

# Immunizations for Incoming Kindergarten Students

2020-21

# Medically Verified Immunization Records

- Any student new to the district on or after **08/01/2020** will need to have a medically verified immunization record. Specifically this will include **2020 Kindergarteners**
- Existing students remaining in the same building will **NOT** need to resubmit immunization records.
- **Washington State Immunization Information System (WAIIS)** is where medically verified immunization information exists for the state of Washington. All parents have access to this site to print a validated Certificate of Immunization (CIS) for students. Health Care Practitioner offices also have this information for their families.


# WHAT DOES 'MEDICALLY VERIFIED' MEAN?

- A Certificate of Immunization Status (CIS) printed from the Immunization Information System (IIS)

OR

- A physical copy of the CIS form with a healthcare provider signature.

OR

 **Certificate of Immunization Status (CIS)** Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed COE on File?  Yes  No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Birthdate (MM/DD/YYYY): \_\_\_\_\_

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record. Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.

X \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature Parent/Guardian Signature Required if Starting in Conditional Status

▲ Required for School	Date	Date	Date	Date	Date	Date	Documentation of Disease Immunity (Health care provider use only)
• Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	
<b>Required Vaccines for School or Child Care Entry</b>							
•▲ DTaP (Diphtheria, Tetanus, Pertussis)							If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.  I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below. <input type="checkbox"/> Diphtheria <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hib <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella <input type="checkbox"/> Polio (all 3 serotypes must show immunity)
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)							
•▲ DT or Td (Tetanus, Diphtheria)							
•▲ Hepatitis B							
• Hib ( <i>Haemophilus influenzae</i> type b)							
•▲ IPV (Polio) (any combination of IPV/OPV)							
•▲ OPV (Polio)							
•▲ MMR (Measles, Mumps, Rubella)							
• PCV/PPSV (Pneumococcal)							
•▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS							
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>							
Flu (Influenza)							Licensed Health Care Provider Signature _____ Date _____  Printed Name _____
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

I certify that the information provided on this form is correct and verifiable. Health Care Provider or School Official Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
If verified by school or child care staff the medical immunization records must be attached to this document.

# WHAT DOES 'MEDICALLY VERIFIED' MEAN?

- A physical copy of the CIS with accompanying medical immunization records from a healthcare provider verified and signed by school staff

OR

- A CIS printed from MyIR. [Wa.myir.net](http://Wa.myir.net)

# 30 Day Conditional Status from the First Day of Attendance no Longer in Effect

- Students will need a completed CIS or Certificate of Exemption (COE) on file at school before the first day of attendance.
- If students are missing doses, they will need to get all the doses they are eligible to receive before starting school. They can then attend school in a Conditional Status until the minimum valid date of the next vaccine is reached. They then have 30 calendar days to turn in documentation of having received the dose. This continues on until all vaccines have been administered and documented.

# For example:

- If a child has all their immunizations except the 2-dose MMR series, and they get dose 1 of the MMR the day before school starts and it is documented with the school that day, the child can enter school because...
- Dose 2 of the MMR cannot be given until 28 days after the first dose.
- Beginning on day 29 after the first dose, the child has 30 days to get MMR dose #2.

# WHERE CAN I GET MY CHILD IMMUNIZED?

Your healthcare provider or local pharmacy

OR

- WithinReach, Family Health Hotline: 800-322-2588

<http://www.withinreachwa.org/>

OR

Community Health Access Program 206-284-0331 or 800-756-5437

<http://www.kincounty.gov/depts/health/locations/health-insurance/~media/depts/health/health-insurance/documents/looking-for-good-health-care-EN.ashx>

# MY CHILD IS NOT 5 YEARS OLD YET...

Children can receive their school immunizations at age 4. Contact your healthcare provider to schedule your appointment.



# CONCLUSION

Your student may register for school, but **MAY NOT** attend school until a provider has verified the child has received all immunizations they are eligible for, or, there is a Certificate of Exemption on file signed by the parent **AND** the licensed healthcare provider.

QUESTIONS?