



# Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

<b>Office Use Only:</b>	
Reviewed by: _____	Date: _____
Signed Cert. of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Registry.

<b>Child's Last Name:</b> _____	<b>First Name:</b> _____	<b>Middle Initial:</b> _____	<b>Birthdate (mm/dd/yyyy):</b> _____	<b>Sex:</b> _____	<b>I certify that the information provided on this form is correct and verifiable.</b>
Symbols below: ◆ Required for School and Child Care/Preschool ● Required for Child Care/Preschool Only				<b>Parent/Guardian Name (please print):</b> _____	

Vaccine	Dose	Date		
		Month	Day	Year
<b>◆ Hepatitis B (Hep B)</b>				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
<b>Rotavirus (RV1, RV5)</b>				
	1			
	2			
	3			
<b>◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)</b>				
	1			
	2			
	3			
	4			
	5			
<b>◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)</b>				
	1			
	2			
<b>● Haemophilus influenzae type b (Hib)</b>				
	1			
	2			
	3			
	4			
<b>● Pneumococcal (PCV, PPSV)</b>				
	1			
	2			
	3			
	4			

Vaccine	Dose	Date			
		Month	Day	Year	
<b>◆ Polio (IPV, OPV)</b>					
	1				
	2				
	3				
	4				
<b>Influenza (flu, most recent)</b>					
<b>◆ Measles, Mumps, Rubella (MMR)</b>					
	1				
	2				
<b>◆ Varicella (chickenpox) or verify disease 1-4 ▶</b>					
	1				
	2				
<b>Hepatitis A (Hep A)</b>					
	1				
	2				
<b>Meningococcal (MCV, MPSV)</b>					
	1				
<b>Human Papillomavirus (HPV)</b>					
	1				
	2				
	3				
<b>Office Use Only: Immunization information updated and verified with parent/guardian permission:</b>					
Printed Staff Name _____		Date _____		Printed Staff Name _____	
Printed Staff Name _____		Date _____		Printed Staff Name _____	
Printed Staff Name _____		Date _____		Printed Staff Name _____	

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. **Mark option 1, 2, 3, OR 4 below – see, back #5.**

**1)  Chickenpox disease verified by printout from CHILD Profile Immunization Registry**  
Must be marked by printout (not by hand) to be valid.

**2)  Chickenpox disease verified by Health Care Provider (HCP)**  
If you choose this box, mark 2A OR 2B below.  
 2A)  Signed note from HCP attached OR  
 2B)  HCP signed here and print name below:  
 \_\_\_\_\_  
 Licensed health care provider (HCP) Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (MD, DO, ND, PA, ARNP)  
 HCP Printed Name: \_\_\_\_\_

**3)  Chickenpox disease verified by school staff from CHILD Profile Immunization Registry**  
If you choose this box, staff must initial that parent or guardian approves: \_\_\_\_\_ (initial) \_\_\_\_\_ (date)

**4)  Chickenpox disease verified by parent\***  
If you choose this box, fill in the date or child's age when he or she had the disease:  
 Age/Date of disease: \_\_\_\_\_  
 \*Can ONLY verify for some grades, see back #5 (4).

### If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box. Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. Signed lab report(s) MUST also be attached.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	_____
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	_____
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	_____
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	_____

Licensed health care provider (HCP) Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (MD, DO, ND, PA, ARNP)  
 HCP Printed Name: \_\_\_\_\_

**Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Registry or filling it in by hand.**

**#1 To print with info filled in:** First, ask if your health care provider's office puts vaccination history into the CHILD Profile Immunization Registry (Washington's statewide database). If they do, ask them to print the CIS from CHILD Profile and your child's information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS** in the upper right hand box, and return it to school or child care. If your provider's office does not use CHILD Profile, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

**EXAMPLE**

**#2 To fill in by hand:** Print your child's name, birthdate, sex, and your own name in the top box.

**#3** Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ▶

Vaccine	Dose	Date		
		Month	Day	Year
<b>◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)</b>				
DTaP	<b>1</b>	01	12	2011
DTaP	<b>2</b>	03	20	2011
DTaP	<b>3</b>	06	01	2011

**#4** If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

**#5** If your child has had chickenpox (varicella) disease and not the vaccine, **use only one** of these four options to record this on the CIS:

