

## **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. The Health Services Director must be notified and approve start of a child that is out of state without record of immunizations.
- 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.
- After every update you receive regarding a child getting a new immunization, you must send that information to your health team at the main office ASAP.
  - 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-
  - 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.
- 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 3<sup>rd</sup> 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.
  - 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**



to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	Jimmy	J	11/01/2011
First Name <i>Primer Nombre</i>		Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Home Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>
Parent's or Guardian's Name <i>Nombre de los padres o guardian</i>	Home Telephone Number <i>Número de Teléfono</i>		

Vaccines <i>Vacunas</i>	Dose 1 <i>(mm/dd/yy)</i>	Dose 2 <i>(mm/dd/yy)</i>	Dose 3 <i>(mm/dd/yy)</i>	Dose 4 <i>(mm/dd/yy)</i>	Dose 5 <i>(mm/dd/yy)</i>
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	02/16/2012	04/19/2012	06/20/2012		
Booster Dose Tdap					
Polio (IPV or OPV)	02/16/2012	04/19/2012	06/20/2012		
Chickenpox (VZV or VAR) [Check here if child has had chickenpox disease <i>(mm/dd/yy)</i> ]	09/20/2016				
Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only	09/20/2016				
Hepatitis B (Hep B)	02/16/2012	04/19/2012	06/20/2012		
Hepatitis A (Hep A)	09/20/2016				
Hib (Hib) (Polysaccharide or Conjugate) (Type B) (Hib) (ly children less than 5 years)	02/16/2012	04/19/2012	06/20/2012		

I certify that the above information is an accurate record of this child's immunization history.


Signature\* Jane Doe 9/20/16

For school/facility use only
School/facility Name
Student ID Number
Grade

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

**Continued On Reverse Side**

**Example 2, updated CIS**



to the Authority or the local public health department by the school or children's facility upon request of the Authority. Please list immunizations in the order they were received.

Child's Last Name <i>Apellido</i>	Jimmy	J	11/01/2011
First Name <i>Primer Nombre</i>		Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>
Home Address <i>Dirección</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código Postal</i>
Parent's or Guardian's Name <i>Nombre de los padres o guardian</i>	Home Telephone Number <i>Número de Teléfono</i>		

Vaccines <i>Vacunas</i>	Dose 1 <i>(mm/dd/yy)</i>	Dose 2 <i>(mm/dd/yy)</i>	Dose 3 <i>(mm/dd/yy)</i>	Dose 4 <i>(mm/dd/yy)</i>	Dose 5 <i>(mm/dd/yy)</i>
Diphtheria/Tetanus/Pertussis (DTaP, Tdap, Td)	02/16/2012	04/19/2012	06/20/2012	02/15/17	
Booster Dose Tdap					
Polio (IPV or OPV)	02/16/2012	04/19/2012	06/20/2012	02/15/17	
Chickenpox (VZV or VAR) [Check here if child has had chickenpox disease <i>(mm/dd/yy)</i> ]	09/20/2016	02/15/17			
Mumps/Rubella (MMR) <i>or</i> Measles vaccine only Mumps vaccine only Rubella vaccine only	09/20/2016	02/15/17			
Hepatitis B (Hep B)	02/16/2012	04/19/2012	06/20/2012		
Hepatitis A (Hep A)	09/20/2016				
Hib (Hib) (Polysaccharide or Conjugate) (Type B) (Hib) (ly children less than 5 years)	02/16/2012	04/19/2012	06/20/2012		

I certify that the above information is an accurate record of this child's immunization history.

