

Immunization LAW HANDBOOK

For Schools, Preschools, Head Starts and Certified Child Care Providers 11TH EDITION, REVISED, OCTOBER 2014



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Introduction

This book is designed to help you meet Oregon's requirements for tracking, assessing and reporting the immunization status of the children in your care.

Oregon's immunization law and administrative rules were created to help protect children from the risks of diseases that are preventable through immunization.

This handbook can help you:

- Answer questions about which immunizations a child needs to enter and remain in school or a children's facility;
- Decide whether a child is a new enterer or a transferring student;
- Organize a tracking system for Certificate of Immunization Status (CIS) forms;
- Prepare the annual Primary Review Summary (PRS); and
- Know when reports are due for the next several years.

Please keep this handbook in a convenient place since you will need to refer to it throughout the year. If you have questions, please call your local health department immunization coordinator whose contact information is listed in the Annual Updates section, or call the Immunization Program at 971-673-0300.

This handbook was created through the hard work of many people, including the Immunization Program staff and immunization experts at the local health departments. Thank you for your helpful insights.



Commonly used definitions

This page gives the definitions of many terms used throughout this handbook. Anytime one of the following terms is used, it is used with the meaning given below.

Administrator

The principal or other person having general control and supervision of a school or children's facility. This is the person responsible for exclusion and general enforcement of the law and rules.

ALERT IIS

Oregon's immunization information system, a computerized database of vaccine histories. Schools and children's facilities can sign up for access to look up their children's immunization records.

Certificate of Immunization Status (CIS)

The official document that is used to record a child's immunization history or a nonmedical exemption. You can get these forms from your local health department. There is no charge for the forms.

Children's facility or facility

A certified child care center, certified child care home, Head Start or preschool; or a program caring for children six weeks of age to kindergarten entry that is operated by or shares space with a children's facility or school.

Exclude or exclusion

Not allowing a student to attend a school/facility based on an exclusion order issued by the health department.

Health care practitioner

A practitioner of the healing arts who has within the scope of the practitioner's license, the authority to order immunizations, to include: M.D., D.O., N.D., nurse practitioners, physician assistants or a registered nurse working under the direction of an M.D., D.O., N.D. or nurse practitioner.

Immunity documentation

A written statement signed by a physician or an authorized representative of the local health department that a child does not need a specific immunization due to a disease history based on a health care practitioner's diagnosis or titer results showing immunity. Children are considered not susceptible to the specific vaccine preventable disease for which they have immunity documentation.

Immunization Program

The Oregon Health Authority, Public Health Division, Center for Public Health Practice Immunization Program.

Local health department

The district or county board of health, public health officer, public health administrator or health department having jurisdiction in the area.

Medical exemption

A document signed by a physician or an authorized representative of the local health department stating that the child should be exempted from receiving specified immunizations based on a specific medical diagnosis. Children are considered susceptible to the specific vaccine preventable disease for which they have a medical exemption.

New enterer

Infants or preschoolers attending an Oregon facility; infants or preschoolers attending a drop-in facility on five or more different days within one calendar year; children initially attending a school at the entry level (pre-kindergarten, kindergarten or the first grade, whichever is the entry level); children from a home-school setting initially attending a school or facility at any grade (preschool through 12th grade); or children initially attending a school or facility after entering the United States from a foreign country at any grade (preschool through 12th grade).

Nonmedical exemption

An option parents may choose if they do not want their child to receive one or more required vaccines. A nonmedical exemption requires parents to submit two documents: 1.) Certificate of Immunization Status, signed by the parent and indicating vaccines for exemption, and 2.) A Vaccine Education Certificate signed by a health care practitioner or printed from the online vaccine education module.

Parent

The parent, guardian or other adult who is responsible for the child; a child who is emancipated; or a student who has reached the age of 15 years. A parent is a person generally recognized as having care and decision making responsibility for the child.

Physician

A person licensed by the Oregon Board of Medical Examiners (M.D. or D.O.) or the Oregon Naturopathic Board of Examiners (N.D.); a person similarly licensed by another state or country in which the person practices; or a commissioned medical officer of the Armed Forces or Public Health Service of the United States.

Public Health Division

The Oregon Health Authority, Public Health Division.

Religious exemption

The name of a nonmedical exemption prior to March 1, 2014. Religious exemptions signed prior to March 1, 2014, are valid as nonmedical exemptions for the vaccines indicated until a child becomes a new enterer at another school or children's facility.

School

A public, private, charter, parochial or alternative educational program offering kindergarten through grade 12 or any part thereof.

Transferring student

A child moving from one facility to another facility, only when records are requested in advance of attendance from a previous facility. A child moving from one school to another when the move is not the result of a normal progression of grade level.

Vaccine Education Certificate

A document prescribed by the Public Health Division showing that the parent has received education about the benefits and risk of immunizations. A Vaccine Education Certificate is required for a parent to claim a nonmedical exemption for their child. A Vaccine Education Certificate can come from one of two sources: a health care practitioner or the online vaccine education module.

Vaccine Education Module

A resource approved by the Public Health Division to fulfill the requirement of receiving information about the risks and benefits of immunization in order to claim a nonmedical exemption. The online vaccine education module is available at www.healthoregon.org/vaccineexemption.

Vaccine-preventable diseases

Oregon's school/child care immunization requirements help protect children against the following diseases. For more information about these and other vaccine-preventable diseases, go to <http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/GettingImmunized/Pages/children.aspx>:

- » Diphtheria – Lives in the mouth, nose, and throat of an infected person. Spreads through direct contact. Can cause serious illness and kills 1 in 10 people infected with it.
- » Tetanus – Lives in dirt and the intestines and feces of animals. Enters the body through cuts, punctures, or other wounds. Can cause serious illness and 10% will die.
- » Pertussis – Serious disease, especially for babies. Spreads easily through coughing and sneezing. Most babies who get pertussis have to be hospitalized and some die.
- » Polio – Can cause severe illness, paralysis and death. Lives in the throat and intestines of an infected person and usually spreads to other people through contact with feces.
- » Measles – Spreads easily between people and can cause serious illness in children. Spreads through coughing, sneezing, or casual contact with an infected person. Can cause death in serious cases.
- » Mumps – A serious disease for children that spreads through coughing, sneezing, or casual contact with an infected person. Causes swelling in the cheeks or jaw.
- » Rubella – Serious disease that can strike children and adults and very dangerous to unborn babies. Disease passes from mother to baby during pregnancy. Spreads through coughing, sneezing, or just talking to an infected person.
- » Hib – Very dangerous to children under five years old and even more dangerous to infants. Caused by contact with infected person. Germs enters body through the nose and throat.
- » Hepatitis A – Liver disease caused by virus. Transmitted by swallowing the virus (fecal-oral route). Spreads through contact with someone who has hepatitis A or not washing hands after going to the bathroom and then preparing or touching food.
- » Hepatitis B – Serious liver disease caused by a virus that spreads through contact with infected blood or body fluids. Babies can be infected during childbirth if the mother is infected.
- » Varicella (chickenpox) – Common disease for children that spreads very easily. Can be especially serious in teenagers and adults who have never had the disease. Spreads through coughing, sneezing, and contact with an infected person's chickenpox sores

Calendar of required reporting dates: 2015–2020

Records due to the local health department:

By the dates listed below, the school or children’s facility administrator must submit to the local health department the completed Primary Review Summary (PRS) Sections A and B, and copies of the Certificate of Immunization Status (CIS) forms of children who have incomplete or insufficient immunization records, or have medical exemptions needing review. The PRS and student vaccine history may also be submitted by computer reports if the assessment and reporting system used has been approved by the Oregon Immunization Program.

- » January 14, 2015
- » January 13, 2016
- » January 11, 2017
- » January 17, 2018
- » January 16, 2019
- » January 15, 2020

Secondary review

Local health departments review records and issue exclusion orders.

- » January 15, 2015 – February 3, 2015
- » January 14, 2016 – February 2, 2016
- » January 12, 2017 – January 31, 2017
- » January 18, 2018 – February 6, 2018
- » January 17, 2019 – February 5, 2019
- » January 16, 2020 – February 4, 2020

Exclusion orders mailed

Copies of the exclusion orders are mailed to parents and schools/children’s facilities by this date.

- » February 4, 2015
- » February 3, 2016
- » February 1, 2017
- » February 7, 2018
- » February 6, 2019
- » February 5, 2020

Exclusion Day

Schools and children’s facilities must send home children whose exclusion orders are not canceled by the time class starts on this date. There are no exceptions to exclusion on this date.

- » February 18, 2015
- » February 17, 2016
- » February 15, 2017

- » February 21, 2018
- » February 20, 2019
- » February 19, 2020

Updated Primary Review Summary (PRS) due to the local health department

The updated page 2 (Section D) and page 3 (Section E, F and/or G, if appropriate) of the PRS are due to the local health department.

- » March 2, 2015
- » February 29, 2016
- » February 27, 2017
- » March 5, 2018
- » March 4, 2019
- » March 2, 2020

County Immunization Status Report due

The County Immunization Status Report is completed by the local health department and due to the Oregon Immunization Program.

- » March 13, 2015
- » March 11, 2016
- » March 10, 2017
- » March 16, 2018
- » March 15, 2019
- » March 13, 2020

The dates listed above are for the mandatory annual review and exclusion cycle. Use of dates other than those listed above must be approved in writing, first by the local health department and then by the Oregon Immunization Program.

Additional review and exclusion cycles are allowed if agreed upon by both the school or facility and the local health department. Either exclusion orders provided by the Immunization Program or a substitute approved by the Immunization Program must be used. Exclusion orders must be mailed to parents no fewer than 14 days before the agreed upon exclusion date.



Checklist for complying with Oregon immunization requirements

August/September

- Add the required immunization reporting dates and the exclusion date to your calendar (see pages 5 and 6 for dates).
- Determine if enrolling children are *new enterers* or *transferring students* (see pages 12 and 13). *For children's facilities only: The child is always a "new enterer" and the parent must provide a completed Certificate of Immunization Status (CIS) form before the child can begin attending. There is no grace period allowed.*
- For *new enterers* only: Check the Certificate of Immunization Status (CIS) or other state approved form of each child to verify that the child has at least one dose of each required vaccine, immunity documentation or an appropriately documented nonmedical or medical exemption.
- For *transferring students* only: Request immunization records from the previous school.

October/November

- Evaluate the CIS forms of all children to determine whether they are missing immunizations or other information. Use the transparent overlays to see if the child has received all of the required vaccines based on age or grade. Please remember to check the notes on the overlays. If the record is missing a date, use the Primary Review Table (PRT) to determine whether a child is due for immunizations. Check ALERT IIS for the child's vaccine history. If all of the doses of vaccine the parent submitted are in ALERT IIS, the system will tell you if the child is up-to-date (date due is in the future) or child is incomplete (date due has passed).
- If your school/facility uses a computerized assessment system that has been approved by the state, print out a report of children missing immunization dates. You may also set up a list of students needing vaccines in ALERT IIS.
- For children who are missing immunizations or other information, send the parent a reminder letter. (See sample on page 48).
- Continue to have parents add updated immunization information to the CIS forms. Consider using a tracking system, electronic or manual, or flagging records to make the primary review process easier.

December

- Review the forms and information sent to you by your local health department in the reporting packet. Call the local health department if you have questions, if you need some additional assistance or if you have not received your packet by the first of December.
- Consider sending a second reminder letter to parents of children who are missing immunizations or other information.

January

- Complete Sections A and B of the Primary Review Summary and send to the local health department by the due date. Refer to the Primary Review section of this handbook for detailed instructions. If all children are up-to-date, complete or have nonmedical exemptions, you may also complete page 3 of the Primary Review Summary at this time.
- Send photocopies of the CIS forms of any children listed in Section B to the local health department, except for children with no record. Alternatively, you may submit an immunization report from a state-approved computerized assessment and reporting system.
- Attach a copy of the documentation for each medical exemption to a Medical Exemption Review Summary form, and send to the local health department if the medical exemption has not been previously reviewed or the review date has expired.

February

- Look over the copies of the exclusion orders that the local health department sends you. You need to be familiar with who received an exclusion order and what information needs to be added to their immunization record. The information that the parent provides must match the information required in the exclusion order.
- As parents add information to their children's CIS forms, add the dates of when information was received to Section D of the Primary Review Summary on the copy that the local health department returned to you.
- Third Wednesday in February — Exclusion Day** — You are required to send home or isolate children who received an exclusion order and whose records have not been updated by the start of school on Exclusion Day. Children may not be readmitted until their records are updated with the information specified on the exclusion order.

March

- No later than 12 days after Exclusion Day (or earlier if all children's records are updated sooner), complete Sections E, F and/or G, as appropriate, on page 3 of the Primary Review Summary. Send the white copies of page 3 and updated page 2 (Section D) back to your local health department.
- If the parent added vaccine dates to the exclusion order, it goes into the child's permanent file. The school/facility copies of the exclusion orders and the yellow copies of the Primary Review Summary reports need to be kept for one year.

April-August

- Order CIS forms and any other immunization supplies you need from your local health department. Some schools order immunization forms from their Education Service District (ESD).
- This is a good time to clean up records. Remove records of children no longer in attendance, review records of children currently attending for missing doses or other information. Send home reminder letters to get a jump on next fall!

Registration

Who do the rules apply to?

The immunization law and rules apply to all children enrolled for five or more days per school year in a school or preschool, or five or more days per calendar year in other children’s facilities. The law applies in the following settings:

Schools:

- » Public schools — elementary, middle and high school level
- » Private schools
- » Charter schools
- » Alternative schools and juvenile justice facilities that provide educational instruction designed to lead to a high school diploma or transfer into a regular high school program.

Some examples are:

- Oregon Youth Authority (OYA) sites;
- English Language Learner (ELL) programs that prepare new enterers for school immersion;
- Juvenile detention facilities that have students for 30 days or more; and
- Sites that provide educational services for students receiving treatment for health and mental health issues including addiction.
- Online schools if students get together five or more times a year for tutoring, field trips, testing, special programs or other activities, or if the school requires records for all students.

Students enrolled in high school equivalency or GED programs that share facilities with schools are also required to meet immunization requirements.

All schools providing any part of kindergarten through grade 12 education are required to comply with these requirements. No schools are exempted under Oregon law.

Students in court-mandated residential correctional facilities, including but not limited to Oregon Youth Authority closed custody sites, are not subject to exclusion. The administrator of residential correctional facilities must comply with all other provisions of these rules, including submission of the required reports. The administrator must ensure that students have complete or up-to-date immunization records, immunity documentation, or a nonmedical or medical exemption for all vaccines required for the student’s grade.

Children’s facilities:

- » Child care centers or family child care homes *certified* by the Oregon Office of Child Care
- » Preschools
- » Head Start programs
- » Child care centers exempt from certification
- » Early Intervention/Early Childhood Special Education child care programs
- » Programs offering care to children younger than kindergarten that share facilities with a school, preschool or certified child care.

- » Child care providers that are *registered* with the Office of Child Care need to maintain an up-to-date Certificate of Immunization Status (CIS) form for each child in their care, but do not participate in the immunization review and exclusion cycle.

All certified child care facilities, including certified child care centers and certified family child cares with children younger than kindergarten age enrolled must have immunization records for all children younger than kindergarten age, and must submit the annual Primary Review Summary reports to the local health department. It is recommended that you keep records for school-age children because an outbreak of vaccine-preventable disease is possible, but do not include school-aged children in your facility's Primary Review Summary report.

Registered child cares must maintain immunization records for children, but do not complete the annual Primary Review Summary reports.

Need more information about certified and registered child cares? Go to www.oregon.gov/occ

Type of children's facility	Must maintain up-to-date immunization records for children younger than kindergarten age	Must submit annual Primary Review Summary reports and participate in immunization exclusion
Certified child care center	Yes	Yes
Certified family child care	Yes	Yes
Registered child care	Yes	No
Licensed preschool	Yes	Yes
Unlicensed preschool	Yes	Yes
Head Start	Yes	Yes

Excluded children's facilities are defined as:

- » A program that only offers extra-curricular training in a specific subject like music, sports or dance.
- » Group social or athletic activities sponsored by an organized club.
- » A child care facility where children may only attend on a limited basis, not to exceed four times per calendar year.
- » A child care facility that exclusively provides before and/or after school care for school-aged students.
- » Child care operated occasionally by a person or organization not ordinarily engaged in providing child care.

Why didn't my certifier tell me about the immunization law?

Child cares are certified through the Oregon Department of Education. Immunization laws are implemented through the Oregon Health Authority. Many certifiers help notify child cares about immunization laws. However, because immunizations and certification are regulated by two different state agencies, certifiers are not required to help enforce immunization law.

For questions about immunization law, please contact your local health department, listed in the Annual Updates section of this handbook.

Online schools

There are a variety of online education opportunities for children in Oregon. It is encouraged that online schools obtain immunization records for all of the students registered in their programs. Students enrolled in online programs that come together with other children at least five times during the school year are required to have immunization records on file with the program. Examples of students coming together include field trips, day events, tutoring centers, testing and planned outings. Children receiving online education at a school site, or participating in classes or activities such as band or sports, are to be included in the school report to the local health department.

Programs unable to distinguish between students that are online only and those students that participate in program activities with other students must have immunization records on all of the students. Programs that have the ability to distinguish between online only students and students participating in program activities with other students must include, at a minimum, students participating in program activities in the report submitted to the local health department, but may include all students on the report.

Students that have received an exclusion order and not submitted the information to their school administration by exclusion day will be excluded by having no access to online programs until the information has been received. Alternatively, for schools that distinguish between online students and students participating in program activities with other students, exclusion may occur by prohibiting participation in activities.

Visitors, part-time students and residents

Visitors, part-time students and residents attending a school five days or more in a school year or a children's facility five days or more in a calendar year are subject to the immunization requirements of a new enterer or transferring student as appropriate. For the purposes of these rules, any length of time during a day counts as one whole day.

Children can attend drop-in child care for four days in a calendar year before the immunization requirements must be enforced. On the fourth day of attendance at a drop-in child care, give a Certificate of Immunization Status (CIS) form to the parent or guardian to complete and return before the child returns for the fifth day of attendance. This section only applies to children who are not regularly enrolled in child care. If a child will be attending care on a regular basis, even if not full time, the child must be treated as a new enterer and the parent must complete a CIS form before the first day of attendance.

These requirements apply to children regardless of whether they are actually attending classes, including children of owners or employees of a school or children's facility.

Home-schooled students are subject to the requirements of a new enterer if they attend a school part time (on at least five separate days during a school year), even if only for instruction in one specific subject, involvement in special interest activities such as athletic or music programs, or receipt of counseling or tutoring.

Registering new enterers and initial attendance

Note: If a child was recently attending another school in the United States, the child normally is treated as a transfer student. See page 13.

All children attending child care, preschool, Head Start or starting school are new enterers and need a signed Oregon CIS form to begin attendance. At initial enrollment, the CIS form must show at least one dose of each of the following vaccines:

- Diphtheria
- Tetanus
- Pertussis
- Polio
- Measles
- Mumps
- Rubella
- Varicella
- Hepatitis B
- Hepatitis A
- Hib (for children under 5 years of age)

There are some exceptions:

- A child may be too young to receive a vaccine;
- A child may have a documented medical or nonmedical exemption;
- A child may have immunity documentation;
- A child may be too old to need a certain vaccine;
- A vaccine may be phased in over several years (e.g., hepatitis A).

The administrator must not allow a child to start school or child care if the parent or guardian does not provide a signed CIS form with these minimum requirements. All immunizations have to be on the CIS form and should be completed by the parent, guardian or student if 15 years of age or older. A photocopy of the child's immunization record is not necessary as long as you have the appropriate signature on the completed CIS form.

A record printed from Oregon ALERT IIS (the statewide registry for vaccinations given in Oregon) is also acceptable documentation if the record is up-to-date or complete. See ALERT IIS Section 7 for more information on accessing this database.

Where can I get Certificate of Immunization Status (CIS) forms?

You can order CIS forms free of charge from your local health department (see contact information in the Annual Updates section of this handbook). Some schools order CIS forms from their Education Service District (ESD). You can also print CIS forms online at <http://1.usa.gov/OregonSchool> in the "Information for Schools, Children's Facilities and Colleges" section. Make sure to print both pages so that required immunizations, recommended immunizations, and information about exemptions are all on the form.

Transferring students

A student who was recently attending another school may be considered a transfer student. If a child is a transfer student, the child's parent may either fill out a new Oregon CIS form or may receive a grace period to allow time for the student's records to be shipped. They can qualify for the 30-day grace period only if they meet ALL of the following conditions:

- Last academic year the child attended a school within the United States*; AND
- Your school is requesting a record from the previous school; AND
- You expect that the other school will send a record that includes immunizations.

*Children who attended school outside the United States or who were home schooled in the last academic year must meet the requirements for initial attendance as a **new enterer** (see page 12).

Parents are never allowed to sign a blank CIS form.

Homeless students

Students who are registering at a school or children's facility and are considered by the district or the school/facility to be homeless must be allowed at least 30 days to obtain an immunization record.

Under Oregon Administrative Rules, if a student is considered homeless, school staff are required to help the student's family compile an immunization record. This includes requesting records from a previous school and/or a previous medical provider, and requesting a record from Oregon ALERT IIS.

If immunization records are not received, include the student on the Primary Review Summary report.



Immunization Records

Signatures required for a CIS form

Vaccine history

A parent/guardian, student 15 years of age or older, health care practitioner or an authorized representative of the health department may sign for vaccine dates. The person filling out the Certificate of Immunization Status (CIS) form should sign at the bottom of the form. School nurses can only sign for verified records or for immunizations that they give to the student.

Immunity documentation (history of disease or positive titer)

The parent must submit a letter signed by a physician or authorized representative of the local health department for history of disease or lab tests showing immunity for measles, mumps, rubella, hepatitis B or hepatitis A. Immunity documentation for invasive Hib disease is only acceptable if a child was 2 years of age or older at the time of infection. Varicella (chickenpox) is an exception to this requirement, and history of chickenpox disease may be verified by the parent, guardian or student 15 years of age and older. Parents are encouraged to provide an estimated date of chickenpox disease. However, if no date of chickenpox disease is provided, and your student information tracking system requires a date to be entered, use the date the parent signs the Certificate of Immunization Status form.

Medical exemption

The parent must submit a written statement of medical exemption by a physician or authorized representative of the local health department. All medical exemptions must be referred to the health department. Remember to send a copy of all related documentation with the rest of your reporting forms in January unless the medical exemption has been previously approved by the health department and has been determined to be permanent.

Nonmedical exemption

Nonmedical exemptions may only be signed by a parent, guardian or student 15 years of age or older. The person must specify one or more vaccines on the CIS form. The exemption covers only those vaccines that have been marked on the form. A Vaccine Education Certificate must also be attached and can be obtained from a health care practitioner or from watching the online vaccine education module. The parent must mark on the CIS form that the attached Vaccine Education Certificate is from a health care practitioner or from the online module.

A parent can claim a nonmedical exemption even if the child has already received some vaccines. A parent does not have to say they hold a specific belief to claim a nonmedical exemption. A parent may choose to mark that they are declining immunization for religious belief, philosophical belief or other on the CIS form, but this is not required.

The nonmedical exemption cannot be used as a reason to refuse services to a child.





Oregon Certificate of Immunization Status Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an 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 Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>
Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>		Home Telephone Number <i>Número de Teléfono</i>	

Complete for all
Up-to-date
Medical
Non-medical

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 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 _____

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

*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

Continued On Reverse Side



Oregon Certificate of Immunization Status, Page 2
Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
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	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Recommended Vaccines	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

<p>For medical exemptions: Please submit a letter signed by a licensed physician stating:</p> <ul style="list-style-type: none"> ▪ Child's name ▪ Birth date ▪ Medical condition that contraindicates vaccine ▪ List of vaccines contraindicated ▪ Approximate time until condition resolves, if applicable ▪ Physician's signature and date ▪ Physician's contact information, including phone number <p>For Immunity Documentation (history of disease or positive titer): Please submit a letter signed by a licensed physician stating:</p> <ul style="list-style-type: none"> ▪ Child's name and birth date ▪ Diagnosis or lab report ▪ Physician's signature and date 	<p>Nonmedical Exemption: I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):</p> <p><input type="checkbox"/> A health care practitioner <input type="checkbox"/> The vaccine educational module approved by the Oregon Health Authority</p> <p>I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Diphtheria/ Tetanus/Pertussis</td> <td><input type="checkbox"/> Hepatitis B</td> </tr> <tr> <td><input type="checkbox"/> Polio</td> <td><input type="checkbox"/> Hepatitis A</td> </tr> <tr> <td><input type="checkbox"/> Varicella</td> <td><input type="checkbox"/> Hib</td> </tr> <tr> <td><input type="checkbox"/> Measles/Mumps/Rubella</td> <td></td> </tr> </table> <p>_____ Signature of Parent or Guardian Date</p> <p>Optional: ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:</p> <p><input type="checkbox"/> Religious belief <input type="checkbox"/> Philosophical belief <input type="checkbox"/> Other</p>	<input type="checkbox"/> Diphtheria/ Tetanus/Pertussis	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Polio	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Varicella	<input type="checkbox"/> Hib	<input type="checkbox"/> Measles/Mumps/Rubella	
<input type="checkbox"/> Diphtheria/ Tetanus/Pertussis	<input type="checkbox"/> Hepatitis B								
<input type="checkbox"/> Polio	<input type="checkbox"/> Hepatitis A								
<input type="checkbox"/> Varicella	<input type="checkbox"/> Hib								
<input type="checkbox"/> Measles/Mumps/Rubella									

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 _____

Instructions for completing the Certificate of Immunization Status

Contact information:

Complete information for your child including full name, birthdate, current mailing address, parents' or guardians' names and home telephone number. This information will be used to contact you if there are questions about your child's immunization history.

Required vaccines (Front):

Fill in the month/day/year that your child received each dose of vaccine. Doses must be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box. Check with your child's school or daycare to find out which vaccines are required for your child's age or grade.

Recommended vaccines (Back):

These doses are not required by law, however these vaccines are recommended and most children receive them. Fill in the month/day/year that your child received each dose of vaccine. Doses should be listed in the order received. The shaded boxes on the form indicate doses that are not routinely given, however if your child received them, please write the date in the shaded box.

Signature:

The parent or guardian signature is a sworn statement that the child's record is accurate. The signature of a physician or local health department is not required but it is acceptable. **Every time you add on to your child's information you need to resign the form.**

REMEMBER TO COMPLETE BOTH SIDES OF FORM

Exemptions:

Oregon allows medical and nonmedical exemptions.

For a nonmedical exemption, check the appropriate box and submit one of the following required documents:

1. A certificate signed by a health care practitioner verifying discussion of the benefits and risks of immunization, or
2. A certificate of completion of the vaccine educational module about the benefits and risks of immunization.

Indicate which vaccines you are exempting your child from by checking the boxes. Sign and date on the indicated line.

For a medical exemption or proof of immunity, submit a letter from your child's physician to the school or child care.

Instrucciones para llenar el Certificado de Estado de Vacunación

Información de contacto:

Dé la siguiente información sobre su hijo: nombre completo, fecha de nacimiento, dirección postal actual, nombres y números de teléfono de los padres o tutores. Usaremos esta información para comunicarnos con usted si hay preguntas sobre los datos de vacunación de su hijo.

Vacunas requeridas (adelante):

Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Las dosis se deben enumerar en el orden en que fueron recibidas. Los casilleros sombreados del formulario indican las dosis que no se dan rutinariamente. Sin embargo, si su hijo las recibió, escriba la fecha en el casillero sombreado. Averiguar con la escuela o guardería cuales son las vacunas requeridas para la edad y grado escolar de su niño.

Vacunas recomendadas (atrás):

Estas dosis no son obligatorias por ley, pero son recomendadas y la mayoría de los niños las reciben. Escriba el mes/día/año en que su hijo recibió cada dosis de vacuna. Las dosis se deben enumerar en el orden en que fueron recibidas. Los casilleros sombreados del formulario indican las dosis que no se dan rutinariamente. Sin embargo, si su hijo las recibió, escriba la fecha en el casillero sombreado.

Firma:

La firma del padre, madre o tutor es una declaración jurada de que la historia de vacunas del niño esta correcta. La firma del médico o del departamento de salud local no son requeridas, pero son aceptable. **Cada vez que agregue datos a la información sobre su hijo debe volver a firmar el formulario.**

RECUERDE LLENAR AMBOS LADOS DEL FORMULARIO

Excepciones:

Oregon permite excepciones médicas y no médicas.

Para una excepción no médica, marque la casilla adecuada y presente uno de los siguientes documentos requeridos:

1. Un certificado firmado por un proveedor de atención de salud verificando la discusión de los beneficios y riesgos de la vacunación, o
2. Un certificado de terminación del módulo educativo de la vacuna sobre los beneficios y riesgos de la vacunación.

Indique para cuáles vacunas quiere que su hijo(a) sea exento(a) al marcar las casillas. Firme y feche la línea indicada.

Para una excepción médica o un comprobante de inmunidad, presente una carta del doctor de su hijo(a) a la escuela o cuidado infantil.

Other Oregon Schools
 NAME OF SCHOOL / FACILITY

106

STUDENT I.D. #

03

GRADE

SECTION B

Nonmedical Exemptions:

I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document(s) from:

- A health care practitioner
- The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

- Diphtheria/Tetanus/Pertussis Hepatitis B
- Polio Hepatitis A
- Varicella Hib
- Measles/Mumps/Rubella

Signature of Parent or Guardian _____ Date _____

SECTION C

Optional:
 Religious Belief Philosophical Belief Other

ORS 433.287 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

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 and date
- Physician's contact information, including phone number.

