Center Staff Procedures for Updating CIS forms/ Exemptions

- In order to begin Head Start children must have at least one of each vaccine to begin their enrollment.
 - EHS Children: Chalesa Duewall (Health Supervisor) will clear to start, as Imms are age specific and requirements differ based on age to start.
- If there are out of state immunizations, then the guardian has 30 days to provide the completed information. The child may be enrolled as long as the process of gathering the information has started e.g. necessary ROI for out of state imms, etc. After 30 days, the child will be excluded unless the information has been received. <u>The Health Services Director must be notified and approve start of a child that is out of state without record of immunizations.</u>
- Every center must have a current CIS form for every child in their child file.
 - The CIS form must list all vaccines the child has up to the present time being.
 - The CIS form must have a parent signature and date that acknowledges recognition of most current vaccines administered (example 1).
- When a child receives new vaccines, the parent may bring in paperwork from the doctor's office or Oregon health department. If paperwork is not brought in but the parent verbally informs you, you may find the information regarding the new vaccines administered to the child on the Oregon Alert ISS system.
 - If paperwork is brought in, you (FA, Specialist, Teacher, etc.) can simply handwrite the dates of the vaccines received in the current CIS form in the child file and have the parent sign on the space provided with the date (example 2).
 - If paperwork is not brought in, you may look up the dates from Alert IIS and print out a new CIS form from Alert or hand copy those dates on the existing CIS form. Again, you will need an updated parent signature.
- <u>After every update you receive regarding a child getting a new immunization, you must send that</u> <u>information to your health team at the main office ASAP.</u>
 - Emailing the updates are preferred. For Head Start please email to the Health SAA (Jeannette Holmes) for EHS send to the Health Supervisor (Chalesa Duewall).
 - You may also fax to the Health Services Department with a cover letter and the updated CIS form Fax#: 541-734-5229.
 - In some cases, new updates will be found here at the main office. In this case, Health Services will call or e-mail the FA to make sure they know to update the CIS form at the center, or they will mail a hard copy of the new CIS form to be signed by the parent.
- Having a signed and updated CIS form at the center is required by Oregon State Law.

Monitoring Updates: Expectations

- FAs
 - o Run report H301
 - Filter "need immunizations"
 - Compare your caseload that has "need immunization" status in Shine with Oregon Alert.

- If any information is incorrect or an immunization date has not yet been added in Shine, but is on Alert, send information to Health Services, Update the CIS form with the parent signature & send in to Health as above.
- o Monitor quarterly- Fall, Winter and Spring
- Note additional monitoring and communication will be done in the winter due to Immunization Exclusion date, which falls on the 3rd Wednesday in February.
- Specialists- Keep up to date with new immunizations when due by checking with families, and periodically check Alert for any that were missed:
 - Check Alert for each of your kids on caseload
 - Compare their immunization information on Alert with documentation on Shine and with the CIS form on file at the center.
 - \circ $\;$ If there are imms in Alert that are not on the CIS form or not in SHINE:
 - Update the CIS form from Alert (and have the parent sign when they are available)
 - Send the new information immediately to the EHS Health Supervisor so it can be updated in SHINE.

Example 1, original CIS

n Jimm	J		11/01/2011			
d's Last Name First Ilido Prim	t Name First Primer Nombre			Birthdate Fecha de Nacimiento		
ling Address City cción Ciud	12 City Ciudad		State Estado		Zip Code Codigo Postal	
ents" or Guardians" Names ibre de los padres o guardian		1	iome Telephone N Namero de Teléfon	lumber o		
cines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	
htheria/Tetanus/Pertussis (DTaP, Tdap, Td)	(nun/dd/yy) 02/16/2012	(nm/dd/yy) 04/19/2012	(mms/dd/yy) 06/20/2012	(mm/dd/yy)	(nan/dd/yy)	
Booster Dose Tdap				a stand		
o (IPV or OPV)	02/16/2012	04/19/2012	06/20/2012			
icella (Chickenpox) [VZV or VAR] Check here if child has had chickenpox disease (nmiddyy)	09/20/2016					
isles/Mumps/Rubella (MMR)	09/20/2016					
or Massles magine only		12.11 S 19.10		State State	Sal Lange State	
Mumps vaccine only					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Rubella vaccine only				CAPITAL STREET		
atitis B (Hep B)	02/16/2012	04/19/2012	06/20/2012			
atitis A (Hep A)	09/20/2016			an an an	is She	
mophilus Influenzae Type B (Hib) ly children less than 5 years)	02/16/2012	04/19/2012	06/20/2012			
ertify that the above information is	an accurate re	cord of this c	hild's immuni	zation histo	ry.	
mature* Jane Doc		9/20/16	F	or school/fac	ility use only	
date Signature		Date		School/faci	lity Name	
		Date				
date Signature		Date		Student ID	Number	
date Signature		D	·	~	4.	
Date				Grade		

