



Certificate of Immunization Status (CIS) DOH 348-013 January 2015

Office Use Only:							
Reviewed by: Date:							
Signed Cert. of Exemption on file? ☐ Yes ☐ No							

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

Child's La	ast Nam	e:	Firs	st Name:	Mie	ddle Init	ial: Bir	thdate (m	m/dd/yyyy): \$	Sex:		ion to my child's sinformation with t		
Symbols be	•	Required f	or Child Ca	and Child Care are/Preschool			that the ir correct an		provided on e.	this	Information Sy child's school	ystem to help the record.	school mair	ntain my
	-	Recomme	nded, but r	not required		Parent/	Guardian S	Signature F	Required	Date	Parent/Guard	lian Signature R	equired	Date
	Date			Vassins	Dana	Date		If	If the child named on this CIS had chickenpox			рох		
Vaccine	Dose	Month	Day	Year	Vaccine	Dose	Month	Day	Year			t the vaccine), o	disease his	story
◆ Hepati	tis B (He	ep B)			Pneum	ococca	(PCV, PP	SV)			ust be verified		(coo # 5 o	n hack)
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	3					3						by printout (not by		valid.
						4						ox disease verific	ed by healtl	hcare
or Hep B	- 2 dos	e alternate	schedule	for teens		5					ovider (HCP)			
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	2					1						sign here and pr		
■ Rotavir	us (RV1	, RV5)				2					,	3		
	1	,				3						care provider sig	jnature	Date
	2					4				(N	ID, DO, ND, PA	, ARNP)		
	3					-				Pr	inted Name:			
♦ Diphthe	eria, Teta	nus, Pertu	ssis (DTaF	P, DTP, DT)	▲ Moask	e Mum	ıps, Rubel	la (MMD)		-		ox disease verific	ed by scho	ol staff
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	2													
	3					2					If the child ca	an show immui	nitv bv blo	od test
	4											n't had the vac		
	5										•	to fill in this b	ox.	
◆ Tetanu	s. Dipht	heria, Per	tussis (T	dap)	◆ Varice	lla (chic	kenpox)				Document	ation of Disea	ase Immu	ınity
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Tracino	pillius II 1	IIIueiizae	type b (II				; write dat					□ Polio	Other.	
	2				•	1					Hepatitis B	□ Rubella		
	3					2						TetanusVaricella		
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Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.

- #1 To print with information filled in: First, ask if your healthcare provider's office puts vaccination history into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's information will fill in automatically.

 Be sure to review all the information, sign and date the CIS, and return it to school or child care. If your provider's office does not use the IIS, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

 EXAMPLE
- #2 To fill in by hand: Print your child's name, birthdate, sex, and your own name in the top box.
- #3 Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here
- **#4** If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide 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**.

Vaccine	Dose	Date								
Vaccine	50	Month	Day	Year						
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)										
DTaP	1	01	12	2011						
DTaP	2	03	20	2011						
DTaP	3	06	01	2011						

- #5 If your child had chickenpox (varicella) disease and not the vaccine, use only one of these three options to record this on the CIS:
 - 1) If your child's CIS is printed directly from the IIS (by your healthcare provider or school), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the IIS printout (not by hand).
 - 2) If your healthcare provider can verify that your child had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your provider, or 2B if your provider signs and dates in the space provided. Be sure your provider's full name is also printed.
 - 3) If school staff access the IIS and see verification that your child had chickenpox, they will mark box 3.
- **#6** Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your healthcare provider fill in this box. Ask your provider to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.
- **#7** Be sure to **sign and date the CIS**, and return to the school or child care.

Reference Guide

Vaccine Trad	e Names in a	lphabetical	order		(For updated lists, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf)					
Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	
ActHIB	Hib	FluLaval	Flu	Ipol	IPV	PedvaxHIB	Hib	Twinrix (Twnrx)	Hep A + Hep B	
Adacel	Tdap	FluMist	Flu	Infanrix	DTaP	Pentacel (Pntcl)	DTaP + Hib + IPV	Vaqta	Нер А	
Afluria	Flu	Fluvirin	Flu	Kinrix (Knrx)	DTaP + IPV	Pneumovax	PPSV or PPV23	Varivax	Varicella	
Boostrix	Tdap	Fluzone	Flu	Menactra	MCV or MCV4	Prevnar	PCV or PCV7 or PCV13			
Cervarix	HPV2	Gardasil	HPV4	MenHibrix (Mnhbrx)	Meningococcal C/Y- HIB-PRP	ProQuad (PrQd)	MMR + Varicella			
Daptacel	DTaP	Havrix	Нер А	Menomune	MPSV or MPSV4	Recombivax HB	Нер В			
Engerix-B	Нер В	Hiberix	Hib	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)			
Fluarix	Flu	HibTITER	Hib	Pediarix (Pdrx)	DTaP + Hep B + IPV	RotaTeq	Rotavirus (RV5)			

Vaccine Abbi	eviations in alphab	etical order	(Fe	(For updated lists, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf)					
Abbreviations	Full Vaccine Name Abbreviations		Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name		
DT	Diphtheria, Tetanus	Hep A (HAV) Hep B (HBV)	Hepatitis A Hepatitis B	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus		
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hib	Haemophilus influenzae type b	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria		
DTP	Diphtheria, Tetanus, Pertussis	HPV	Human Papillomavirus	OPV	Oral Poliovirus Vccine	Tdap	Tetanus, Diphtheria, acellular Pertussis		
Flu (IIV or LAIV)	Influenza	IPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin		
HBIG	Hepatitis B Immune Globulin	MCV or MCV4	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella		