<b>DTaP/Tdap</b> (Diphtheria, Tetanus, Pertussis)	<b>Hepatitis B</b>	<b>Hib</b> ( <i>Haemophilus influenzae</i> type B)	<b>MMR</b> (Measles, mumps rubella)	<b>PCV</b> (Pneumococcal Conjugate)	<b>Polio</b>	<b>Varicella</b> (Chickenpox)
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\*Must have additional DTaP IPV, MMR, Varicella vaccine by the 1st day of school or within 30 days after 4th birthday, whichever is later

- For example, if the 4<sup>th</sup> birthday is:
  - 08/15 then documentation is due on 09/14
  - 09/01 then documentation is due on 09/30
  - More than 30 days before the 1<sup>st</sup> day of school then documentation is due on or before the first day of attendance

This does **not** mean that all students have a 30-day grace period from the start of school.

# Preschool/Kindergarten age 4 on 09/01

	<b>DTaP/Tdap</b> (Diphtheria, Tetanus, Pertussis)	<b>Hepatitis B</b>	<b>Hib</b> ( <i>Haemophilus influenzae</i> type B)	<b>MMR</b> (Measles, mumps rubella)	<b>PCV</b> (Pneumococcal Conjugate)	<b>Polio</b>	<b>Varicella</b> (Chickenpox)
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## [Immunization Manual for Schools, Preschools, and Child Care Facilities \(PDF\):](#)

Students who turn 4 after 09/01 do not have to have the additional doses until the following school year

- Student information systems may show these vaccines as required when the students turns 4.
- Schools using the IIS School Module should use the compliance series 'Preschool age 19months-3years on 09/01' when evaluating these students' immunizations



Washington State Department of

## HEALTH INDIVIDUAL VACCINE REQUIREMENTS SUMMARY

Guidelines on Immunizations Required for Child Care and School Entry in Washington State  
SCHOOL YEAR 2025-2026

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# IVRS: Individual Vaccine Requirements Summary

Available on our website:

[www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

# Special Situations

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Students who meet the definition of homeless under the federal McKinney-Vento Act or children who are in foster care must be immediately enrolled and allowed to attend school even if they are missing immunization documentation.

<https://www2.ed.gov/policy/elsec/leg/esea02/pg116.html>

- Students missing documentation are considered out of compliance (not exempt) but cannot be excluded.
- The District Homeless Liaison should work with the family to obtain missing records or assist the student with getting the needed vaccinations.
- Students who have refugee or asylum status may or may not meet the definition of homeless, review these students on a case-by-case basis.



# CERTIFICATE OF IMMUNIZATION STATUS (CIS)

# Certificate of Immunization Status (CIS)



Before a child may attend a school or child care center, a parent must provide proof of the required immunizations or immunity using a department-approved Certificate of Immunization Status (CIS) form.

[WAC 246-105-050](#)

The CIS form is created by the Department of Health.

- It should not be recreated in an electronic health record.



# Acceptable CIS Versions

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There are three acceptable versions of the CIS:

- Printed from and medically verified by the WA Immunization Information System (no provider or parent validation signature needed):
  - Validated CIS
  - CIS printed from MyIR
- Hardcopy, handwritten CIS verified as accurate by:
  - Health care provider signature; or
  - School nurse, administrator, childcare health consultant (or their designee) signature that the information on the CIS matches attached medical vaccination records

# Validated CIS



## Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed COE on File? ☐ Yes ☐ No

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Birthdate (MM/DD/YYYY):</b>	<b>SHS ID Number</b>
CAT	IRIS LILY		02/01/2019	11846329
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.			I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.	
<b>Parent/Guardian Signature</b>		<b>Date</b>	<b>Parent/Guardian Signature Required if Starting in Conditional Status</b>	
<b>NOT COMPLETE</b>				
Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS			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. 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. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete. If documentation is not provided within the conditional period, the student must be excluded from further attendance.	
Expiration Date: _____				
Validated by the Immunization Information System on 10/20/2021				
* Required for Preschool/Child Care Only	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
<b>Required Vaccines for School or Child Care Entry</b>				
<b>Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS</b>				
DTaP (Diphtheria, Tetanus, and Pertussis)				
Tdap (Tetanus, Diphtheria, and Pertussis)				
DT or Td (Tetanus, Diphtheria)				
Hepatitis B				IMMUNE
Hib ( <i>Haemophilus influenzae type b</i> )*	04/01/2019	06/01/2019	08/01/2019	
IPV (Polio)	04/01/2019	06/01/2019	08/01/2019	
OPV (Polio)				
MMR (Measles, Mumps, Rubella)				
PCV/PPSV (Pneumococcal)*	04/01/2019	06/01/2019	08/01/2019	
Varicella (Chickenpox) <input checked="" type="checkbox"/> History of disease verified by IIS				
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>				
COVID-19				
Flu (Influenza)				
Hepatitis A				
HPV (Human Papillomavirus)				
MCV/MPSV (Meningococcal Disease types A, C, W, Y)				
MenB (Meningococcal Disease type B)				
Rotavirus				

Validation is:

- Complete
- Not Complete
- Conditional

For series selected

- Child Care by age
- Preschool: 19 months-3 years
- Preschool-TK: 4 years
- Grade K-6
- Grade 7-12

# Validated CIS



## Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed COE on File? ☐ Yes ☐ No

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Birthdate (MM/DD/YYYY):</b>	<b>SIIS ID Number</b>
CAT	IRIS LILY		02/01/2019	11846329
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.			I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.	
<b>Parent/Guardian Signature</b>			<b>Date</b>	<b>Parent/Guardian Signature Required if Starting in Conditional Status</b>
<b>NOT COMPLETE</b>				
Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS			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. 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. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete. If documentation is not provided within the conditional period, the student must be excluded from further attendance.	
Validated by the Immunization Information System on 10/20/2021				
* Required for Preschool/Child Care Only	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
<b>Required Vaccines for School or Child Care Entry</b>				
DTaP (Diphtheria, Tetanus, Pertussis)	04/01/2019	06/01/2019	08/01/2019	
Tdap (Tetanus, Diphtheria)				
DT or Td (Tetanus, Diphth)				
Hepatitis B				IMMUNE
Hib ( <i>Haemophilus influenzae type b</i> )*	04/01/2019	06/01/2019	08/01/2019	
IPV (Polio)	04/01/2019	06/01/2019	08/01/2019	
OPV (Polio)				
MMR (Measles, Mumps, Rubella)				
PCV/PPSV (Pneumococcal)*	04/01/2019	06/01/2019	08/01/2019	
Varicella (Chickenpox) <input checked="" type="checkbox"/> History of disease verified by IIS				
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>				
COVID-19				
Flu (Influenza)				
Hepatitis A				
HPV (Human Papillomavirus)				
MCV/MPSV (Meningococcal Disease types A, C, W, Y)				
MenB (Meningococcal Disease type B)				
Rotavirus				

