



# Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

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

Child's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_

Sex: \_\_\_\_\_

Office Use Only:  
Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Cert. of Exemption on file?  Yes  No

Symbols below:  Required for School and Child Care/Preschool

Required for Child Care/Preschool Only

Recommended, but not required

I certify that the information provided on this form is correct and verifiable.

I give permission to my child's school to share information with the Immunization Information System to help the school maintain my child's school record.

Parent/Guardian Signature Required \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature Required \_\_\_\_\_ Date \_\_\_\_\_

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
■ Rotavirus (RV1, RV5)	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap)	1			
■ Tetanus, Diphtheria (Td)	1			
	2			
● Haemophilus influenzae type b (Hib)	1			
	2			
	3			
	4			
■ Influenza (flu, most recent)				

Vaccine	Dose	Date		
		Month	Day	Year
● Pneumococcal (PCV, PPSV)	1			
	2			
	3			
	4			
	5			
◆ Polio (IPV, OPV)	1			
	2			
	3			
	4			
◆ Measles, Mumps, Rubella (MMR)	1			
	2			
◆ Varicella (chickenpox)	1			
	2			
■ Hepatitis A (Hep A)	1			
	2			
■ Human Papillomavirus (HPV) – does not print from the IIS; write dates in by hand	1			
	2			
	3			
■ Meningococcal (MCV, MPSV)	1			
	2			

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.  
 Mark option 1, 2, OR 3 below (See # 5 on back)

1)  Chickenpox disease verified by printout from the Immunization Information System (IIS)  
 Must be marked by printout (not by hand) to be valid.

2)  Chickenpox disease verified by healthcare provider (HCP)  
 If you choose this box, mark 2A OR 2B below.  
 2A)  Signed note from HCP attached OR  
 2B)  HCP sign here and print name below:

Licensed healthcare provider signature \_\_\_\_\_ Date \_\_\_\_\_

3)  Chickenpox disease verified by school staff from the Immunization Information System

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

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.  
**Documentation of Disease Immunity**

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.  
**Signed lab report(s) MUST also be attached.**

<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 \_\_\_\_\_

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.**

**#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

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

- #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.
- #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.

(For updated lists, visit <https://forress.wa.gov/doh/cpir/web/homepage/completeIISofVaccinenames.pdf>)

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
AchIB	Hib	FluLaval	Flu	Ipol	IPV	PedvaxHIB	Hib		
Adacel	Tdap	Flumist	Flu	Infanrix	DTaP	Pentacel (Pntcl)	DTaP + Hib + IPV	Twinrix (Twinrx)	Hep A + Hep B
Altuvia	Flu	Fluvirin	Flu	Kinrix (Kinrx)	DTaP + IPV	Pneumovax	PPSV or PPV23	Vaqta	Hep A
Boostrix	Tdap	Fluzone	Flu	Menactra	MCV or MCV4	Prenar	PCV or PCV7 or PCV13	Varivax	Varicella
Cervarix	HPV2	Gardasil	HPV4	MenHibrix (MenHbrx)	Meningococcal C/Y-HIB-PRP	ProQuad (PrQd)	MMR + Varicella		
Daptacel	DTaP	Havrix	Hep A	Menomune	MPSV or MPSV4	Recombivax HB	Hep B		
Engerix-B	Hep B	Hiberix	Hib	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)		
Fluarix	Flu	HibTITER	Hib	Pediarix (Prdx)	DTaP + Hep B + IPV	Rotatet	Rotavirus (RV5)		

**Reference Guide**

(For updated lists, visit <https://forress.wa.gov/doh/cpir/web/homepage/completeIISofVaccinenames.pdf>)

Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAV)	Hepatitis A	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hep B (HBV)	Hepatitis B	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	HPV	Human Papillomavirus	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (IV 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