



# Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed COE on File?  Yes  No

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Birthdate (MM/DD/YYYY):</b>	<b>SIIS ID Number</b>
GRAFF	A MOLLY CAT	M	02/01/2019	N/A printed from MyIR

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.

I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.

<b>Parent/Guardian Signature</b>	<b>Date</b>	<b>Parent/Guardian Signature Required if Starting in Conditional Status</b>	<b>Date</b>
----------------------------------	-------------	---	-------------

## COMPLETE

Assessment of Required Immunizations: **Preschool age 19 months-3 years**

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

Validated by MyIR from the Immunization Information System on **04/17/2024**

Conditional Status: Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation. For multiple vaccinations, conditional status continues in a similar manner until all required vaccines are complete. If documentation is not provided within the conditional period, the student must be excluded from further attendance.

* Required for Preschool/Child Care Only	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
--	----------	----------	----------	----------	----------	----------	----------

### Required Vaccines for School or Child Care Entry

DTaP (Diphtheria, Tetanus, Pertussis)	04/01/19	06/01/19	08/01/19	08/01/20	02/01/23		
Tdap (Tetanus, Diphtheria, Pertussis)							
DT or Td (Tetanus, Diphtheria)							
Hepatitis B	02/01/19	04/01/19	08/01/19				
Hib ( <i>Haemophilus influenzae type b</i> )*	04/01/19	06/01/19	08/01/19	02/01/20			
IPV (Polio)	04/01/19	06/01/19	08/01/19	02/01/23			
OPV (Polio)							
MMR (Measles, Mumps, Rubella)	02/01/20	02/01/23					
PCV/PPSV (Pneumococcal)*	02/01/21						
Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS	02/01/20	02/01/23					

### Recommended Vaccines (Not Required for School or Child Care Entry)

COVID-19							
Flu (Influenza)							
Hepatitis A							
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus							

