



Oregon Certificate of Immunization Status

Shahaadada Xaalada Tallaal ee 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.

Sharciga Oregon ayaa u baahan caddeynta tallaalka ama in la iska reebay oo saxiixan ka hor imaanshaha ilmaha ee dugsiga, dugsiga hortii, daryeelka carruurta ama xannaanada guriga ee maalintii. Macluumaadkan waxaa lagu soo ururiyayaa magaca Maamulka Caafimaadka Oregon waxaana dhici karta in dugsiga ama xarunta carruurta u sii daayaan Maamulka ama waaxda caafimaadka dadweynaha ee degaanka ka dib marka uu codsado Maamulku.

Child's last name Magaca dambe ee ilmaha	First name Magaca hore	Middle name Magaca dhexe	Birth date Taariikhda dhalashada
Parents' or Guardians' names Magacyada Waalidiinta ama Mas'uuliyiinta		Phone number Lambarka telefoonka	

Write the dates the child received the vaccines

Qor taariikhaha ilmuhu qaatay tallaalada

Vaccines / Tallaalka	Dose 1 Qiyaasta 1	Dose 2 Qiyaasta 2	Dose 3 Qiyaasta 3	Dose 4 Qiyaasta 4	Dose 5 Qiyaasta 5
Diphtheria/Tetanus/Pertussis <i>Gawracatada/Teetanada/Xiiq dheerta (DTaP)</i>					
(Tdap)					
Polio (IPV) <i>Dabaysha</i>					
Varicella <i>Busbuska</i>			<input type="checkbox"/> Check if child had chickenpox disease Calaamadee haddii ilmuhu yeeshay cuduruka busbuska Date / <i>Taariikhda</i> _____		
Measles/Mumps/Rubella (MMR) <i>Jadeecada/Qaamo-qashiirka/Rubella (MMR)</i>					
(Hep B) <i>Cagaarshowga B</i>					
(Hep A) <i>Cagaarshowga A</i>					
Haemophilus Influenzae Type B <i>Hargabka Haemophilus Nooca B</i>					

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

Waxaan caddeynayaa in macluumaadka ku qoran foomkani uu yahay diiwaanka saxda ah ee tallaallada ilmahani.

Signature* Saxiixa*		Date Taariikhda	
Update signature Saxiix cusub		Date Taariikhda	

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

* Waalid, mas'uul, arday ugu yaraan da'diisu tahay 15 jir, bixiyaha caafimaadka ama qof shaqaale ka ah waaxda caafimaadka ee degaanka ayaa saxiixi kara si u xaqiijyo tallaalada.

Child's last name Magaca dambe ee ilmaha	First name Magaca hore	Middle name Magaca dhexe	Birth date Taariikhda dhalashada

Other vaccines received Tallaalada kale ee la qaatay		Medical exemptions and immunity documentation Wax iska reebida dhanka caafimaadka iyo dokumentiga in la iska difaaci karo cudurka
Vaccine name Magaca tallaalka	Date Taariikhda	
		<p>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</p> <p>Wax iska reebida dhanka caafimaadka iyo dokumentiga in la iska difaaci karo cudurka waxay u baahan yihiin warqad uu dhakhtar ruqsad haystaa u saxiixay dugsiga ilmahaaga ama daryeelka caruurta. Wixii la xiriira shuruudaha booqo www.healthoregon.org/medicalexemptions</p>

Nonmedical exemption / Wax iska-dhaafida aan caafimaadka ahayn

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

Waxaan helay macluumaad ku saabsan faa'iidooyinka iyo khatarta tallaalada. Waan fahamsanahay in ilmahayga ay dhici karto in laga reebo dugsiga ama daryeelka carruurta haddii ay jirto xaalad cudur oo lagaga hortagi karo tallaal.

