Parents, don't let your child get left behind!

School Year 2021-2022

Oregon law requires the following shots for school and child care attendance*

A child 2-17 months entering **Child Care or Early Education** needs*

→ Check with your child's program or healthcare provider for required vaccines

A child 18 months or older entering **Preschool, Child Care, or Head Start** needs*

→
- 4 Diphtheria/Tetanus/Pertussis (DTaP)
- 3 Polio
- 1 Varicella (chickenpox)
- 1 Measles/Mumps/Rubella (MMR)
- 3 Hepatitis B
- 2 Hepatitis A
- 3 or 4 Hib

A student entering **Kindergarten or Grades 1-6** needs*

→
- 5 Diphtheria/Tetanus/Pertussis (DTaP)
- 4 Polio
- 1 Varicella (chickenpox)
- 2 MMR or 2 Measles, 1 Mumps, 1 Rubella
- 3 Hepatitis B
- 2 Hepatitis A

A student entering **Grades 7-12** needs*

→
- 5 Diphtheria/Tetanus/Pertussis (DTaP)
- 1 Tdap
- 4 Polio
- 1 Varicella (chickenpox)
- 2 MMR or 2 Measles, 1 Mumps, 1 Rubella
- 3 Hepatitis B
- 2 Hepatitis A

**At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Other vaccines may be recommended. Exemptions are also available. Please check with your child's school, child care or healthcare provider for details.*

1/2021

Oregon Certificate of Immunization Status
Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an exemption be signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Complete for all | Up-to-date | Medical | Non medical

Child's Last Name *Apellido*	First *Primer Nombre*	Middle Initial *Segundo Nombre*	Birthdate *Fecha de Nacimiento*

Mailing Address *Dirección*	City *Ciudad*	State *Estado*	Zip Code *Codigo Postal*

Parents' or Guardians' Names *Nombre de los padres o guardian*	Home Telephone Number *Número de Teléfono*

Vaccines	**Dose 1**	**Dose 2**	**Dose 3**	**Dose 4**	**Dose 5**
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] ☐ Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR)					
or					
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

I certify that the above information is an accurate record of this child's immunization history.

Signature* _____
Date

Update Signature _____
Date

Update Signature _____
Date

Update Signature _____
Date

*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

For school/facility use only
School/facility Name
Student ID Number
Grade

Continued On Reverse Side

Oregon Certificate of Immunization Status, Page 2
Oregon Health Authority, Immunization Program

Child's Last Name *Apellido*	First *Primer Nombre*	Middle Initial *Segundo Nombre*	Birthdate *Fecha de Nacimiento*

Recommended Vaccines

Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Pneumococcal (PCV) (Only in children less than 5 years)					
Meningococcal (MCV4, MPSV4)					
Human Papilloma Virus (HPV) (9 years or older)					
Influenza (Flu)					
Other Vaccine Please specify:					
Other Vaccine Please specify:					

For medical exemptions:

Please submit a *letter* signed by a licensed physician stating:

- Child's name
- Birth date
- Medical condition that contraindicates vaccine
- List of vaccines contraindicated
- Approximate time until condition resolves, if applicable
- Physician's signature and date
- Physician's contact information, including phone number

For Immunity Documentation (history of disease or positive titer)**: Please submit a *letter* signed by a licensed physician stating:**

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

Nonmedical Exemption:

I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

☐ A health care practitioner

☐ The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

☐ Diphtheria/ Tetanus/Pertussis ☐ Hepatitis B
☐ Polio ☐ Hepatitis A
☐ Varicella ☐ Hib
☐ Measles/Mumps/Rubella

Signature of Parent or Guardian Date

Optional:

ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

☐ Religious belief ☐ Philosophical belief ☐ Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature _____
Date

Update Signature _____
Date

Update Signature _____
Date

Update Signature _____
Date

Instructions for completing the Certificate of Immunization Status

Contact information:

Complete information for your child including full name, birthdate, current mailing address, parents' or guardians' names and home telephone number. This information will be used to contact you if there are questions about your child's immunization history.

Required vaccines (Front):

Fill in the month/day/year that your child received each dose of vaccine. Doses must be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box. Check with your child's school or daycare to find out which vaccines are required for your child's age or grade.

Recommended vaccines (Back):

These doses are not required by law, however these vaccines are recommended and most children receive them. Fill in the month/day/year that your child received each dose of vaccine. Doses should be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box.

Signature:

The parent or guardian signature is a sworn statement that the child's record is accurate. The signature of a physician or local health department is not required but it is acceptable. **Every time you add on to your child's information you need to resign the form.**

REMEMBER TO COMPLETE BOTH SIDES OF FORM

Exemptions:

Oregon allows medical and nonmedical exemptions.

For a nonmedical exemption, check the appropriate box and submit one of the following required documents:

1. A certificate signed by a health care practitioner verifying discussion of the benefits and risks of immunization, or
2. A certificate of completion of the vaccine educational module about the benefits and risks of immunization.

Indicate which vaccines you are exempting your child from by checking the boxes. Sign and date on the indicated line.

For a medical exemption or proof of immunity, submit a letter from your child's physician to the school or child care.