

COMPLETE FOR ALL (PINK)	UP-TO-DATE (GOLD)	MEDICAL (PURPLE)	RELIGIOUS (BLUE)	DPT/DT/d/DTAP (YELLOW)	#1	#2	#3	#4	#5	POLIO (BLACK)	#1	#2	#3	#4	VARICELLA (ORANGE)	#1	#2	MMR (RED)	#1	#2	HEPATITIS B (SILVER)	#1	#2	#3	HIB Haemophilus b (GREEN)	#1	#2	#3	#4
					DATE DUE	DATE DUE	DATE DUE	DATE DUE	DATE DUE		DATE DUE	DATE DUE	DATE DUE	DATE DUE		DATE DUE	DATE DUE		DATE DUE	DATE DUE		DATE DUE	DATE DUE	DATE DUE		DATE DUE	DATE DUE	DATE DUE	DATE DUE



# CERTIFICATE OF IMMUNIZATION STATUS

## OREGON DEPARTMENT OF HUMAN RESOURCES / HEALTH DIVISION

To attend an Oregon school, childcare facility, home day care or preschool, proof of immunization must be provided or a properly documented religious or medical exemption signed. The vaccine history must include the month and year in which each dose was received. Vaccine dates should be listed in the order received.

NAME OF SCHOOL / FACILITY

STUDENT I.D. #

GRADE

LAST NAME FIRST MIDDLE SEX BIRTHDATE (MO / DAY / YR) COUNTRY OF BIRTH

MAILING ADDRESS CITY STATE ZIP

PARENT(S) NAME TELEPHONE (WORK) (HOME)

**SECTION B**  
MEDICAL EXEMPTION (To be completed by a physician or county health department representative)

**SECTION A** VACCINE HISTORY

**DIPHTHERIA/TETANUS CONTAINING VACCINES**  
DtaP/DT/DTP/d INITIAL / DATE FOR UPDATES

DOSE	MO	DAY	YR	INITIAL / DATE FOR UPDATES
1				
2				
3				
4				
5				
6				

**SECTION A** VACCINE HISTORY

**MMR (Measles, Mumps, Ruella, combined)** DOSE MO DAY YR INITIAL / DATE FOR UPDATES

DOSE	MO	DAY	YR	INITIAL / DATE FOR UPDATES
1				
2				

**OR**

**POLIO ORAL (OPV) or INJECTABLE (IPV)** MO DAY YR

	MO	DAY	YR
1			
2			
3			
4			
5			

MEASLES (Single Dose)

MO	DAY	YR

RUBELLA (Single Dose)

MO	DAY	YR

MUMPS (Single Dose)

MO	DAY	YR

**HEPATITIS B (HEP B)** MO DAY YR

	MO	DAY	YR
1			
2			
3			

**HAEMOPHILUS INFLUENZAE type b (Hib)** MO DAY YR

	MO	DAY	YR
1			
2			
3			
4			

**VARICELLA VACCINE (CHICKENPOX)** MO DAY YR

	MO	DAY	YR
1			
2			

**OTHER** MO DAY YR

	MO	DAY	YR
1			
2			

**OR**

HISTORY OF DISEASE YES \_\_\_ NO \_\_\_

I CERTIFY THAT THIS CHILD SHOULD BE EXEMPTED FROM THE REQUIREMENTS FOR THE FOLLOWING VACCINES:

DIPHTHERIA     MEASLES     POLIO  
 TETANUS     RUBELLA     Hib  
 VARICELLA     MUMPS     HEPATITIS B

BASED ON:

HISTORY OF DISEASE (MO / YR) \_\_\_\_\_

**OR**

The following reason which constitutes a medical contraindication in accordance with the Advisory Committee on Immunization Practices of the U.S. Public Health Service for the vaccine (s) indicated.

REASON

PHYSICIAN OR COUNTY HEALTH DEPT. PHONE (PLEASE PRINT)

SIGNATURE PHYSICIAN OR COUNTY HEALTH DEPT. (M.D.,N.D.,D.O.,R.N.) DATE

MEDICAL EXEMPTION REVIEW (TO BE COMPLETED BY HEALTH DEPARTMENT RERESENTATIVE ONLY)

PERMANENT DATE VACCINE(S)

TEMPORARY REVIEW DATE

NEXT REVIEW DATE: REVIEW DATE

I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT. PLEASE CHECK APPROPRIATE BOX BELOW.

**USE BLUE OR BLACK INK ONLY**

SIGNATURE \_\_\_\_\_

UPDATE SIGNATURE #1 \_\_\_\_\_

UPDATE SIGNATURE #2 \_\_\_\_\_

PARENT / GUARDIAN     HEALTHCARE PRACTITIONER     HEALTH DEPT. REP.    DATE

**SECTION C**  
RELIGIOUS EXEMPTION

I have read and understand the information on the reverse side of this form and I am aware of the potential risks of being unimmunized. My child is being raised as an adherent to a religion the teachings of which are opposed to immunization and I request that my child therefore be exempted from immunization requirements.

\* Parent means: Parent, guardian, any adult responsible for the child, a person who is emancipated or student at least 18 years of age.

FOR ADDITIONAL INFORMATION REGARDING VACCINES, THE RISKS OF NON-IMMUNIZATION AND THE OREGON LAW, PLEASE SEE THE BACK OF THIS FORM.

