



# Oregon Certificate of Immunization Status

## Kein Kaṃool kōn Jekjekin Wā ilo 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.

*Kakien eo an Oregon ej aikuj bwe emōj an jain kein kaṃool wā ak kōmālim eo nian jab wā mōkta juon ajri maroñ jikuu!, pād ilo prejikuu!, jikin ko rej lale ajri, ak lale ajri ilo imōn armej. Eaen mejejein ekkar nian Oregon Health Authority im jikuu! ak jikin eo ej lale ajri emaroñ leḷok nian Opeij eo ak ra eo an public health ilo jukjukinpād ilo iien an Opeij eo ej kajjitōk.*

Child's last name <i>Et eo etan liktata an ajri (last name)</i>	First name <i>Et eo etan kajuon (first name)</i>	Middle name <i>Et eo etan karuo (middle name)</i>	Birth date <i>Raan in lotak</i>
Parents' or Guardians' names <i>Etan Jinen im Jemen ak Rikōjparok ro</i>		Phone number <i>Nōmba in telepoon</i>	

Write the dates the child received the vaccines  
Jeiki raan ko ajri eo eaar bōk wā ko

Vaccines / Wā ko	Dose 1 Wā eo kein 1	Dose 2 Wā eo kein 2	Dose 3 Wā eo kein 3	Dose 4 Wā eo kein 4	Dose 5 Wā eo kein 5
Diphtheria/Tetanus/Pertussis (DTaP)					
(Tdap)					
Polio (IPV)					
Varicella (Chickenpox) <i>Varicella (pok)</i>			<input type="checkbox"/> Check if child had chickenpox disease <i>Lale ñe emōj an ajri eo kar bōk nañinmejmej in pok Date / Raan</i>		
Measles/Mumps/Rubella (MMR)					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B <i>Haemophilus Influenzae Kain B</i>					

I certify that the information on the form is an accurate record of this child's immunizations.  
*Ij kaṃool ke mejeje eo ilo peba in ejimwe kōn wā ko an ajri in.*

Signature* <i>Jain in etan*</i>	X	Date <i>Raan</i>	
Update signature <i>Emōj kōkkāal jain in etan</i>	X	Date <i>Raan</i>	

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

\* *Jinen ak jemen, rikōjparok, ak rijikuu! eo ejab dikḷok jān 15 an iio, taktō ak rijerbal eo jān ra eo an ājmour ilo bukwōn emaroñ jaini etan nian kaṃool wā ko emōj an bōki.*

Child's last name <i>Et eo etan liktata an ajri (last name)</i>	First name <i>Et eo etan kajuon (first name)</i>	Middle name <i>Et eo etan karuo (middle name)</i>	Birth date <i>Raan in lotak</i>
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Other vaccines received <i>Jet wā ko emōj an bōki</i>		Medical exemptions and immunity documentation <i>Peba in kaṃool kōmālim an jab wā kōn nañinmej ak an ānbwinnin maroñ bōbrae jān nañinmej</i>
Vaccine name <i>Etan wā</i>	Date <i>Jete raan</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 <a href="http://www.healthoregon.org/medicalexemptions">www.healthoregon.org/medicalexemptions</a></p> <p><i>Peba in kaṃool kōmālim an jab wā kōn nañinmej ak an ānbwinnin maroñ bōbrae jān nañinmej rej aikuj emōj an jain juon leta jān ippān juon taktō eo ewōr an laijen im enaaj etal ñan jikuu! ak jikin eo ej lale ajri eo nejuṃ. Ñan mennin aikuj ko etal ñan</i></p> <p><a href="http://www.healthoregon.org/medicalexemptions">www.healthoregon.org/medicalexemptions</a></p>

**Nonmedical exemption / Kōmālim eo ejab ikijen nañinmej**

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

*Emōj aō loe mejeje ko ikijen jibañ im uwōta ko jān wā. Imejeje ke ajri eo nejuṃ emaroñ jab kobaḷok ilo jikuu! ak jikin lale ajri ñe ewōr juon nañinmej eo emaroñ kar bōbrae kōn wā.*