For Immunity Documentation:

(History of disease or positive titer)

Please submit a letter signed by a licensed physician stating:

- Child's Name
- Birth date
- Diagnosis or lab report
- Physician's signature and date

CERTIFICATE OF IMMUNIZATION STATUS - Oregon Health Authority Immunization Program

Oregon law requires proof of immunization be provided or an 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 Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

LAST NAME / APELLIDO: **06k-12 Legal** FIRST PRIMER: **06 Case First** BIRTHDATE (MO/DAY/YR) / FECHA DE NACIMIENTO: **08/15/2006**

MIDDLE SEGUNDO NOMBRE: _____ CITY: **No City Given** STATE: **OR** ZIP: **97220**

MAILING ADDRESS: _____ HOME TELEPHONE NUMBER / NUMERO DE TELEFONO: _____

DIRECCION: _____

SECTION A VACCINE HISTORY

Required Vaccines
 DIPHTHERIA/TETANUS CONTAINING VACCINES
 DTaP, DT, DTP, Td, Tdap

DOSE	MO	DAY	YR
1	10	01	2006
2	07	25	2013
3			
4			
5			
6			
7			

POLIO: ORAL (OPV) or INJECTABLE (IPV)

DOSE	MO	DAY	YR
1	10	01	2006
2	07	25	2013
3			
4			
5			

SECTION A VACCINE HISTORY

MMR (Measles, Mumps, Rubella, combined)

DOSE	MO	DAY	YR
1			
2			

OR

MEASLES (Single Dose)

DOSE	MO	DAY	YR
1	08	05	2007
2			
3			

DUE

RUBELLA (Single Dose)

DOSE	MO	DAY	YR
1	08	05	2007
2			

DUE

MUMPS (Single Dose)

DOSE	MO	DAY	YR
1	08	05	2007
2			

DUE

HEPATITIS B (HEP B)

DOSE	MO	DAY	YR
1			
2			
3			

Exempt

HEPATITIS A (HEP A)

DOSE	MO	DAY	YR
1	08	05	2007
2	07	02	2013
3			

DUE

HAEMOPHILUS INFLUENZAE type b (Hib)
 Required if under 5 years old

DOSE	MO	DAY	YR
1			
2			
3			
4			

IMMUNE YES _____ NO _____ X _____

I certify that the above information is an accurate record of the child's immunization history

* SIGNATURE

* UPDATE SIGNATURE #1

* UPDATE SIGNATURE #2

* Parent, guardian, student at least 15 years of age, medical provider or county health department representative may sign to verify vaccinations received

Updating the information on a CIS form

All vaccine information must be provided in writing. Unless you are transcribing and attaching a verified record to the Certificate of Immunization Status (CIS) form, you must have the signature of the person providing the updated information. Do not accept any information over the phone.

Emails are acceptable for vaccine dates or history of chickenpox disease if identified as coming from the parent's email address.

Parents wanting to claim a nonmedical exemption can send the Vaccine Education Certificate by email, but they still need to sign the CIS form to complete the process.

A parent, guardian, student 15 years of age or older, health care practitioner or authorized representative of the health department can update CIS forms. A signed CIS form is accepted documentation of the student's immunization history.

If the record provided is a verified record, you may transcribe the immunization dates onto the CIS form. Sign the CIS form "(Insert your name here) per attached." Make sure that you also date the CIS form. Staple the verified record to the CIS form.

Just because you can use a verified record to complete a CIS form doesn't mean that you have to do so. It is the parent or guardian's responsibility to fill out and update the CIS form, not yours.

If you aren't sure whether the record is verified, have the parent or guardian add the immunization dates and sign the CIS form.

Remember: The CIS form is a legal document and cannot be altered without an appropriate signature. This includes fixing dates that are out of order or are incorrect.

You can date the form with the date of when you received the information if the parent did not do so, and you can correct the birth date if you have the correct information on file.

Oregon ALERT IIS printouts do not need to be transferred to a CIS form if the child is up-to-date on his or her immunizations. All other verified records must be transcribed onto a CIS form and stapled to the CIS form.

A printable CIS form is available from ALERT IIS. Click on the "School record" button in the upper right hand corner to print a child's ALERT IIS record on a CIS form. Then you may use the transparent overlays to assess the record.



Oregon Certificate of Immunization Status Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an 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 Health Authority Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

MUFFIN	BLUEBERRY	03/03/2006	
Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>

Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>
-------------------------------------	-----------------------	------------------------	----------------------------------

Parents' or Guardians' Names <i>Nombre de los padres o guardian</i>	Home Telephone Number <i>Número de Teléfono</i>
--	--

Required Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yyyy) 05/03/2006	(mm/dd/yyyy) 07/03/2006	(mm/dd/yyyy) 09/03/2006	(mm/dd/yyyy) 03/04/2007	(mm/dd/yyyy) 03/05/2011
Booster Dose Tdap					
Polio (IPV or OPV)	05/03/2006	07/03/2006	09/03/2006	03/05/2011	
Varicella (Chickenpox) [VZV or VAR] <input checked="" type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yyyy)					
Measles/Mumps/Rubella (MMR) or	03/04/2007	03/05/2011			
Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Hepatitis B (Hep B)	03/03/2006	05/03/2006	07/03/2006	09/03/2006	
Hepatitis A (Hep A)	03/10/2010				
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)	05/03/2006	07/03/2006	03/04/2007		

I certify that the above information is an accurate record of this child's immunization history.

Signature*	Printed from Oregon ALERT IIS 06/12/2014	
		Date
Update Signature		Date
Update Signature		Date
Update Signature		Date

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

*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.



Oregon Certificate of Immunization Status, Page 2
Oregon Health Authority, Immunization Program

MUFFIN

BLUEBERRY

03/03/2006

Child's Last Name
Apellido

First
Primer Nombre

Middle Initial
Segundo Nombre

Birthdate
Fecha de Nacimiento

Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Pneumococcal (PCV7, PCV13)	05/03/2006	09/03/2006			
Meningococcal (MCV4, MPSV4)					
Human Papilloma Virus (HPV)					
Influenza (Flu)	12/12/2010	02/10/2011			
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 and date
- Physician's contact information, including phone number

For immunity documentation (history of disease or positive titer): Please submit a letter signed by a licensed physician stating:

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

Nonmedical exemption:

I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

- A health care practitioner
- The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

- Diphtheria/Tetanus/Pertussis
- Polio
- Varicella
- Measles/Mumps/Rubella
- Hepatitis B
- Hepatitis A
- Hib

Signature of Parent or Guardian _____

Date _____

Optional:

ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

- Religious belief
- Philosophical belief
- Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature _____

Printed from Oregon ALERT IIS 06/12/2014

Date _____

Update Signature _____

Date _____

Common problems with CIS forms and how to fix them

Form is unsigned*	Have parent sign the form.
Form is undated*	Have the parent date the form, or write in “received on” and the date you received the form.
Birth date is wrong*	If you have documentation of the correct date you can change it. Otherwise, have the parent fix the date. Initial next to the correction.
Doses are out of order*	Have the parent fix the dates and re-sign the form.
Doses are before the date of birth*	Have the parent fix the vaccine dates or date of birth and re-sign the form.
Dates are unreadable*	Have the parent fix the dates and re-sign the form.
Child has a complete vaccine series but the nonmedical exemption for that vaccine is also signed.	The child is considered complete for the vaccine and not susceptible. The nonmedical exemption is not applicable for the vaccine if the child is complete for that vaccine.
Nonmedical exemption has been signed after March 1, 2014 but there is no attached Vaccine Education Certificate	Contact the parent or guardian and have them turn in a Vaccine Education Certificate and re-sign the CIS form.

*These problems can also be corrected by school/facility staff if you have a printed record from Oregon ALERT IIS. Go to www.alertiis.org or call 1-800-980-9431 to find out how to enroll as an authorized user. See ALERT IIS Section for more information.



Attaching a verified record

It is the parent's responsibility to provide the school/facility with a completed CIS form. However, sometimes the parent will bring in an immunization record that is not on the CIS form. The school/facility has three options if an immunization is not on a CIS form:

- Have the parent transcribe the information onto a CIS form and sign it; or
- Print the record on the CIS form using ALERT IIS, if ALERT IIS has all of the vaccine dates listed on the verified record. CIS forms printed from ALERT IIS do not need to be signed unless additional information is added; or
- Determine if the record is verified, and if so, transcribe the information onto a CIS form and attach the verified record.

If you chose to transcribe records, first determine whether the record provided is a verified record using the following table.

Verified (see examples)	Unverified (see examples)
Oregon ALERT IIS printout	Phone information
Written information signed and dated by a parent, guardian or student 15 years of age or older	Other verbal information
Written information on a local health department or medical clinic document (letterhead or stamp)	Patient immunization record where only the dates are listed or where there could be questions about which medical clinic gave the vaccine dose
Written information signed by a health care practitioner or authorized representative of the local health department	Other unsigned written documentation
Patient immunization record where each dose is documented with the clinic or local health department that gave each dose	School immunization form from another state if not signed by parent/guardian or health care provider
Electronic printout of a record from an approved school computerized assessment system that includes history of disease	Electronic record from a school computerized assessment system that has not been approved
Email if the sender is clearly identified and recognized as the parent/guardian	Email that does not clearly identify the source of the information given

Verified record — clinic name by each dose

Full Name/Nombre completo Bean Sprout Birthdate/Fecha de Nacimiento 2/14/07

Vaccine Vacuna	Dose # Dosis	Vaccine Type/ Brand Name Tipo de Vacuna/ Marca	Date Given Mo/Day/Yr Fecha	Provider Médico o Clínica	Date Next Due Próxima Visita
DTaP, DTP, DT, Td, Tdap <i>diphtheria, tetanus, pertussis difteria, tétano, tos ferina</i>	1	DTaP	4-15-07	ABC Clinic	
	2	DTaP	6-17-07	ABC Clinic	
	3	DTaP	8-19-07	ABC Clinic	
	4	DTaP	2-15-08	ABC Clinic	
	5				
	6				
Td Booster every 10 years Td dosis de refuerzo cada 10 años					
Polio <i>IPV, TOPV</i>	1	IPV	4-15-07	ABC Clinic	
	2	IPV	6-17-07	ABC Clinic	
	3	IPV	8-19-07	ABC Clinic	
	4				
	5				
Chickenpox <i>Varicella Varicela</i>	1	Varicella	2-15-08	ABC Clinic	
	2				
If had disease, give date/Fecha de Enfermedad:					
Shingles Zoster <i>Culebrilla</i>	1				
MMR (combined combination) <i>Sarampion, Paperas, Rubéola</i> or measles only <i>sarampion sola</i>	1	MMR	2-15-08	ABC Clinic	
	2				
	1				
Hepatitis A <i>Hepatitis A</i>	1	Hep A	2-15-08	ABC Clinic	
	2	Hep A	10-1-08	ABC Clinic	
	3				
Hepatitis B <i>Hepatitis B</i> <input type="checkbox"/> 3 dose series <input type="checkbox"/> 2 dose series	1	Hep B	2-14-07	ABC Hospital	
	2	Hep B	4-15-07	ABC Clinic	
	3	Hep B	8-19-07	ABC Clinic	
	4				
HBIG administered at birth? Yes No ¿HBIG al nacer? Si No					
Hib <i>Haemophilus influenzae type b Hemófilo influenzae tipo b</i>	1	Hib	4-15-07	ABC Clinic	
	2	Hib	6-17-07	ABC Clinic	
	3	Hib	8-19-07	ABC Clinic	
	4	Hib	2-15-08	ABC Clinic	
If using a combined vaccine, write the brand name under vaccine type for each of the antigens in it.					

Visit our website at <http://www.healthoregon.org/imm>
 Visite nuestra pagina del web <http://www.healthoregon.org/imm>

To request this material in an alternate format (e.g.,
braille), please call (971) 673-0300.
 Para obtener este documento en otro medio de
información (braille, audio, imprenta grande), llama al
(971) 673-0300.

TB Skin Test - Mantoux/PPD (Tine Not Accepted)		
Date given <i>Fecha de prueba</i>		Provider/Clinic <i>Médico o Clínica</i>
Date read <i>Fecha de prueba leída</i>		Phone and Fax <i>Teléfono y Fax</i>
Induration (mm) <i>Reacción (en mm)</i>		

53-11R (05/08 revised)



home
manage access/account
forms
related links
logout
help desk

organization **Starship Academy** • user **Stacy De Assis Matthews** • role **Schools/Childcare**

Training Region 3.6.0

School Access
 find student
 manage list
 check school report

Student Information

Student Name (First - MI - Last) **BLUEBERRY MUFFIN** DOB **03/03/2006** Gender **M** Tracking Schedule **Grades K-5**

Current Age: 8 years, 4 months, 14 days

Reports
[Add this Student to a Report List](#)

Immunization Record

Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Reaction
DTP/aP	05/03/2006	1 of 5	DTaP, NOS [DTaP, NOS ®]		
	07/03/2006	2 of 5	DTaP, NOS [DTaP, NOS ®]		
	09/03/2006	3 of 5	DTaP, NOS [DTaP, NOS ®]		
	03/04/2007	4 of 5	DTaP, NOS [DTaP, NOS ®]		
	03/05/2011	5 of 5	DTaP, NOS [DTaP, NOS ®]		
HepA	03/10/2010	1 of 2	HepA, NOS [HepA, NOS ®]		
HepB	03/03/2006	1 of 3	HepB, NOS [HepB ®]		
	05/03/2006	2 of 3	HepB, NOS [HepB ®]		
	07/03/2006	3 of 3	HepB, NOS [HepB ®]		
Hib	09/03/2006		HepB, NOS [HepB ®]		
	05/03/2006		Hib, NOS		
	07/03/2006		Hib, NOS		
Influenza-seasnI	03/04/2007		Hib, NOS		
	12/12/2010		Flu NOS		
MMR	02/10/2011		Flu NOS		
	03/04/2007	1 of 2	MMR [MMR II ®]		
PneumoConjugate	03/05/2011	2 of 2	MMR [MMR II ®]		
	05/03/2006		PCV7 [Prevnar7 ®]		
Polio	09/03/2006		PCV7 [Prevnar7 ®]		
	05/03/2006	1 of 4	Polio, NOS		
	07/03/2006	2 of 4	Polio, NOS		
	09/03/2006	3 of 4	Polio, NOS		
Td/Tdap	03/05/2011	4 of 4	Polio, NOS		
	05/03/2006		DTaP, NOS [DTaP, NOS ®]		
	07/03/2006		DTaP, NOS [DTaP, NOS ®]		
	09/03/2006		DTaP, NOS [DTaP, NOS ®]		
	03/04/2007		DTaP, NOS [DTaP, NOS ®]		
	03/05/2011		DTaP, NOS [DTaP, NOS ®]		

Vaccines Recommended by Selected Tracking Schedule

Vaccine Group	Vaccine	Earliest Date	Recommended Date	Past Due Date
DTP/aP	DTaP, NOS		Complete	
HepA	HepA, NOS	03/10/2011	03/10/2011	03/10/2011
HepB	HepB, NOS		Complete	
MMR	MMR		Complete	
Polio	Polio, NOS		Complete	
Varicella	Varicella		Contraindicated	

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11/14/08

My daughter,

Cherry Tree,

had chickenpox

when she was

1 year old.

I believe it

was March 2005.

— Maple Tree

From: Patsy Patch <<patsy@ppatch.com>>

To: Oak Hollow Elementary <<admin@oakhollow.edu>>

Subject: Pumpkin's immunizations

Date: 9/7/08, 12:29 PM

My son, Pumpkin Patch, went to the doctor yesterday, September 6, 2008, and received three immunizations: DTaP #5, Polio #4, and MMR #2. Pumpkin's birthday is October 31, 2002.