arent, guardan, student at least 15 years of age, medical provider of continued On Reverse eived.

Example 2, updated CIS

nn Jimn	ıy	J		11/01/2011		
d's Last Name Firv llido Prin	t ner Nombre	М 5	Middle Initial Segundo Nombre		Birthdate Fecha de Nacimiento	
ling Address City cción Ciu	iad	S E	tate Stado	Zip Code Codigo Postal		
ents' or Guardians' Names sbre de los padres o guardian		H M	lome Telephone I lúmero de Teléfon	vumber ø		
cines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	
htheria/Tetanus/Pertussis (DTaP. Tdap, Td)	(nm/dd/yy) 02/16/2012	(nmiddiyy) 04/19/2012	(mm/dd/yy) 06/20/2012	(mms/dd/yy) 02/15/17	(nm/dd/yy)	
Booster Dose Tdap					and the	
o (IPV or OPV)	02/16/2012	04/19/2012	06/20/2012	02/15/17		
icella (Chickenpox) [VZV or VAR] Check here if child has had chickenpox disease (nm/ddyy)	09/20/2016	02115/17				
isles/Mumps/Rubella (MMR) or Measles vaccine only Mumps vaccine only Rubella vaccine only	09/20/2016	02115/17				
atitis B (Hep B)	02/16/2012	04/19/2012	12 06/20/2012			
atitis A (Hep A)	09/20/2016			P. S. R. Land		
mophilus Influenzae Type B (Hib) ly children less than 5 years)	02/16/2012	04/19/2012	06/20/2012			
ertify that the above information is mature* Jame Doc date Signature Jame Doc	an accurate re	cord of this cl 9/20/16 02/15/17	hild's immuni F	zation history or school/facili School/facilit	: ty use only y Name	
date Signature		Date		Student ID N	lumber	
date Signature						

arent, guardian, student at least 15 years of age, medical provider or inty health department staff person may sign to verify vaccinations eived.

How to claim a nonmedical exemption:

There are two ways to claim this exemption. You can talk to your health care provider and get a Vaccine Education Certificate. Or, you can watch an online education module and print a Vaccine Education Certificate. Please read the instructions below.

1. Talk to your health care provider.

Parents:

- a. After talking with your health care provider, s/he can give you a signed Vaccine Education Certificate.
- b. Fill out the nonmedical exemption section of the <u>Certificate of Immunization Status (page 2 of the CIS form)</u>.
- c. Turn in both forms to your child's school or child care.
- d. Note the family also needs to sign page 1 of the CIS and have it on file. In some cases they do have some immunizations, and if they proceed to get Immunizations we need to keep the CIS updated just as if there was no exemption on file.

OR:

2. Watch an online education module.

Parents:

- a. Watch the <u>Vaccine Education Module for parents</u> and print out the Vaccine Education Certificate at the end of the module. Link to the videos is in the Staff Zone under Resources, "Health Nutrition & Food Service". Allow 15 to 60 minutes to finish this module. Ensure you are watching in a way you can print as the certificate will display at the end to print.
- b. Fill out the nonmedical exemption section of the <u>Certificate of Immunization Status (page 2 of the CIS)</u>.
- c. Turn in both forms to your child's school or child care.
- d. Note the family also needs to sign page 1 of the CIS and have it on file. In some cases they do have some immunizations, and if they proceed to get Immunizations we need to keep the CIS updated just as if there was no exemption on file.

Source:

http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/GettingImmunized/Pages/nonmedical-exemption.aspx#get

In order for an exemption to be complete, the following two forms must be received and sent to <u>Health</u> <u>Services</u>. *EITHER* example 3, 4 or 5, along with example 6.

