



Oregon Certificate of Immunization Status
Ntawv Pov Thawj Txog Txheej Xwm Kev Txhaj Tshuaj Tiv Thaiiv Kab Mob
Ntawm Xeev Oregon

Oregon law requires proof of immunization or exemption 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 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.

Xeev Oregon tsab kev cai lij choj tseev kom yuav tsum muaj pov thawj txog ntawm qhov kev txhaj tshuaj tiv thaiiv kab mob los sis kev zam uas tau kos npe tseg ua ntej ib tus me nyuam twg yuav mus rau tom tsev kawm ntawv, tsev kawm ntawv ab nub npas (preschool), lub chaw (tsev) zov me nyuam yaus los sis lub chaw zov me nyuam yaus nruab hnuv nyob rau ntawm tsev. Qhov lus qhia paub no tab tom raug suav sau sawv cev rau Lub Oos Kas Saib Xyuas Kev Noj Qab Haus Huv Hauv Xeev Oregon (Oregon Health Authority) thiab tej zaum lub tsev kawm ntawv los sis tus me nyuam lub chaw zov nws ntawd kuj yuav tau muab nthuav tawm mus rau Feem Tswj Xyuas Tsab Cai los sis lub thawj fab saib xyuas kev noj qab haus huv rau pej xeev hauv zej zos raws li lus thov los ntawm Feem Tswj Xyuas Tsab Cai.

Child's last name/ Tus me nyuam lub xeev	First name/Lub npe	Middle name/ Lub npe nruab nrab	Birth date/ Hnuv yug
Parents' or Guardians' names Niam Thiab Txiv los sis Tus Neeg Saib Xyuas Me Nyuam Lub Npe		Phone number Tus nab npawb xov tooj	

Write the dates the child received the vaccines /Ntaus hnuv tim uas tus me nyuam tau txais cov tshuaj txhaj tiv thaiiv kab mob rau

Vaccines / Cov Tshuaj Txhaj Tiv Thaiiv Kab Mob	Dose 1 Koob Tshuaj Thib 1	Dose 2 Koob Tshuaj Thib 2	Dose 3 Koob Tshuaj Thib 3	Dose 4 Koob Tshuaj Thib 4	Dose 5 Koob Tshuaj Thib 5
Diphtheria/Tetanus/Pertussis /Mob Txhaws Qab/Mob Kab Xeb (Voos)/Mob Hnoos (DTaP)					
(Tdap) (mob txhaws qa, mob kab xeb (voos), mob hnoos (diphtheria, tetanus, pertussis, Tdap))					
Polio (IPV) Kev Tuag Npab Tuag Ceg (IPV)					
Varicella (Chickenpox) Mob Ua Qhua Dej (Varicella) (Mob Ua Qhua Taum (Chickenpox))			<input type="checkbox"/> Check if child had chickenpox disease/Khij (maim) rau yog hais tias tus me nyuam muaj tus kab mob ua qhua taum Date/Hnuv Tim		
Measles/Mumps/Rubella (MMR) Mob Ua Qog Pias (Measles)/Mob Qog (Mumps)/Mob Ua Qoob (Rubella) (MMR)					
Hepatitis B (Hep B) / Kab Mob Siab B (Hep B)					
Hepatitis A (Hep A) / Kab Mob Siab A (Hep A)					
Haemophilus Influenzae Type B Kab Mob Khaub Thuas Haemophilus Hom B (Haemophilus Influenzae Type B)					

I certify that the information on the form is an accurate record of this child's immunizations.

Kuv ua pov thawj tias cov lus qhia paub nyob rau hauv daim foos nod yog ib qhov ntaub ntawv teev tseg uas muaj tseeb txog ntawm tus me nyuam no cov kev txhaj tshuaj tiv thaiiv kab mob.

Signature* /Kos Npe Rau*	X	Date/Hnuv Tim	
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* Parent, guardian, student at least 15 years of age, medical provider or health department staff may sign to verify vaccinations.

*Niam thiab txiv, tus neeg saib xyuas me nyuam, tus tub ntxhais kawm ntawv uas muaj hnuv nyoog yam tsawg li 15 xyoos, tus kws muab kev saib xyuas kho mob los sis tus neeg ua hauj lwm rau lub thawj fab saib xyuas hauj lwm txog kev noj qab haus huv hauv lub zos yuav tsum tau kos npe txhawm rau xyuas qhov tseeb txog ntawm cov kev txhaj tshuaj tiv thaiiv kab mob.

