

Incomplete Immunization Status

To Parents/Guardian of: _____ Birthdate: _____
(student's name)

The Washington State Immunization Law (RCW 28A.210 80-120) requires that all students be properly immunized in order to attend or continue attending school. All students must have a completed Certificate of Immunization Status (CIS). A recent review found your child's CIS incomplete. Please provide date(s) of missing vaccination(s) by _____ to avoid your child's exclusion from attendance. This form and your child's immunization record should be brought to your health care provider or clinic at the time of your appointment.

The attached **Certificate of Immunization Status Form** is incomplete for the following reason(s):

- ☐ Needs signature of parent or guardian and date of signature
- ☐ Needs dates (month, day, and year) in which vaccine(s) were given.
- ☐ If claiming exemptions by reason of immunity, Needs a health care provider's signature and date of signature, and **TITER** results showing laboratory evidence of immunity to each disease claiming exemption.
- ☐ If claiming medical exemption, needs a physician's signature, date of signature and the particular vaccine or vaccine dose that is exempted.
- ☐ If claiming philosophical or religious exemption, need a parent /guardian signature and a date of signature; exemption for each vaccine must be specified.
- ☐ Need another dose of a live virus (☐ MMR or ☐ Varicella) because one dose was given too soon after another dose and so the second vaccine does not count. Consult with your health care provider.

DPT/DTaP/DT/Td/Tdap – Diphtheria, Tetanus, Pertussis

Dosage Dates _____; _____; _____; _____; _____

- ☐ Needs at least four dates (month, day, year) of a pertussis-containing vaccine (DTP/DTaP/Dtap) the last dose having been received **ON** or **AFTER** the **4th** birthday.
- ☐ Needs at least three dates (month, day, year) for any combination of diphtheria and tetanus containing vaccines, the last dose having been received **ON** or **AFTER** the **4th** birthday.*
- ☐ Needs 1 dose if more than 5 years since Tdap, TDaP, Td or DT

☐ Other: _____

Immunizations may be obtained from your private health care provider or from a local immunization clinic. Please see attached immunization clinic locations.

School Representative: _____ Date: _____

Parent/Guardian _____ Date: _____

Reference: RCW 28A210 80-120

IPV/OPV – Polio Dosage Dates: _____; _____; _____

- ☐ Needs at least three dates (month, day, year) for polio vaccine, either oral (OPV) or injectible (IPV), the last dose having been received **ON** or **AFTER** the **4th** birthday.

Varicella (Chickenpox): Date of vaccination **OR** date of disease **OR** age of disease

Dosage Dates _____; _____ Vaccination

Date / Age _____ Disease

- ☐ Needs two dates (month, day, and year) of Varicella vaccine having been received **ON** or **AFTER** the 1st birthday, and at least 28 days apart.
- ☐ Parent provides report of student having chickenpox disease (age or date).
- ☐ Needs health care provider verification of disease.

MMR – Measles, Mumps & Rubella Dosage Dates: _____; _____

- ☐ Needs two dates (month, day, and year) of MMR vaccine having been received **ON** or **AFTER** the 1st birthday, and at least 28 days apart.

Hepatitis B Dosage Dates: _____; _____; _____

- ☐ Needs at least three dates (month, day, year).
- ☐ Hepatitis #2 received less than 24 days after #1
- ☐ Hepatitis #3 received less than 52 days after #2
- ☐ Hepatitis #3 received less than 4 months after #1
- ☐ Hepatitis #3 received before 24 weeks of age



Snohomish Health District Immunization Clinics

Everett Clinic

3020 Rucker Ave. Suite 108
Everett, WA 98201

Phone: (425) 339-5220
TTY: (425) 339-5252
Fax: (425) 339-5222

Schedule Appointments

Mon, Wed and Fri: 8:00 AM - 4:00 PM

Lynnwood Clinic

6101 200th SW Suite 100
Lynnwood, WA 98036

Phone: (425) 775-3522
TTY: (425) 778-5417
Fax: (425) 778-5324

Schedule Appointments

Tues & Thurs: 8:00 AM - 4:00 PM

Community Health Center

SeaMar Clinic

17707 West Main Street
Monroe, WA 98292

Phone: (360) 282-3855
TTY:
Fax: (360) 282-3886

Schedule Appointments

Mon -Fri 8:00 am - 5:00 pm