

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): _____

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: _____

_____ Date

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

Clinic name (printed): _____

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): _____

_____ Date of birth

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)