Child's last name <i>Tus me nyuam lub xeem</i>	First name <i>Lub npe</i>	Middle name <i>Lub npe nruab nrab</i>	Birth date <i>Hnub yug</i>
Other vaccines received <i>Lwm cov tshuaj txhaj tiv thaiv kab mob uas tau txais</i>		Medical exemptions and immunity documentation <i>Cov kev zam txog fab kev kho mob thiab ntaub ntawv sau tseg txog lub zog tiv thaiv kab mob hauv nrog cev</i>	
Vaccine name <i>Lub npe tshuaj txhaj tiv thaiv kab mob</i>	Date <i>Hnub Tim</i>	Medical exemptions and immunity documentation require a letter signed by a licensed physician submitted to your child's school or child care. For the requirements go to www.healthoregon.org/medicalexemptions <i>Cov kev zam txog fab kev kho mob thiab ntaub ntawv sau tseg txog lub zog tiv thaiv kab mob hauv nrog cev tseev kom yuav tsum muaj ib tsab ntawb uas kos npe los ntawm ib tus kws kho mob uas muaj daim ntawv tso cai xa mus rau koj tus me nyuam lub tsev kawm ntawv los sis lub chaw (tsev) zov me nyuam yaus. Rau cov kev cai uas yuav tsum ua kom tau, mus rau ntawm www.healthoregon.org/medicalexemptions</i>	

Nonmedical exemption / Kev zam uas tsis yog fab kev kho mob

I have received information regarding the benefits and risk of immunizations. I understand my child may be excluded from school or child care if there is a case of disease that could be prevented by vaccine.

I have attached the required document from (check one):

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

Kuv tau txais cov lus qhia paub hais txog ntawm cov txiaj ntsig thiab kev pheej hmoo txog ntawm cov kev txhaj tshuaj tiv thaiv kab mob nod lawm. Kuv nkag siab txog tias tej zaum kuv tus me nyuam yuav raug muab tshem tawm ntawm lub tsev kawm ntawv los sis lub chaw (tsev) zov me nyuam yaus yog hais tias muaj ib qho teeb meem ntsig txog tus kab mob uas tuaj tus tshuaj txhaj tiv thaiv kab mob nod tuaj yeem pab tiv thaiv tau. Kuv tau muab qhov ntaub ntawv uas tseev kom yuav tsum muaj ntawd rhais nrog ua ke los ntawm (qhov chaw khij (maim) ib) lawm:

- Tus qauv tshuaj txhaj tiv thaiv kab mob uas tau txais kev pom zoo los ntawm Lub Oos Kas Saib Xyuas Kev Noj Qab Haus Huv Hauv Xeev Oregon (Oregon Health Authority)*
- Ib tus neeg kws muab kev saib xyuas kho mob rau fab kev noj qab haus huv*

I request that my child be exempted from the following required immunizations (check all that apply):

Kuv thov tias kom muab kuv tus me nyuam tshem tawm ntawm cov kev txhaj tshuaj tiv thaiv kab mob uas tseev kom yuav tsum tau txhaj raws li nram qab no (khij (maim) rau txhua nqe uas siv tau rau):

- Diphtheria/Tetanus/Pertussis / Mob Txhaws Qab/Mob Kab Xeb (Voos)/Mob Hnoos*
- Polio / Mob Tuag Npab Tuag Ceg*
- Measles/Mumps/Rubella / Mob Ua Qog Pias (Measles)/Mob Qog (Mumps)/Mob Ua Qoob (Rubella)*
- Hepatitis B / Kab Mob Siab B (Hepatitis B)*
- Hepatitis A / Kab Mob Siab A (Hepatitis A)*
- Hib / Hib*

Optional / Xaiv tau

Immunizations are being declined because of: /Cov kev txhaj tshuaj tiv thaiv kab mob raug tsis kam lees muab yeeb vim:

- Religious belief / Kev ntseeg fab kev cai dab qhuas*
- Philosophical belief / kev ntseeg ntawm Feem Pav Xab Nyas*
- Other / Lwm Yam*

Signature <i>Kos Npe Rau</i>	X	Date <i>Hnub Tim</i>	
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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 phone 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. Check with your child's school or daycare to find out which vaccines are required for your child's age or grade.

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. People 15 years and older can sign their own records. **Every time you add on to your child's information you need to resign the form.**

Recommended vaccines (Back):

For any vaccine not listed on the front, fill in the month/day/year that your child received each dose of vaccine.

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.

Cov Lus Qhia rau Kev Sau Kom Tiav
Daim Ntawv Pov Thawj txog Txheej Xwm Kev Txhaj Tshuaj Tiv Thaiv Kab Mob

Lus qhia paub txog chaw tiv tauj:

Sau kom tiav cov lus qhia paub txog rau koj tus me nyuam muaj xam nrog rau lub npe, hnuv yug, chaw nyob xa ntawv tam sim no, niam thiab txiv los sis tus neeg saib xyuas me nyuam lub npe thiab tus nab npawb xov tooj. Cov lus qhia no yuav raug muab koj los siv txhawm rau tiv tauj rau koj yog hais tias muaj cov lus nug hais txog koj tus me nyuam li keeb kwm kev txhaj tshuaj tiv thaiv kab mob.

