



Frequently Asked Questions

Certificate of Immunization Status (CIS) and Certificate of Exemption (COE)

Q Does a student without any exemptions need a copy of a COE in her or his file?

A No. Students must have the COE completed and filed in their record only if she or he has an exemption. If the student has more than one exemption, record all the exemptions on one COE.

Q Can I get the CIS through the Washington State Immunization Information System (IIS)?

A Yes. Print the CIS, dated January 2010, through the IIS (formerly Child Profile Immunization Registry).

Q Can I get the COE through the IIS?

A No. Download the COE, dated June 2011, at www.doh.wa.gov/YouandYourFamily/Immunization/FormsandPublications/Forms.aspx.

Q On the back of the CIS, I see a list of vaccine trade names. Do I need to record the trade name of the vaccine the child received on the CIS?

A No. The list of vaccine trade names was only included as a reference. This can be helpful when an immunization record has the vaccine trade name listed instead of the generic vaccine name (for example, Infanrix instead of DTaP or TriHibit instead of DTaP and Hib). With this table, parents and school personnel can identify where to record the vaccine trade name on the CIS.

Q Does a healthcare provider need to sign the CIS?

A Maybe. Washington State Administrative Code allows for parents/guardians to self-report vaccines. However, a healthcare provider must sign page one of the CIS under these two conditions:

1. If the healthcare provider verifies that the student has had varicella (chickenpox) disease.
2. If the healthcare provider documents immunity by blood test to one of the vaccine-preventable diseases.

Q Does a healthcare provider need to sign the COE?

A In most cases, yes. A licensed healthcare provider must sign the COE for any medical exemption. In addition, as of July 22, 2011, parents or guardians wanting a medical, philosophical, or religious exemption must have a provider sign a statement on the COE confirming the parent or guardian got information on the benefits and risks of immunization. A provider may also write and sign a letter saying the same thing instead of signing the COE.

Providers do not need to sign the COE if the parent claims a specific religious exemption stating their beliefs do not allow medical treatment from a healthcare provider. For more information on signature requirements, go to:

www.doh.wa.gov/CommunityandEnvironment/Schools/Immunization/Exemptions.aspx

Q All of the vaccines are listed on the CIS, not just the ones required for school attendance. Must schools have all of the vaccine records on the CIS, even if the vaccine is not required for school attendance?

A No. All the routinely recommended childhood vaccines are included on the CIS to minimize the need for major revisions to the CIS if and when new vaccines become required in our state. The vaccines

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marked with ♦ are required for school and child care/preschool attendance. The vaccines marked with ● are required for child care/preschool attendance only. Unmarked vaccines are not currently required for school or child care/preschool attendance but are recommended. Access the current Recommended Childhood Immunization Schedule at www.cdc.gov/vaccines/schedules/index.html

Q I find the “Verification of varicella disease history” section (bottom middle and right on the CIS) confusing. Can you explain these boxes?

A Verification of varicella disease can happen in four ways for a student:

1. **First option:** Disease Verified by Printout from the IIS. This box (if applicable) will get marked automatically if you print the CIS from the IIS. You cannot mark this box by hand. No other action is needed to document varicella if this box is automatically marked at printout.
2. **Second option:** Disease verified by a healthcare provider (HCP). If this box is checked, you must either mark the “Signed note from HCP attached” checkbox or “HCP signature here and print name below” checkbox. If “HCP signature here” is marked, make sure a licensed healthcare provider signs and prints his or her name in the spaces provided.
3. **Third option:** Disease verified by school staff from the IIS. Mark this checkbox if school staff finds verification of varicella disease in the IIS without printing the CIS. Then, school staff must initial (in the space below) that staff informed the parent that this box was checked by school staff.
4. **Fourth option:** Disease verified by parent. Parents or guardians mark this checkbox *only* if their child entered 6th grade during the 2013-2014 school year.

Q If I print the CIS from the IIS and it marks that the student had varicella (chickenpox), does a healthcare provider need to sign the CIS?

A No. If the CIS printed from the IIS includes marking of the “Chickenpox disease verified by printout from Child Profile Immunization Registry” checkbox, verification has already happened by the healthcare provider. No signature (or further action) is needed by the provider.

Q Can you explain the space (in the upper right) for staff signature on the CIS?

A We included a space for staff signature (on the upper right of the CIS) because:

1. Many school nurses wanted to document that they reviewed the CIS.
2. The staff person reviewing the CIS needs to check to see if a COE is on file. Since the COE and CIS are separate documents, we added a checkbox for staff to indicate that Yes or No, a “Signed Cert. of Exemption on file?” We put the checkbox near the staff signature box to flag the staff person’s attention to look for a COE.

