

Reviewed for compliance by:

Staff Signature

Date: _____ Exemption: Yes No
 (see back)

Tahoma School District 409 **CERTIFICATE OF IMMUNIZATION STATUS**

Washington State Law (RCW 28A.210.160) requires that all children have a completed Certificate of Immunization Status on file at the school, preschool or a child care facility that they attend.

Child's Last Name	First Name	Middle Name	Sex	M <input type="checkbox"/>	Birthdate
				F <input type="checkbox"/>	
Parent/Guardian Name			Daytime Phone		

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
HEP B (HBV) Hepatitis B		1			
		2			
		3			
		4			
DTaP/DTP/DT Diphtheria, Tetanus, Pertussis		1			
		2			
		3			
		4			
		5			
		6			
Td/Tdap		1			
		2			
		3			
HIB Haemophilus Influenzae B		1			
		2			
		3			
		4			
Polio OPV (by mouth) IPV (by injection)		1			
		2			
		3			
		4			
		5			

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
MMR Measles (Rubeola), Mumps & Rubella	MMR	1			
	MMR	2			
	MMR				
	MEASLES				
	MUMPS				
	RUBELLA				
VARICELLA (Chickenpox)	VACCINE	1			
		2			
	DISEASE	YES		NO	
	Approximate of date or age at time of disease				
OTHER VACCINES					

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

X _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN

Tahoma School District 409
Statement of Exemption to Immunization Law

NOTICE:

Your Child can be exempted (excused) from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that your child has not been immunized against, she or he can be excluded from school, preschool or child care until the outbreak is over.

 Medical Exemption

I certify that the child named on this form is medically exempted from the requirement for the following vaccine(s):

_____ Until _____
Vaccine(s) Date

TYPE or PRINT name of Licensed Health Care provider (MD, DO, ND, PA, ARNP)

Licensed Health Care Provider Signature Date

 Personal Exemption **Religious Exemption**

I am opposed to immunization. I understand that my child can be excluded from attendance during an outbreak.

I do not want my child to receive the following vaccine(s):

Vaccine(s)

Signature of Parent or Guardian Date

Documentation of Immunity

I certify that the child named on this form has laboratory evidence of immunity to measles/mumps/rubella/varicella (please circle).

Attach TITER results.

TYPE or PRINT name of Licensed Health Care provider (MD, DO, ND, PA, ARNP)

Licensed Health Care Provider Signature or Stamp Date

For More Information:

<http://www.cdc.gov/nip/recs/child-schedule.htm#Printable>

<http://www.doh.wa.gov/cfh/immunize/schools.htm>