

**NOTIFICATION TO PARENT/GUARDIAN OF INCOMPLETE IMMUNIZATION REQUIREMENTS
 ADDENDUM TO (CIS) CERTIFICATE OF IMMUNIZATION STATUS FORM**

School: _____ Date: _____

Your child: _____ must complete the immunization(s) as indicated in the School Section box below in order to comply with Oregon mandatory laws. The State of Oregon requires that your child have at least one of each immunization to begin school. Bend-La Pine Schools requires kindergarten students' immunizations to be complete or as up to date as possible following state immunization guidelines within 6 weeks of the beginning of school unless a medical or religious exemption is on file at school. **Your child is currently at risk for exclusion from school or child care if you do not provide this information.**

Upon completion of the required immunization(s) listed in the school section below, please:

1. Write the date your child was immunized in the PARENT/GUARDIAN section next to the required immunization(s) (Lit only the dates not already listed on your child's CIS form.)
2. Sign the bottom portion of this form
3. Return this form to your child's school.

SCHOOL SECTION:		
<i>Your child must complete the dose(s) of immunization(s) that are checked (✓) below:</i>		
DTaP (diphtheria, tetanus, pertussis)	IPV (polio)	Hep B (hepatitis B)
_____ 1 st dose	_____ 1 st dose	_____ 1 st dose
_____ 2 nd dose	_____ 2 nd dose	_____ 2 nd dose
_____ 3 rd dose	_____ 3 rd dose	_____ 3 rd dose
_____ 4 th dose	_____ 4 th dose	
_____ 5 th dose		Hep A (hepatitis A)
_____ 6 th dose		_____ 1 st dose
		_____ 2 nd dose
MMR (measles, mumps, and rubella at or after 12 months of age: _____ 1 st dose		_____ 2 nd dose
Varicella (chickenpox) _____ 1 st dose _____ 2 nd dose		

PARENT/GUARDIAN SECTION:		
<i>I certify my child has completed the following dose(s) as requested in the SCHOOL SECTION above. I have put a check (✓) mark and the date my child was inoculated next to the required immunization dose(s). I am only listing the immunization(s) and date(s) that I have not previously listed on my child's Certificate of Immunization Status form (CIS).</i>		
DTaP (diphtheria, tetanus, pertussis)	IPV (polio)	Hep B (hepatitis B)
_____ 1 st dose DATE: _____	_____ 1 st dose DATE: _____	_____ 1 st dose DATE: _____
_____ 2 nd dose DATE: _____	_____ 2 nd dose DATE: _____	_____ 2 nd dose DATE: _____
_____ 3 rd dose DATE: _____	_____ 3 rd dose DATE: _____	_____ 3 rd dose DATE: _____
_____ 4 th dose DATE: _____	_____ 4 th dose DATE: _____	
_____ 5 th dose DATE: _____		Hep A (hepatitis A)
_____ 6 th dose DATE: _____		_____ 1 st dose DATE: _____
		_____ 2 nd dose DATE: _____
MMR (measles, mumps, and rubella at or after 12 months of age: _____ 1 st dose DATE: _____		_____ 2 nd dose DATE: _____
Varicella (chickenpox) : _____ 1 st dose DATE: _____ _____ 2 nd dose DATE: _____		
Month and Year of disease _____		

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
 (Must be after date of last shot)

OFFICE USE: After entering the above information in the computer, staple this completed form to the child's CIS record.