
THE UNION

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

Child's Last Name | First | Middle Initial | Birthdate

Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
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:					

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):
- o A health care practitioner
- o 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):
- o

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