- 1)  If your child's CIS is printed directly from the CHILD Profile Immunization Registry (by your health care provider or school system), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the Immunization Registry printout (not by hand).
- 2)  If your health care provider (HCP) can verify that your child has had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your HCP, or 2B if your HCP signs and dates in the space provided. Be sure your HCP's full name is also printed.
- 3)  If school staff access the CHILD Profile Immunization Registry and see verification that your child has had chickenpox, they will mark box 3. Then, they must initial and date that they got parent or guardian approval to mark this box (i.e. make this change) to the CIS.
- 4)  If your child started kindergarten in the 2008-2009 school year or later, you **CANNOT** use this box. If your child started kindergarten before the 08-09 school year, mark this box if you know he or she has had chickenpox. If you mark box 4, you must also write the approximate age or date your child had chickenpox. To find out which grades require chickenpox vaccine (or history), visit: <http://www.doh.wa.gov/cfh/immunize/schools/vaccine.htm>

**#6** Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your health care provider (HCP) fill in this box. Ask your HCP to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

**#7** Be sure to **sign and date the CIS** in the upper right hand box, and return to school or child care.

**#8** If a school or child care makes a change to your CIS, staff will print their name in the middle bottom box and date to show that you gave approval.

Vaccine Trade Names in alphabetical order									
(For updated lists, visit <a href="http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf">http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf</a> )									
Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Engerix-B	Hep B	Ipol	IPV	Pentavalente	DTaP + Hep B + Hib	TriHIBit	DTaP + Hib
Adacel	Tdap	Fluarix	Flu (TIV)	Infanrix	DTaP	Pneumovax	PPSV or PPV23	Tripedia	DTaP
Afluria	Flu (TIV)	FluLaval	Flu (TIV)	Kinrix (Knrx)	DTaP + IPV	Prevnar	PCV or PCV7 or PCV13	Twinrix (Twnrx)	Hep A + Hep B
Boostrix	Tdap	FluMist	Flu (LAIV)	Menaetra	MCV or MCV4	ProQuad (PrQd)	MMR + Varicella	Vaqa	Hep A
Cervarix	HPV2	Fluvirin	Flu (TIV)	Menomune	MPSV or MPSV4	Quadracel (Qdrel)	DTaP + IPV	Varivax	Varicella
Comvax (Cmvx)	Hep B + Hib	Fluzone	Flu (TIV)	Pediarix (Pdrx)	DTaP + Hep B + IPV	Recombivax HB	Hep B		
Daptacel	DTaP	Gardasil	HPV4	PedvaxHIB	Hib	Rotarix	Rotavirus (RV1)		
Decavac	Td	Havrix	Hep A	Pentacel (Pntcl)	DTaP + Hib + IPV	RotaTeq	Rotavirus (RV5)		

Vaccine Abbreviations in alphabetical order							
(For updated lists, visit <a href="http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf">http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines-508.pdf</a> )							
Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAV) Hep B (HBV)	Hepatitis A Hepatitis B	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	HPV	Human Papillomavirus	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (TIV or LAIV)	Influenza	IPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	MCV or MCV4	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

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# VACCINES REQUIRED FOR CHILD CARE/PRESCHOOL ATTENDANCE<sup>1</sup>

## July 1, 2010 – June 30, 2011

**Month, Day & Year** are required documentation of all vaccines. See notes below and chart on page 2 for more information.

AGE VACCINE <sup>2</sup>	At 2 Months	At 4 Months	At 6 Months	At 15 Months	At 18 Months	At 23 Months	At 6 Years
HEPATITIS B	2 Doses			3 Doses			
DTaP	1 Dose	2 Doses	3 Doses		4 Doses		5 Doses
Hib	1 Dose	2 Doses	3 Doses		4 Doses		N/A
Polio	1 Dose	2 Doses		3 Doses		4 Doses	
PCV	1 Dose	2 Doses	3 Doses	4 Doses			N/A
MMR	Not given before 12 months			1 Dose		2 Doses	
VARICELLA	Not given before 12 months			1 Dose		2 Doses	

### Hepatitis B:

- For minimum age and spacing between valid vaccine doses, see chart on backside (page 2).

### Diphtheria, Tetanus and Pertussis:

- For minimum age and spacing between valid vaccine doses, see chart on backside (page 2).
- Children older than 7 years should **NOT** get DTaP (but should get Tdap).

### Hib:

- For minimum age and spacing between valid vaccine doses, see chart on backside (page 2).  
**Full immunization is 4 doses by 16 months, but:**
  - Three doses required if only 2 doses given before 12 months.
  - Two doses required if both given between 12-15 months.
  - One dose required IF the only dose has been given on or after 15 months.

### Polio:

- For minimum age and spacing between valid vaccine doses, see chart on backside (page 2).

### PCV:

- For minimum age and spacing between valid vaccine doses, see chart on backside (page 2).  
**Full immunization is 4 doses by 16 months, but:**
  - Three doses required if only 2 doses given before 12 months.
  - Two doses required if both given between 12-24 months.
  - One dose required IF the only dose has been given on or after 24 months.