Vaccine Education Certificat	e of Completion
Parent's name: Jane J Doe	
has completed the vaccine education module	approved by the Oregon Health
Authority pursuant to rules adopted under ORS	433.273, for the following checked
vaccine-preventable d	liseases:
Tetanus, Diphtheria, and Pertussis	Hepatitis B
Polio	Hopatitis A
🗹 Varicella	Hib
Measles, Mumps and Rubella	
Jon Doe	03/22/2015
Child's name	Child's date of birth
Directions for claiming a nonmedical exemption with this	s certificate:
 Write your child's name and date of birth of 2. Turn in this certificate to your child's school of 	or child care facility.
Fill out and sign the Nonmedical Exemption s	ection of your child's Certificate of
Immunization Status (CIS) at the school or ch	ild care facility. You may decline one or
more of the vaccinations listed above. On the	CIS, be sure to check each vaccine for
Which you are exempting your child.	
ORS 433.267 states that this document may include the	reason for declining the immunization.
Immunization is being declined because of:	Oregon 1, 1
 Philosophical belief 	Health
Other	Authority

Note: If a parent has completed the online education module for a certain immunization, there will be a check next to that vaccine on their Vaccine Education Certificate. If a vaccine is crossed out, it has not been completed. In this example the only valid exemption is for Varicella.

Parent/Guardian Name Sample Par	ent
Child's Name: John Doe	Date of Birth: 01/01/15
Vaccination Areas Reviewed: Haemophilus influenzae type B	
The person named above has completed the by the Oregon Health Authority pursuant to r the vaccine-preventable diseases listed abo	e vaccine education module approved ules adopted under ORS 433.273, for ve.
Directions for claiming a nonmedical exer 1. Write your child's name and date of bir 2. Turn in this certificate to your child's so 3. Fill out and sign the Nonmedical Exem of Immunization Status (CIS) at the schoor one or more of the vaccinations listed ab vaccine for which you are exempting you	emption with this certificate: th on the line above. hool or childcare facility. ption section of your child's Certificate of or child care facility. You may decline ove. On the CIS, be sure to check each r child.
Optional: ORS 433.267 states that this doc declining the immunization. Immunization is	ument may include the reason for s being declined because of:
 Religious belief Philosophical belief Other 	Oregon Health Authority

Note: If a parent has completed the online education module for a certain immunization, it will be listed on their Vaccine Education Certificate. In this example the only valid exemption is for Haemophilus influenza type B.

