

VACCINE EDUCATION CERTIFICATE

Health Care Practitioner Documentation

Directions for Health Care Practitioners:

- 1) Review with the parent the benefits and risks of immunization, pursuant to the rules adopted under ORS 433.273.
- 2) Write parent's name below.
- 3) Mark the boxes below indicating the vaccine-preventable diseases discussed.
- 4) Sign and date form.
- 5) Indicate the type of health care practitioner.
- 6) Fill in clinic name below.
- 7) 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): _____

Check the vaccines the parent may exempt the child from and education was given for

- Diphtheria/Tetanus/Pertussis
- Polio
- Varicella
- Measles/Mumps/Rubella
- Hepatitis B
- Hepatitis A
- 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 at your child's school or child care facility.

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

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Health
Authority

PUBLIC HEALTH DIVISION
Oregon Immunization Program
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