Shows date  
CIS was  
printed and  
validated

No provider  
or parent  
validation  
signature is  
needed

# Validated CIS



## Certificate of Immunization Status (CIS)

Reviewed by:	Date:
Signed COE on File? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIIS ID Number
CAT	IRIS LILY		02/01/2019	11846329
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.			I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.	
Parent/Guardian Signature			Date	
Parent/Guardian Signature Required if Starting in Conditional Status			Date	
<b>NOT COMPLETE</b>				
Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS Expiration Date: _____ Validated by the Immunization Information System on 10/20/2021			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. 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. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete. If documentation is not provided within the conditional period, the student must be excluded from further attendance.	
* Required for Preschool/Child Care Only	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
				Positive Titer

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.	
Parent/Guardian Signature	
Date	

Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Place for  
parent/guardian  
to give  
permission to  
add info to the IIS

Needed if using  
the IIS School  
Module IF info is  
missing in the IIS

Signature is  
optional

# Validated CIS



## Certificate of Immunization Status (CIS)

Reviewed by:	Date:
Signed COE on File? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIIS ID Number
CAT	IRIS LILY		02/01/2019	11846329

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.

I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.

Parent/Guardian Signature	Date	Parent/Guardian Signature Required if Starting in Conditional Status	Date
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### NOT COMPLETE

Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS  
Expiration Date: \_\_\_\_\_  
Validated by the Immunization Information System on 10/20/2021

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. 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. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete. If documentation is not provided within the conditional period, the student must be excluded from further attendance.

* Required for Preschool/Child Care Only	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	Positive Titer
--	----------	----------	----------	----------	----------	----------	----------------

I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.

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

COVID-19 (Seroconversion)	06/01/2022	06/01/2022	06/01/2022				
Varicella (Chickenpox) <input checked="" type="checkbox"/> History of disease verified by IIS							
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

Place for  
parent/guardian  
to acknowledge  
child's  
conditional  
status entry

Signature is  
*required* if the  
child will be  
attending in  
conditional  
status

# Conditional Status Attendance

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Before starting school or child care they must:

- Have **all vaccinations they are eligible to receive** on or before the first day of attendance.
- Not be currently due for any of the additional required doses.
- Must turn in documentation of additional doses needed within 30 after the dose comes due.

Additional information about conditional status on [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI):

- [Conditional Status Catch Up Immunization Schedule \(PDF\)](#)
- [Conditional Status Overview Video \(YouTube\)](#)
- [Conditional Status FAQ](#)
- [Sample Conditional Status Parent Letter \(Word\)](#) | [Español \(Word\)](#)

# Validated CIS



## Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed COE on File? ☐ Yes ☐ No

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Birthdate (MM/DD/YYYY):</b>	<b>SIIS ID Number</b>
CAT	IRIS LILY		02/01/2019	11846329
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.			I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.	
<b>Parent/Guardian Signature</b>		<b>Date</b>	<b>Parent/Guardian Signature Required if Starting in Conditional Status</b>	
<b>NOT COMPLETE</b>				
Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS Expiration Date: _____ Validated by the Immunization Information System on 10/20/2021			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. 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. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete. If documentation is not provided within the conditional period, the student must be excluded from further attendance.	
* Required for Preschool/Child Care Only	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
<b>Required Vaccines for School or Child Care Entry</b>				
DTaP (Diphtheria, Tetanus, Pertussis)	04/01/2019	06/01/2019	08/01/2019	
Tdap (Tetanus, Diphtheria, Pertussis)				
Hepatitis B				IMMUNE
IPV (Polio)	04/01/2019	06/01/2019	08/01/2019	
OPV (Polio)				IMMUNE
MMR (Measles, Mumps, Rubella)				
PCV/PPSV (Pneumococcal)*	04/01/2019	06/01/2019	08/01/2019	
Varicella (Chickenpox) <input checked="" type="checkbox"/> History of disease verified by IIS				
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>				
COVID-19				
Flu (Influenza)				
Hepatitis A				
HPV (Human Papillomavirus)				
MCV/MPSV (Meningococcal Disease types A, C, W, Y)				
MenB (Meningococcal Disease type B)				
Rotavirus				

Immunity:

Lab evidence of immunity entered by providers in the IIS will print in the Positive Titer column.

This is considered provider verification of immunity.

# Validated CIS



## Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed COE on File? ☐ Yes ☐ No

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Birthdate (MM/DD/YYYY):</b>	<b>SIIS ID Number</b>
CAT	IRIS LILY		02/01/2019	11846329
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.			I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.	
<b>Parent/Guardian Signature</b>			<b>Date</b>	<b>Parent/Guardian Signature Required if Starting in Conditional Status</b>
<b>NOT COMPLETE</b>				
Assessment of Required Immunizations for CHILD CARE BY 19 MONTHS Expiration Date: _____ Validated by the Immunization Information System on 10/20/2021			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. 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. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete. If documentation is not provided within the conditional period, the student must be excluded from further attendance.	
* Required for Preschool/Child Care Only	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
<b>Required Vaccines for School or Child Care Entry</b>				
DTaP (Diphtheria, Tetanus, Pertussis)	04/01/2019	06/01/2019	08/01/2019	
Tdap (Tetanus, Diphtheria, Pertussis)				
DT or Td (Tetanus, Diphtheria)				
Hepatitis B				
Hib ( <i>Haemophilus influenzae</i> type b)				
IPV (Polio)	04/01/2019	06/01/2019	08/01/2019	
OPV (Polio)				
MMR (Measles, Mumps, Rubella)				
MCV/MPSV (Meningococcal Disease types A, C, W, Y)				
MenB (Meningococcal Disease type B)				
Rotavirus				
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>				
COVID-19				
Flu (Influenza)				
Hepatitis A				
HPV (Human Papillomavirus)				
MCV/MPSV (Meningococcal Disease types A, C, W, Y)				
MenB (Meningococcal Disease type B)				
Rotavirus				

**Varicella (Chickenpox) ☒ History of disease verified by IIS**

History of Chickenpox Disease:

Checks the box on Varicella line if history of chickenpox disease is entered in the IIS.

This is considered provider verification.



