

Reviewed by: _____ Date: _____

Staff Signature _____

Is there an accompanying signed Certificate of Exemption on file?
 Yes No

Certificate of Immunization Status (CIS)

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Child's Address: _____

Child's Birthdate: _____ Child's Sex: _____

Parent/Guardian Name: _____ Parent/Guardian Day Phone: _____

If completing by hand, write the vaccine in the row to the left of "Dose" and the date the vaccine was received in the "Date" column. Age column is optional.

Vaccine	Dose	Date	Age	Vaccine	Dose	Date	Age	Vaccine	Dose	Date	Age
<p>◆ Hepatitis B (Hep B) ◆ Pneumococcal (PCV, PPV)</p> <p>Required for School and Child Care/Preschool Required for Child Care/Preschool Only</p>											
	1				1			Hepatitis A (Hep A)	1		
	2				2				2		
	3				3			Meningococcal (MCV4, MPSV4)			
					4				1		
<p>Hepatitis B (Hep B) Alternate schedule for teens</p>											
	1				1			Human Papillomavirus (HPV)	1		
	2				2				2		
<p>Rotavirus</p>											
	1				3				3		
	2				4						
	3							Other			
<p>◆ Diphtheria, Tetanus, Pertussis (DTaP, DT)</p>											
	1										
	2										
	3										
	4										
	5										
<p>◆ Diphtheria, Tetanus, Pertussis (Tdap, Td)</p>											
	1										
	2										
<p>◆ Haemophilus influenzae type b (Hib)</p>											
	1										
	2										
	3										
	4										

See the back of this page for documentation of immunity, a vaccine trade name reference guide, and a vaccine abbreviation list.

Health Care Provider (HCP) Verified
 Signed note from HCP attached or HCP provider signature here: _____

HCP Verified by Registry
 Parental Report

No HCP Sig required if checked. If school staff find verification in the Registry, then school staff must: **ONLY** acceptable for some grades. Write date or age child had disease.

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

Signature of Parent or Guardian _____ Date _____

Licensed HCP Signature (MD, DO, ND, PA, ARNP) _____ Date _____

Either initial with parent approval or get parent signature below:
 Staff initials indicating parent approval: _____
 Parent Signature indicating approval: _____