



# Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

Office Use Only:

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Signed Cert. of Exemption on file?  Yes  No

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

**Child's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Birthdate (mm/dd/yyyy):** \_\_\_\_\_ **Sex:** \_\_\_\_\_

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

Symbols below:   
◆ Required for School and Child Care/Preschool   
● Required for Child Care/Preschool Only   
■ Recommended, but not required

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature Required \_\_\_\_\_ Date \_\_\_\_\_

Vaccine	Dose	Date		
		Month	Day	Year
<b>◆ Hepatitis B (Hep B)</b>				
	1			
	2			
	3			
<b>or Hep B - 2 dose alternate schedule for teens</b>				
	1			
	2			
<b>■ Rotavirus (RV1, RV5)</b>				
	1			
	2			
	3			
<b>◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)</b>				
	1			
	2			
	3			
	4			
	5			
<b>◆ Tetanus, Diphtheria, Pertussis (Tdap)</b>				
	1			
<b>■ Tetanus, Diphtheria (Td)</b>				
	1			
	2			
<b>● Haemophilus influenzae type b (Hib)</b>				
	1			
	2			
	3			
	4			
<b>■ Influenza (flu, most recent)</b>				

Vaccine	Dose	Date		
		Month	Day	Year
<b>● Pneumococcal (PCV, PPSV)</b>				
	1			
	2			
	3			
	4			
	5			
<b>◆ Polio (IPV, OPV)</b>				
	1			
	2			
	3			
	4			
<b>◆ Measles, Mumps, Rubella (MMR)</b>				
	1			
	2			
<b>◆ Varicella (chickenpox)</b>				
	1			
	2			
<b>■ Hepatitis A (Hep A)</b>				
	1			
	2			
<b>■ Human Papillomavirus (HPV) – does not print from the IIS; write dates in by hand</b>				
	1			
	2			
	3			
<b>■ Meningococcal (MCV, MPSV)</b>				
	1			
	2			

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. **Mark option 1, 2, OR 3 below (see # 5 on back)**

1)  Chickenpox disease verified by printout from the Immunization Information System (IIS)   
Must be marked by printout (not by hand) to be valid.

2)  Chickenpox disease verified by healthcare provider (HCP)   
If you choose this box, mark 2A OR 2B below.   
2A)  Signed note from HCP attached OR   
2B)  HCP sign here and print name below:

Licensed healthcare provider signature \_\_\_\_\_ Date \_\_\_\_\_   
(MD, DO, ND, PA, ARNP)

Printed Name: \_\_\_\_\_

3)  Chickenpox disease verified by school staff from the Immunization Information System

**If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.**

### Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. **Signed lab report(s) MUST also be attached.**

- |                                      |                                    |                                       |
|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Diphtheria  | <input type="checkbox"/> Mumps     | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Polio     |                                       |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella   | _____                                 |
| <input type="checkbox"/> Hib         | <input type="checkbox"/> Tetanus   | _____                                 |
| <input type="checkbox"/> Measles     | <input type="checkbox"/> Varicella |                                       |

Licensed healthcare provider signature \_\_\_\_\_ Date \_\_\_\_\_   
(MD, DO, ND, PA, ARNP)

Printed Name: \_\_\_\_\_

