Reviewed by:	Date:
Staff Signature	

Is there an accompanying signed Certificate of Exemption on file?
❑ Yes ❑ No

DOH 348-013
Rev: 10/15/08

Certificate of Immunization Status (CIS)

Child's Last Name:	First Name:	Middle Initial:	Child's Address:
Child's Birthdate:		Child's Sex:	
Parent/Guardian Name:			Parent/Guardian Day Phone:

If completing by hand, write the vaccine in the row to the left of "Dose" and the date the vaccine was received in the "Date" column. Age column is optional.
◆ Required for School and Child Care/Preschool ● Required for Child Care/Preschool Only

Vaccine	Dose	Date	Age
◆ Hepatitis B (Hep B)			
	1		
	2		
	3		
Hepatitis B (Hep B) Alternate schedule for teens			
	1		
	2		
Rotavirus			
	1		
	2		
	3		
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)			
	1		
	2		
	3		
	4		
	5		
◆ Diphtheria, Tetanus, Pertussis (Tdap, Td)			
	1		
	2		
● *Haemophilus influenzae* type b (Hib)			
	1		
	2		
	3		
	4		

See the back of this page for documentation of immunity, a vaccine trade name reference guide, and a vaccine abbreviation list.

Vaccine	Dose	Date	Age
● Pneumococcal (PCV, PPV)			
	1		
	2		
	3		
	4		
◆ Polio (IPV, OPV)			
	1		
	2		
	3		
	4		
Influenza (most recent)			
◆ Measles, Mumps, Rubella (MMR)			
	1		
	2		
◆ Varicella (chickenpox)			
	1		
	2		

Vaccine	Dose	Date	Age
Hepatitis A (Hep A)			
	1		
	2		
Meningococcal (MCV4, MPSV4)			
	1		
Human Papillomavirus (HPV)			
	1		
	2		
	3		
Other			

I certify that the information provided here is correct and verifiable.

Signature of Parent or Guardian Date

Licensed HCP Signature (MD, DO, ND, PA, ARNP) Date

▼ Verification of varicella disease history ▼

❑ Health Care Provider (HCP) Verified ▶	❑ Signed note from HCP attached **or** ❑ HCP provider signature here: ▶	
❑ HCP Verified by Registry ▶	No HCP Sig required if box at left checked.	**If school staff find verification in the Registry, then school staff must:** ▶
❑ Parental Report ▶	**ONLY** acceptable for some grades. Write date or age child had disease:	

Either initial with parent approval or get parent signature below:

Staff initials indicating parent approval: _____

Parent Signature indicating approval: _____

Documentation of Immunity by Blood Test (titer)

I certify that the child named on this form has laboratory evidence of immunity to (check all that apply):

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

☐ Other (list): ☐ lab report(s) attached (required)

X

Typed or Printed Name of **Licensed Health Care Provider** (MD, DO, ND, PA, ARNP)

X

Signature of **Licensed Health Care Provider** (required) Date (required)

Vaccine Trade Names*

Read down and across - Trade Names are in Alphabetical Order.

Trade Name	Vaccine		Trade Name	Vaccine
Acel-Imune	DTaP		Menomune	MPSV4
ActHIB	Hib		OmniHIB	Hib
Adacel	Tdap		Pediarix	DTaP + IPV + Hep B
Boostrix	Tdap		PedvaxHIB	Hib
Certiva	HPV		Pentacel	DTaP + IPV + Hib
Comvax	Hib + Hep B		Pentavalente	DTaP + Hep B + Hib
Daptacel	DTaP		Pneumovax	PPV23
Decavac	Td		Prevnar	PCV or PCV7
Engerix-B	Hep B		ProHIBiT	Hib
Fluarix	Flu		ProQuad	MMRV
FluMist	Flu		Quadracel	DTaP + IPV
Fluvirin	Flu		Recombivax	Heb B
Fluzone	Flu		Rotarix	Rotavirus
Gardasil	HPV		RotaTeq	Rotavirus
Havrix	Hep A		Tetramune	DTP + Hib
HibTITER	Hib		TriHIBit	DTaP + Hib
HyperTET	TIG		Tri-Immunol	DTP
HyperHEP B	HBIG		Tripedia	DTaP
Ipol	IPV		Twinrix	Hep B + Hep A
Infanrix	DTaP		Vaqta	Hep A
Kinrix	DTaP + IPV		Varivax	Varicella
Menactra	MCV4			

Vaccine Abbreviations*

Read down – Abbreviations are in Alphabetical Order.

Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus
DTaP	Diphtheria, Tetanus, acellular Pertussis
DTP	Diphtheria, Tetanus, Pertussis
Flu (TIV or LAIV)	Influenza
HBIG	Hepatitis B Immune Globulin
Hep A (HAV)	Hepatitis A
Hep B (HBV)	Hepatitis B
Hib	*Haemophilus influenzae* type b
HPV	Human Papillomavirus
IPV	Inactivated Poliovirus Vaccine
MCV4	Meningococcal Conjugate Vaccine
MPSV4	Meningococcal Polysaccharide Vaccine
MMR	Measles, Mumps, Rubella
MMRV	Measles, Mumps, Rubella, Varicella
OPV	Oral Poliovirus vaccine
PCV or PCV7	Pneumococcal Conjugate Vaccine
PPV23	Pneumococcal Polysaccharide Vaccine
Rota (RV1 or RV5)	Rotavirus
Td	Tetanus, Diphtheria
Tdap	Tetanus, Diphtheria, acellular Pertussis
TIG	Tetanus immune globulin
VAR or VZV	Varicella

***These lists may not be comprehensive; visit http://www.doh.wa.gov/cfh/immunize/forms/default.htm for updated lists.**