# Validated CIS – Page 2 Action Report



## Action Report

Name:	RUE CAT	SHS Patient ID:	12078513
Date of Birth:	02/01/2019	Age:	6 years 1 months 12 days
Report Date:	03/13/2025	Status:	Not Complete

Required Vaccines for School or Child Care Entry	
Vaccine	Dose Due on or After
DTaP/Tdap/Td	02/01/2023
MMR	02/01/2023
Polio	02/01/2023
Varicella	02/01/2023

Recommended Vaccines (Not Required)	
Vaccine	Dose Due on or After
HepA	02/01/2020
Influenza	07/01/2024
COVID-19	08/22/2024
HPV	02/01/2028
Meningococcal	02/01/2030
Meningococcal B	02/01/2035
Pneumococcal	02/01/2069
Zoster	02/01/2069
RSV	02/01/2094

Invalid Vaccine Doses Not Printed on the CIS		
Vaccine	Invalid Dose Date	Reason for Invalid Dose
MMR	X 11/01/2019	Too Young

# Validated CIS – Page 2 Action Report



## Action Report

Name:	RUE CAT	SHS Patient ID:	12078513
Date of Birth:	02/01/2019	Age:	6 years 1 months 12 days
Report Date:	03/13/2025	Status:	Not Complete

Required Vaccines for School or Child Care Entry		Recommended Vaccines (Not Required)	
Vaccine	Dose Due on or After	Vaccine	Dose Due on or After
DTaP/Tdap/Td	02/01/2023	HepA	02/01/2020
			07/01/2024
			08/22/2024
			02/01/2028
			02/01/2030
			02/01/2035
			02/01/2069
			02/01/2069
			02/01/2094
Required Vaccines for School or Child Care Entry			
Vaccine	Dose Due on or After		
DTaP/Tdap/Td	02/01/2023		
MMR	02/01/2023		
Polio	02/01/2023		
Varicella	02/01/2023		
Invalid Vaccine			
MMR	X 11/01/2019		Too Young

# Validated CIS – Page 2 Action Report



## Action Report

Name:	RUE CAT	SHS Patient ID:	12078513
Date of Birth:	02/01/2019	Age:	6 years 1 months 12 days
Report Date:	03/13/2025	Status:	Not Complete

Required Vaccines for School or Child Care Entry		Recommended Vaccines (Not Required)	
Vaccine	Dose Due on or After	Vaccine	Dose Due on or After
DTaP/Tdap/Td			02/01/2020
MMR			07/01/2024
Polio			08/22/2024
Varicella			02/01/2028
			02/01/2030
			02/01/2035
			02/01/2069
			02/01/2069
			02/01/2094
Invalid Vaccine Doses Not Printed			
Vaccine		for Invalid Dose	
MMR		Too Young	

Recommended Vaccines (Not Required)	
Vaccine	Dose Due on or After
HepA	02/01/2020
Influenza	07/01/2024
COVID-19	08/22/2024
HPV	02/01/2028
Meningococcal	02/01/2030
Meningococcal B	02/01/2035
Pneumococcal	02/01/2069
Zoster	02/01/2069
RSV	02/01/2094

# Validated CIS – Page 2 Action Report



## Action Report

Name:	RUE CAT	SHS Patient ID:	12078513
Date of Birth:	02/01/2019	Age:	6 years 1 months 12 days
Report Date:	03/13/2025	Status:	Not Complete

Required Vaccines for School or Child Care Entry	
Vaccine	Dose Due on or After
DTaP/Tdap/Td	02/01/2023
MMR	02/01/2023
Polio	02/01/2023
Varicella	02/01/2023

Recommended Vaccines (Not Required)	
Vaccine	Dose Due on or After
HepA	02/01/2020
Influenza	07/01/2024
COVID-19	08/22/2024
HPV	02/01/2028

### Invalid Vaccine Doses Not Printed on the CIS

Vaccine	Invalid Dose Date	Reason for Invalid Dose
MMR	X 11/01/2019	Too Young

### Invalid Vaccine Doses Not Printed on the CIS

Vaccine	Invalid Dose Date	Reason for Invalid Dose
MMR	X 11/01/2019	Too Young



MYIR MOBILE CIS

# MyIR Mobile

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MyIR allows people to view their own and their children's immunizations.


Users will need to register the first time they use MyIR Mobile.

<https://app.myirmobile.com/auth/register?state=WA>

- Tip: If you can't find any records, try a different phone number.
- For help, email [MyIR@doh.wa.gov](mailto:MyIR@doh.wa.gov).

For more information, go to [www.doh.wa.gov/immsrecords](http://www.doh.wa.gov/immsrecords) .

# MyIRMobile Validated CIS



## Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed COE on File? ☐ Yes ☐ No

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIIS ID Number
GRAFF	A CIRCE CAT	Katherine	02/01/2010	N/A printed from MyIR
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.			I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.	
Parent/Guardian Signature			Date	Parent/Guardian Signature Required if Starting in Conditional Status
<b>COMPLETE</b>				
Assessment of Required Immunizations: SY 2023-2024 Grade 7-10			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. 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. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete. If documentation is not provided within the conditional period, the student must be excluded from further attendance.	
Validated by MyIR from the Immunization Information System on 08/04/2023				
		MM/DD/YY	MM/DD/YY	MM/DD/YY
<b>Required Vaccines for School or Child Care Entry</b>				
DTaP (Diphtheria, Tetanus, Pertussis)	04/01/10	06/01/10	08/01/10	08/01/11
Tdap (Tetanus, Diphtheria, Pertussis)	02/01/21			
DT or Td (Tetanus, Diphtheria)				
Hepatitis B	02/01/10	04/01/10	08/01/10	
Hib ( <i>Haemophilus influenzae type b</i> )*				
IPV (Polio)	04/01/10	06/01/10	08/01/10	02/01/14
OPV (Polio)				
MMR (Measles, Mumps, Rubella)	02/01/19	02/01/23		
PCV/PPSV (Pneumococcal)*				
Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS	02/01/11	02/01/14		
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>				
COVID-19	11/30/21	12/21/21	06/22/22	09/18/22
Flu (Influenza)	10/01/22			
Hepatitis A	02/01/16			
HPV (Human Papillomavirus)				
MCV/MPSV (Meningococcal Disease types A, C, W, Y)				
MenB (Meningococcal Disease type B)				
Rotavirus				

Similar to IIS CIS

- Says validated by MyIR
- The validation series depends on the grade selected by the parent
- Dates come from the WAIS so no medical verification signature is needed
- Prints valid dates only