SCHOOL / FACILITY COPY

53-05A 6/98

SIGNATURE OF PARENT \_\_\_\_\_ DATE \_\_\_\_\_

## RISK OF NON-IMMUNIZATION

Immunization is a safe and effective way to protect your child against vaccine preventable diseases that can hurt, cripple and even kill. The following contagious childhood diseases can spread rapidly among non-immunized children in a group situation such as preschool, school, day care center or day care home.

1. **Diphtheria** is an acute infectious disease of the tonsils, pharynx, larynx or nose that most often affects children under 15 years of age. Ten percent of the victims die.
2. **Pertussis** or whooping cough is an acute bacterial disease which infects the breathing tubes of the lung and is especially dangerous to infants and very young children. The most common complications include ear infections, pneumonia and inflammation of the brain. The overall death rate is one per hundred cases.
3. **Poliomyelitis** is an acute viral illness spread via human contact. Permanent paralysis and even death can result.
4. **Measles** is a serious disease characterized by rash and moderate to high fever. It can lead to pneumonia, serious ear infections, deafness, convulsions, inflammation of the brain and even death.
5. **Rubella** or German measles is an infectious viral disease characterized by mild fever and rash. The main risk is to non-immune women who catch the disease early in pregnancy. Such women are likely to have a baby with serious birth defects
6. **Mumps** is an acute viral disease characterized by fever and by swelling and tenderness of one or more salivary glands. The most common complications are acute inflammation of the testicles, ovaries, and pancreas Other severe complications of the disease include deafness from secondary ear infection, meningoencephalitis and death.
7. **Haemophilus influenzae type b** (Haemophilus b) is a bacterium which can cause severe disease, even death, especially in children less than 5 years of age This bacterium does not cause the "flu" (influenza). Haemophilus b can cause meningitis (infection of the covering of the brain) and can result in permanent brain damage. Haemophilus b can also cause pneumonia and infections of other body systems such as blood, joints, bone, soft tissue, throat and the covering of the heart.
8. **Hepatitis B** is caused by a highly infectious virus that attacks the liver. Hepatitis B infection can lead to severe illness, liver damage, and in some cases, death. No cure is available for hepatitis B, so prevention is crucial. Hepatitis B vaccine can be given safely to infants, children and adults, and provides protection in 90-95% of healthy persons.
9. Another serious vaccine preventable disease that your child should be immunized against is **tetanus**. This disease is not passed from person to person. Rather, the tetanus organism (often found in manure or soil) contaminates a wound (usually a puncture wound) and causes an infection which produces a poison This poison in turn causes tetanus disease, which is often called lockjaw. Tetanus is an acute disease which causes severe spasms in large muscle groups, especially those of the jaw, neck and chest area that control breathing. The death rate for tetanus is 50%.
10. **Varicella** (chickenpox) is an infectious viral disease which is characterized by rash, itching, tiredness and fever. It can lead to pneumonia, brain damage or death

Children with a religious or medical exemption(s) (except a verified history of disease) are not protected against the disease(s), which means that they are at risk of getting the disease(s), IN THE EVENT OF AN OUTBREAK, CHILDREN WITH A RELIGIOUS OR MEDICAL EXEMPTION FOR THE PARTICULAR DISEASE MAY BE EXCLUDED FROM THE SCHOOL/FACILITY UNDER THE JURISDICTION OF THE LOCAL HEALTH OFFICER.

## OREGON LAW AND RULES

A copy of the Oregon Immunization Law (ORS 433.235 through 433.280) and the corresponding Administrative Rules (333-19-021 through 333-19-090) will be sent to you by request. To obtain a copy, call the Oregon Health Division at 731-4020.

## UPDATING THE CERTIFICATE OF IMMUNIZATION STATUS FORM

The Certificate of Immunization Status (CIS) form can be updated by an authorized person by any of the following methods:

1. Add new dates to the CIS. Sign and date on the update signature line. Add new dates to the CIS and initial and date the entry next to each dose added, (This method may be used only by the person who originally signed the CIS.)
3. Dates taken from a signed and dated immunization exclusion order may be added to the CIS. The order must be attached to the CIS.
4. Dates may be transcribed to the CIS from another appropriately completed, signed and dated record. The record must be attached to the CIS.
5. Information can be transferred from a health care practitioner documented record or from an unsigned record on health care practitioner letterhead, The record must be attached to the CIS.
6. Information provided on a form or statement signed by an authorized person. The form or statement must be attached to the CIS form.

The following persons are authorized to verify immunization information: Parent, guardian, health care practitioner, or health department representative. Parent means: Parent, guardian, any adult responsible for the child, a person who is emancipated or a student at least 18 years of age.

## GLOSSARY OF VACCINE TERMS

Since vaccine doses can be documented in a variety of different ways on a parent's record, the following may help you identify which vaccines your child has received:

**ActHIB**---combination vaccine for both DTP and Hib. Record the date(s) in sections for both DTP and Hib.

**Haemophilus influenzae type b**---HbOC, PRP-OMP, PRP-D, HbCV, HibTITER, ProHIBIT, PedvaxHIB, ActHib

**Hepatitis B**---Recombivax, Engerix

**Polio**---OPV, E-IPV, Sabin, Salk, TOPV

**TETRAMUNE**---Combination vaccine for both DTP and Hib. Record the date(s) in sections for both DTP and Hib.

Call your county health department Immunization Coordinator if you have additional questions.