



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
 Signed COE on File? Yes No

Child's Last Name:	First Name:	Middle Name:	Birthdate (MM/DD/YYYY):	SIIS ID Number
TEST	BELLEVUE		11/27/2014	11989065

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.

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

COMPLETE

Assessment of Required Immunizations for GRADE K-6
 Expiration Date: _____
 Validated by 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	Positive Titer
Required Vaccines for School or Child Care Entry							
DTaP (Diphtheria, Tetanus, Pertussis)	01/27/2015	04/02/2015	06/08/2015	05/31/2016	12/04/2018		
Tdap (Tetanus, Diphtheria, Pertussis)							
DT or Td (Tetanus, Diphtheria)							
Hepatitis B	11/27/2014	01/27/2015	06/08/2015				
Hib (<i>Haemophilus influenzae type b</i>)*	01/27/2015	04/02/2015	06/08/2015	12/14/2015			
IPV (Polio)	01/27/2015	04/02/2015	06/08/2015	12/04/2018			
OPV (Polio)							
MMR (Measles, Mumps, Rubella)	12/14/2015	12/04/2018					
PCV/PPSV (Pneumococcal)*	01/27/2015	04/02/2015	06/08/2015	12/14/2015			
Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS	12/14/2015	12/04/2018					
Recommended Vaccines (Not Required for School or Child Care Entry)							
COVID-19	11/11/2021	12/06/2021	12/22/2022				
Flu (Influenza)	10/01/2018	10/21/2019	10/08/2020	10/13/2021	10/21/2022	10/27/2023	
Hepatitis A	05/31/2016	12/12/2016					
HPV (Human Papillomavirus)							
MCV/MPSV (Meningococcal Disease types A, C, W, Y)							
MenB (Meningococcal Disease type B)							
Rotavirus	01/27/2015	04/02/2015	06/08/2015				

Action Report

Name:	BELLEVUE TEST	SIIS Patient ID:	11989065
Date of Birth:	11/27/2014	Age:	9 years 4 months 21 days
Report Date:	04/17/2024	Status:	Complete

Required Vaccines for School or Child Care Entry	
Vaccine	Dose Due on or After

Recommended Vaccines (Not Required)	
Vaccine	Dose Due on or After
HPV	11/27/2023
FLU	07/01/2024
MENINGOCOCCAL	11/27/2025
Tdap	11/27/2025
MENINGOCOCCAL B, OMV	11/27/2030
MENINGOCOCCAL B, RECOMBINANT	11/27/2030

Invalid Vaccine Doses Not Printed on the CIS		
Vaccine	Invalid Dose Date	Reason for Invalid Dose