Thank you,

Patsy Patch
503-555-5555
456 Ichabod Lane
Bridge, OR 97777

6/10/2014 14:18

Immunization Summary by Student

Sunny Day	Type	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Status
Grade: 7	D/T	10/20/2001	11/17/2001	12/18/2001	4/2/2002	8/1/2006		Complete
Birthdate: 9/01/2001	Tdap	12/17/2013						Complete
555 SW August Road	Polio	10/20/2001	11/17/2001	12/18/2001	4/2/2002	8/1/2006		Complete
Popsicle, OR 97777	Measles	4/2/2002	8/1/2006					Complete
	Rubella	4/2/2002						Complete
	Mumps	4/2/2002						Complete
	Hep B	9/2/2001						Incomplete
	Hep A							Not Required
	Varicella	8/1/2006						Complete
	OVERALL							Incomplete
Spring Flowers	Type	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Status
Grade: 6	D/T	12/10/2012	3/15/2014					Up to Date
Birthdate: 10/24/2002	Tdap							No Required
9876 Daffodil Drive	Polio	12/10/2012	3/15/2014					Up to Date
Tulip, OR 97777	Measles	5/25/2014						Up to Date
	Rubella	12/10/2012						Complete
	Mumps	12/10/2012						Complete
	Hep B	10/24/2002	12/10/2002	5/10/2003				Complete
	Hep A	12/10/2012	3/15/2014					Complete
	Varicella							Immune
	Overall							Up to Date

Vaccine Administration Record for Children and Teens

Patient name: Alfalfa Sprout
 Birthdate: February 14, 2007
 Chart number: 12345

Vaccine	Type of Vaccine ¹ (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P) ²	Site ³	Vaccine		Vaccine Information Statement		Signature/ Initials of vaccinator
					Lot #	Mfr.	Date on VIS ⁴	Date given ⁴	
Hepatitis B ⁵ (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.	Hep B	2-14-07							
	Hep B	4-15-07							
	Hep B	8-19-07							
Diphtheria, Tetanus, Pertussis ⁵ (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, Td) Give IM.	DTaP	4-15-07							
	DTaP	6-17-07							
	DTaP	8-19-07							
	DTaP	2-15-08							
Haemophilus Influenzae type b ⁵ (e.g., Hib, Hib-HepB, DTaP-Hib) Give IM.	Hib	4-15-07							
	Hib	6-17-07							
	Hib	8-19-07							
	Hib	2-15-08							
Polio ⁵ (e.g., IPV, DTaP-HepB-IPV) Give IPV SC or IM. Give DTaP-HepB-IPV IM.	IPV	4-15-07							
	IPV	6-17-07							
	IPV	8-19-07							
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.	PCV	4-15-07							
	PCV	6-17-07							
	PCV	8-19-07							
	PCV	10-1-08	F	RA	432-234	XYZ	6-1-03	10-1-08	
Rotavirus (Rv) Give oral (po).	RV	4-15-07							
	RV	6-17-07							
	RV	8-19-07							
Measles, Mumps, Rubella ⁵ (e.g., MMR, MMRV) Give SC.	MMR	2-15-08							
Varicella ⁵ (e.g., Var, MMRV) Give SC.	Varicella	2-15-08							
Hepatitis A (HepA) Give IM.	Hep A	2-15-08							
	Hep A	10-1-08	F	LA	7755XY	MO	7-7-01	10-1-08	
Meningococcal (e.g., MCV4; MPSV4) Give MCV4 IM and MPSV4 SC.									
Human papillomavirus (e.g., HPV) Give IM.									
Influenza ⁵ (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.	TIV	10-1-08	F	LA	Q56789	QQQ	9-2-08	10-1-08	
	TIV	11-5-08							
Other									

- Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), not the trade name.
- Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).
- Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal), or O (Oral).
- Record the publication date of each VIS as well as the date it is given to the patient.
- For combination vaccines, fill in a row for each separate antigen in the combination.

Technical content reviewed by the Centers for Disease Control and Prevention, Nov. 2006.

www.immunize.org/catg.d/p2022b.pdf • Item #P2022 (11/06)

Exemptions

Nonmedical exemptions

Oregon law allows for a nonmedical exemption. Information given to parents about immunization requirements should state that a nonmedical exemption is available.

Information about claiming a nonmedical exemption can be found at www.healthoregon.org/vaccineexemption. The nonmedical exemption can be obtained by a parent, guardian or the student if he/she is 15 years of age or older. Nonmedical exemptions require the parent, guardian or student to specify the vaccine(s) they wish to withhold from their child on the CIS form. They must also provide a signed Vaccine Education Certificate indicating that they have discussed the risks and benefits of those vaccines with their health care practitioner or provide a Vaccine Education Certificate printed after completing the online vaccine education module with the corresponding vaccines checked on the form.

Nonmedical exemptions must be accepted even if the child has received vaccines before or after the signing of the exemption. Finding additional doses in ALERT IIS dated after the signing of the nonmedical exemption does not nullify the exemption. The nonmedical exemption is not applicable anymore after the child has received all of the doses for the series, or the parent chooses to remove the nonmedical exemption.

Schools and children's facilities should encourage parents to list the dates on the CIS form of any doses of vaccine that the child has received. This information can be helpful if the child is injured or if there is an outbreak of disease.

Children with a nonmedical exemption are considered susceptible to any disease for which they haven't been vaccinated or do not have immunity documentation.

In case of an outbreak of disease, school administration, in consultation with the local health department, has the right to send home children and employees who are susceptible to that disease.

Children must be up-to-date for all vaccines for which they do not have a nonmedical exemption, or they are considered incomplete and the record must be submitted with the Primary Review Summary (see page 57).



What if you don't immunize your child?

what to do . . .

We strongly encourage you to immunize your child. Please discuss any concerns you have with a trusted healthcare provider or call the immunization coordinator at your local or state health department. Your vaccination decision affects not only the health of your child, but also all of your family, your child's friends and their families, and your community.

For more information about vaccines, go to

- Immunization Action Coalition
www.immunize.org
and www.vaccineinformation.org
- Centers for Disease Control and Prevention
www.cdc.gov/vaccines
- CDC-INFO Contact Center: (800) 232-4636
- American Academy of Pediatrics
www.aap.org/immunization
- National Network for Immunization Information
www.nni.org
- Vaccine Education Center at the Children's Hospital of Philadelphia
www.vaccine.chop.edu

Immunization Action Coalition
1573 Selby Avenue, Suite 234
Saint Paul, MN 55104
phone: (651) 647-9009
fax: (651) 647-9131
www.immunize.org
www.vaccineinformation.org

This brochure was originally created by the California Department of Public Health (CDPH), Immunization Branch, and was modified with permission by the Immunization Action Coalition (IAC). The content was reviewed by the Centers for Disease Control and Prevention, December 2011. It may be reproduced without permission. If you alter it, please acknowledge it was adapted from CDPH and IAC.

www.immunize.org/cag/d/p017.pdf • Item #P4017 (12/11)

then . . .

- *Your child will be left at risk of catching the disease.*
- *Your child will be an infectious disease threat to others.*
- *Your child may have to be excluded from school or child care.*

What if

What if you don't immunize

your child? Parents, please

consider the consequences of

not immunizing your child.

Your vaccination decision

affects not only the health of

your child, but also the health

of your family, your child's

friends and their families,

and your community.



tunately, measles cases are on the rise across this country and worldwide.

- Chickenpox is very contagious. Before the development of a vaccine, about 100 people died every year in the United States from chickenpox. Most were previously healthy. Children with chickenpox need to be kept out of day care or school for a week or more so they don't spread the disease to others.

- **Without immunizations your child can infect others.**

Children who are not immunized can readily transmit vaccine-preventable diseases throughout the community.

- Unvaccinated children can pass diseases on to babies who are too young to be fully immunized.
- Unvaccinated children pose a threat to children and adults who can't be immunized for medical reasons. This includes people with leukemia and other cancers, immune system problems, and people receiving treatment or medications that suppress their immune system.
- Unvaccinated children can infect the small percentage of children who do not mount an immune response to vaccination.

- **Without immunizations your child may have to be excluded from school or child care.**

During disease outbreaks, unimmunized children may be excluded from school or child care until the outbreak is over. This is for their own protection and the protection of others. It can cause hardship for the child and parent.

- **Without immunizations your child is at risk for catching a vaccine-preventable disease.**

Vaccines were developed to protect people from dangerous and often fatal diseases. Vaccines are safe and effective, and vaccine-preventable diseases are still a threat.

- Influenza or “flu” is a serious respiratory disease that can be deadly. Healthy infants and toddlers are especially vulnerable to the complications of influenza. Tragically, every year in the United States children die from influenza.
- Pertussis or “whooping cough” is an extremely dangerous disease for infants. It is not easily treated and can result in permanent brain damage or death. Since the 1980s, the number of cases of pertussis has increased, especially among babies younger than 6 months and teenagers. In 2010, several states reported an increase in cases and outbreaks of pertussis, including a state-wide epidemic in California. Many infants died from whooping cough during this epidemic.

- Measles is dangerous and very contagious. It is still common in many countries and is easily brought into the United States by returning vacationers and foreign visitors. The number of reported measles cases began to decline rapidly during the 1990s. Recently, vaccine hesitancy among parents in the United States and abroad has led to a growing number of children and teens who are under-vaccinated and thus, unprotected from measles. Unfor-

VACCINE EDUCATION CERTIFICATE

Health Care Practitioner Documentation

Directions for Health Care Practitioners:

- 1) Write parent's name below.
- 2) Mark the boxes below indicating the vaccine-preventable diseases discussed.
- 3) Sign and date form.
- 4) Indicate the type of health care practitioner.
- 5) Fill in clinic name below.
- 6) If a parent is requesting this form for multiple children, please provide one copy per child.

I have reviewed information about the benefits and risks of vaccination with:

Parent's name (printed): Rose Blossom

Pursuant to the rules adopted under ORS 433.273, for the following vaccine-preventable diseases:
Mark "Yes" or "No" for each disease

- Yes No Diphtheria/Tetanus/Pertussis
- Yes No Polio
- Yes No Varicella
- Yes No Measles/Mumps/Rubella
- Yes No Hepatitis B
- Yes No Hepatitis A
- Yes No Hib (vaccine only required for children younger than 5 years of age)

Health Care Practitioner's Signature: [Signature] Date 8/25/14

- MD DO ND NP PA RN working under the direction of an MD, DO, ND or NP.

Clinic name (printed): ABC Children's Clinic

Directions for parents for claiming a nonmedical exemption with this certificate:

- 1) Write your child's name and date of birth on the line below.
- 2) Turn in this certificate to your child's school or child care facility.
- 3) Fill out and sign the Nonmedical Exemption section of the Certificate of Immunization Status (Form number 53-05A) at your child's school or child care facility. You may decline one or more above marked vaccinations for your child.

Child's name (printed): Cherry Blossom Date of Birth 9/4/08

Optional: ORS 433.267 states that this document may include the reason for declining the immunization.

- Immunization is being declined because of:
- Religious belief Philosophical belief Other

Oregon
Health
Authority
PUBLIC HEALTH DIVISION
Oregon Immunization Program
OHA 4683 (2/2014)

Vaccine Education Certificate of Completion

Parent's name: Blueberry Muffin

has completed the vaccine education module approved by the Oregon Health Authority pursuant to rules adopted under ORS 433.273, for the following checked vaccine-preventable diseases:

~~Tetanus, Diphtheria, and Pertussis~~

~~Hepatitis B~~

~~Polio~~

Hepatitis A

~~Varicella~~

~~Hib~~

~~Measles, Mumps and Rubella~~

Date of completion: 2/20/2014

Banana Nut Muffin
Child's name

5/5/2010
Child's date of birth

Directions for claiming a nonmedical exemption with this certificate:

1. Write your child's name and date of birth on the line above.
2. Turn in this certificate to your child's school or child care facility.
3. Fill out and sign the Nonmedical Exemption section of your child's Certificate of Immunization Status (CIS) at the school or child care facility. You may decline one or more of the vaccinations listed above. On the CIS, be sure to check each vaccine for which you are exempting your child.

Optional:

ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:

- Religious belief
- Philosophical belief
- Other

The logo for the Oregon Health Authority, featuring the word "Oregon" in a small font above the word "Health" in a large, bold, serif font. Below "Health" is the word "Authority" in a smaller font.

Medical exemptions

Oregon law allows for medical exemptions. Information given to parents about immunization requirements should state that exemptions are available.

A medical exemption is a written, signed document from a physician stating that a child should not receive one or more specific immunizations. A medical exemption may be signed because a child has a medical condition that puts the child at risk of harm if he or she receives the vaccines. This is also called having a contraindication to the vaccine. Children with medical exemptions are considered susceptible because if they are exposed to a disease they haven't been vaccinated for, they are likely to get it.

- Documentation requires a letter signed by a licensed physician stating the child's name, birth date, medical condition that contraindicates vaccination, list of vaccines contraindicated, approximate time until condition resolves, if applicable, and the physician's signature, date and contact information.
- Copies of the letter for all new medical exemptions must be submitted to the local health department. Use the Medical Exemption Review Summary (with attached documentation from the physician) to submit for review at any time but no later than January with the Primary Review Summary report. If you receive a medical exemption, you should check with the local health department immunization coordinator to see if they would prefer to receive the exemption statement when you receive it or with the January Primary Review Summary.
- Medical exemptions must be submitted in English, and they must have the printed name and phone number of the physician who signed it.

All medical exemptions need to be reviewed by the health department. The health department will review the documentation and will identify the exemption as:

- » **Disallowed** – the condition is not a medical reason not to immunize. The health department will notify you that the exemption has been disallowed. An exclusion order will be issued at the next review cycle if the child has not received the required vaccines or submitted a valid exemption.
- » **Temporary** – the condition is a medical reason not to immunize but is short term and expected to resolve in the future. The health department will assign a future review date on the Medical Exemption Review Summary form and return the form to you. When the review date arrives, the child is required to obtain the necessary vaccinations, or the health department needs to be notified so they can review the documentation to determine whether there should be a continuation of the medical exemption.
- » **Permanent** – the condition is a medical reason not to immunize and it will not change in the future. Permanent medical exemptions do not need to be reviewed again. Children with permanent medical exemptions should be included in the susceptible list for the vaccines for which they are medically exempt.

The health department will send you a copy of the Medical Exemption Review Summary form after review.

Medical exemptions are often only allowed for one or two specific vaccines. In that case, the child would be required to provide documentation of having received the remaining vaccines, or have a documented nonmedical exemption for the remaining vaccines.

A school or children's facility cannot use a child's exemption status as a reason to deny the child enrollment.

In case of an outbreak of disease, the school administration, in consultation with the local health department, has the right to send home children and employees who are susceptible to that disease.

Medical Exemption Review Summary

Section 1: To be completed by the school/children's facility

Name of student: _____ Birth date: _____ Grade: _____

Name of school/children's facility: _____

Name of person completing this form: _____

Phone number of person completing this form: _____

Please attach the following documentation:

- CIS form and/or printout from an approved computer tracking system
- Letter/verification from physician

Other supporting documentation attached (check all that apply):

- ALERT IIS record *or* ALERT IIS search done and no record found
- Lab report
- Additional immunization documentation

Date sent to local health department for review: _____

Section 2: To be completed by the local health department

Notes: _____

Medical exemption status:

- Permanent medical exemption approved
- Temporary medical exemption approved—Review date: _____
- Medical exemption denied (check all that apply)
 - Exclusion order mailed to parent
 - Parent will complete nonmedical exemption
 - Not in compliance with ACIP contraindications (explain below):

Name of local health department reviewer: _____

Local health department reviewer signature

Date

Please note the medical exemption status indicated above. Attach this form to the student's Certificate of Immunization Status form.