### MMR:

- For minimum age and spacing between valid vaccine doses, see chart on backside (page 2).
- MMR must be received the same day as varicella **OR** at least 28 days apart (4 day grace **DOES NOT** apply).
- Acceptable: Blood test (titer) showing immunity to measles, mumps, or rubella.

### Varicella:

- For minimum age and spacing between valid vaccine doses, see chart on backside (page 2).
- Varicella must be received the same day as MMR **OR** at least 28 days apart (4 day grace **DOES NOT** apply).
- Acceptable: Blood test (titer) showing immunity to varicella and/or provider diagnosis or verification of varicella disease.

**For details about valid doses, see Minimum Age and Spacing chart on backside (page 2). ►**

<sup>1</sup> To attend public/private school or licensed child care in WA State, each child must present a signed **Certificate of Immunization Status form** showing proof of 1) full immunization per the 2008 Recommended Childhood Immunization Schedule (see <http://www.doh.wa.gov/cfh/immunize/schools/vaccine.htm>), 2) an initiation of a schedule of immunization, 3) a medical exemption (with health care provider signature), **OR** 4) personal or religious exemption (with a parent/guardian signature).

<sup>2</sup> There is no maximum interval between doses. Even if the recommended interval is not met, the series does not need to be restarted. Vaccine doses given  $\leq$  4 days before the minimum interval or age are valid, except for the intervals between MMR doses and varicella doses.

Minimum Age & Spacing for Valid Vaccine Doses			
Vaccine - Dose #	Minimum age	Minimum Spacing or Interval Between Doses <sup>3</sup>	Notes <sup>4</sup>
<b>Hepatitis B</b>			
Hepatitis B – Dose 1	Birth	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>Get Dose 3 at least 8 weeks after Dose 2 AND 16 weeks after Dose 1.</li> <li>Minimum age for Dose 3 is 24 weeks.</li> </ul>
Hepatitis B – Dose 2	4 weeks	8 weeks between Dose 2 & 3	
Hepatitis B – Dose 3	24 weeks	16 weeks between Dose 1 & 3	
<b>Diphtheria, Tetanus and Pertussis (DTaP)</b>			
DTaP – Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>Not recommended for children over 7 years.</li> <li>If Dose 4 is given after the 4<sup>th</sup> birthday, Dose 5 not needed.</li> </ul>
DTaP – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
DTaP – Dose 3	14 weeks	4 months between Dose 3 & 4	
DTaP – Dose 4	1 year	6 months between Dose 4 & 5	
DTaP – Dose 5	4 years	n/a	
<b>Haemophilus influenzae type b (HIB)</b>			
HIB – Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>Required for child care and preschool.</li> <li>Not recommended for children over 5 years.</li> <li>If all doses used PedvaxHIB or Comvax (with PRP-OMP), only 3 doses required. Min. age and interval is same, but no Dose 3 needed (14 wks).</li> </ul>
HIB – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
HIB – Dose 3	14 weeks	8 weeks between Dose 3 & 4	
HIB – Dose 4	12 months	n/a	
<b>Pneumococcal Conjugate (PCV)</b>			
PCV – Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>Required for child care and preschool.</li> <li>Not recommended for children over 5 years.</li> </ul>
PCV – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
PCV – Dose 3	14 weeks	8 weeks between Dose 3 & 4	
PCV – Dose 4	12 months	n/a	
<b>Inactivated Poliovirus (IPV)</b>			
IPV – Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>Not recommended for children over 18 years.</li> <li>If Dose 3 is given after the 4<sup>th</sup> birthday, Dose 4 not needed.</li> </ul>
IPV – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
IPV – Dose 3	14 weeks	4 weeks between Dose 3 & 4	
IPV – Dose 4	6 months	n/a	
<b>Measles, Mumps and Rubella (MMR)</b>			
MMR – Dose 1	12 months	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>If MMR, Varicella, Nasal Influenza and Nasal H1N1 are not given on the same day, they must be separated by at least 28 days.</li> </ul>
MMR – Dose 2	13 months	n/a	
<b>Varicella (Var)</b>			
Varicella – Dose 1	12 months	3 months between Dose 1 & 2	<ul style="list-style-type: none"> <li>If MMR, Varicella, Nasal Influenza and Nasal H1N1 are not given on the same day they must be separated by at least 28 days.</li> </ul>
Varicella – Dose 2	15 months	n/a	
<b>Hepatitis A (Hep A)</b>			
Hepatitis A – Dose 1	12 months	6 months between Dose 1 & 2	<ul style="list-style-type: none"> <li>Not required for school attendance.</li> </ul>
Hepatitis A – Dose 2	18 months	n/a	
<b>Tetanus, Diphtheria and Pertussis (Tdap)</b>			
Tdap	10 years	n/a	<ul style="list-style-type: none"> <li>There must be 5 years between Tdap and any other tetanus-containing vaccine(s).</li> </ul>
<b>Tetanus and Diphtheria (Td)</b>			
Td	7 years	5 years	<ul style="list-style-type: none"> <li>There must be 5 years between Td and any other tetanus-containing vaccine(s).</li> </ul>