Cov tshuaj txhaj tiv thaiv kab mob uas tseev kom yuav tsum tau txhaj (Hau Ntej):

Sau lub hli/hnuv/xyoo uas koj tus me nyuam tau txais txhua koob tshuaj ntawm tus tshuaj txhaj tiv thaiv kab mob rau. Yuav tsum sau qhia cov koob tshuaj ib koob zuj zus mus raws li lub sijhawm ua tau txhaj ntawd. Kuaj xyuas nrog koj tus me nyuam lub tsev kawm ntawv los sis lub tsev zov me nyuam txhawm rau tshawb kom paub txog tias yuav tsum tau txhaj cov tshuaj txhaj tiv thaiv kab mob twg rau koj tus me nyuam kom raug raws li lub hnuv nyooq los sis qib kawm.

Kos Npe Rau:

Niam thiab txiv los sis tus neeg saib xyuas me nyuam qhov kev kos npe rau ntawd yog ib cov lus hais ntsig txog kev cog lus tias tus me nyuam cov ntaub ntawv teev tseg yeej muaj tseeb tiag. Qhov kev kos npe ntawm ib tus kws kho mob los sis lub thawj fab saib xyuas hauj lwmm kev noj qab haus huv hauv zej zos tsis yog ib qho uas tseev kom yuav tsum tau ua tab sis mas yog ib qho yeej lees txais tau kawg. Cov neeg hnuv nyooq 15 xyooos thiab laus dua ntawd muaj peev xwm kos npe rau lawv cov ntaub ntawv teev tseg txog tus kheej. **Txhua zaus uas koj ntxiv lus rau hauv koj tus me nyuam cov lus qhia paub, koj yuav tsum tau rov qab kos npe dua tshiab rau daim foos ntawd.**

Cov tshuaj txhaj tiv thaiv kab mob uas tau pom zoo xav kom txhaj (Sab Nraum Qab):

Rau txhua tus tshuaj txhaj tiv thaiv kab mob uas tsis muaj npe teev tseg nyob rau sab hau ntej, sau lub hli/hnuv/xyoo uas koj tus me nyuam tau txais txhua koob tshuaj ntawm tus tshuaj txhaj tiv thaiv kab mob rau.

Cov kev zam:

Xeev Oregon tso cai rau cov kev zam uas ntsig txog fab kev kho mob thiab tsis yog fab kev kho mob.

Rau ib qho kev zam uas tsis yog fab kev kho mob, khij rau lub npov uas tsim nyog thiab muab ib daim ntawm cov ntaub ntawv uas tseev kom muaj nyob rau nram qab no xa mus:

1. Ib daim ntawv pov thawj uas kos npe los ntawm ib tus neeg kws muab kev saib xyuas kho mob rau fab kev noj qab haus huv uas txheeb xyuas qhov tseeb txog kev sib tham ntawm cov txiaj ntsig thiab cov kev pheej hmoo ntawm kev txhaj tshuaj tiv thaiv kab mob, los sis
2. Ib daim ntawv pov thawj txog kev ua tiav tus qauv fab kev kawm paub txog tus tshuaj txhaj tiv thaiv kab mob hais txog cov txiaj ntsig thiab cov kev pheej hmoo ntawm kev txhaj tshuaj tiv thaiv kab mob.

Qhia lw tias cov tshuaj txhaj tiv thaiv kab mob twg uas koj tab tom thov kom zam rau koj tus me nyuam los ntawm kev khij (maim) rau cov npov. Kos npe rau thiab rau hnuv tim rau ntawm txoj kab sau ntawv uas qhia lw tseg ntawd.

Rau ib qho kev zam ntsig txog fab kev kho mob los sis pov thawj txog ntawm feem lub zog tiv thaiv kab mob hauv nrog cev, muab ib tsab ntawv uas tuaj ntawm koj tus me nyuam tus kws kho mob xa mus rau lub tsev kawm ntawv los sis lub chaw (tsev) zov me nyuam yaus.



PUBLIC HEALTH DIVISION
Oregon Immunization Program

FEEM SAIB XYUAS KEV NOJ QAB HAUS HUV RAU PEJ XEEM
Xeev Oregon Qhov Txheej Txheem Pab Cuam Ntsig Kev
Txhaj Tshuaj Tiv Thaiv Kab Mob (Immunization Program)