# MyIRMobile Validated CIS

Child's Last Name:		First Name:		Middle Name:		Birthdate (MM/DD/YYYY):		SIIS ID Number	
GRAFF		A CIRCE CAT		Katherine		02/01/2010		N/A printed from MyIR	
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.						I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.			
Parent/Guardian Signature				Date		Parent/Guardian Signature Required if Starting in Conditional Status			
<p align="center"><b>COMPLETE</b></p> <p>Assessment of Required Immunizations: SY 2023-2024 Grade 7-10</p> <p>Expiration Date:</p> <p>Validated by MyIR from the Immunization Information System on 08/04/2023</p> <p>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. 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. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete. If documentation is not provided within the conditional period, the student must be excluded from further attendance.</p>									
* Required for Preschool/Child Care Only		MM/DD/YY	MM/DD/YY	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)	04/01/10	06/01/10	08/01/10	08/01/11	02/01/14				
Tdap (Tetanus, Diphtheria, Pertussis)									
DT or Td (Tetanus, Diphtheria)									
Hepatitis B									
Hib (Haemophilus influenzae type b)									
IPV (Polio)	04/01/10	06/01/10	08/01/10	02/01/14					
OPV (Polio)									
MMR (Measles, Mumps, Rubella)	02/01/19	02/01/23							
MMRV (Measles, Mumps, Rubella, Varicella)									
Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS	02/01/11	02/01/14							
Recommended Vaccines (Not Required for School or Child Care Entry)									
COVID-19	11/30/21	12/21/21	06/22/22	09/18/22					
Flu (Influenza)	10/01/22								
Hepatitis A	02/01/16								
HPV (Human Papillomavirus)									
MCV/MPSV (Meningococcal Disease types A, C, W, Y)									
MenB (Meningococcal Disease type B)									
Rotavirus									

## Differences from the IIS CIS

- Does not print the SIIS ID Number
- Does not include immunity by antibody titer
- May not show history of chicken pox disease depending on how it was entered



# Validated CIS – Page 2 Action Report



## Action Report

<b>Name:</b>	A CIRCE CAT Katherine GRAFF	<b>SIIS Patient ID:</b>	unable to print from MyIR
<b>Date of Birth:</b>	02/01/2010	<b>Age:</b>	13 years, 5 months, 20 days
<b>Report Date:</b>	07/21/2023	<b>Status:</b>	NOT COMPLETE

### Required Vaccines for School or Child Care Entry

Vaccine	Dose Due on or After
Tdap (Tetanus, Diphtheria, Pertussis)	02/01/2021

### Recommened Vaccines (Not Required)

Vaccine	Dose Due on or After
Flu (Influenza)	07/01/2023
Hepatitis A	08/01/2016
HPV (Human Papillomavirus)	02/01/2019
MCV/MPV (Meningococcal Disease)	02/01/2021

### Invalid Vaccine Doses Not Printed on the CIS

Vaccine	Invalid Dose Date	Reason for Invalid Dose



HARDCOPY CIS

# Hardcopy CIS



## Certificate of Immunization Status (CIS)

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

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed COE on File? ☐ Yes ☐ No

<b>Child's Last Name:</b> _____		<b>First Name:</b> _____		<b>Middle Initial:</b> _____		<b>Birthdate (MM/DD/YYYY):</b> _____	
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 information.			
X _____ <b>Parent/Guardian Signature</b>		_____ <b>Date</b>		X _____ <b>Parent/Guardian Signature Required if Starting in Conditional Status</b>		_____ <b>Date</b>	
<b>Required Vaccines for School or Child Care Entry</b>							
▲ Required School • Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
▲▲ DTaP (Diphtheria, Tetanus, Pertussis)							
▲ Tdap (Tetanus, Diphtheria, Pertussis) grade 7+							
▲▲ DT or Td (Tetanus, Diphtheria)							
▲▲ Hepatitis B							
• Hib (Haemophilus influenzae type b)							
▲▲ IPV (Polio)							
▲▲ OPV (Polio)							
▲▲ MMR (Measles, Mumps, Rubella)							
• PCV (Pneumococcal)							
▲▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS							
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
Meningococcal Disease types A, C, W, Y							
Meningococcal Disease type B							
Rotavirus							
I certify that the information provided on this form is correct and verifiable.		<b>Health Care Provider or School Official Name:</b> _____ Handwritten forms must have medical immunization records attached for school or child care staff verification.					
		<b>Signature:</b> _____				<b>Date:</b> _____	

### 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

► \_\_\_\_\_

# Hardcopy CIS

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.

Must be medically verified for accuracy with a signature by:

- A health care provider
  - Licensed, certified or registered in a profession listed in RCW [18.130.040](#)(2), if administering vaccinations is within the profession's scope of practice.
  - If signed by a health care provider, no medical immunization records need to be attached to the CIS.

**OR**

- A school nurse, administrator, child care health consultant or their designee
  - Before signing they must determine the information on the CIS is accurate after comparing it with attached medical vaccination records.
  - If not signed by a health care provider CIS must have medical vaccination records attached.

# Medical Vaccination Records

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## Medical Vaccination Records Include:

- Provider records
- Lifetime Immunization record completed by provider
- 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](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)

More examples are in the [Acceptable Versions of a Certificate of Immunization Status \(PDF\)](#).

# Hardcopy 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)		
<div>▶</div>		
Licensed Health Care Provider Signature    Date		
<div>▶</div>		
Printed Name		

Has a place for a provider to verify history of chickenpox disease.

This is considered provider verification of history of disease. No other documentation is required.

# Hardcopy 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		

Has a place for a provider to document immunity by antibody titer.

This is considered provider verification of immunity. No other documentation is required.

Note: immunity by antibody titer is not acceptable for:

- Pneumococcal
- Pertussis

# Hardcopy 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		

Polio can only be marked as immune by antibody titer if they are immune to all three polioviruses.

Testing has not been available for poliovirus type 2 since vaccine for type 2 was removed from OPV on 04/01/2016.

OPV doses on or after 04/01/2016 do not count in the polio series completion in the US schedule or school and child care requirements.



# Hardcopy CIS



## Certificate of Immunization Status (CIS)

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

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed COE on File? ☐ Yes ☐ No

<b>Child's Last Name:</b>		<b>First Name:</b>		<b>Middle Initial:</b>		<b>Birthdate (MM/DD/YYYY):</b>	
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 information.			
X _____ <b>Parent/Guardian Signature</b>		_____ <b>Date</b>		X _____ <b>Parent/Guardian Signature Required if Starting in Conditional Status</b>		_____ <b>Date</b>	
<b>Required Vaccines for School or Child Care Entry</b>						<b>Documentation of Disease Immunity (Health care provider use only)</b>	
•▲ DTaP (Diphtheria, Tetanus, Pertussis) ▲ Tdap (Tetanus, Diphtheria, Pertussis) grade 7+ •▲ DT or Td (Tetanus, Diphtheria) •▲ Hepatitis B • Hib (Haemophilus influenzae type b) •▲ IPV (Polio) •▲ OPV (Polio) •▲ MMR (Measles, Mumps, Rubella) • PCV (Pneumococcal) •▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						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"/> Hib	<input type="checkbox"/> Measles
						<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus
							<input type="checkbox"/> Hepatitis B
							<input type="checkbox"/> Mumps
							<input type="checkbox"/> Varicella
						<input type="checkbox"/> Polio (all 3 serotypes must show immunity)	
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>							
COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
Meningococcal Disease types A, C, W, Y							
Meningococcal Disease type B							
Rotavirus							
I certify that the information provided on this form is correct and verifiable.		<b>Health Care Provider or School Official Name:</b> _____				<b>Signature:</b> _____	
						<b>Date:</b> _____	
Handwritten forms must have medical immunization records attached for school or child care staff verification.							