Oregon Health Authority, Immunization Program

DHS 53-09 (9/14)

White: Final School Copy, Yellow: County Copy, Pink: Initial School Copy

Immunity documentation

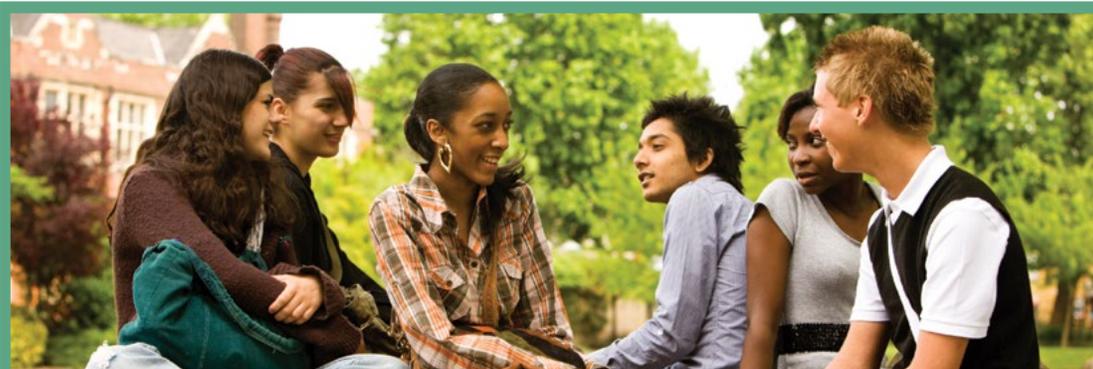
Oregon law allows immunity documentation.

Immunity documentation is a written, signed document from a physician stating that a child does not need to receive one or more specific immunizations. They may be signed because the child had a disease or had a blood test showing immunity. Children cannot get the disease, so they are considered complete for the vaccines for which they have immunity documentation. Immunity documentation requires a letter signed by a licensed physician stating the child's name, birth date, diagnosis or lab report and physician's signature and date. A child with immunity documentation should not be listed as a medical exemption on your Primary Review Summary report forms. Children with immunity documentation are counted complete for the disease specified. Immunity exemptions can be signed for measles, mumps, rubella, varicella, hepatitis A and hepatitis B. They can also be signed for Hib disease that occurred at or after 2 years of age. History of chickenpox (varicella) can be signed by the parent, guardian or student 15 years of age and older and does not require physician documentation. History of chickenpox does not need to be submitted to the health department for review. If you have questions about immunity documentation you receive, you may send the documentation to the health department for review.

Please have parents keep children home from school and child care if they have any of the following symptoms

- Fever greater than 100.5 °F
- Vomiting
- Stiff neck or headache with fever
- Any rash with or without fever
- Unusual behavior change, such as irritability, lethargy or somnolence
- Jaundice (yellow color of skin or eyes)
- Diarrhea (3 watery or loose stools in one day with or without fever)
- Skin lesions that are “weepy” (fluid- or pus-filled)
- Colored drainage from eyes
- Brown/green drainage from nose with fever of greater than 100.5 F
- Difficulty breathing or shortness of breath; serious, sustained cough
- Symptoms or complaints that prevent the child from participating in his/her usual activities such as persistent cough, with or without presence of fever
- Child requires more care than the school/child care staff can safely provide

Only a licensed health care provider can determine a diagnosis, prescribe treatment and provide instructions regarding the child's return to school/child care.



Creating a list of susceptible children

In case of an outbreak of vaccine-preventable disease, you will need to create a list of susceptible children. The Oregon Administrative Rules require administrators to maintain a system to track susceptible persons. You must be able to sort the list of susceptible children by classroom, grade and school. The list must be provided to the local health department within one calendar day if requested, in order to facilitate appropriate disease control measures.

Susceptible children include any child whose immunizations are not complete, including children who:

- Have a nonmedical exemption for the vaccine;
- Have a medical exemption (does not include those who have immunity documentation);
- Are still in the process of completing their immunization series (they can be removed from the list once the series is complete);
- Have no immunization record, since you do not have records showing if these children are susceptible or not.



Record Assessment

Assessment is the review of information on the CIS forms or other verified document such as an ALERT IIS printout or a printout of a record from an approved school computerized assessment system. This review must be done at least once a year, in order to complete the Primary Review Summary, but we recommend assessing records at other times, such as when:

- A child is less than 18 months of age and is frequently receiving vaccines;
- It is fall and vaccine requirements may have changed based on grade or age;
- A child is enrolling in your facility as a new enterer or in your school as a new enterer or transferring student. (States have different requirements so review records as they come in from other schools, especially from outside of Oregon.)

This allows you time to contact parents so they can be informed if their child is missing shots. You may also be able to find the records for children missing shots in ALERT IIS, the statewide computer immunization information system.

During the annual assessment, you will make several decisions that will help you complete the Primary Review Summary. Assessment can require a couple of steps so it is important that enough time is dedicated to thoroughly examine each record. During assessment you will determine into which of the following categories a child's record belongs:

- » Complete or up-to-date: Children in this category have all of the shots required for their grade level, or they are not done with their shots, but they do not need any right now. For example, a three year old won't need the fourth polio vaccine until kindergarten. This section also includes children who have had all of their shots or have immunity documentation. (See page 40 for applicable diseases.)
- » Nonmedical exemptions: Any child who has a nonmedical exemption for all vaccines should be counted in this category. Also count any child with a nonmedical exemption for one or more vaccines who is up-to-date or complete for other required vaccines.
- » Permanent medical exemptions: Any child who has a medical exemption that has been determined by the health department to be permanent and indicates that the child will never be able to receive the vaccine should be counted in this category.
- » Temporary medical exemptions: Any child who has a medical exemption that is for a limited period of time and has an expiration date, or a medical exemption that has not yet been reviewed by the local health department should be counted in this category.
- » Incomplete/insufficient: Children in this category are missing vaccines for which they have not claimed exemptions. If the child has an exemption for some vaccines but is missing other vaccines, count the child in this category. Also include children claiming a nonmedical exemption after March 1, 2014 without complete documentation, such as a missing Vaccine Education Certificate or missing the nonmedical exemption section of the CIS form. Include children whose shot dates are not in order or are not logical, such as dates before the child's birth date or duplicate dates. If the record doesn't make sense, it should be counted in this category. This category also includes children whose CIS forms have not been signed.

- » No record: Children who have no immunization records on file with the school or children's facility should be counted in this category.

There are several ways to determine a child's category. You can use:

- The transparent overlays
- The Primary Review Table
- ALERT IIS
- A computer system approved by the Oregon Immunization Program





Oregon Certificate of Immunization Status Oregon Health Authority, Immunization Program

Oregon law requires proof of immunization be provided or an 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 Health Authority, Immunization Program and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Age range: Birth up to 18 months

Birth to < 2 months - No Vaccines

2 up to 4 months			
Child's Name <i>Apellido</i>	First Name <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
4 up to 6 months			
Mailing Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>
6 up to 15 months			
Parent/Guardian Name <i>Nombre</i>	Home Telephone Number <i>Número de Teléfono</i>		
15 up to 18 months			

Complete for all
Up-to- date
Medical
Non medical

Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)	(mm/dd/yy)
Booster Dose Tdap					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] <input type="checkbox"/> Check here if child has had chickenpox disease _____ (mm/dd/yy)					
Measles/Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					

I certify that the above information is an accurate record of this child's immunization history.

Signature* _____
 •Signature and date required
 _____ Date

Update Signature _____ Date

Update Signature _____ Date

Update Signature _____ Date



*Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.

Continued On Reverse Side
July 2014

How to use the transparent overlays

To determine the child's category, place the appropriate transparent overlay (based on the age or grade of the child) on the CIS form. If all of the shaded boxes have dates, the child is complete or up-to-date. If some of the shaded boxes are missing dates, the child may be incomplete. If you have a question, you can check the Primary Review Table to determine whether enough time has passed and a vaccine is due now. Contact your local health department for copies of the transparent overlays.

How to use the Primary Review Table (PRT)

The PRT is located in the Annual Updates section in this handbook. Updated tables will be included in the annual reporting packet from your local health department. You may use the transparent overlays on the CIS forms first and then use the PRT table or ALERT IIS when a record is missing some dates to see if the child is complete, up-to-date, or incomplete and needs immunizations now.

1. The first column on the left shows the vaccine. Go to the page that corresponds with the vaccine you are evaluating.
2. The second column shows how many doses are listed on the child's CIS form for that vaccine. Go down this column until you get to the first row that corresponds with the number of doses on the child's record.
3. Read the criteria from top to bottom. Stop at the first statement that matches the child's record.
4. Read to the right. The column to the right of the matching criteria tells you the child's category. The far right column shows whether a shot is due now.
5. Continue until you have assessed each vaccine series. If a child is complete or up-to-date for all series, the child's overall category is complete or up-to-date. If he or she is incomplete in one or more categories, and there are no exemptions on the record, the child's overall status is incomplete.

How to use ALERT IIS for assessment

If a child's full immunization record is in ALERT IIS, the record can be assessed in two different formats:

1. The information can be printed so that it looks like a CIS form and the transparent overlays can be used. Click the "student record" button to print the CIS form.
2. Choose the correct grade from the "Tracking Schedule" drop down menu. The incomplete vaccines will be highlighted in green in the Vaccines Recommended section at the bottom of the page.

How to use approved computer assessment systems

Computer programs used to assess immunization records and report to the local health department must receive prior approval by the Oregon Immunization Program. The process for approval includes reviewing the required fields (grade, date of birth, etc.) and the accuracy of the assessment and reports.

Computerized assessment systems can be simple or comprehensive. They may fulfill some, all or none of the requirements for annual reporting to the local health department. The Annual Updates section of this handbook contains a list of currently approved computerized assessment and reporting systems.

If you are considering a computerized assessment and reporting system, please call the Immunization Program at 971-673-0300. We can give you contact information for vendors. We can also discuss the approval process and what is required.

Most Oregon public schools have a student information system (SIS) with an approved immunization tracking, assessment and reporting component. For schools or facilities that do not have an immunization program component to their SIS or have a program that is not approved, there are also available “stand-alone” programs for purchase.

If the program assesses records, approval is needed. In order to receive approval, a program does not need to provide all of the reports or functions needed for the annual exclusion process. Some systems provide an immunization letter that can be used to notify parents of any immunization needs, some provide the annual reports and some do not. You may still need to supplement the computer printouts by completing the Primary Review Summary (PRS) forms provided by the local health department. Check the section of this handbook starting on page 57 that explains the manual completion of forms for the annual exclusion cycle if the program your school or facility is using does not provide all of the forms required.

Even if your student information system does not include an immunization component, the computer may still be useful for tracking and reporting. In each student’s record, enter an overall immunization status after you have assessed records. Then when you need to complete the PRS, you can sort the file choosing the students that need to appear on the report.

Parent notifications

It can be helpful to send parents a reminder letter when their child is due for shots. The sample letter on the following page can be used as an example. If you decide to make your own letter, remember to add space for parents to add shot dates and then to sign and date the letter. Also, the statement that medical or nonmedical exemptions are available should be included. Many approved computer systems can also print parent notification letters. When parents return and sign the letter, the vaccine dates can be added to the CIS form and the letter can be stapled to the child’s CIS form as a verified record.

Date: _____

Dear Parent/Guardian of _____ :

Oregon law requires that all children attending school, preschool, or daycare be up-to-date on their immunizations (shots), unless they have a medical or nonmedical exemption on file.

Our records show that your child is either due for the following shots or has had these shots but they are not on our records. We need you to update our records by completing this page. Please make sure you sign and date it. You are also welcome to come in and update your child's official record in person.

Parent/Guardian:

Please fill out the date the shot was given and sign and date at the bottom.

DTaP dose # _____ Date _____

Tdap dose # _____ Date _____

Polio dose # _____ Date _____

Varicella (Chickenpox) dose # _____ Date of vaccine _____

Or my child had chickenpox Approximate month/year _____

MMR dose # _____ Date _____

Hepatitis B dose # _____ Date _____

Hepatitis A dose # _____ Date _____

Hib dose # _____ Date _____

Signature of parent or guardian _____

Today's date _____

Approaches to recordkeeping

Organizing files

Having a way to organize CIS forms is helpful for:

- Notifying parents when shots are due;
- Preparing the annual Primary Review Summary report forms; and
- Identifying susceptible children in case of an outbreak of disease, as determined by the local health department.

There are no requirements for where a CIS form has to be stored, as long as the record is easily accessible in the school or facility. Many schools choose to keep the CIS form in the student's cumulative file; however, records may be easier to assess if they are kept together in a binder or file folder. If you choose to keep the CIS forms separate from the cumulative files, remember to pull out the CIS form and put it with other outgoing records when you receive a record transfer request.

Tracking systems

There are many ways to track which immunizations a child still needs. One easy method is to use Post-it notes or some other visual flagging system on children's records that are incomplete or are up-to-date until kindergarten. Then, when assessing, only flagged incomplete records need to be checked. The CIS form has boxes on the right side that may be marked to assist with tracking.

If you have a computer with a spreadsheet program, consider entering the overall status of each child. You will need to determine the overall status by using the transparent overlays, the Primary Review Table or the assessment in ALERT IIS. Then, you can sort the file according to the status, and you'll have an easier time completing your Primary Review Summary. If you have a child care that serves both school-age and younger children, it's a good idea to assign a special status to school-age children. Then when you sort, you'll know the number of children not to be counted because they are reported by their school.

Computerized assessment

Many schools find that the easiest way to assess large numbers of children is to purchase a computer program that will complete the assessment and generate the reports. There are both stand-alone systems and others that are components of student information systems.

The Immunization Program must approve all computer systems before they can be used for immunization assessment and reporting. See page 47 for more information about computerized assessment and reporting systems.

ALERT IIS reporting

Authorized users of ALERT IIS have the ability to create lists of children in their program to assess immunization records and generate lists of children needing immunizations. Records can only be based on information already in ALERT IIS.

Instructions for primary review

Primary review summary forms

Oregon Health Authority
Public Health Division, Immunization Program
Form 53-04A Revised 5/14

Page 1 of 3

IMMUNIZATION PRIMARY REVIEW SUMMARY - SECTION A

Initial Statistical Report

(For use by public, charter, alternative and private schools, preschools, head start and certified child care programs)

Demographic Information: This is information about your school or program. We use this information to contact you if we have questions. Please be neat and accurate. Thanks!

Name of School or Program: _____

Type of Program: public/charter school private school preschool/daycare head start

Address: _____

School District: _____ Phone: _____

Administrator's Name and Title: _____

Administrator's E-mail: _____

Name of Person Completing Report: _____

E-mail of Person Completing Report: _____

Grades or Ages Served: _____ Date of Report: _____

Do you use a computer system for tracking immunizations? Yes No

Name of computer system used: _____

This section should be completed with information for all of the children in your school or program.

Total enrollment

Children not to be counted

Adjusted enrollment

TIP:

Children not to be counted are those who attend both a school and a children's facility or more than one school or facility. Look on the back of this form for more details.

TIP:

Each child should be in only one category. So, if you add up all the categories, the number will equal the adjusted enrollment. If you need more information on what the categories mean, see the back of this form.

