



Oregon Certificate of Immunization Status Sètifika Eta Vaksinasyon nan 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.

Lwa nan Oregon egzije prè vaksinasyon oswa egzansyon siyen anvan pou yon timoun ale lekòl, nan preskolè, gadri oswa gadri nan kay. Enfòmasyon sa yo ap ranmase nan non Otorite Sante Oregon epi lekòl la oswa etablisman timoun yo ka kominike yo bay Otorite a oswa depatman sante piblik lokal la sou demann Otorite a.

Child's last name <i>Siyati Timoun lan</i>	First name <i>Prenon</i>	Middle name <i>Dezyèm Prenon</i>	Birth date <i>Dat nesans</i>
Parents' or Guardians' names <i>Non Paran oswa Gadyen yo</i>		Phone number <i>Nimewo telefòn</i>	

Write the dates the child received the vaccines
Ekri dat timoun lan te resevwa vaksen yo

Vaccines <i>Vaksen yo</i>	Dose 1 <i>Dòz 1</i>	Dose 2 <i>Dòz 2</i>	Dose 3 <i>Dòz 3</i>	Dose 4 <i>Dòz 4</i>	Dose 5 <i>Dòz 5</i>
Diphtheria/Tetanus/Pertussis <i>Difteri/Tetanòs/Koklich</i> (DTaP)					
(Tdap)					
Polio (IPV) / <i>Polyo (IPV)</i>					
Varicella (Chickenpox) <i>Varisèl (Saranpyon)</i>			<input type="checkbox"/> Check if child had chickenpox disease <i>Koche si timoun nan te fè maladi varisèl</i> Date / Dat:		
Measles/Mumps/Rubella (MMR) <i>Lawoujòl/Malmouton/Ribeyòl (MMR)</i>					
Hepatitis B / <i>Epatit B</i>					
Hepatitis A / <i>Epatit A</i>					
Haemophilus Influenzae Type B <i>Haemophilus Influenzae Tip B</i>					

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

Mwen sètifye enfòmasyon ki sou fòm lan an se yon dosye egzat sou vaksinasyon timoun sa a.

Signature*

Siyati X*

Date

Dat

Update signature

Mizajou siyati X

Date

Dat

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

*Paran, gadyen, elèv ki gen omwen 15 lane, founisè swen medikal oswa pèsonèl depatman sante konte a ka siyen pou konfime vaksinasyon yo.

Child's last name <i>Siyati Timoun lan</i>	First name <i>Prenon</i>	Middle name <i>Dezyèm Prenon</i>	Birth date <i>Dat nesans</i>
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Other vaccines received <i>Lòt vaksen ki te resevwa</i>		Medical exemptions and immunity documentation <i>Egzansyon medikal ak dokiman sou iminite</i>
Vaccine name <i>Non vaksen an</i>	Date <i>Dat</i>	<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><i>Egzansyon medikal ak dokiman sou iminite egzije pou gen yon lèt yon doktè lisansye siyen ki soumèt bay lekòl oswa gadri timoun ou an. Pou konnen egzijans yo, ale nan www.healthoregon.org/medicalexemptions</i></p>

Nonmedical exemption / *Egzansyon ki pa medikal*

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

Mwen te resevwa enfòmasyon konsènan avantaj e risk vaksinasyon yo. Mwen konprann yo ka retire timoun mwen an nan lekòl oswa nan gadri si gen yon ka maladi ki ta ka evite ak vaksen.

Mwen tache dokiman obligatwa a ki soti (koche youn):

Nan modil vaksen an Otorite Sante Oregon apwouve

Kay yon pratisyen swen sante

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

Mwen mande pou timoun mwen an gen dispans pou vaksen obligatwa ki pral site la yo (koche tout sa ki aplike):

<input type="checkbox"/> Diphtheria/Tetanus/Pertussis <i>Difteri/Tetanòs/Koklich</i>	<input type="checkbox"/> Polio <i>Polyo</i>	<input type="checkbox"/> Varicella <i>Varisèl</i>
<input type="checkbox"/> Measles/Mumps/Rubella <i>Lawoujòl/Malmouton/Ribeyòl</i>	<input type="checkbox"/> Hepatitis B <i>Epatit B</i>	<input type="checkbox"/> Hepatitis A <i>Epatit A</i>
<input type="checkbox"/> Hib		

Optional / *Pa obligatwa*

Immunizations are being declined because of:

Vaksinasyon yo refize akòz:

Religious belief / *Kwayans relijiye* Philosophical belief / *Kwayans filozofik* Other / *Lòt*

Signature X _____ Date _____
Siyati X _____ Dat _____

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 (First page):

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.**

Other vaccines received (Second page):

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.

Machaswiv pou Ranpli Sètifika Eta Vaksen an

Enfòmasyon pou kontak:

Enfòmasyon konplè sou timoun ou an, sa gen ladan l non konplè, dat nesans, adrès postal aktyèl, non epi nimewo telefòn paran oswa gadyen. Nou pral itilize enfòmasyon sa yo pou kontakte w si gen kesyon sou antesedan vaksinasyon timoun ou an.

Vaksen obligatwa yo (Premye paj):

Ranpli mwa/jou/ane kote timoun ou an te resevwa chak dòz nan vaksen an. Dòz yo dwe endike nan lòd yo te resevwa. Verifye avèk lekòl oswa gadri timoun ou an pou konnen ki vaksen ki nesèsè pou laj oswa klas timoun ou an.

Siyati:

Siyati paran oswa gadyen an se yon deklarasyon sou sèman ki endike dosye timoun lan egzat. Siyati yon doktè oswa depatman sante lokal pa obligatwa men li akseptab. Moun ki gen 15 lane oswa plis ka siyen pwòp dosye yo. **Chak fwa ou ajoute nan enfòmasyon timoun ou an, ou dwe resiye fòmilè nan.**

Lòt vaksen ki te resevwa (Dezyèm paj):

Pou nenpòt vaksen ki pa site devan an, ranpli mwa/jou/ane timoun ou an te resevwa chak dòz nan vaksen an.

Egzansyon:

Oregon pèmèt egzansyon medikal ak egzansyon ki pa medikal.

Pou yon egzansyon ki pa medikal, koche ti kare ki apwopriye a epi soumèt youn nan dokiman obligatwa annapre la yo:

1. Yon sètifika yon pratisyen swen sante siyen ki konfime chita sou avantaj ak risk vaksinasyon yo, oswa
2. Yon sètifika akonplisman modil edikatif sou vaksen an konsènan avantaj e risk vaksen an. Pou endike pou ki vaksen w ap egzante timoun ou an, koche kaz yo. Siyen e date sou liy ki endike a.

Pou yon egzansyon medikal oswa prèv iminite, soumèt youn lèt doktè timoun ou an bay lekòl la oswa gadri a.

Oregon
Health
Authority

PUBLIC HEALTH DIVISION
Oregon Immunization Program