# Hardcopy 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://myirmobile.com/>

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](mailto: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.

# Certificate of Immunization Status (CIS)

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Additional information about the CIS are available at [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI):

- Certificate of Immunization Status form
  - English and 17 translations
- Certificate of Immunization Status Overview Video
- Frequently Asked Questions about the Certificate of Immunization Status
- Acceptable Versions of a Certificate of Immunization Status
- Validated CIS Quick Reference Guide
- How to print the CIS from the Immunization Information System



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

# Certificate of Exemption (COE)

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A child may be exempted from one or more required immunizations, [RCW 28A.210.090](#).

- 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.
- Exemption forms or letters from other state's are not acceptable.

## **Four exemption options**

- Personal or philosophical exemption
  - not allowed for measles, mumps or rubella immunization requirements
- Religious
- Religious membership
- Medical



## 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 student/child may be excluded from school or child care settings and activities 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. 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*			
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Pertussis (whooping cough)
<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Polio	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)
*Measles, mumps, or rubella may not be exempted for personal/philosophical reasons per state law.			
RELIGIOUS EXEMPTION			
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hib	<input type="checkbox"/> Measles
<input type="checkbox"/> Mumps	<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Polio
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella (chickenpox)	

### 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.

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. My signature does not necessarily mean I endorse this decision.

Licensed Health Care Practitioner Name (Print) Licensed Health Care Practitioner Signature Date

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA Washington License #: \_\_\_\_\_

### RELIGIOUS MEMBERSHIP EXEMPTION (do not use this section if using the Religious Exemption section above)

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, 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.

Parent/Guardian Name (Print) Parent/Guardian Signature Date

To request this document in a different format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711

(Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).

DOH 348-106 January 2024



## 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 a vaccination requirement when a health care practitioner has determined specific vaccination is not advisable 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, per RCW 28A.210.090. Providers can find guidance on medical exemptions by reviewing Advisory Committee on Immunization Practice's (ACIP) recommendations via the Centers for Disease Control and Prevention publication, "Guide to Vaccine Contraindications and Precautions," or the manufacturer's package insert. The ACIP guide can be found at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/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.

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 a vaccine-preventable disease outbreak 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.

Parent/Guardian Name (Print) Parent/Guardian Signature Date

To request this document in a different format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711

(Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).

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# Education Requirement

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Philosophical/Personal and Religious Exemptions must have the signature of a health care practitioner licensed in WA State, defined as a:

- *Medical Doctor (MD).*
- *Doctor of Osteopathy (DO).*
- *Doctor of Naturopathic Medicine (ND).*
- Physician Assistant (PA).
- Advanced Registered Nurse Practitioner (ARNP).

Their signature affirms they:

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

Clinicians and school staff have no role in assessing a parent’s 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"/> Pertussis (whooping cough)
<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Polio	<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"/> Measles
<input type="checkbox"/> Mumps	<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> Polio
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella	

## 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. My signature does not necessarily mean I endorse this decision.

Parent/Guardian Name (Print)	Parent/Guardian Signature	Date
<b>HEALTH CARE PRACTITIONER DECLARATION</b> 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. My signature does not necessarily mean I endorse this decision.		
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 this section for personal/philosophical or religious exemptions.  
 Needs both parent and health care practitioner signatures.  
 There is no requirement for a parent to validate or prove their personal or religious beliefs.



# Education Requirement

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In lieu of signing the COE, the health care practitioner can give the parent a letter that can be attached to the parent-signed COE.

The letter must:

- Include the child's name and birthdate.
- State that they have the provided information to the parents about the benefits and risks of vaccination.
- Documentation that the health care practitioner is a MD, ND, DO, ARNP, or PA licensed in Washington State.
- Be signed and dated by the health care practitioner.

# Religious vs Religious Membership Exemptions

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## Religious

Used when the parent/guardian has a *religious belief that is contrary to the required immunization*.

- Child receives health care other than vaccinations from a health care practitioner.
- Requires a parent/guardian signature.
- Requires a health care practitioner signature or letter.



## Religious Membership

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.

- Child does not receive any health care from a health care practitioner.
- Requires a parent/guardian signature.
- Does not require a health care practitioner signature.

# Medical Exemption

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"/>	

A medical exemption is granted by a health care practitioner when, **in their judgement**, 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.

Guidance about contraindications to vaccination:

- CDC Child and Adolescent Immunization Schedule:  
<https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>
- Vaccine manufacturer's package insert

Permanent or Temporary:

- Both require health care practitioner and parent/guardian signatures.
- Temporary exemptions must have an expiration date. When reached, the child has 30 days to get the vaccine or another exemption.

# Exemption Considerations

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- A completed COE can be used for the student's entire K-12 school attendance.
  - Only temporary medical exemptions expire.
- The new form should be used for all NEW exemptions.
- Children 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 child has received the needed immunizations, remove the exemption from your tracking system.

# Certificate of Exemption (COE)

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Additional information about exemptions and the COE are available at [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI):

- Exemptions – Quick Reference Guide and Instructions:
  - English, Spanish, Russian, and Ukrainian
- Certificate of Exemption form:
  - English and 17 translations
- Immunization Exemptions Overview Video
- Frequently Asked Questions about the Certificate of Exemption
- Immunization Exemptions Toolkit for Health Care Providers



## CHILD CARE STAFF AND VOLUNTEER MEASLES REQUIREMENT

# Employee & Volunteer Measles Immunization Law

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Measles immunity law applies to staff (may include teachers, bus drivers, playground supervisors etc.) and volunteers who supervise children at a:

- Child care center.
- ECEAP (Early Childhood Education & Assistance Program).
- Head Start.
- K-12 school with an ECEAP or Headstart program.

Staff and volunteers must provide one of the following:

- Documentation of MMR vaccination.
- Proof of measles immunity with laboratory titer testing or by being born before 1957.
- Documentation from a Health Care Practitioner that the MMR vaccine is not advisable for the person.

