



# Certificate of Immunization Status (CIS)

For Kindergarten-12<sup>th</sup> Grade / Child Care Entry

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 Washington Immunization Information System.

|   |                          |   |                                    |                   |
|---|--------------------------|---|------------------------------------|-------------------|
| <b>Child's Last Name:</b> _____   | <b>First Name:</b> _____ | <b>Middle Initial:</b> _____  | <b>Birthdate (MM/DD/YY):</b> _____ | <b>Sex:</b> _____ |
| I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record. |                          | I certify that the information provided on this form is correct and verifiable. |                                    |                   |
| <b>Parent/Guardian Signature Required</b> _____   |                          | <b>Parent/Guardian Signature Required</b> _____                                 |                                    |                   |
| <b>Date</b> _____   |                          | <b>Date</b> _____   |                                    |                   |

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

**Documentation of Disease Immunity**  
*Healthcare provider use only*

If the child named in this CIS has a history of **Varicella (Chickenpox)** or can show immunity by blood test (titer) it **MUST** be verified by a healthcare provider

I certify that the child named on this CIS has:

a verified history of Varicella (Chickenpox).

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

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

---

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

---

Printed Name \_\_\_\_\_

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

**To print with immunization information filled in:** Ask if your healthcare provider's office enters immunizations 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 immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. **If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: [waisrecords@doh.wa.gov](mailto:waisrecords@doh.wa.gov) or 1-866-397-0337.**

**To fill out the form by hand:**

**#1** Print your child's name, birthdate, sex, and sign your name where indicated on page one.

**#2 Vaccine information:** 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 History of Varicella Disease:** 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 healthcare 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 Documentation of Disease Immunity:** If your child can show positive immunity by blood test (titer) and has not had the vaccine, have your healthcare provider check the boxes for the appropriate disease in the Documentation of Disease Immunity box, and sign and date the form. **You must provide lab reports with this CIS.**

**Reference guide for vaccine abbreviations in alphabetical order**

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completeistofvaccinenames.pdf>

| Abbreviations | Full Vaccine Name                        | Abbreviations               | Full Vaccine Name                    | Abbreviations | Full Vaccine Name                      | Abbreviations      | Full Vaccine Name                   |
|---------------|--|-----------------------------|--------------------------------------|---------------|--|--------------------|-------------------------------------|
| DT            | Diphtheria, Tetanus, acellular Pertussis | Hep A                       | Hepatitis A                          | MCV / MCV4    | Meningococcal Conjugate Vaccine        | OPV                | Oral Poliovirus Vaccine             |
| DTaP          | Diphtheria, Tetanus, acellular Pertussis | Hep B                       | Hepatitis B                          | MenB          | Meningococcal B                        | PCV / PCV7 / PCV13 | Pneumococcal Conjugate Vaccine      |
| DTP           | Diphtheria, Tetanus, Pertussis           | Hib                         | <i>Haemophilus influenzae</i> type b | MPSV / MPSV4  | Meningococcal Polysaccharide Vaccine   | PPSV / PPV23       | Pneumococcal Polysaccharide Vaccine |
| Flu (IV)      | Influenza                                | HPV (2vHPV / 4vHPV / 9vHPV) | Human Papillomavirus                 | MMR           | Measles, Mumps, Rubella                | Rota (RV1 / RV5)   | Rotavirus                           |
| HBIG          | Hepatitis B Immune Globulin              | IPV                         | Inactivated Poliovirus Vaccine       | MMRV          | Measles, Mumps, Rubella with Varicella | Td                 | Tetanus, Diphtheria                 |

**Reference guide for vaccine trade names in alphabetical order**

For updated list, visit <https://fortress.wa.gov/doh/cpir/iweb/homepage/completeistofvaccinenames.pdf>

| Trade Name | Vaccine | Trade Name  | Vaccine | Trade Name | Vaccine     | Trade Name     | Vaccine            | Trade Name | Vaccine         |
|------------|---------|-------------|---------|------------|-------------|----------------|--------------------|------------|-----------------|
| ActHIB®    | Hib     | Fluarix®    | Flu     | Havrix®    | Hep A       | Menveo®        | Meningococcal      | Rotarix®   | Rotavirus (RV1) |
| Adacel®    | Tdap    | Flucelvax®  | Flu     | Hiberix®   | Hib         | Pediarix®      | DTaP + Hep B + IPV | RotaTeq®   | Rotavirus (RV5) |
| Afluria®   | Flu     | FluLaval®   | Flu     | HibTITER®  | Hib         | PedvaxHIB®     | Hib                | Tenivac®   | Td              |
| Bexsero®   | MenB    | FluMist®    | Flu     | Ipol®      | IPV         | Pentacel®      | DTaP + Hib + IPV   | Trumenba®  | MenB            |
| Boostrix®  | Tdap    | Fluvirin®   | Flu     | Infanrix®  | DTaP        | Pneumovax®     | PPSV               | Twintrix®  | Hep A + Hep B   |
| Cervarix®  | 2vHPV   | Fluzone®    | Flu     | Kinrix®    | DTaP + IPV  | Prevnam®       | PCV                | Vaqta®     | Hep A           |
| Daptacel®  | DTaP    | Gardasil®   | 4vHPV   | Menactra®  | MCV or MCV4 | ProQuad®       | MMR + Varicella    | Varivax®   | Varicella       |
| Engerix-B® | Hep B   | Gardasil® 9 | 9vHPV   | Menomune®  | MPSV4       | Recombivax HB® | Hep B              |            |                 |

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