Send copies of the records of children in pink boxes to the health department, and list these children on page 2.

Number complete or up-to-date

Number nonmedical exemptions

-Include children with nonmedical exemptions for all vaccines, and
-Include children who have a nonmedical exemption for some vaccines and are complete or up-to-date for other required vaccines.

Number permanent medical exemptions

Number temporary medical exemptions

Number incomplete/insufficient

-Include children who have nonmedical exemptions for some vaccines and are incomplete or insufficient for others, and
-Include children who are incomplete or insufficient for required vaccines.

Number no record

Congratulations on finishing Section A! If you have any children who have a temporary medical exemption, are incomplete/insufficient, or have no record, make sure you write them in on Section B (Page 2). Photocopy their immunization forms (CIS) or medical exemption request and submit with this report. Keep the yellow copy of this form and the blue copy of Section B (Page 2) for your records.

If **all** of your children are complete, up-to-date or have a nonmedical exemption for each vaccine, you can complete any parts of Sections E-G (Page 3) that apply to your school or program and submit it with this report. Send the white copies of these forms to your health department. The yellow copies are for your records. You are finished for this review cycle!

Thank you. **REMEMBER - These forms need to be submitted to your local county health department!**

Instructions for
Page 1 — Section A, Initial Statistical Report

First, fill out the demographic information for the school or children's facility. Please be sure to include the phone number, e-mail address and the name of the person completing the report. If the county health department has questions, they will contact you. Then, move on to the next section.

Total enrollment: This is the total number of children in your school or children's facility. Please include everyone, even children you are not required to report.

Children not to be counted: Children who attend both a school and a child care facility are not counted by the child care. Include children who attend another school or facility and spend more time at the other site in the "children not to be counted" number.

Adjusted enrollment: This is the total enrollment number minus the children not to be counted. On this page, do not subtract children 18 months and younger.

The next section asks that you place each of the children in your adjusted enrollment into one of six categories. If you add up all six categories, they should equal the adjusted enrollment number. Before you fill out this section, it is recommended that schools/children's facilities look up children's immunization records in ALERT IIS if they are incomplete or there is no record.

Number complete or up-to-date: Children in this category have all of the shots required for their grade level, or they are not done with their shots, but they do not need any right now. For example, a three year old won't need the 4th polio vaccine until kindergarten.

Number nonmedical exemptions: Any child who has a nonmedical exemption for all vaccines should be counted in this category. Also count any child with nonmedical exemptions for one or more vaccines who is up-to-date or complete for other required vaccines.

Number permanent medical exemptions: Any child who has a medical exemption that has been determined by the health department to be permanent and indicates that the child will never be able to receive the vaccine should be counted in this category.

Number temporary medical exemptions: Any child who has a medical exemption that is for a limited period of time and has an expiration date, or a medical exemption that has not yet been **reviewed by the local health department** should be counted in this category.

Number incomplete or insufficient: Children who are missing vaccines for which they have not claimed exemptions, or whose records need correction, should be counted in this category. This category also includes children whose Certificate of Immunization Status (CIS) forms have not been signed. This category also includes children who have nonmedical exemptions for one or more vaccines and are incomplete for other vaccines. It also includes nonmedical exemptions signed after March 1, 2014 that are missing the Vaccine Education Certificate.

Number no record: Children who have no immunization records on file with the school or children's facility should be counted in this category.

If your school/facility **has one or more** children who are incomplete, insufficient, no record or have a medical exemption needing review, you need to complete page 2.

If your school/facility **does not have any** children who are incomplete, insufficient, no record or have a medical exemption needing review, you do not need to complete page 2.

Tear off the back page (yellow) of the report. This copy is for your records. The remaining copy (white) needs to be sent in to the health department with the other pieces of the report by the due date.

IMMUNIZATION PRIMARY REVIEW SUMMARY - SECTIONS B, C and D
Initial Statistical Report

(For use by public, charter, alternative and private schools, preschools, head start and certified child care programs)

Demographic Information: This is information about your school or program. We use this information to contact you if we have questions. Please be neat and accurate.

Name of School or Program: _____ Date of Report: _____

Name of Person Completing Report: _____ Phone: _____

B. FOR SCHOOL AND CHILDREN'S FACILITY USE Alphabetically list names of children whose records are incomplete first, then insufficient, then those who have a temporary medical exemption, then no record. Attach copies of the children's Certificate of Immunization Status or medical exemption request in the same order as the names on the list.		C. FOR HEALTH DEPARTMENT USE ONLY Secondary Review Reviewer:			D. FOR SCHOOL AND CHILDREN'S FACILITY USE Follow-up:		
Child's name (Last name, First name)	Grade and birthdate	Parent's name and current mailing address	Exclusion order mailed? Y/N	Date	Vaccines	Date orders canceled	Excluded? Y/N?
<input type="checkbox"/> Check if no record							
<input type="checkbox"/> Check if no record							
<input type="checkbox"/> Check if no record							
<input type="checkbox"/> Check if no record							
<input type="checkbox"/> Check if no record							
<input type="checkbox"/> Check if no record							
<input type="checkbox"/> Check if no record							
<input type="checkbox"/> Check if no record							
<input type="checkbox"/> Check if no record							

Please keep the bottom copy of this form and submit the rest to the county health department.

REMEMBER - These forms need to be submitted to your local county health department!

Instructions for Page 2 - Section B, Initial Statistical Report

This page is used to list children whose records need to be checked by the health department. This includes children in the following categories: incomplete, insufficient, no record and temporary medical exemption. Children whose medical exemption has been classified by the health department as permanent or that has a future review date do not need to be included. Include children who have a nonmedical exemption for only part of their record, are incomplete or insufficient for other vaccines or do not have a Vaccine Education Certificate or completed CIS form.

First, fill out the demographic information for the school or facility. Please be sure to include the phone number and the name of the person completing the report. If the health department has questions, they will call you. Then, move on to Section B, labeled "FOR SCHOOL AND CHILDREN'S FACILITY USE".

In Section B, list children who are incomplete, insufficient, and children with no record, and children with medical exemptions needing review. List in that order and arranged alphabetically. For children with no record, mark the "Check if no record" box in the "Child's name" column. Please include their grade level and birthdate, since that affects which shots they need. If a child is younger than kindergarten age use "P" for preschool.

In the next column list the name and address of the child's parent or guardian. Accuracy is extremely important since this is where the exclusion order will be mailed. If you prefer, you can stick a mailing label with the information in the designated space.

Tear off the back page (blue) of the report. This copy is for your records. The remaining copies (white, yellow, pink) need to be sent in to the health department with the other pieces of the report by the due date.

Photocopying Records

Next, for children who are incomplete or insufficient, make a photocopy of their Certificate of Immunization Status (CIS) form and any other immunization documentation in their record. For children who have a temporary medical exemption needing review, photocopy their CIS form and any documentation of the medical exemption. For children with no record there is no documentation to copy.

Arrange the photocopies so the records are in the same order that children appear on the list in Section B. This makes the records easier for the health department to review.

Updating Records and Canceling Exclusion Orders Page 2 - Section D, Initial Statistical Report

As soon as exclusion orders are issued from the county health department, they will send the white and yellow copies of page 2 back to you. They will keep the pink copy of the forms. As parents come in and update their child's record, write in column D the date that they provided the needed information. If the child's record was not updated until the start of school or child care on Exclusion Day, write yes in the "excluded" box. The top (white) copy needs to be turned in to the health department by 12 days after Exclusion Day.

Please keep your copies of the report for one year. As soon as you fill in this year's report, you can recycle last year's.

Follow-Up Statistical Report

(For use by public, charter, alternative and private schools, preschools, head start and certified child care programs)

THIS SECTION IS DUE TO YOUR COUNTY HEALTH DEPARTMENT NO LATER THAN 12 DAYS AFTER EXCLUSION DAY.

Demographic Information: This is information about your school or program. We use this information to contact you if we have questions. Please be neat and accurate. Thanks!

Name of school or program: _____
 Name of person completing report: _____
 Phone: _____ Date of report: _____

E. Preschool, Child Care, Head Start

Complete only for children less than kindergarten

Total Enrollment: _____
 Children not counted: _____
 Children ≤ 18 months of age: _____
 Adjusted enrollment: _____

Fill in the number of children with the indicated number of doses

D/T/P Polio
 (4+ doses) (3+ doses)

Varicella MMR
 (1+ dose or disease history) (1+ dose)

Hep B Hep A
 (3+ doses) (1+ dose)

Hib
 (Complete or 5 yrs old)

All (Child has received all of the above doses)

Fill in the number of children with:

No record: _____
 Medical exemptions: _____
 Nonmedical exemptions: _____
 How many of the nonmedical exemptions are from:
 • the online module _____
 • a health care practitioner _____
 • a religious exemption signed prior to 3/1/14 _____

Fill in the number of children with a nonmedical exemption for each vaccine

D/T/P Polio
 Varicella Measles
 Mumps Rubella
 Hep B Hep A
 Hib
 All (Child has a nonmedical exemption for all vaccines)

F. Kindergarten

Complete only for students in kindergarten

Total Enrollment: _____
 Children not counted: _____
 Adjusted enrollment: _____

Fill in the number of students with the indicated number of doses

D/T/P Polio
 (5 doses or 4th (4 doses, or 3rd after age 4) after age 4)

Varicella MMR
 (1+ dose or disease history) (1+ dose)

Measles
 (2nd MMR completes this requirement)

Hep B Hep A
 (3+ doses) (2 doses)

All (Student has received all of the above doses)

Fill in the number of students with:

No record: _____
 Medical exemptions: _____
 Nonmedical exemptions: _____
 How many of the nonmedical exemptions are from:
 • the online module _____
 • a health care practitioner _____
 • a religious exemption signed prior to 3/1/14 _____

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P Polio
 Varicella Measles
 Mumps Rubella
 Hep B Hep A
 All (Student has a nonmedical exemption for all vaccines)

G. Seventh Grade

Complete only for students in 7th grade

Total Enrollment: _____
 Children not counted: _____
 Adjusted enrollment: _____

Fill in the number of students with the indicated number of doses

Tdap Polio
 (1 dose) (4 doses, or 3rd after age 4)

Varicella MMR
 (1+ dose or disease history) (1+ dose)

Measles
 (2nd MMR completes this requirement)

Hep B Hep A
 (3+ doses) (2 doses)

All (Student has received all of the above doses)

Fill in the number of students with:

No record: _____
 Medical exemptions: _____
 Nonmedical exemptions: _____
 How many of the nonmedical exemptions are from:
 • the online module _____
 • a health care practitioner _____
 • a religious exemption signed prior to 3/1/14 _____

Fill in the number of students with a nonmedical exemption for each vaccine

D/T/P Polio
 Varicella Measles
 Mumps Rubella
 Hep B Hep A
 All (Student has a nonmedical exemption for all vaccines)

Instructions for IMMUNIZATION PRIMARY REVIEW SUMMARY - Sections E, F, G Follow-Up Statistical Report, Page 3

This page tells us the final status of the children in your school or program **after** all records have been updated. Please complete this page after the records of all children needing updates have been updated, or by 12 days after exclusion day (even if all children's records have not yet been updated), whichever comes first.

Fill out the demographic information for the school or children's facility. Complete the appropriate section that corresponds with the ages and grades of children in your school/facility. You may need to complete more than one section.

Only count the children who are in the grade or age group that the section is asking about. For example, if you are filling out Section F, only count children enrolled in kindergarten. If children have left your school or facility since you turned in the initial report, do not count them in the follow-up report. **If children have enrolled in your school or facility since the initial report, do not count them.** These children will be counted in the next review cycle.

Total enrollment:	This is the total number of children in the specific section.
Children not counted:	Children who attend both a school and a child care facility are not counted by the child care. Children who attend more than one school or facility and spend more time at the other site should be included in this number.
Children ≤ 18 months of age:	This is the number of children 18 months of age or younger. This is asked for in Section E only.
Adjusted enrollment:	This is the total number of children per section minus the children not counted and minus the children 18 months of age or younger (Section E only).
D/T/P, Tdap, Polio, Varicella, MMR, Measles, Hepatitis B, Hepatitis A, Hib:	Enter the number of children per section that meet the specific number of doses listed in parentheses ().
All:	Enter the number of children per section that have all of the vaccine doses listed or history of disease. If a child is missing one or more doses, do not count them in this number. Children with exemptions will not be counted in this number.
No record:	Children who have no immunization records on file should be counted here. If all of the records have been updated, this number should be zero.
Medical exemptions:	Any child that has a temporary or permanent medical exemption should be counted here.
Nonmedical exemptions:	Any child that has a nonmedical exemption, whether for one or all vaccines, should be counted here. This number may have increased since your initial report.
How many nonmedical exemptions are from:	Enter the number of children with a nonmedical exemption that have documentation from the following categories: the online vaccine education module, a health care practitioner, or a religious exemption signed prior to March 1, 2014
Nonmedical exemptions by vaccine:	Count the number of children who have a nonmedical exemption for each of the vaccines listed on the form. In the <i>All</i> category, count the number of children with nonmedical exemptions for all vaccines (and count these children in the individual vaccine categories also).

Once you have completed the sections for the ages/grades you serve, tear off the back (yellow) copy of the form. This is for your records. The top (white) copy of this form and the top (white) copy of Sections B, C and D (page 2) need to be turned in to the health department by 12 days after Exclusion Day.

Please keep your copies of the report for one year.

How to manually complete the required annual Primary Review Summary (PRS)

By law, all schools, preschools, Head Starts and certified child care providers must submit the annual Primary Review Summary (PRS) to the local health department by the January due date. The director, administrator or principal is responsible for the report, but it can be delegated to another trained person.

There are three pages in the report. Page 1 and the first half of page 2 are filled out in January. The second half of page 2 and page 3 are completed as soon as all of the children's records are updated. Page 3 can be submitted in January if all the children are complete or up-to-date by the due date in January. However, the completed second and third pages must be turned in by 12 days after the February Exclusion Day if exclusion orders were issued, even if some of the students are still excluded.

We recommend that you make photocopies of all three forms before filling out the reports. The copies can be used as scratch worksheets. Complete the original forms once you have come up with the final information. This will both save you frustration as you work through the process and also make your final reports easier to read.

STEP ONE

Page 1 – Section A, Initial Statistical Report

First, fill out the demographic information for the school or facility. Please be sure to include the phone number and the name of the person completing the report. The local health department will call you if they have questions. If you can be contacted by email, please include an email address. Then move on to the next section.

Total enrollment:	This is the total number of children in your school or facility. Please include everyone, even children you are not required to report.
Children not to be counted:	Children who attend both a school and a child care facility are not counted by the child care. Include children who attend another school or facility and spend more time at the other site in the "children not to be counted" number. For schools, subtract the number of students that are co-enrolled and are reported by the other school.
Adjusted enrollment:	This number equals your total enrollment minus children not to be counted.

The next section asks that you place all of the children in your adjusted enrollment into one of six categories. All six categories added together should equal the number of children in the adjusted enrollment.

Number complete or up-to-date:	Children in this category have all of the shots required for their grade level, or they are not done with their shots, but they do not need any right now. For example, a three year old won't need the fourth polio vaccine until kindergarten.
Number nonmedical exemptions:	Any child who has a nonmedical exemption for all vaccines should be counted in this category. Also count any child with nonmedical exemptions for one or more vaccines who is up-to-date or complete for other required vaccines.