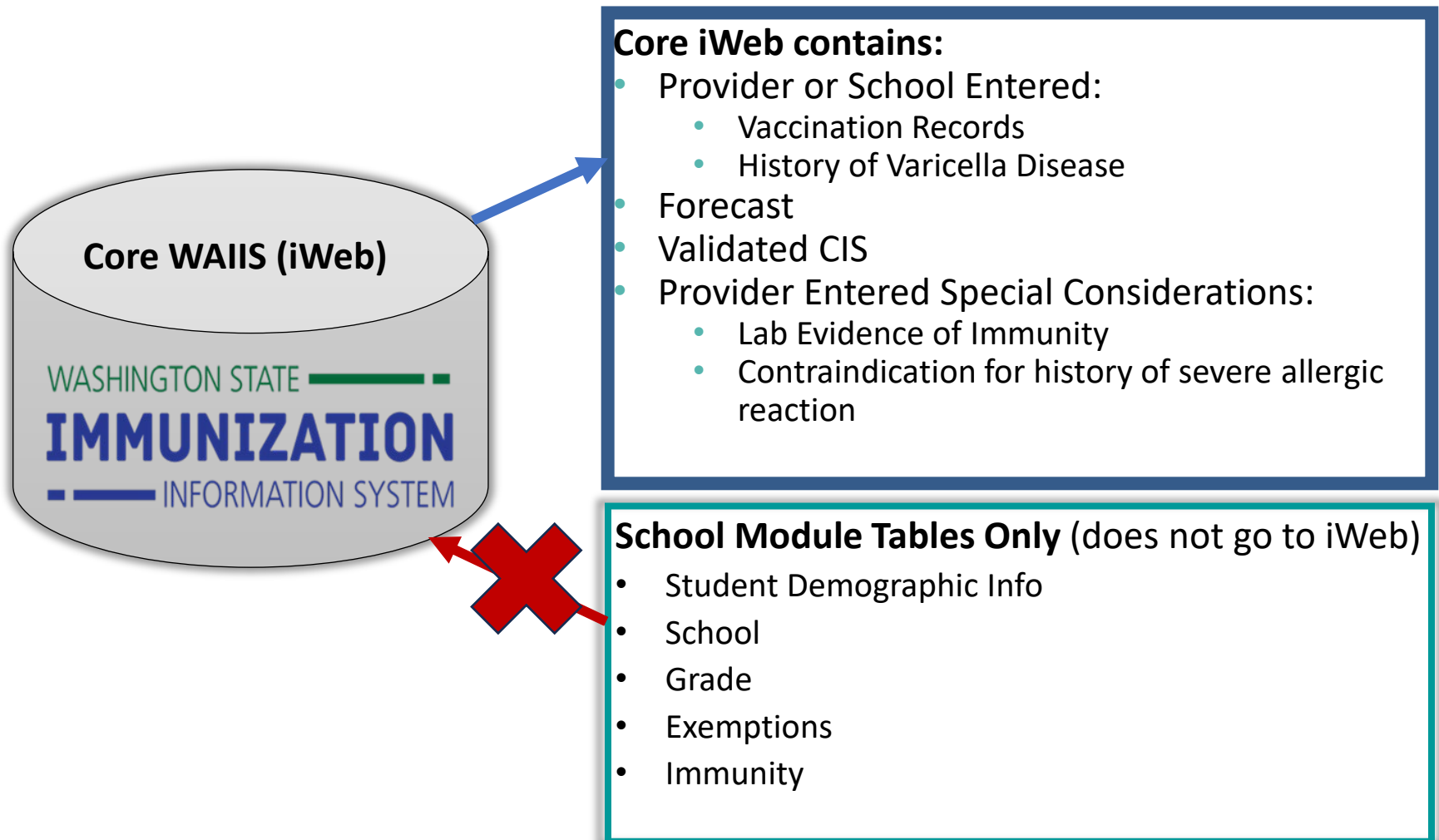
Information about the law is in the FAQs at [www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI) .

# School Module Exemptions and Immunity





# Relationship of School Module and Core WAIS



# Exemption and Immunity in the School Module

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Exemptions and Immunity entered on the demographic edit page of the School Module:

## Impact:

- Student's Roster Status
- Action Report
- At Risk Report
- Student and School Compliance Reports

## Does Not Impact:

- Validated CIS status
- WAIS Forecast

## Edit the CIS

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If desired, the school nurse may edit the validated CIS to reflect the immunity entered in the School Module.

- Attach a copy of the health care provider (HCP) documentation of blood antibody titer levels sufficient for immunity to the CIS.
- Make a notation (with a pen) “HCP documentation of immunity attached”.
- Sign and date.
- Write the word "Immune" in the Positive Titer column.
- If the immunity makes the status complete, cross out the “Not” in Not Complete or “Conditional” and write Complete.

WASHINGTON STATE —  
**IMMUNIZATION**  
— INFORMATION SYSTEM

The number of students with immunity at your school is reflected in the annual report. For the report to be accurate, students with health care provider documentation must be entered into the Immunization Module or by providing documentation to the Child Care Immunization Module like

- **Student Roster** – Immunity i
- **At-Risk Report** – Students w
- **Action Report** – If a student  
the action report as needing
- **Student and School Compliance**  
providers) and will be used i
- **Certificate of Immunization**  
Module will not impact the s  
will display as Not Complete  
the status by hand. Immunit
- **WALLS Forecast** – Immunity e  
forecast. Immunity entered

You must have documentation from provider filling out and signing the in letter from a health care provider st longer required to accompany health

**\*\* You must have parent permission  
Care Immunization Module. See the  
for more information. \*\***

1. Login to the School and Child Information System.
2. Search for and select the student.
3. Select **Demographics** under the **Student** tab.
4. Click **Edit**.



**HEALTH** To request this document in another language, please call 1-800-368-5777. Deaf or hard of hearing customers, please call 1-800-368-5777.

WASHINGTON STATE —  
**IMMUNIZATION**  
— INFORMATION SYSTEM

The number of students with exemptions at your school is reflected in the annual report. For the report to be accurate, those exemptions must be entered into the School and Child Care Immunization Module. Exemptions also impact other areas of the School and Child Care Immunization Module like the rosters and reports.

- **Student Roster** – Exemptions show on the roster and impact the student's immunization compliance status.
- **At-Risk Report** – Students with exemption entered with incomplete vaccinations show on the At-Risk report. If a student with an exemption entered has actually completed the vaccine series they will still show on the At-Risk Report, in this situation the exemption should be removed.
- **Action Report** – The action report shows students who need "action" for individual vaccines. If a student is missing an immunization but they have an exemption entered for that specific immunization, they will not show up on the action report because no action is required for that immunization requirement.
- **Student and School Compliance Reports** – will show exemptions entered and will be used in determining status.
- **Certificate of Immunization Status (CIS) form** – Exemptions entered in the School and Child Care Immunization Module will not impact the status displayed on the CIS form. If a vaccine series is incomplete the status will display as Not Complete or Conditional. A certificate of exemption must be on file with the CIS.
- **WAIS Forecast** – Exemptions entered in the School and Child Care Immunization Module will not impact the WAIS forecast.

-Medical, Personal, and Religious exemptions require both parent/guardian and healthcare practitioner signatures on the Certificate of Exemption (COE) form.

-Religious Membership exemptions require only parent/guardian signature.