Q In the past, schools ordered hard copies of the CIS from the Department of Printing Fulfillment Center (warehouse). How do schools get the form now?

A In order to save funds and reduce paper waste, DOH cannot make the CIS available from the Department of Printing and will no longer send the CIS to school districts, Head Start/ECEAP programs, or child care licensors. Schools and child cares must get the copies they need. Please also consider these options and tips:

- **Use the most current CIS, dated January 2010, for new students only.**
- Print the CIS directly from the IIS. Healthcare providers or schools may print an automatically-



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populated CIS from the IIS.

- Use legible copies of the CIS.
 - Print it from the Department of Health Web site at www.doh.wa.gov/YouandYourFamily/Immunization/FormsandPublications/Forms.aspx.
 - Make copies and distribute it to parents or post the form on your school's web page.
 - Encourage parents to download, print, and complete the form by hand. Downloaded the CIS from the address above.

Q If an immunization record gets stapled to the CIS, does the CIS still need to be filled out?

A Yes. All children must have a completed CIS on file to attend school or child care in Washington State. An immunization record cannot replace a completed CIS.

Q How can I get copies of the COE?

A The COE is only available online. Download it at: www.doh.wa.gov/YouandYourFamily/Immunization/FormsandPublications/Forms.aspx .

Q Do I need to use the most current CIS for students each year they are enrolled?

A No. It's not necessary to have a new CIS every year. We encourage schools to use the existing CIS for already enrolled students and use the newest CIS for new students only. For in-state transfer students, get the CIS from that student's former school.

Q Can I still use the old CIS for new students if I have enough?

A No. Revisions to the CIS have been significant enough to require that schools use the most updated CIS, dated January 2010.

Q How can schools get copies of the CIS and COE in other languages?

A We have translated the CIS into 20 languages and the COE into Spanish. Any school or child care can download these at: www.doh.wa.gov/YouandYourFamily/Immunization/FormsandPublications/Forms.aspx.

Sample: Certificate of Exemption

DOH 348-106 June 2011

For School, Child Care and Preschool Immunization Requirements



DIRECTIONS: All exemptions must have a licensed health care provider signature (or "Provider Statement")² Exception: Box 1 is not required for religious exemptions when Box 2 ("Demonstration of Religious Membership") is completed. All exemptions must also have a parent/guardian sign & date Box 3 ("Parent/Guardian Statement")

Child's Last Name:	First Name:	Middle Initial:	Birthdate (mm/dd/yyyy):	Sex:	Parent/Guardian Name (please print):
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Parent/Guardian, please choose the exemption(s) that apply to your child below.

<input checked="" type="checkbox"/> Temporary Medical Exemption <input type="checkbox"/> Permanent Medical Exemption Vaccine(s) <u>Pertussis</u> Until <u>July 01, 2013</u> Date (or Permanent) Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP) Signature of Licensed Health Care Provider <u>X</u> Date <u>X</u>	<input type="checkbox"/> Personal/Philosophical Exemption (see Box 1) <input type="checkbox"/> Religious Exemption (see Box 1) <input type="checkbox"/> Religious Membership Exemption (see Box 2) I do not want my child to get the following vaccine(s): <input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Pertussis (whooping cough) <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella (chickenpox) <input type="checkbox"/> Other (indicate):
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Box 1
Provider Statement²: "I, <u>NOT REQUIRED</u> , am a qualified provider (MD, DO, ND, PA, ARNP) licensed under Title 18 RCW. I confirm that the parent or guardian signing in Box 3 (Parent/Guardian Statement) has received information on the benefits and risks of immunization to their child as a condition for exempting their child for medical, religious, personal, or philosophical reasons." X NOT REQUIRED Signature of Licensed Health Care Provider (MD, DO, ND, PA, ARNP) X NOT REQUIRED Date

Box 2
Parent/Guardian Demonstration of Religious Membership: "I am a member of a church or religious body whose beliefs or teachings do not allow for medical treatment from a health care practitioner. By supplying the information requested below, no further proof or signed provider statement in Box 1 is required for this religious exemption." X Name of Church or Religious Body X X Signature of Parent or Guardian Date

Box 3
Parent/Guardian Statement: "I certify that all the information provided on this certificate is correct and verifiable. I understand that if there is an outbreak of a vaccine-preventable disease my child has not been fully immunized against (as indicated above, for medical, personal/philosophical or religious reasons), my child may be at risk for disease and can be excluded from school, child care, or preschool until the outbreak is over." X <u>Maria Parent/Guardian</u> X <u>7/22/2011</u> Signature of Parent or Guardian Date

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

DOH 348-106 June 2011

¹ RCW 28A.210.080-090 states that before or on the first day of every child's attendance at any public and private school or licensed child care center in Washington State, the parent or guardian must present proof of either: (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the State Board of Health, or (3) a certificate of exemption signed by a parent or guardian and a licensed health care provider.