Number permanent medical exemptions:	Any child who has a medical exemption that has been determined by the local health department to be permanent and indicates that the child will never be able to receive a vaccine should be counted in this category. Children with immunity documentation are NOT included in this category.
Number temporary medical exemptions:	Any child who has a medical exemption that is for a limited period of time and has an expiration date or a medical exemption that has not yet been reviewed by the local health department should be counted in this category.
Number incomplete/insufficient:	Children who are missing vaccines for which they have not claimed exemptions, or whose records need correction, should be counted in this category. This category also includes children whose CIS forms have not been signed. This category includes children who have nonmedical exemptions for one or more vaccines and are incomplete for other vaccines. It also includes nonmedical exemptions signed after March 1, 2014 that are missing the Vaccine Education Certificate.
Number no record:	Children who have no immunization records on file with the school or facility should be counted in this category.

Tear off the back page (yellow) of the report. This copy is for your records. The remaining copy (white) needs to be sent in to the health department with the other pieces of the report by the due date. See page 5.

You **do not need to complete page 2** if your school/facility **does not have any children** who are listed as “incomplete/insufficient” or “no record,” or have a medical exemption needing review. **Go on to step five.**

You **will need to complete page 2** if your school/facility has **one or more children** who are listed as incomplete/insufficient or no record, have a medical exemption needing review or have a nonmedical exemption for some vaccines but are incomplete for other vaccines.

Go on to step two.

STEP TWO

Page 2 – Section B, Initial Statistical Report

This page is used to list children whose records need to be checked by the health department. This includes children in the following categories: insufficient, incomplete, medical exemption and no record. Include those children who have a nonmedical exemption for only part of their record and are incomplete for other vaccines. Include children with a nonmedical exemption claimed after March 1, 2014 whose parents did not provide a Vaccine Education Certificate or who did not fill out and sign the CIS form. Do NOT include children whose medical exemption has been classified by the health department as permanent or that has a future review date.

First, fill in the the school or facility name. Please be sure to include the phone number and the name of the person completing the report so the health department can contact them if they have any questions.

Then move on to Section B, labeled “FOR SCHOOL AND CHILDREN’S FACILITY USE.”

In Section B, list children alphabetically, by category, whose records are insufficient, then incomplete, then children with no record, and finally children with medical exemptions needing review. Please include both the grade level and date of birth of the child, since age and grade affect which shots are needed. For a child younger than kindergarten

age, a grade is not needed, but you may put “P” for pre-school. If your school is ungraded, use the grade equivalence for the age of the student used by public schools to determine grade level.

In the next column, list the name and mailing address of the child’s parent or guardian. Accuracy is extremely important since this is where the exclusion order will be mailed. If you prefer, you can stick a mailing label with the information in the designated space.

Tear off the back page (blue) of this report. This copy is for your records. The remaining copies (white, yellow, pink) need to be sent to the health department with the other pieces of the report by the due date.

Please write the parent’s full mailing address on page 2, including zip code, apartment number, or PO Box, if appropriate.

STEP THREE

Photocopying records

Make a photocopy of the CIS form, or any other immunization documentation in the records, for each child who is listed as insufficient or incomplete. For children who have a medical exemption needing review, send a copy of the Medical Exemption Summary form with a copy of the medical exemption letter from the physician attached. There is no documentation to copy for children with no record.

Arrange the photocopies of the records so that they are in the same order as children appear on the list in Section B. This makes the records easier for the health department to review.

STEP FOUR

Updating records and canceling exclusion orders

Page 2 – Section D, Initial Statistical Report

The local health department will send the white and yellow copies of page 2 back to you along with copies of the exclusion orders issued when they mail the exclusion orders to the parents/guardians of the children. They will keep the pink copy of the form for their records. Write the date that you received the required information for each child in column D as you get the updated immunization records from parents.

If the child’s record was not updated until after school starts on Exclusion Day, the child is considered as excluded and you will write “yes” in the “excluded” box. Children are still considered excluded even if they generally don’t come to school on that day, are on vacation or home ill.

STEP FIVE

Page 3 – Sections E, F and G, Follow-up Statistical Report

The three sections in this step tell us the final status of the children in specific age groups or grades in your school/facility after all records have been updated. Please do not complete this step until:

1. The records of all children needing updates have been updated; or
2. It is 12 days after Exclusion Day, even if all the records have not yet been updated.

First fill out the name of the school or children’s facility. Please be sure to include the phone number and the name of the person completing the report for the local health department to contact if they have any questions.

Next, move on and complete the appropriate section(s) that corresponds with the ages and grades of children attending your school/facility.

Complete Section E	if you serve children who are too young to attend kindergarten.
Complete Section F	if you serve children in kindergarten. Kindergartners are those children who were at least 5-years-old on September 1 and will be attending first grade the following fall.
Complete Section G	if you serve children in the seventh grade.

When filling out these sections, please keep in mind these three things:

- Only count the children who are in the grade or age group that the section is asking about. For example, if you are filling out Section F, only count children enrolled in kindergarten.
- Do not count children who have left your school or facility since you turned in the initial report.
- Do not count children who have enrolled in your school or facility since the initial report. These children will be counted during the next exclusion cycle.

Complete the following information:

Total enrollment:	This is the total number of children in the specific age range or grade. For example, if you are completing the kindergarten section, only include children enrolled in kindergarten.
Children not counted:	Children in the age range or grade who spend more time at another facility or school should be included in this number.
Children \leq18 months of age:	You do not need to complete a follow-up report for children 18 months of age and younger in Section E.
Adjusted enrollment:	This is the total enrollment minus the children not counted and minus the number of children 18 months of age and younger.

D/T/P (Sections E and F), Tdap (Section G only), polio, varicella, MMR, measles (Sections F and G) hepatitis B, hepatitis A (Sections E and F; Section G in 2016), and Hib (Section E only):

Enter the number of children in the age range or grade who received the specific number of doses, or have immunity documentation for each vaccine listed in parentheses (). Do not count doses of measles, mumps, rubella, hepatitis A and varicella that were administered before the child was 12 months of age.

All:	Enter the number of children in the age range or grade who meet the required number of doses for each vaccine listed. Do not count them in this number if they are missing the criteria for one or more vaccines even if they are up-to-date. Do not count children with nonmedical exemptions in this number.
No record:	Children who have no immunization records on file with the school or facility should be counted in this category. This number should be zero if all of the records have been updated.
Medical exemptions:	Any child with a permanent or temporary medical exemption. Children with immunity documentation should NOT be counted in this category.
Nonmedical exemptions:	Any child who has a nonmedical exemption, whether for one or all vaccines, should be counted in this category.

How many of the nonmedical exemptions are from the online module	Count any child who has a nonmedical exemption with a Vaccine Education Certificate printed from the online vaccine education module.
How many of the nonmedical exemptions are from a health care practitioner	Count any child who has a nonmedical exemption with a Vaccine Education Certificate signed by a health care practitioner.
How many of the nonmedical exemptions are from a religious exemption signed prior to 3/1/14	Count any child who has a religious exemption on file that was signed prior to March 1, 2014.

Fill in the number of children with a nonmedical exemption for each vaccine. Count the number of children who have a documented nonmedical exemption for each of the vaccines listed on the form. In the “all” category, count the number of children with nonmedical exemptions for all vaccines (and count these children in the individual vaccine categories also).

Once you have completed the sections corresponding to the ages/grades you serve, tear off the back (yellow) copy of the page 3 form. This is for your records. The top (white) copies of pages 2 and 3 need to be turned in to the health department no later than 12 days after exclusion. This information can also be faxed to the health department. See the Annual Updates section for local health department contact information.

Exclusion orders

Exclusion orders are issued by the local health department, and you will be mailed a copy of each order sent to parents of children in your school/facility. Contact the health department if you have any questions or concerns about what was required in the exclusion order(s).

Canceling the Incomplete/Insufficient Exclusion Order

Incomplete/Insufficient Exclusion Orders cannot be canceled until the information requested on the exclusion order or an appropriately documented exemption, is provided to the school or facility. The order is considered canceled as soon as the record has been updated correctly, including an appropriate signature.

Canceling the No Record Exclusion Order

Before the No Record Exclusion Order can be canceled, you must receive one of the following pieces of information:

- A signed Oregon CIS form showing at least one dose of each required vaccine for the child’s age or grade level;
- A verified immunization record that can be transcribed onto an Oregon CIS form (see pages 25–31 for instructions and examples of verified records);
- An appropriately documented exemption or immunity.

The child does not have to be complete or up-to-date on his or her immunizations for the No Record Exclusion Order to be canceled, however he or she does have to have at least one dose of each vaccine required for the age or grade, or an exemption.

If the child moves before the listed exclusion day

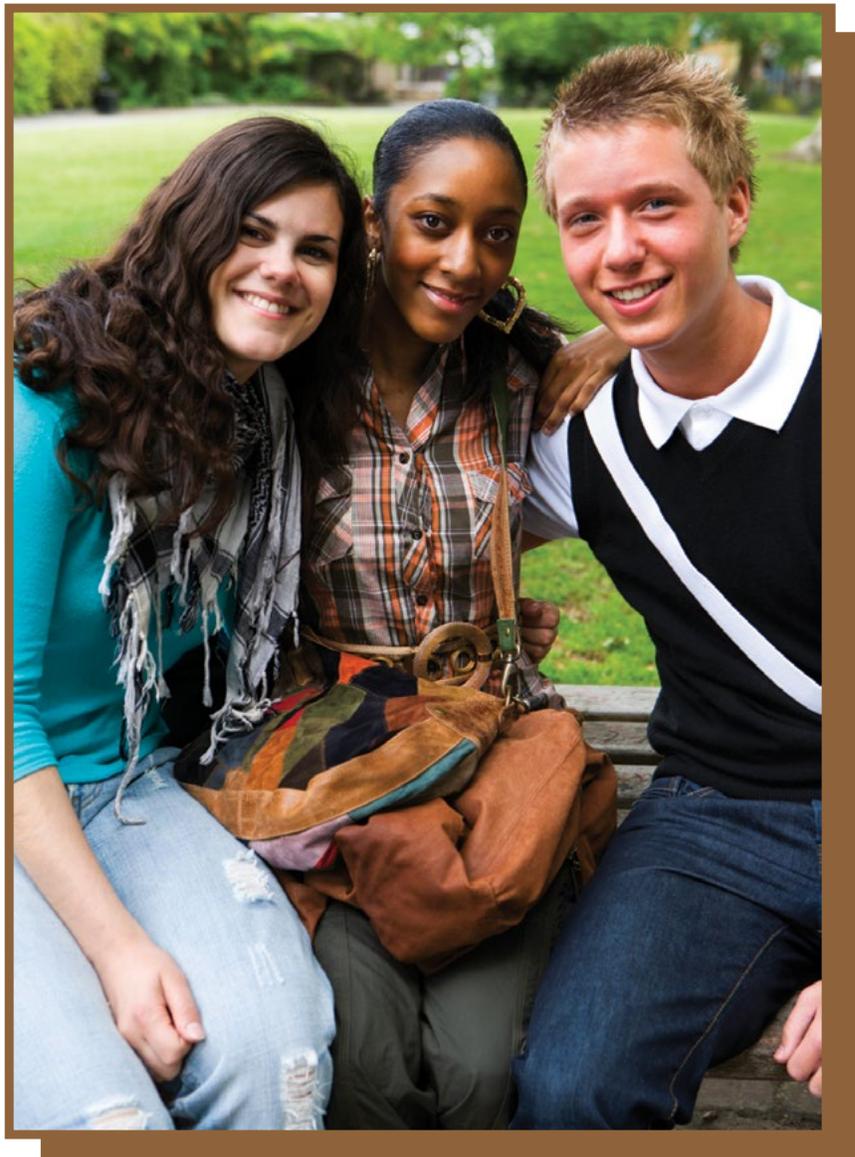
Fax a copy of the uncanceled exclusion order if you know where the child will be enrolling. The new site will be required to enforce it. If you don’t know where the child will be enrolling, put a copy of the uncanceled order in the front of the child’s record so that if a transfer request comes in, the form is transferred with the rest of the record.

On Exclusion Day

If a child was issued an exclusion order and the record has not been updated by the time class starts, this child must not be allowed to attend. Children whose records have not been updated and who are absent are still counted as excluded.

If a child whose record has not been updated is dropped off at school, he or she must be placed in a space away from other children. His or her parents must be contacted (repeatedly, if necessary) to pick the child up. The child must remain separated from other children until the parent arrives.

Children must remain excluded until their records have been appropriately updated. After four missed school days, schools should contact the family of any child still excluded to determine why the child has not returned to school, and what needs to be done to bring the child into compliance with immunization requirements. Public school administrators must notify the attendance supervisor of the unexcused absence, as required by law.



Examples of exclusion orders - incomplete

EXCLUSION ORDER FOR INCOMPLETE/INSUFFICIENT INFORMATION

To Parent, Guardian, or Adult Responsible for Child:

Date: **February 4, 2015**

Oregon law states that all children in schools or child care (including preschool and Head Start) must have the required immunizations or a medical or nonmedical exemption. Your child's school or child care record is incomplete or shows that he or she needs immunizations.

LILY PETALS will be excluded from school/child care starting on February 18, 2015, and may not return until he/she is in compliance with state immunization laws. (ORS 433.267, OAR 333-050-0010 through 333-050-0140)

Daisy Petals
1324 NE Main St
PORTLAND, OR 97232

1. The school or child care record shows that this child does not have all of the required immunizations. **After your child has received the immunizations checked below, please write the date of the immunization, sign and date this form, and return the form to the child's school or child care. You may also update the Certificate of Immunization Status form at the school/child care.**

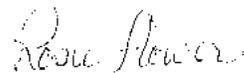
<p>Diphtheria/Tetanus/Pertussis containing vaccine _____ Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 Date Vaccine Received _____</p> <p>Polio Vaccine _____ Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 Date Vaccine Received _____</p> <p>Measles Vaccine (or MMR) _____ Dose: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 Date Vaccine Received _____</p> <p>Rubella Vaccine (or MMR) _____ Dose: <input type="checkbox"/> 1 Date Vaccine Received _____</p> <p>Hepatitis A Vaccine _____ Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 Date Vaccine Received _____</p>	<p>Tdap Vaccine _____ Dose: <input type="checkbox"/> 1 Date Vaccine Received _____</p> <p>Varicella (Chickenpox) Vaccine _____ Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 Date Vaccine Received _____</p> <p>Mumps Vaccine (or MMR) _____ Dose: <input type="checkbox"/> 1 Date Vaccine Received _____</p> <p>Hepatitis B Vaccine _____ Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Date Vaccine Received _____</p> <p>Haemophilus influenzae (Hib) Vaccine _____ Dose: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Date Vaccine Received _____</p>
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2. The child's record is not sufficient to determine his/her immunization status. The following information is needed:

Return this form to your child's school or child care with the required information, or update the Certificate of Immunization Status form on file at the school or child care. You do not need to turn in this form to the health

 Signature of health care provider, parent, guardian, or the student if at least 15 years of age Date

When you turn in the information specified above or a medical or nonmedical exemption, the child will be in compliance with state immunization laws, and will be able to attend school or child care. Other immunizations may be recommended for your child and may be required at a later date. If you have any questions, or if you believe there is an error and you would like a review of this letter, please call the local health department at (541) 523-8211.