**Grandfathered Exemptions:** If a COE has already been submitted to the school prior to the law change in 2011 it can be used in the School and Child Care Immunization Module. The form which includes the health care practitioner signature is only required for exemptions being requested after July 22, 2011.

\*\* You must have parent permission to enter immunization information, including exemptions into the School and Child Care Immunization Module. See the [School and Child Care Immunization Module Guidance and Expectations document](#) for more information. \*\*

1. Login to the School and Child Care Immunization Module.
2. Search for and select the student.
3. Select **Demographics** under the *Patient* section of the left-hand menu.
4. Click **Edit**.



**HEALTH** To request this document in another format, call 1-800-525-0127.  
Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh\\_information@doh.wa.gov](mailto:doh_information@doh.wa.gov)

DOI: 10.1002/anie.202500000

- [Enter Immunity Quick Reference Guide \(School and Child Care Immunization Module\) \(PDF\)](#)
- [Enter Exemptions Quick Reference Guide \(School and Child Care Immunization Module\) \(PDF\)](#)

Available on  
[www.doh.wa.gov/SchoolModule](http://www.doh.wa.gov/SchoolModule)

## Documenting Historical Vaccinations in the WAIS

Immunization records for vaccines given to a patient outside of your facility are referred to in the WAIS as 'Historical'. Patients may present documentation of immunization records that are not found in the WAIS. These records are often from out of state or from another country. Historical vaccination records in the WAIS are considered **medically verified**, and the decision to document an historical record in the WAIS should be based on the review and clinical judgment of a healthcare provider.

For detailed instructions on adding vaccinations directly in the IIS, see [Adding, Editing & Deleting Vaccinations](#).

### Examples of Official Medical Records of Immunization

- A hardcopy Certificate of Immunization Status (CIS) verified for accuracy with a unique healthcare provider or clinic stamp, or handwritten CIS with provider signature
- Immunization records from a provider, clinic or hospital EHR with a unique healthcare provider, clinic or hospital logo, header, stamp, or handwritten provider signature
- Official CIS or immunization record from another U.S. territory or state's IIS
- Official Lifetime Immunization Record from WA or another state with a unique healthcare provider or clinic stamp, or handwritten provider signature
- An immigration form or lifetime immunization record from another country with a clinic or healthcare provider stamp, or handwritten signature



### Records from one of the above sources should include the following:

- Source of the record – a stamp, official logo, or provider signature
- Patient's name
- Patient's date of birth
- Vaccine name
- Month, day, and year each vaccine was administered

### Examples of documents that are **NOT** considered medically verified, and should **NOT** be entered into the WAIS

- Oral or written report of vaccinations *without* medical proof
- Lifetime Immunization Records not filled out and signed by a health care provider
- Home vaccine lists, including baby books
- A Certificate of Immunization Status completed by hand *without* a health care provider signature or without medical immunization records attached
- A document printed from a school's recordkeeping system



**Questions?** Contact the IIS Help Desk at 1-800-325-5599 or [WAISHelpDesk@doh.wa.gov](mailto:WAISHelpDesk@doh.wa.gov)

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).

## Documenting Historical Vaccines in the WAIS:

Linked in the

[School and Child Care Immunization Module Document Library](#)

and on the

[IIS Training Materials Portal | Washington State Department of Health](#)

## Polio Vaccine Documentation in the WAIS

Since 2000, *inactivated polio vaccine (IPV)* is the only polio vaccine given in the United States.

- Document all polio vaccines administered in the U.S. since 01/01/2000 as IPV.
- IPV is available in the U.S. as a single vaccine, IPOL<sup>®</sup>, or in combination vaccines such as Pentacel (DTaP-IPV/Hib), Pediarix (DTaP-IPV-HepB), Kinrix (DTaP-IPV), VAXELIS (DTaP-IPV-Hib-HepB), or Quadracel (DTaP-IPV).
- Click [here](#) for information about IPV vaccine code information needed to accurately document vaccines in electronic health records and manage vaccine inventory in the Washington State Immunization Information System (IIS).

In many parts of the world, *oral polio vaccine (OPV)* is still being used to protect against polio.

- In April 2016, countries that use OPV switched from trivalent OPV (tOPV) to bivalent OPV (bOPV). Monovalent (mOPV) is also used during outbreak responses.
- OPV doses on or after 04/01/2016 should not be counted towards series completion.
- Historical non-U.S. polio vaccinations must be correctly documented to accurately assess series completion and compliance for school and childcare immunization requirements in Washington state.

### How do I document *historical oral polio vaccines (OPV)* in the WAIS?

- Click [here](#) to learn more about adding, editing and deleting vaccinations in the WAIS.
- Use the table below to determine which OPV vaccine should be documented in the WAIS based on the patient's historical record:

WAIS Vaccine Name	When can it be used in the WAIS?	CYX Code
OPV bivalent	bOPV administered <b>before or after</b> 04/01/2016	178
OPV, monovalent, unspecified	mOPV administered <b>before or after</b> 04/01/2016	179
OPV, trivalent, live, oral	tOPV administered <b>before</b> 04/01/2016 <i>*It is very unlikely that tOPV was given after 04/01/2016</i>	02
OPV, Unspecified	Administered <b>before or after</b> 04/01/2016, documented as OPV (specific formulation unknown) or administered outside the U.S. and documented as "polio"	182
polio, unspecified formulation	<i>*Do not use for doses given on or after 04/01/2016 (if dose may be OPV (non-U.S.))</i>	89

Visit [CDC ACIP Child Immunization Schedule](#) for U.S. Poliovirus Vaccination Recommendations.

Contact [ImmunNurses@DOH.WA.GOV](mailto:ImmunNurses@DOH.WA.GOV) for additional questions.

### How do I document historical non-U.S. IPV and OPV administered on the same day?

Most vaccines in the same family or group cannot be documented for the same patient on the same day due to the deduplication logic in the WAIS. Because IPV doses count towards U.S. vaccination requirements, IPV should be documented in the patient's historical record. A comment may be added to the vaccine record to note that a dose of OPV was also given on the same day outside of the U.S.



Questions? Contact the IIS Help Desk at 1-800-325-5599 or [WAISHelpDesk@doh.wa.gov](mailto:WAISHelpDesk@doh.wa.gov)

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# Polio Documentation Resources

## Polio Vaccine Documentation in the WAIS:

Linked in the

[School and Child Care Immunization Module Document Library](#)

and on the

[IIS Training Materials Portal | Washington State Department of Health](#)

CDC:

- [Child Immunization Schedule Notes | Vaccines & Immunizations | CDC-Polio](#)
- [www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm](http://www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm)
- [www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm](http://www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm)
- [Persons Vaccinated Outside the United States](#)

World Health Organization (WHO):

- [Vaccine Introduction](#)
- [WHO Vaccine Schedules](#)



## RESOURCES

# School and Child Care Immunization and School Module Pages

Website:

[www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

[www.doh.wa.gov/SchoolModule](http://www.doh.wa.gov/SchoolModule)

Questions?

