



Is there an accompanying signed Certificate of Exemption on file?

Yes No

Date:

Reviewed by:

Staff Signature

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	Vaccine	Dose	Date	Age
◆ Hepatitis B (Hep B)							
	1			● Pneumococcal (PCV, PPV)			
	2				1		
	3				2		
					3		
					4		
Hepatitis B (Hep B) Alternate schedule for teens							
	1			◆ Polio (IPV, OPV)			
	2				1		
Rotavirus							
	1				2		
	2				3		
	3				4		
◆ 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						

◆ Measles, Mumps, Rubella (MMR)

1 2

◆ Varicella (chickenpox)

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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. Parental Report

If school staff find verification in the Registry, then school staff must:

ONLY acceptable for some grades. Write date or age child had disease:

Signature of Parent or Guardian _____ **Date** _____

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

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

Either initial with parent approval or get parent signature below:
 Staff initials indicating parent approval: _____
 Parent Signature indicating approval: _____

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