*Emōj aō likūt peba eo ej mennin aikuj jān (kakōlle juon):*

- Mōttan wā ko emōj an Oregon Health Authority kōmālim*
- Juon taktō*

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

*Ij kajjitōk bwe en mālim an ajri eo nejuṃ jab bōke wā ko ilo laajak eo an mennin rej aikuj (kakōlle aolep ekkar):*

- Diphtheria/Tetanus/Pertussis
- Measles/Mumps/Rubella
- Hepatitis A
- Polio
- Hepatitis B
- Hib
- Varicella

**Optional / Aṃ bebe**

Immunizations are being declined because of:

*Emōj kabōn wā kein kōn:*

- Religious belief / *Tōmak in kabuñ*
- Philosophical belief / *Tōmak eo an*
- Other / *Wūn eo Bar juon*

Signature <i>Jain in etam</i>	X	Date <i>Raan</i>	
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# Instructions for Completing the Certificate of Immunization Status

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## 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.

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## 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.

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## 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.**

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## 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.

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## 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.

# Kōmelele ko ñan Kadedeļok Kein Kaṃool kōn Jekjekin Wā

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## Melele ko ñan kepaake:

Kadedeļok melele eo ñan ajri eo nejūṃ ekoba aolepān etan, raan in lotak, atōrej in mael ilo tōrre in, etan im nōṃba in telepoon an jinen im jemen ak rikōjparok ro. Enaaj kōjerbal melele kein ñan kepaak kwe ñe ewōr kajjitōk kōn wā ko ajri eo nejūṃ eaar bōk ṃaanļok.

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## Wā ko rej aikuj (Ituṃaan):

Kanne allōñ/raan/iio ajri eo nejūṃ eaar bōke kajojo joñan wā. Joñan wā ko rej aikuj kōlaajrak ilo iien an bōki. Lale ippān jikuuļ ak jikin lale ajri eo an ajri eo nejūṃ ñan lale wā ta ko rej aikuji ekkar ñan joñan iio ak joñan kilaaj eo an ajri eo nejūṃ.

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## Jain in etan:

Jain in etan jinen ak jemen ak rikōjparok eo ej juon kallimur ke ejimwe melele in wā ko an ajri eo. Jain in etan taktō ak ra eo an ājmour ilo jukjukinpād jimor ejab mennin aikuj bōtab remaroñ bōke. Ro 15 aer iio im rūttoļok remaroñ make jaini melele in wā ko aer. **Aolep iien aṃ koba melele ñan rekoot ko an ajrii eo nejūṃ kwōj aikuj bar jaini peba eo.**

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## Wā ko eṃōj rōjañ an bōki (Itulik):

Ñan jabdewōt wā ko rejab laajrak ettaer ilo jikin eo iṃaan, kanne allōñ/raan/iio ajri eo nejūṃ ear bōke kajojo joñan wā ko.

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## Kōmālim ko ñan jab bōke:

Oregon ej kōmālim an armej jab wā ikijen nañinmej im wāween ko jet rejab ikijen nañinmej.

Ñan juon kōmālim ejab kōn nañinmej, kakōļle bōok eo ekkar im leļok juon iaan peba ko laajrak rej mennin aikuj:

1. Juon peba in kaṃool eaar jaini jān taktō eo ej kaṃool melele ko kōn jibañ im uwōta ko ilo an wā, ñe ejab
2. Juon peba in kaṃool ear kadedeļok kōn ṃōttan wā ko ej aikuj ñan jikuuļ im ta jibañ im uwōta ko ilo an wā.

Kallikar wā ta ko kwōj kōmālim an ajri eo nejūṃ jab bōki ilo aṃ kakōļle bōok ko. Jaini etaṃ im je raan eo ilo lain ko eṃōj kallikar.

Ñan juon kōmālim in jab wā kōn nañinmej ak kaṃool an ānbwinnin maroñ bōbrae jān nañinmej, leļok juon leta jān taktō eo an ajri eo nejūṃ ñan jikuuļ ak jikin eo ej lale ajri.

**Oregon**  
**Health**  
Authority

PUBLIC HEALTH DIVISION  
Oregon Immunization Program

OPEIJ EO AN PUBLIC HEALTH  
Burokraaṃ in Wā eo an Oregon