<sup>3</sup> Washington State allows a 4 day grace period for all vaccine dose intervals, which is not shown on this chart. For a child who has less than the recommended spacing for a vaccine, check to see if it is within the 4 day grace period. An exception to the rule: 4 day grace period not allowed between MMR and varicella – if these are not given on the same day, they must be separated by 28 days.

<sup>4</sup> For specific questions or more detailed notes, please contact the CHILD Profile Immunization Program at 360-236-3545.



## VACCINES REQUIRED FOR SCHOOL ATTENDANCE GRADES K-12<sup>1</sup>

**July 1, 2010 – June 30, 2011**

Month, Day & Year are required documentation of all vaccines. See notes below and chart on page 2 for more information.

GRADE VACCINE <sup>2</sup>	Kindergarten – 2 <sup>nd</sup> Grades	3 <sup>rd</sup> – 6 <sup>th</sup> Grades	7 <sup>th</sup> – 12 <sup>th</sup> Grades
<b>HEPATITIS B</b>	<b>3 Doses (or 2 Doses if adult formulation of HB is used)</b>		
<b>DTaP/DT/Tdap/Td</b>	<b>5 Doses (or 4 or 3 depending on age when vaccine was given) (1 Dose Tdap required for 6<sup>th</sup> – 9<sup>th</sup> grades)</b>		
<b>POLIO (IPV/OPV)</b>	<b>4 or 3 Doses (depending on when vaccine was given)</b>		
<b>MMR</b>	<b>2 Doses</b>		
<b>VARICELLA</b>	<b>2 Doses</b>	<b>1 Dose 5<sup>th</sup> grade recommended (not required)</b>	<b>Recommended (not required)</b>

### Hepatitis B:

- For minimum age and spacing between valid vaccine doses, see chart on page 2.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11–15 years.

### Diphtheria, Tetanus and Pertussis:

- For minimum age and spacing between valid vaccine doses, see chart on page 2.
- Students older than 7 years should get Tdap or Td (**NOT** DTaP).
- One dose of Tdap is required for students in 6<sup>th</sup> – 9<sup>th</sup> grades.
- 5 doses are required except:
  - 4 doses if the last dose is given on or after the 4<sup>th</sup> birthday OR
  - 4 doses if there is at least one DTaP/DT given before 12 months of age OR
  - 3 doses if there is no history of DTaP/DT given before 12 months of age OR
  - 3 doses Td if there is no history of DTaP/DT given before 12 months of age if the child is 7 years and older

### Polio:

- For minimum age and spacing between valid vaccine doses, see chart on page 2.
- Four doses are required unless Dose 3 was given after the 4<sup>th</sup> birthday, then only 3 doses are required.

### MMR:

- For minimum age and spacing between valid vaccine doses, see chart on page 2.
- MMR must be received the same day as varicella **OR** at least 28 days apart (4 day grace **DOES NOT** apply).
- Acceptable: Blood test (titer) showing immunity to measles, mumps, or rubella.

### Varicella:

- For minimum age and spacing between valid vaccine doses, see chart on page 2.
- Varicella must be received the same day as MMR **OR** at least 28 days apart (4 day grace **DOES NOT** apply).
- Parent reported history of disease: **ONLY** acceptable for students in 3<sup>rd</sup>, 4<sup>th</sup>, and 6<sup>th</sup> grades.
- For children in 5<sup>th</sup> grade varicella vaccine is recommended, not required.
- Acceptable: Blood test (titer) showing immunity to varicella and/or provider diagnosis or verification of varicella disease.

**For details about valid doses, see Minimum Age and Spacing chart on page 2. ►**

<sup>1</sup> To attend public/private school or licensed child care in WA State, each child must present a signed Certificate of Immunization Status form showing proof of 1) full immunization per the 2008 Recommended Childhood Immunization Schedule (see [www.doh.wa.gov/cfh/Immunize/schools/vaccine.htm](http://www.doh.wa.gov/cfh/Immunize/schools/vaccine.htm)), 2) an initiation of a schedule of immunization, 3) a medical exemption (with health care provider signature), **OR** 4) personal or religious exemption (with a parent/guardian signature).