² Letter may substitute for signed "Provider Statement" on this certificate. To be accepted, the letter must include the child's name on this certificate, confirm that the child's parent or guardian got information on the risks and benefits of immunization to their child, and be signed by a licensed health care provider.

Unlicensed Facility Version

Sample: Medical Exemption

DIRECTIONS: All exemptions must have a licensed health care provider sign (see Box 1 or Box 2) Exception: Box 1 is not required for religious exemptions when Box 2 ('Demonstration of Religious Membership') is completed. All exemptions must also have a parent/guardian sign & date Box 3 ('Parent/Guardian Statement')

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (mm/dd/yyyy): _____ Sex: _____ Parent/Guardian Name (please print): _____

Parent/Guardian, please choose the exemption(s) that apply to your child below.

<input type="checkbox"/> Temporary Medical Exemption <input checked="" type="checkbox"/> Permanent Medical Exemption Vaccine(s) <u>Pertussis</u> Until <u>Permanent</u> Date (or Permanent) Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP) _____ X _____ X _____ Signature of Licensed Health Care Provider Date	<input type="checkbox"/> Personal/Philosophical Exemption (see Box 1) <input type="checkbox"/> Religious Exemption (see Box 1) <input type="checkbox"/> Religious Membership Exemption (see Box 2) I do not want my child to get the following vaccine(s): <input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Pertussis (whooping cough) <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella (chickenpox) <input type="checkbox"/> Other (indicate): _____
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Box 1

Provider Statement²: "I, NOT REQUIRED, am a qualified provider (MD, DO, ND, PA, ARNP) licensed under Title 18 RCW. I confirm that the parent or guardian signing in Box 3 (Parent/Guardian Statement) has received information on the benefits and risks of immunization to their child as a condition for exempting their child for medical, religious, personal, or philosophical reasons."
 X **NOT REQUIRED**
 Signature of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)
 X **NOT REQUIRED**
 Date _____

Box 2

Parent/Guardian Demonstration of Religious Membership: "I am a member of a church or religious body whose beliefs or teachings do not allow for medical treatment from a health care practitioner. By supplying the information requested below, no further proof or signed provider statement in Box 1 is required for this religious exemption."
 X
 Name of Church or Religious Body _____
 X _____ X _____
 Signature of Parent or Guardian _____ Date _____

Box 3

Parent/Guardian Statement: "I certify that all the information provided on this certificate is correct and verifiable. I understand that if there is an outbreak of a vaccine-preventable disease my child has not been fully immunized against (as indicated above, for medical, personal/philosophical or religious reasons), my child may be at risk for disease and can be excluded from school, child care, or preschool until the outbreak is over."
 X Maria Parent/Guardian X 7/22/2011
 Signature of Parent or Guardian _____ Date _____

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).

DOH 348-967-1 BY 8/08

RCW 28A.10.080-090 states that before or on the first day of every child's attendance at any public and private school or licensed child care center in Washington State, the parent or guardian must present proof of either: (1) immunization, (2) the initiation of and compliance with the schedule of immunizations as required by rules of the State Board of Health, or (3) certificate of exemption signed by a parent or guardian and a licensed health care provider.

A letter may substitute for a signed 'Provider Statement' on this certificate. To be accepted, the letter must reference the child's name on this certificate, confirm that the child's parent or guardian got information on the risks and benefits of immunization to their child, and be signed by a licensed health care provider.

Unlicensed Facility Version

Sample: Certificate of Exemption

DIRECTIONS: All exemptions must have a licensed health care provider sign & date Box 1 ('Provider Statement')² Exception: Box 1 is not required for religious exemptions when Box 2 ('Demonstration of Religious Membership') is completed. All exemptions must also have a parent/guardian sign & date Box 3 ('Parent/Guardian Statement')

Child's Last Name:	First Name:	Middle Initial:	Birthdate (mm/dd/yyyy):	Sex:	Parent/Guardian Name (please print):
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Parent/Guardian, please choose the exemption(s) that apply to your child below.