Signature\* Jane Doe 9/20/16

For school/facility use only
School/facility Name
Student ID Number
Grade

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

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## 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 Certificate of Immunization Status (page 2 of the CIS form).
- 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 Vaccine Education Module for parents 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 Certificate of Immunization Status (page 2 of the CIS).
- 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/non-medical-exemption.aspx#get>

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

Example 3, VECC for online video Module

Vaccine Education Certificate of Completion	
Parent's name: <u>Jane J Doe</u>	
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 diseases:	
<del>Tetanus, Diphtheria, and Pertussis</del>	<del>Hepatitis B</del>
<del>Polio</del>	<del>Hepatitis A</del>
<input checked="" type="checkbox"/> Varicella	<del>Hib</del>
<del>Measles, Mumps and Rubella</del>	
Date of completion: <u>3/22/2017</u>	
<u>Jon Doe</u>	<u>03/22/2015</u>
Child's name	Child's date of birth
Directions for claiming a nonmedical exemption with this certificate:	
<ol style="list-style-type: none"><li>1. Write your child's name and date of birth on the line above.</li><li>2. Turn in this certificate to your child's school or child care facility.</li><li>3. Fill out and sign the Nonmedical Exemption section of your child's Certificate of Immunization Status (CIS) at the school or child 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.</li></ol>	
<b>Optional:</b> ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:	
<input type="checkbox"/> Religious belief	
<input type="checkbox"/> Philosophical belief	
<input type="checkbox"/> Other	
	

**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.

Example 4, VECC-updated form

**Vaccine Education Certificate**  
Date of Completion: August 19, 2019  
Parent/Guardian Name: Sample Parent  
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 vaccine education module approved by the Oregon Health Authority pursuant to rules adopted under ORS 433.273, for the vaccine-preventable diseases listed above.

**Directions for claiming a nonmedical exemption with this certificate:**

1. Write your child's name and date of birth on the line above.
2. Turn in this certificate to your child's school or childcare facility.
3. Fill out and sign the Nonmedical Exemption section of your child's Certificate of Immunization Status (CIS) at the school or child 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.

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**

**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



**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):** Jane Doe

Pursuant to the rules adopted under ORS 433.273, for the following vaccine-preventable diseases:  
Mark "Yes" or "No" for each disease

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Diphtheria/Tetanus/Pertussis
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Polio
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Varicella
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Measles/Mumps/Rubella
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Hepatitis B
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Hepatitis A
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Hib (vaccine only required for children younger than 5 years of age)

**Health Care Practitioner's Signature:** Doctor Fig 2/25/2019  
Date

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

**Clinic name (printed):** Doctors Incorporated


**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):** Jon Doe 3/15/14  
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

  
PUBLIC HEALTH DIVISION  
Oregon Immunization Program  
OHA 4683 (2/2014)

**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



Doe                      Jon                      J                      3-22-15

Child's Last Name                      First                      Middle Initial                      Birthdate  
*Apellido*                      *Primer Nombre*                      *Segundo Nombre*                      *Fecha de Nacimiento*

Recommended Vaccines	Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Pneumococcal (PCV) (Only in children less than 5 years)					
	Meningococcal (MCV4, MPSV4)					
	Human Papilloma Virus (HPV) (9 years or older)					
	Influenza (Flu)					
	Other Vaccine Please specify:					
	Other Vaccine Please specify:					

**For medical exemptions:**  
Please submit a *letter* signed by a licensed physician 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

For Immunity Documentation (history of disease or positive titer): Please submit a *letter* signed by a licensed physician stating:

- Child's name and birth date
- Diagnosis or lab report
- Physician's signature and date

**Nonmedical Exemption:**  
I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):

A health care practitioner

The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):

<input type="checkbox"/> Diphtheria/ Tetanus/Pertussis	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Polio	<input type="checkbox"/> Hepatitis A
<input checked="" type="checkbox"/> Varicella	<input type="checkbox"/> Hib
<input type="checkbox"/> Measles/Mumps/Rubella	

Jon Doe                      3/11/17

Signature of Parent or Guardian                      Date

**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

I certify that the above information is an accurate record of this child's immunization history and exemption status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

Update Signature \_\_\_\_\_ Date \_\_\_\_\_

**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.