



## Oregon Certificate of Immunization Status

### Oregon Department of Human Services, Immunization Program

Oregon law requires proof of immunization be provided or a religious or medical 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 Department of Human Services, Immunization Program and may be released to the Department or the local Public Health Authority by the school or children's facility upon request of the Department. Vaccine history must include at least the month and year. Please list immunizations in the order they were received.

Child's Last Name Apellido	First Primer Nombre	Middle Initial Segundo Nombre	Birthdate Fecha de Nacimiento
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Mailing Address Dirección	City Ciudad	State Estado	Zip Code Codigo Postal
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Parents' Names Nombre de los padres	Home Telephone Number Número de Teléfono
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Required Vaccines	Required Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Diphtheria/Tetanus (DTaP, DT, Td, Tdap) <input type="checkbox"/> Check here if child did <b>not</b> receive pertussis vaccine	(mm/dd/yy) / /	(mm/dd/yy) / /	(mm/dd/yy) / /	(mm/dd/yy) / /	(mm/dd/yy) / /
	Polio (IPV or OPV)	/ /	/ /	/ /	/ /	/ /
	Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease / / (mm/dd/yy)	/ /	/ /	/ /	/ /	/ /
	Measles/Mumps/Rubella (MMR) <i>or</i>	/ /	/ /	/ /	/ /	/ /
	Measles vaccine only	/ /	/ /	/ /	/ /	/ /
	Mumps vaccine only	/ /	/ /	/ /	/ /	/ /
	Rubella vaccine only	/ /	/ /	/ /	/ /	/ /
	Hepatitis B (Hep B)	/ /	/ /	/ /	/ /	/ /
	Haemophilus Influenzae Type B (Hib) Required only under age 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, child at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

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

**Continued On Reverse Side**



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## Oregon Department of Human Services, Immunization Program

Child's Last Name Apellido	First Nombre	Middle Initial Segundo Nombre	Birthdate Fecha de Nacimiento
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Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Tetanus/Diphtheria Booster (TdaP or Td)	/ /	/ /	/ /	/ /	/ /
	Hepatitis A (Hep A)	/ /	/ /	/ /	/ /	/ /
	Pneumococcal (PCV7) (Children under 5 years)	/ /	/ /	/ /	/ /	/ /
	Meningococcal (MCV4) (Children 11-18 years)	/ /	/ /	/ /	/ /	/ /
	Other Vaccine Please specify:	/ /	/ /	/ /	/ /	/ /
	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

Physician's contact information, including phone number

### For Immunity Exemptions:

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

- Child's name and Birth Date
- Diagnosis or lab report
- Physician's signature

### Religious exemption:

I have read and understand the information in the brochure that I received. I am aware of the potential risks of my child being unimmunized, including being excluded from attending school during a disease occurrence. My child is being raised as an adherent to a religion the teachings of which are opposed to immunization and I request that my child be exempted from the following required immunizations:

Diphtheria	<input type="checkbox"/>	Measles	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	Mumps	<input type="checkbox"/>
Polio	<input type="checkbox"/>	Rubella	<input type="checkbox"/>
Varicella	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>
Hib	<input type="checkbox"/>		

Signature of Parent or Guardian

Date

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

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## **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.

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## **Required vaccines:**

Fill in the month/day/year that your child received each dose of vaccine. If you do not have the specific date, month and year only will be accepted. 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.

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## **Recommended vaccines:**

These doses are not required by law, however most children receive them. Fill in the month/day/year that your child received each dose of vaccine. If you do not have the specific date, list month and year only. 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.

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## **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.**

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**REMEMBER TO COMPLETE BOTH SIDES OF FORM**

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## **Exemptions:**

Oregon allows both religious and medical exemptions. For a religious exemption, indicate which vaccines you are exempting from by checking the boxes. Then sign and date on the indicated line. For a medical exemption, submit a letter from your child's physician to the school or child care center.

# **Instrucciones para llenar el Certificado de Estado de Inmunización**

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## **Información de contacto:**

Dé la siguiente información sobre su hijo: nombre completo, fecha de nacimiento, dirección postal actual, nombres y números de teléfono de los padres o tutores. Usaremos esta información para comunicarnos con usted si hay preguntas sobre los antecedentes de inmunización de su hijo.

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## **Vacunas obligatorias:**

Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Si no tiene la fecha exacta, puede dar sólo el mes y el año. Las dosis se deben enumerar en el orden en que fueron recibidas. Los casilleros sombreados del formulario indican las dosis que no se dan rutinariamente. Sin embargo, si su hijo las recibió, escriba la fecha en el casillero sombreado.

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## **Vacunas recomendadas:**

Estas dosis no son obligatorias por ley, pero la mayoría de los niños las reciben. Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Si no tiene la fecha exacta, dé sólo el mes y el año. Las dosis se deben enumerar en el orden en que fueron recibidas. Los casilleros sombreados del formulario indican las dosis que no se dan rutinariamente. Sin embargo, si su hijo las recibió, escriba la fecha en el casillero sombreado.

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## **Firma:**

La firma del padre, madre o tutor es una declaración jurada de que el registro del niño es correcto. La firma del médico o del departamento de salud local no se requiere, pero es aceptable. **Cada vez que agregue datos a la información sobre su hijo debe volver a firmar el formulario.**

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# **RECUERDE LLENAR AMBOS LADOS DEL FORMULARIO**

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## **Exenciones:**

Oregón permite exenciones religiosas y médicas. En el caso de una exención religiosa, marque los casilleros para indicar de qué vacunas está eximido. Luego firme y coloque la fecha en la línea indicada. En el caso de una exención médica, presente una carta del médico de su hijo a la escuela o centro de cuidado de niños.