<input type="checkbox"/> Temporary Medical Exemption <input type="checkbox"/> Permanent Medical Exemption _____ Until _____ Vaccine(s) Date (or Permanent) _____ Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP) _____ <input checked="" type="checkbox"/> _____ <input checked="" type="checkbox"/> _____ Signature of Licensed Health Care Provider Date	<input type="checkbox"/> Personal/Philosophical Exemption (see Box 1) <input checked="" type="checkbox"/> Religious Exemption (see Box 1) <input type="checkbox"/> Religious Membership Exemption (see Box 2) I do not want my child to get the following vaccine(s): <input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Pertussis (whooping cough) <input type="checkbox"/> Pneumococcal <input checked="" type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella (chickenpox) <input type="checkbox"/> Other (indicate):
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Box 1

Provider Statement²: "I, NOT REQUIRED, am a qualified provider (MD, DO, ND, PA, ARNP) licensed under Title 18 RCW. I confirm that the parent or guardian signing in Box 3 (Parent/Guardian Statement) has received information on the benefits and risks of immunization to their child as a condition for exempting their child for medical, religious, personal, or philosophical reasons."
 NOT REQUIRED

 Signature of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)
 NOT REQUIRED

 Date

Box 2

Parent/Guardian Demonstration of Religious Membership: "I am a member of a church or religious body whose beliefs or teachings do not allow for medical treatment from a health care practitioner. By supplying the information requested below, no further proof or signed provider statement in Box 1 is required for this religious exemption."

 Name of Church or Religious Body

_____ _____
 Signature of Parent or Guardian Date

Box 3

Parent/Guardian Statement: "I certify that all the information provided on this certificate is correct and verifiable. I understand that if there is an outbreak of a vaccine-preventable disease my child has not been fully immunized against (as indicated above, for medical, personal, philosophical or religious reasons), my child may be at risk for disease and can be **excluded** from school, child care, or preschool until the outbreak is over."
 Maria Parent/Guardian 7/22/2011
 Signature of Parent or Guardian Date

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388). DOH 348-987-1 BY 8/08

Unlicensed Facility Version

1 RCW 18A.210.080-090 states that before or on the first day of every child's attendance at any public and private school or licensed child care center in Washington State, the parent or guardian must present proof of either (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the State Board of Health, or (3) a certificate of exemption signed by a parent or guardian and a licensed health care provider.

2 A letter may substitute for a signed 'Provider Statement' on this certificate. To be accepted, the letter must reference the child's name on this certificate, confirm that the child's parent or guardian got information on the risks and benefits of immunization to their child, and be signed by a licensed health care provider.

Sample: Religious Exemption

(with demonstration of religious membership)

DIRECTIONS: All exemptions must be signed by a parent/guardian & a licensed health care provider. For religious exemptions when Box 2 ('Demonstration of Religious Membership') is completed, all exemptions must also include a parent/guardian sign & date Box 3 ('Parent/Guardian Statement')

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (mm/dd/yyyy): _____ Sex: _____ Parent/Guardian Name (please print): _____

Parent/Guardian, please choose the exemption(s) that apply to your child below.

<input type="checkbox"/> Temporary Medical Exemption <input type="checkbox"/> Permanent Medical Exemption _____ Until _____ Vaccine(s) Date (or Permanent) _____ Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP) _____ <input checked="" type="checkbox"/> _____ Signature of Licensed Health Care Provider Date	<input type="checkbox"/> Personal/Philosophical Exemption (see Box 1) <input type="checkbox"/> Religious Exemption (see Box 1) <input checked="" type="checkbox"/> Religious Membership Exemption (see Box 2) I do not want my child to get the following vaccine(s): <input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Pertussis (whooping cough) <input type="checkbox"/> Pneumococcal <input checked="" type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella (chickenpox) <input type="checkbox"/> Other (indicate): _____
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Box 1

Provider Statement²: "I, NOT REQUIRED, am a qualified provider (MD, DO, ND, PA, ARNP) licensed under Title 18 RCW. I confirm that the parent or guardian signing in Box 3 (Parent/Guardian Statement) has received information on the benefits and risks of immunization to their child as a condition for exempting their child for medical, religious, personal, or philosophical reasons."
 NOT REQUIRED

 Signature of Licensed Health Care Provider (MD, DO, ND, PA, ARNP)
 NOT REQUIRED

 Date

Box 2

Parent/Guardian Demonstration of Religious Membership: "I am a member of a church or religious body whose beliefs or teachings do not allow for medical treatment from a health care practitioner. By supplying the information requested below, no further proof or signed provider statement in Box 1 is required for this religious exemption."
 My church or religious body