Feedback!

Email us at:

[oischools@doh.wa.gov](mailto:oischools@doh.wa.gov)

[schoolmodule@doh.wa.gov](mailto:schoolmodule@doh.wa.gov)





# Immunization Page for Families

Website:

[www.doh.wa.gov/vaxtoschool](http://www.doh.wa.gov/vaxtoschool)

Questions?

Feedback!

Email us at:

[oischools@doh.wa.gov](mailto:oischools@doh.wa.gov)

[schoolmodule@doh.wa.gov](mailto:schoolmodule@doh.wa.gov)



**Acceda a los registros oficiales de vacunación de su familia en línea justo en el momento que los necesite.**

Cuando utiliza MyIR Mobile usted puede:

- Ver los registros de inmunización de su familia.
- Imprimir el formulario del Certificado del estatus de vacunación de sus niños

### **¡Regístrese hoy!**

Visite [myirmobile.com](http://myirmobile.com) o escanee el código QR abajo y siga las instrucciones para inscribirse.



MyIR Mobile es la forma más rápida de obtener los registros que necesita, pero puede encontrar más formas de acceder a la información de las vacunas de su familia visitando <https://bit.ly/informaciondevacunas>

Más información en:  
1-866-397-0337  
[WAISRecords@doh.wa.gov](mailto:WAISRecords@doh.wa.gov) or  
[MyIR@doh.wa.gov](mailto:MyIR@doh.wa.gov)

DOH 348-519 CS October 2023

Para solicitar este documento en otro formato, llame al 525-0127. Las personas con sordera o problemas de audición deben llamar al 711 (servicio de relé de Washington) o enviar un correo electrónico a [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).



**Access your family's official immunization records online, right when you need them.**

When you use MyIR Mobile you can:

- View your family's immunization records.
- Print your children's Certificate of Immunization Status form.

### **Register today!**

Visit [MyIRmobile.com](http://MyIRmobile.com) or scan the QR code below and follow the registration instructions.



MyIR Mobile is the quickest way to get the records you need, but you can find more ways to access your family's immunization by visiting [www.doh.wa.gov/immsrecords](http://www.doh.wa.gov/immsrecords)

More information available at:  
1-866-397-0337  
[WAISRecords@doh.wa.gov](mailto:WAISRecords@doh.wa.gov) or  
[MyIR@doh.wa.gov](mailto:MyIR@doh.wa.gov)

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# **MyIR Promotional Flyers**

Available to download and print:

[Promotional Flyer for MyIR \(English and Spanish\) \(PDF\)](#)



Washington State Department of  
**HEALTH**

## INDIVIDUAL VACCINE REQUIREMENTS SUMMARY

Guidelines on Immunizations Required for Child Care and School Entry in Washington State  
**SCHOOL YEAR 2025-2026**

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# IVRS: Individual Vaccine Requirements Summary

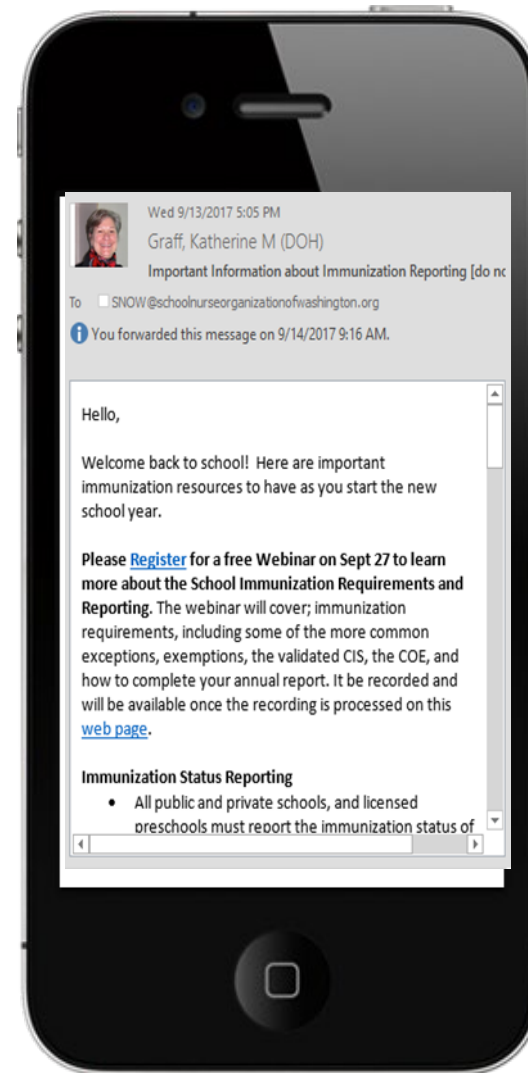
Available on our website:

[www.doh.wa.gov/SCCI](http://www.doh.wa.gov/SCCI)

# School and Child Care Listserv

<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**



# Obtaining Continuing Education

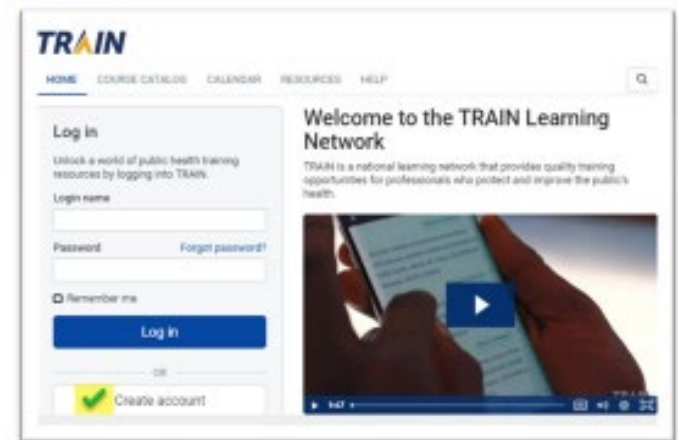
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- Continuing education is available for nurses.
  - There is no cost for CEs.
- The expiration date for credit is March 25, 2026.
- Successful completion of this continuing education activity includes the following:
  - Attending the entire live webinar or watching the webinar recording.
  - Completing the evaluation after the live webinar or webinar recording.

# Obtaining Continuing Education

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- We are now using [TRAIN.org](https://www.train.org) that allows attendees to automatically generate CE certificates or certificates of completion after completing the evaluation.
- You will need to have an account to access our immunization webinars.
- You can register for webinars, watch the recording, complete an evaluation, and print or download a CE certificate from [TRAIN.org](https://www.train.org).
- For any questions, please send an email to [immstraining@doh.wa.gov](mailto:immstraining@doh.wa.gov)





QUESTIONS?



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