Waxaan ku soo lifaaqay macluumaadka la iskaga baahan yahay oo ka so socda (mid calaamaddee):

- Nooca tallaalka oo uu oggolaaday Maamulka Caafimaadka Oregon
- Dhakhtarka daryeelka caafimaadka

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

Waxaan codsanayaa in ilmahayga laga reebo shuruudaha la iskaga baahan yahay ee soo socda (calaamaddee dhamaan kuwa ku khuseeya):

- Diphtheria/Tetanus/Pertussis / Gawracatada/Teetanada Xiiq dheerta
- Polio (IPV) / Dabaysha
- Varicella
- MMR / Jadeecada/Qaamo-qashiirka/Rubella
- (HepB) Cagaarshowga B
- Hep A /Cagaarshowga A
- Hib / Hargabka Haemophilus Nooca B

Optional / Waajib maaha

Immunizations are being declined because of:

Tallaalada ayaa la diiday sababta oo ah:

Religious belief /Aaminsanaanta diimeed

Philosophical belief /Aaminsanaan falsafadeed

Other / Kuwo kale

Signature Saxiixa		Date Taariikhda	
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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.

Tilmaamaha loogu talagalay Dhammeystirka Shahaadada Xaalada Tallaal

Macluumaadka meesha la iskala soo xiriirayo:

Dhammeystir macluumaadka loogu talagalay ilmahaaga oo ay ku jiraan magaca buuxa, taariikhda dhalashada, cinwaanka boostada ee hadda, magacyada iyo lambarka telefoonka ee waalidiinta ama mas'uuliyiinta. Macluumaadkani waxaa loo adeegsan doonaa in lagula soo xiriiro haddii ay jiraan su'aalo ku saabsan taariikhda tallaalka ee ilmahaaga.

Tallaalada la iskaaga baahan tahay (Dhanka hore):

Buuxi bisha/maalinta/sanadka uu ilmahaagu qaatay qiyaas kasta oo tallaal. Qiyaasaha tallaalka waa in loo qoraa sida ay u kala horreeyaan ee loo qaatay. La xiriir dugsiga ilmahaaga ama xannaanada carruurta si aad u ogaato kuwa ay yihiin tallaalada looga baahan yahay da'da ilmahaaga ama fasalkiisa.

Saxiixa:

Saxiixa waalidka ama mas'uulku waa qoraal la dhaartayoo ah in diiwaanka ilmuhu yahay mid sax ah. Saxiixa dhakhtarka ama waaxda caafimaadka ee degaanka looma baahna laakiin waa mid la aqbali karo. Dadka da'doodu tahay 15 jir iyo wixii ka weyn way saxiixi karaan diiwaankooda u gaarka ah. **Mar kasta oo aad soo raaciso macluumaadka ilmahaaga waxaad u baahan tahay in aad saxiixdo foomka.**

Tallaalada lagu taliyay (Dhanka dambe):

Wixii tallaal ah ee aanan ku qornayn dhanka hore, buuxi bisha/maalinta/sanadka uu ilmahaagu qaatay qiyaas kasta oo tallaal.

Iska dhaafida:

Oregon waxay ogoshahay wax iska-dhaafida dhanka caafimaadka iyo mida aan caafimaadka ahayn.

Wax iska-dhaafida aan caafimaadka ahayn, calaamadee sanduuqa ku habboon oo soo gudbi mid ka mid ah dokumentiyada la iskaga baahan yahay ee socda:

1. Shahaado uu saxiixay dhakhtarka daryeelka caafimaadka oo xaqiijinaysa wada hadalada laga yeeshay faa'iidooyinka iyo khataraha tallaalka, ama
2. Shahaado ah in la dhammeystay koorsada waxbarasho ee tallaalka oo ku saabsan faa'iidooyinka iyo khataraha tallaalka.

Tilmaan tallaalada aad ka reebayso ilmahaaga adiga oo calaamadinaya sanduuqyada. Saxiix oo taariikhda ku dul qor saddarka la tilmaamay korkiisa.

Wax iska-dhaafida dhanka caafimaadka ama caddeynta in la iska difaaci karo cudurka, soo gudbi warqad ka socota dhakhtarka ilmahaaga oo ku socota dugsiga ama daryeelka carruurta.