<sup>2</sup> A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Vaccine doses given ≤ 4 days before the minimum interval or age are valid, except for the intervals between MMR and varicella doses.

Minimum Age & Spacing for Valid Vaccine Doses			
Vaccine - Dose #	Minimum age	Minimum Spacing or Interval Between Doses <sup>3</sup>	Notes <sup>4</sup>
<b>Hepatitis B</b>			
Hepatitis B – Dose 1	Birth	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>Get Dose 3 at least 8 weeks after Dose 2 AND 16 weeks after Dose 1.</li> <li>Minimum age for Dose 3 is 24 weeks.</li> </ul>
Hepatitis B – Dose 2	4 weeks	8 weeks between Dose 2 & 3	
Hepatitis B – Dose 3	24 weeks	16 weeks between Dose 1 & 3	
<b>Diphtheria, Tetanus and Pertussis (DTaP)</b>			
DTaP – Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>Not recommended for children over 7 years.</li> <li>If Dose 4 is given after the 4<sup>th</sup> birthday, only 4 doses are required.</li> <li>If no history of DTaP before 12 months of age, only 3 doses are required.</li> </ul>
DTaP – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
DTaP – Dose 3	14 weeks	4 months between Dose 3 & 4	
DTaP – Dose 4	1 year	6 months between Dose 4 & 5	
DTaP – Dose 5	4 years	n/a	
<b>Haemophilus influenzae type b (HIB)</b>			
HIB – Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>Required for child care and preschool.</li> <li>Not recommended for children over 5 years.</li> <li>If all doses used PedvaxHIB or Comvax (with PRP-OMP), only 3 doses required. Min. age and interval is same, but no Dose 3 needed (14 wks).</li> </ul>
HIB – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
HIB – Dose 3	14 weeks	8 weeks between Dose 3 & 4	
HIB – Dose 4	12 months	n/a	
<b>Pneumococcal Conjugate (PCV)</b>			
PCV – Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>Required for child care and preschool.</li> <li>Not recommended for children over 5 years.</li> </ul>
PCV – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
PCV – Dose 3	14 weeks	8 weeks between Dose 3 & 4	
PCV – Dose 4	12 months	n/a	
<b>Inactivated Poliovirus (IPV)</b>			
IPV – Dose 1	6 weeks	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>Not recommended for children over 18 years.</li> <li>If Dose 3 is given after the 4<sup>th</sup> birthday, only 3 doses are required.</li> </ul>
IPV – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
IPV – Dose 3	14 weeks	4 weeks between Dose 3 & 4	
IPV – Dose 4	6 months	n/a	
<b>Measles, Mumps and Rubella (MMR)</b>			
MMR – Dose 1	12 months	4 weeks between Dose 1 & 2	<ul style="list-style-type: none"> <li>If MMR, Varicella, Nasal Influenza and Nasal H1N1 are not given on the same day, they must be separated by at least 28 days.</li> </ul>
MMR – Dose 2	13 months	n/a	
<b>Varicella (Var)</b>			
Varicella – Dose 1	12 months	3 months between Dose 1 & 2	<ul style="list-style-type: none"> <li>If MMR, Varicella, Nasal Influenza and Nasal H1N1 are not given on the same day they must be separated by at least 28 days.</li> </ul>
Varicella – Dose 2	15 months	n/a	
<b>Hepatitis A (Hep A)</b>			
Hepatitis A – Dose 1	12 months	6 months between Dose 1 & 2	<ul style="list-style-type: none"> <li>Not required for school attendance.</li> </ul>
Hepatitis A – Dose 2	18 months	n/a	
<b>Tetanus, Diphtheria and Pertussis (Tdap)</b>			
Tdap	10 years	n/a	<ul style="list-style-type: none"> <li>There must be 5 years between Tdap and any other tetanus-containing vaccine(s).</li> </ul>
<b>Tetanus and Diphtheria (Td)</b>			
Td	7 years	5 years	<ul style="list-style-type: none"> <li>There must be 5 years between Td and any other tetanus-containing vaccine(s).</li> </ul>

<sup>3</sup> Washington State allows a 4 day grace period for all vaccine dose intervals, which is not included on this chart. For a child who has less than the recommended spacing for a vaccine, check to see if it is within the 4 day grace period. An exception to the rule: 4 day grace period not allowed between MMR and varicella – if these are not given on the same day, they must be separated by at least 28 days.

<sup>4</sup> For specific questions or more detailed notes, please contact the CHILD Profile Immunization Program at 360-236-3545.