



ISSAQUAH CHILDREN'S ACADEMY  
EARLY CHILDHOOD DEVELOPMENT SPECIALISTS

Reviewed for compliance by: \_\_\_\_\_  
 Date: \_\_\_\_\_ Exemption: YES  NO   
 (see back) Staff Signature



## CERTIFICATE OF IMMUNIZATION STATUS

Washington State Law (RCW 28A.210.160) requires that all children have a completed Certificate of Immunization Status on file at the school, preschool or a child care facility that they attend. A chart showing which vaccines should be given and when, is printed on the other side of this form.

Child's Last Name	First Name	Middle Name	Sex	Birthdate
			F M	
Parent/Guardian Name		Daytime Phone		

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
<b>DTaP/DTP/DT/Td</b>  Diphtheria, Tetanus, Pertussis		1			
		2			
		3			
		4			
		5			
<b>POLIO</b>  OPV by mouth, IPV by injection		1			
		2			
		3			
		4			
<b>HIB</b>  Haemophilus Influenzae B		1			
		2			
		3			
		4			

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
<b>MMR</b>  Measles (Rubeola), Mumps & Rubella	MMR	1			
	MMR	2			
	MMR				
	MEASLES				
	MUMPS				
	RUBELLA				
<b>HEP B (HBV)</b> Hepatitis B		1			
		2			
		3			
<b>OTHER VACCINES</b>					

→ I certify that the information provided is correct and verifiable ←

X \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Parent or Guardian