

Reviewed for compliance by:

Staff Signature

Date: _____ Exemption: Yes No

(see back)

Bellevue School District

CERTIFICATE OF IMMUNIZATION STATUS

Washington State Law (WAC 246-100-166.6a) 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. A chart showing which vaccines should be given and when, is printed on the other side of this form. PLEASE ENTER RESPONSES IN ENGLISH LANGUAGE.

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

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
DTaP/DTP/ -DT/Td Diphtheria, Tetanus, Pertussis		1			
		2			
		3			
		4			
		5			
POLIO OPV by mouth, IPV by injection		1			
		2			
		3			
		4			
HIB Haemophilus Influenzae Type B		1			
		2			
		3			
		4			

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
MMR Measles (Rubeola), Mumps & Rubella	MMR	1			
	MMR	2			
	MMR				
	MEASLES				
	MUMPS				
	RUBELLA				
HEP B (HBV) Hepatitis B		1			
		2			
		3			
OTHER VACCINES					

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

X _____

SIGNATURE OF PARENT OR GUARDIAN

DATE

Bellevue School District
**Immunization Entry Requirements for
 Schools, Preschools and Child Care Facilities** ♦

Vaccines are listed under the routinely recommended ages. Shaded bars indicate range of acceptable ages for vaccination.

Age ▶ ▼ Vaccine	Birth	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	4 - 6 years	11-12 years	14-16 years
Hepatitis B **	Hep B - 1									
		Hep B - 2		Hep B - 3						
Diphtheria, Tetanus Pertussis		DTP	DTP	DTP	DTP or DTaP at 15+mos			DTP or DTaP	Td**	
H.Influenzae type b		Hib	Hib	Hib	Hib					
Polio		Polio	Polio	Polio				Polio		
Measles, Mumps Rubella					MMR			MMR	or MMR	

♦ The above schedule was recommended and approved January 1, 1995 by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Physicians. Footnotes of this schedule provide more information about vaccines and when they can be given. They are reprinted in the *Immunization Manual for Schools, Preschools and Child Care Facilities*, which can be found at most schools and local health departments.

Although there are more medically current recommended schedules, the January 1995 schedule is the only one required by Washington State Immunization Law.

** Effective September, 1997

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

_____ Date
 Type or Print Physician's Name

 Physician's Signature

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 (please circle). Attach TITER results.

 TYPE or PRINT Physician's Name

 Physician's Signature or Stamp

 Date