



Oregon Certificate of Immunization Status, Page 2

Oregon Department of Human Services, Immunization Program

Child's Last Name
Apellido

First
Nombre

Middle Initial
Segundo Nombre

Birthdate
Fecha de Nacimiento

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	☐	Measles	☐
Tetanus	☐	Mumps	☐
Polio	☐	Rubella	☐
Varicella	☐	Hepatitis B	☐
Hib	☐		

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



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)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
	☐ Check here if child did not receive pertussis vaccine	/ /	/ /	/ /	/ /	/ /
	Polio (IPV or OPV)	/ /	/ /	/ /	/ /	/ /
	Varicella (Chickenpox) [VZV or VAR]					
	☐ Check here if child has had chickenpox disease / / (mm/dd/yy)	/ /	/ /	/ /	/ /	/ /
	Measles/Mumps/Rubella (MMR)	/ /	/ /	/ /	/ /	/ /
	or					
	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

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

Continued On Reverse Side