 Name of Church or Religious Body
 Maria Parent/Guardian *7/22/2011*

 Signature of Parent or Guardian Date

Box 3

Parent/Guardian Statement: "I certify that all the information provided on this certificate is correct and verifiable. I understand that if there is an outbreak of a vaccine-preventable disease my child has not been fully immunized against (as indicated above, for medical, personal/philosophical or religious reasons), my child may be at risk for disease and can be **excluded** from school, child care, or preschool until the outbreak is over."
 Maria Parent/Guardian *7/22/2011*

 Signature of Parent or Guardian Date

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DOH 348-96* >i BY 85%

Unlicensed Facility Version

¹ RCW 17A.210.080-090 states that before or on the first day of every child's attendance at any public and private school or licensed child care center in Washington State, the parent or guardian must present proof of either (1) full immunization, (2) the initiation of a compliance with a schedule of immunization, as required by rules of the State Board of Health, or (3) a certificate of exemption, signed by a parent or guardian and licensed health care provider.

² A letter may substitute for a signed 'Provider Statement' on this certificate. To be accepted, the letter must reference the child's name on this certificate, confirm that the child's parent or guardian got information on the risks and benefits of immunization to their child, and be signed by a licensed health care provider.

Sample: Pers./Phil. Exemption

DIRECTIONS: All exemptions must have a licensed health care provider sign & date Box 1 ('Provider Statement')² Exception: Box 1 is not required for religious exemptions when Box 2 ('Demonstration of Religious Membership') is completed. All exemptions must also have a parent/guardian sign & date Box 3 ('Parent/Guardian Statement')

Child's Last Name:	First Name:	Middle Initial:	Birthdate (mm/dd/yyyy):	Sex:	Parent/Guardian Name (please print):
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Parent/Guardian, please choose the exemption(s) that apply to your child below.

<input type="checkbox"/> Temporary Medical Exemption <input type="checkbox"/> Permanent Medical Exemption _____ Until _____ Vaccine(s) Date (or Permanent) _____ Print Name of Licensed Health Care Provider (MD, DO, ND, PA, ARNP) _____ <input checked="" type="checkbox"/> _____ <input checked="" type="checkbox"/> _____ Signature of Licensed Health Care Provider Date	<input checked="" type="checkbox"/> Personal/Philosophical Exemption (see Box 1) <input type="checkbox"/> Religious Exemption (see Box 1) <input type="checkbox"/> Religious Membership Exemption (see Box 2) I do not want my child to get the following vaccine(s): <input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Pertussis (whooping cough) <input type="checkbox"/> Pneumococcal <input checked="" type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella (chickenpox) <input type="checkbox"/> Other (indicate):
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Box 1
Provider Statement²: "I, <u>NOT REQUIRED</u> , am a qualified provider (MD, DO, ND, PA, ARNP) licensed under Title 18 RCW. I confirm that the parent or guardian signing in Box 3 (Parent/Guardian Statement) has received information on the benefits and risks of immunization to their child as a condition for exempting their child for medical, religious, personal, or philosophical reasons." <input checked="" type="checkbox"/> NOT REQUIRED _____ Signature of Licensed Health Care Provider (MD, DO, ND, PA, ARNP) <input checked="" type="checkbox"/> NOT REQUIRED _____ Date

Box 2
Parent/Guardian Demonstration of Religious Membership: "I am a member of a church or religious body whose beliefs or teachings do not allow for medical treatment from a health care practitioner. By supplying the information requested below, no further proof or signed provider statement in Box 1 is required for this religious exemption." <input checked="" type="checkbox"/> _____ Name of Church or Religious Body <input checked="" type="checkbox"/> _____ <input checked="" type="checkbox"/> Signature of Parent or Guardian Date

Box 3
Parent/Guardian Statement: "I certify that all the information provided on this certificate is correct and verifiable. I understand that if there is an outbreak of a vaccine-preventable disease my child has not been fully immunized against (as indicated above, for medical, personal/philosophical or religious reasons), my child may be at risk for disease and can be excluded from school, child care, or preschool until the outbreak is over." <input checked="" type="checkbox"/> <u>Maria Parent/Guardian</u> <input checked="" type="checkbox"/> 7/22/2011 _____ Signature of Parent or Guardian Date

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DOH 348-98-001-0101

Unlicensed Facility Version

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2 A letter may substitute for a signed 'Provider Statement' on this certificate. To be accepted, the letter must reference the child's name on this certificate, confirm that the child's parent or guardian got information on the risks and benefits of immunization to their child, and be signed by a licensed health care provider.