



INDIVIDUAL VACCINE REQUIREMENTS SUMMARY

Guidelines on Immunizations Required for Child Care/Preschool and School Entry in Washington State SCHOOL YEAR 2018-2019

VACCINES REQUIRED FOR CHILD CARE/PRESCHOOL ATTENDANCE

	Hepatitis B	DTaP (Diphtheria, Tetanus, Pertussis)	Hib (<i>Haemophilus influenzae</i> type B)	Polio	PCV (Pneumococcal Conjugate)	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)
By 3 Months (on or before last day of mo 2)	2 doses May get Dose 1 at birth and Dose 2 as early as 1 month of age	1 dose	1 dose	1 dose	1 dose	Not given before 12 months of age	Not given before 12 months of age
By 5 Months (on or before last day of mo 4)	2 doses	2 doses	2 doses	2 doses May get Dose 2 as early as 4 months of age			
By 7 Months (on or before last day of mo 6)	2 doses	3 doses May get Dose 3 as early as 6 months of age	3 doses	2 doses	3 doses		
By 16 Months (on or before last day of mo 15)	2 doses	3 doses	4 doses	2 doses	4 doses*	1 dose May get Dose 1 as early as 12 months of age	1 dose May get Dose 1 as early as 12 months of age OR Healthcare provider verified disease
By 19 Months (on or before last day of mo 18)	3 doses	4 doses May get Dose 4 as early as 12 months as long as 6 months separate Dose 3 and Dose 4	4 doses	3 doses	4 doses*	1 dose	1 dose OR Healthcare provider verified disease
By 7 Years (on or before last day of year 6) or by Kindergarten Entry	3 doses	5 doses	Not given after 5 years of age unless child has medical condition	4 doses	Not given after 5 years of age unless child has medical condition	2 doses	2 doses OR Healthcare provider verified disease

Children entering child care or preschool must get the required doses listed in this chart to be in compliance with immunization requirements. School-aged children (K-12) in before and after-school programs must meet the immunization requirements for their grade in school. The requirements follow the national Advisory Committee on Immunization Practices (ACIP) Immunization Schedule.

To read the chart, find the child’s age range and follow the row across to find the number of vaccine doses required by that age. For example, if a child is 6 ½ months old (not yet 7 months old), look at the row “By 5 months”. A 6 ½ month old child needs a total of 2 doses of DTaP vaccine. By the time the child reaches 7 months, they will need 3 total doses (look at the DTaP column and row “By 7 months”).



INDIVIDUAL VACCINE REQUIREMENTS SUMMARY

Guidelines on Immunizations Required for Child Care/Preschool and School Entry in Washington State SCHOOL YEAR 2018-2019

VACCINES REQUIRED FOR SCHOOL ATTENDANCE, GRADES K-12

VACCINE	Kindergarten - 5 th Grade	6 th – 7 th Grade	8 th - 11 th Grade	12 th Grade
Hepatitis B	3 doses Dose 3 must be given on or after 24 weeks of age			Dose 3 must be given on or after 4 months of age
Diphtheria, Tetanus, and Pertussis (DTaP)	5 doses (4 doses only IF 4 th dose given on or after 4 th birthday)			
Diphtheria, Tetanus, and Pertussis (Tdap)	Not Required		1 dose Tdap if 11 years of age or older	
Polio (IPV or OPV)	4 doses (3 doses only IF 3 rd dose given on or after 4 th birthday) • The final dose given on or after August 7, 2009, must be given on or after 4 years of age AND a minimum interval of 6 months from the previous dose.		4 doses (3 doses only IF 3 rd dose given on or after 4 th birthday)	
Measles, Mumps, and Rubella	2 doses			
Varicella	2 doses OR Healthcare provider verified disease			

Students entering school must get the required doses listed in this chart to be in compliance with immunization requirements. The requirements follow the national Advisory Committee on Immunization Practices (ACIP) Immunization Schedule with requirements specified by grade level.

To find the doses required, look at the column that includes the student’s grade and the row for the required vaccine. For example, a student entering Kindergarten needs 2 doses of MMR vaccine. The requirements and rules vary depending on the student’s grade.



Certificate of Immunization Status (CIS)

For Kindergarten-12th 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.

Child's Last Name: _____	First Name: _____	Middle Initial: _____	Birthdate (MM/DD/YY): _____	Sex: _____
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.		
Parent/Guardian Signature Required _____		Parent/Guardian Signature Required _____		
Date _____		Date _____		

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

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"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles	<input type="checkbox"/> Mumps <input type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella <input type="checkbox"/> Other: _____
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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 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	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	Twinrix®	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).