 Rosie Flower, Program Coordinator
 Local County Health Department
 1436 NE Harmony Ln
 PORTLAND, OR 97232

cc: Administrator of School of Harmony

PARENT/GUARDIAN COPY

EXCLUSION ORDER FOR NO RECORD

Grape Vines
4231 NE CedarWood St
PORTLAND, OR 97232

Date: February 4, 2015

To Parent, Guardian, or Adult Responsible for Child:

Oregon law states that all children in school or child care (including preschool and Head Start) must have the required immunizations or a medical or nonmedical exemption. Your child's school or child care has no record of his/her immunizations.

IVY VINES will be excluded from school/child care starting on February 18, 2015, and may not return until he/she is in compliance with state immunization laws. (ORS 433.267, OAR 333-050-0010 through 333-050-0140)

Submit one of the following to your child's school or child care:

(1) Immunization Record

Turn in a Certificate of Immunization Status or other Oregon-approved form that shows the date of each vaccine dose. You can get a Certificate of Immunization Status form from your child's school or child care. The record must show at least one dose of each required vaccine. The record must be signed by a parent, guardian, health care provider, or the student if he or she is at least 15 years of age.

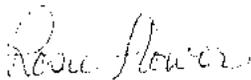
(2) Nonmedical Exemption

Turn in a Certificate of Immunization Status form with the nonmedical exemption section completed and signed by a parent, guardian, or the student if he or she is at least 15 years of age. You can get a Certificate of Immunization Status form from your child's school or child care. You must also turn in a Vaccine Education Certificate signed by a healthcare practitioner or printed from the online vaccine education module.

(3) Medical Exemption

Turn in written documentation of a medical exemption, completed by a physician or a person at the local health department.

When you turn in the above information, your child will be in compliance with state immunization laws and will be able to attend school or child care. Other immunizations may be recommended for your child and may be required at a later date. If you have any questions, or if you believe there is an error and would like a review of this letter, please call the local health department at (503) 124-6754.



Rosie Flower, Program Coordinator
Local County Public Health
1436 NE Harmony Ln
PORTLAND, OR 97232

cc: Administrator of School of Harmony

PARENT/GUARDIAN COPY

Retention period for forms

Type of school or facility	Original CIS form	Primary review forms	Exclusion orders
Public schools	Transfer CIS upon request of a new school. If graduated, keep CIS until student is 21 years of age or for 3 years, whichever is longer.	1 year	1 year
Private schools	Transfer CIS upon request of a new school. If no request is received, keep on file for 1 year.	1 year	1 year
Day cares, preschools, Head Starts	Give CIS to parent to take to the new program, or keep on file for 1 year.	1 year	1 year
Local health departments	Return to school or facility.	1 year (Consider keeping page 1 for 3 years.)	1 year

Compliance with Oregon immunization law and rules

All

- » Schools (public, private, charter, online, correctional, etc.)
- » Preschools (co-op, church, private, etc.)
- » Certified child care facilities (centers, in-home, etc.)
- » Head Start programs

are required to comply with all of the information in this handbook. In general, we receive full cooperation and are grateful since this allows us to work as a team to make certain all children are protected against vaccine-preventable diseases.

Civil penalties

However, on occasion, we do have to follow legal steps when a school or facility is not in compliance with Oregon immunization laws. Civil penalties for schools/facilities in noncompliance with the laws may be issued. Civil penalties will not be issued to schools/facilities because children are incomplete on their immunizations. Ultimately, the responsibility of immunizing a child lies with the parent. However, civil penalties may be issued for sites that remain in noncompliance after follow up by both the local health department and the Oregon Immunization Program, such as sites that do not submit the Primary Review Summary reports by the required dates. Below is the full structure outlined in the Oregon Administrative Rules for gaining compliance, including civil penalties.

School/facility compliance

1. In the event that a school or facility fails to comply with these rules, the local health department shall make a verbal, documented contact with the noncompliant school or facility that covers:
 - (a) The specific requirements of the state's immunization law and rules; and
 - (b) Establishes a four-working-day time frame for the school or facility administrator to comply.
2. If the school or facility still fails to comply, the local health department shall notify the Public Health Division of the name and address of the school or facility.

3. The local health department shall send to the Public Health Division, via mail, electronic mail or facsimile, documentation of contacts made with the noncompliant school or facility.
4. Within six calendar days of notification by the local health department, the Public Health Division shall send a certified letter to the noncompliant school or facility that:
 - (a) Notifies the school or facility that it is out of compliance and how it is out of compliance with the immunization law and rules;
 - (b) Establishes seven calendar days to comply before the matter is referred to the Attorney General's office; and
 - (c) Notifies the school or facility that a civil penalty may be imposed if the school or facility does not comply within seven calendar days.
5. The Public Health Division shall send copies of the letter to the [Oregon Office of] Child Care, the Department of Education and/or the school district superintendent as appropriate.
6. The Public Health Division shall notify the local health department of the new due date for compliance.
7. If the school or facility does not comply by the new due date, the local health department shall notify the Public Health Division.
8. The Public Health Division may impose a civil penalty on a school or facility that does not comply with the immunization law or rules after a notification of noncompliance. Civil penalties will be imposed as follows:
 - (a) One day late in complying: \$100;
 - (b) Two days late in complying: \$200;
 - (c) Three days late in complying: \$300;
 - (d) Four days late in complying: \$400;
 - (e) Five days or more late in complying: \$500 per day until there is compliance.
9. A notice of imposition of civil penalties shall comply with ORS 183.745.
10. The Public Health Division shall forward all documentation of contacts to the Attorney General's office for action if the school or facility does not comply by the new date.

Validation surveys

Each year, the State Immunization Program and the local health department, conduct validation surveys of schools and children's facilities throughout Oregon. The survey provides an opportunity for school/children's facility staff to review their process for meeting immunization law requirements and have their questions answered. The surveys are not intended to be punitive, but rather to identify areas where the program may need to make adjustments and to ensure that staff members are clear about the steps required for compliance with Oregon's immunization laws.

The number of surveys is small compared to the number of schools/facilities participating in the process, but a school or facility can always request a survey visit.

Link to Oregon Administrative Rules and Oregon Revised Statutes

http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_050.html

https://www.oregonlegislature.gov/bills_laws/lawsstatutes/2013ors433.html

ALERT IIS

The ALERT Immunization Information System (IIS) is a statewide immunization registry. ALERT IIS was developed to help achieve complete and timely immunization of all Oregonians throughout their lives. ALERT IIS collects immunization data from health care providers to create complete records for individuals in Oregon. Schools and children's facilities are encouraged to use ALERT IIS to assist parents in meeting the immunization requirements. This section contains:

- ALERT IIS Confidentiality Policy;
- School/Children's Facilities Site Agreement; and
- Individual User Agreement.

How to obtain immunization records from ALERT IIS

1. Searching the ALERT IIS website (www.alertiis.org)

Schools and children's facilities can sign up to access ALERT IIS by completing a site agreement. Then each staff person requesting access must take a short training and sign an individual user agreement to gain access to the ALERT IIS website.

You can complete training by watching a 26 minute video or attending a webinar. For more training information please visit the Oregon Immunization Program website at www.healthoregon.org/alert and click the link for schools and child care or contact the ALERT IIS Help Desk at 1-800-980-9431 or alertiis@state.or.us. Training options and agreement forms are also available on the ALERT IIS website under the forms tab and under the training tab. You do not need to log in to have access to this information.

2. Records by phone

Call 1-800-980-9431 (971-673-0275 in the Portland Metro area). Regular office hours are Monday through Friday 8:00 a.m.–5:00 p.m. If you reach the ALERT IIS voice mail, please leave the following information and we will respond as soon as possible.

- » Name of organization
- » Your name
- » Fax number and phone number
- » Individual's name
- » Individual's date of birth

Messages left in voice mail overnight are responded to the following morning.

3. Records by fax

Fax a list that includes each individual's first name, last name, middle name (when available) and date of birth to 971-673-0276. This is useful when requesting short lists of records. Please include your site and contact information.



ALERT Immunization Information System Confidentiality Policy April 2010

I. Background

Oregon Immunization ALERT is a statewide immunization information system. ALERT was developed to achieve complete and timely immunization of all Oregonians. A major barrier to reaching this goal is the continuing difficulty of keeping immunization records accurate and up-to-date. ALERT addresses this problem by collecting immunization information from public and private health care providers and linking individual immunization records. Even if an individual receives immunizations from more than one health care provider in Oregon, ALERT will merge the immunization information from all providers to create a complete and current record. This assists health care providers to track which immunizations are needed for individuals in their care.

II. Statement of purpose

ALERT is an immunization information system that serves the public health goal of preventing and mitigating the spread of vaccine preventable diseases in Oregon. It accomplishes this goal through providing accurate and timely immunization information for all Oregonians in order to assist providers to age-appropriately immunize patients in their care.

The success and effectiveness of ALERT in achieving its public health goal will depend on the level of participation by providers. To ensure the highest possible participation, all children will be enrolled in ALERT from birth records.

Under the ALERT law ORS 433.090-104; the purposes of ALERT are to:

- increase the immunization rates of children in Oregon in order to reach the 2010 benchmark of age-appropriately immunizing 95% of Oregon's children;
- prevent the spread of vaccine preventable diseases;
- waive the requirement that authorized users obtain consent for release of information from, or providing information to, ALERT;
- allow authorized users to share information from the immunization record through or between immunization registries without violating confidentiality.

III. Purpose of confidentiality policy

The purpose of this policy is to address the need to provide appropriate confidentiality protection to the information in ALERT. The confidentiality of this information must be distinguished from issues of privacy. Privacy is concerned with the control individuals exert over the release of their personal information. Under ALERT's policy, confidentiality is concerned with how the information provided to ALERT by individuals is accessed, collected, stored, used, and provided to other individuals and organizations.

In developing this confidentiality policy ALERT applied pertinent state laws, obtained comments from authorized users and other interested parties, consulted published sources on confidentiality, and applied principles of confidentiality, including the Code of Fair Information Practices.



ALERT IIS
800 NE Oregon Street, Suite 370
Portland, Oregon 97232
Phone: (800) 980-9431
Fax: (971) 673-0276
Web: WWW.ALERTIIS.ORG
Email: ALERTIIS@STATE.OR.US

Authorized Site Agreement Colleges, Schools, Preschools, Head Starts and Child Care Facilities

ALERT IIS is a statewide lifespan immunization information system. The system contains immunization records of individuals who receive immunizations in Oregon from public or private providers. ALERT IIS helps health care providers and other authorized users as defined below to know an individual's immunization status.

State law¹ and Oregon Administrative Rules² cover collection and release of information in ALERT IIS. Under ALERT's law, information is confidential and can only be shared with authorized users, including an individual's health care provider, school, childcare facility, insurer, local health department, the individual themselves, or their parent if person is a minor. Though information is confidential, the law allows providers to share this immunization information with authorized users without consent. Information from ALERT IIS may not be used in any way to penalize an individual or organization.

As a condition of receiving immunization information from ALERT IIS as a post-secondary education institution (ORS 433.090), school or children's facility (defined in ORS 433.235), users must agree to the following:

1. Only access immunization information in ALERT for individuals under their care.
2. Read and abide by the ALERT Confidentiality Policy.
3. Abide by all security policies and procedures, including safeguarding user login and password against unauthorized use.
4. Permit the ALERT Director to monitor and audit users' use of the system.

The Primary Contact for ALERT IIS also agrees to contact the ALERT Help Desk to ensure that users are deactivated when no longer affiliated with this site.

Failure to abide by this agreement may result in immediate termination, suspension, or revocation of access to ALERT IIS. Misuse of ALERT IIS data will be reported to the appropriate licensing body.

Name of School or Child Care: _____

Physical Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Type of Facility: College/University School Preschool Certified Child Care Facility
 Registered Child Care School District/ESD Other: _____

Primary Contact Person: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Name of Authorized Representative (administrator, principal, director, owner, etc.)
_____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

This form must be signed by the site's authorized representative (administrator, principal, director, owner, etc.):

Signature of Authorized Representative: _____ Date: _____

For Office Use Only

Date Received: _____	Date Entered: _____	Code(s) Assigned: _____	Initials: _____
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¹ORS 433.090 to ORS 433.102

²OAR 333-049-0100 to OAR 333-049-0130



ALERT IIS
 800 NE Oregon Street, Suite 370
 Portland, Oregon 97232
 Phone: (800)980-9431
 Fax: (971)673-0276
 Web: www.alertiis.org
 Email: alertiis@state.or.us

Authorized User Agreement – Individual School/Child Care Facility User

ALERT Immunization Information System (IIS) is a statewide registry that records vaccinations administered in Oregon. State law¹ and Oregon Administrative Rules² cover collection and release of information in ALERT IIS. By law, information is confidential and can only be shared with authorized users, including an individual’s health care provider, school, childcare facility, insurer, local health department, the individuals themselves or their parents if the person is a minor. Though information is confidential, the law allows providers to share this immunization information with ALERT IIS without consent. Information from ALERT IIS may not be used in any way to penalize an individual or organization.

As a condition of receiving immunization information from ALERT IIS as an authorized user (defined in ORS 433.090), users must agree to the following:

1. Only access immunization information in ALERT IIS for individuals under their care.
2. Read and abide by the ALERT IIS Confidentiality Policy.
3. Abide by all security policies and procedures, including safeguarding user name(s) and password(s) against unauthorized use.
4. Permit the ALERT IIS Director to monitor and audit users’ use of the system.
5. Access records only under the user’s own user name and password.

Failure to abide by this agreement may result in immediate termination, suspension or revocation of access to ALERT IIS. Misuse of ALERT IIS data will be reported to the appropriate licensing body.

First Name: _____ Middle Initial: _____ Last Name: _____
 Name of Site/Organization: _____
 Physical Address: _____ City, State, Zip: _____
 Mailing Address: _____ City, State, Zip: _____
 Phone: _____ Fax: _____

This form must be signed by the user requesting access:

Signature of User: _____ Date: _____

Email of User (required to receive login information): _____

To receive access to ALERT IIS, you must either fax or mail this form along with the Authorized Site Agreement to the ALERT IIS Help Desk. If you watched the training video please include the Certificate of Completion available to print at the end of the video.

This form can serve as the coverletter.
ATTN: ALERT IIS Help Desk
 Fax #: 971-673-0276

Or you may choose to mail the forms. You may use the envelope included in your packet or send to:
 ALERT IIS Help Desk
 800 NE Oregon Street, Suite 370
 Portland, OR 97232

Annual updates

Every year in the fall, you will receive a packet from the local health department with this year's Primary Review Summary reporting forms. The packet will also include updated versions of several documents:

- Immunization Primary Review Table
- Vaccines brand names, acronyms and common abbreviations
- Oregon approved computer systems used for tracking immunization compliance in schools and children's facilities
- Local health department immunization contact list

Please put these new documents in the "Annual updates" section of this handbook, and recycle the old documents.



Immunization Primary Review Table

Vaccines brand names, acronyms and common abbreviations

Oregon approved computer systems used for tracking immunization compliance in schools and children’s facilities

Local health department immunization contact list

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact the Public Health Division at 971-673-1222, 971-673-0372 for TTY.