Example 5, Health Care Provider VECC

R

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. 11 have reviewed information about the benefits and risks of vaccination with: Parent's name (printed):		INE H		ATION (CERT	IFICATE
Purcention of the practitioners. 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):	Directions for I	Health Care Dra	alui Gale Fia	Sutioner Docum	entation	
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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. 1 have reviewed information about the benefits and risks of vaccination with: Parent's name (printed):	2) Mark the boxe	es below indicating	g the vaccine-pre	ventable diseases disc	ussed.	
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. 1 have reviewed information about the benefits and risks of vaccination with: Parent's name (printed):	3) Sign and date	form.	1.125			
6) If a parent is requesting this form for multiple children, please provide one copy per child. 6) If a parent is requesting this form for multiple children, please provide one copy per child. 1 have reviewed information about the benefits and risks of vaccination with: Parent's name (printed):	 Indicate the ty Fill in clinic participation 	pe of health care	practitioner.			
I have reviewed information about the benefits and risks of vaccination with: Parent's name (printed):	6) If a parent is r	me below. equesting this for	m for multiple chil	dren niesse nrovide (no convinor ch	ild
I have reviewed information about the benefits and risks of vaccination with: Parent's name (printed): Jake Doe Pursuant to the rules adopted under ORS 433.273, for the following vaccine-preventable diseases: Mark "Yes" or "No" for each disease Yes Yo Difference Doe Mark "Yes" or "No" for each disease Yes Yo Difference Polio Yes No Parent's No No Polio Yes Yes No Yes No Mather Transformed for children younger than 5 years of age) Health Care Practitioner's Signature: 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) Tum 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 53-054) at 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 53-054) at 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 53-054) at 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 53-054) at 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 53-054) at your child's school or child care	o, ii u puroni io r	oquoonig tilo ion		aren, piedae provide (ine copy per cr	mu.
Parent's name (printed):	I have reviewed i	nformation about	the benefits and i	isks of vaccination wi	th:	
Pursuant to the rules adopted under ORS 433.273, for the following vaccine-preventable diseases: Mark "Yes" or "No" for each disease Yes Yes Yes Yes Yes No Polio Yes Yes No Hepatitis B Yes Yes Yes<	Parent's name	(printed):	Jane	Doe.		
Mark "Yes" or "No" for each disease Yes No Diphtheria/Tetanus/Pertussis Yes No Polio Yes No Varicella Yes No Measles/Mumps/Rubella Yes Yo Hepatitis B Yes Yo Hepatitis A Yes Yo Hib (vaccine only required for children younger than 5 years of age) Health Care Practitioner's Signature: Directions of an MD, DO, ND or NP. MD DO ND NP PA RN working under the direction of an MD, DO, ND or NP. Clinic name (printed): Doctors In Comparated IV Wite your child's name and date of birth on the line below. Port of the certificate: 1) Write your child's name and date of birth on the line below. Port of the certificate of Immunization Status (form number 53-05A) at your child's school or child care facility. Port 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): Ton Doe 3/15/14	Pursuant to the r	ules adopted und	ler ORS 433.273,	for the following vacc	ine-preventable	diseases:
□ Yes to No Diprinteriar retailus/Pertussis □ Yes to No Polio □ Yes to No Measles/Mumps/Rubella □ Yes to No Hepatitis B □ Yes to No Hepatitis A □ Yes to No Hepatitis A □ Yes to No Hib (vaccine only required for children younger than 5 years of age) Health Care Practitioner's Signature:	Mark "Yes" or "I	No" for each dise	ase Dura (Dortugolo			
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Note: If a parent talks to their Provider about getting immunizations exempt, the above form will be completed by provider with a check mark next to the exempt vaccine. In this example the only valid exemption is for Varicella.

Example 6, Page 2 of CIS form

hild pelli	I's Last Name First ido Primer	r Nombre		Middle Ini Segundo N	itial Nombre	5 - <u>J. L- 15</u> Birthdate Fecha de Nacimiento
~	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
ccine	Pneumococcal (PCV) (Only in children less than 5 years)					
ka Ka	Meningococcal (MCV4, MPSV4)					
nende	Human Papilloma Virus (HPV) (9 years or older)					
comn	Influenza (Flu)					
Rec	Other Vaccine Please specify:					
	Other Vaccine Please specify:					
For 1 Please C F F F F F F F F F F F F F F F F F F F	medical exemptions: e submit a letter signed by a licensed lician stating: Child's name Birth date Medical condition that contraindicates vaccine List of vaccines contraindicated Approximate time until condition resolves, if applicable Physician's signature and date Physician's contact information, including phone number mmunity Documentation (history of disease or re time): Please submit a letter signed by a sed physician stating: Child's name and birth date Diagnosis or lab report Physician's signature and date f: that the shown information is an even	Nonme I have red understan is a case we documen A H X The I understa child be e Saturbure Optional ORS 433. immuniza URS 433.	edical Exem seived informa di that my chik of disease that it for (check c evaccine educa evaccine educa vand that I may d exempted from Diphtheria/Ti Polio Varicella Measles/Mun 267 states that t tion. Immuniza- jous belief of this child	Iption: hon regarding (d may be exclu- could be prever- ne): ittitioner ational module : lecline one or n the following re- etanus/Pertussi- nps/Rubella Del into is being de Philosoph l's innmuniz;	the benefits and ded from schoo nted by vaccine approved by the oure vaccination equired immuni is	risks of immunizations. I l or child care attendance if I have attached the requin Oregon Health Authority s for my child and request ti zations (check all that apply Hepatitis B Hepatitis A Hib Diffee asson for declining the f. Other and exemption status

How to Claim a Medical Exemption:

- Parent will provide documentation from a medical provider stating that they cannot receive immunizations.
- That has to be turned in to Health Services for review and submission to the County for approval.
- Presentation of this document to the center **DOES NOT** allow the child to attend. It must be reviewed and approved first.
- Health Services will contact the center when this has been completed.