

How to claim a new nonmedical exemption to school/children's facility immunization requirements in Oregon, starting March 1, 2014

1. Complete the required education from a health care practitioner or online vaccine education module at www.healthoregon.org/vaccineexemption.
2. Get a Vaccine Education Certificate from the health care practitioner or print a certificate from the online vaccine education module. Turn the completed Vaccine Education Certificate into your child's school or childcare with a completed Certificate of Immunization Status form.
3. Get a Certificate of Immunization Status from your child's school or childcare, or at www.1.usa.gov/OregonSchool. Fill out the nonmedical exemption portion of the Certificate of Immunization Status, marking the vaccines for which you would like a nonmedical exemption for your child. Turn the completed Certificate of Immunization Status into your child's school or childcare with the completed Vaccine Education Certificate.

Helpful hints for claiming a nonmedical exemption:

- Some health care practitioners may not provide the Vaccine Education Certificate. Check with your health care practitioner first.
- If you have multiple children for whom you'd like a nonmedical exemption, you need a Vaccine Education Certificate for each child.
- Keep a copy of the Vaccine Education Certificate for your own records.
- The date on the Vaccine Education Certificate and Certificate of Immunization Status must be within 12 months of the date you enroll your child in school or childcare.
- Listing a vaccination history for your child does not affect your right to a nonmedical exemption. We encourage you to document any vaccinations your child has received so that their medical history is as complete as possible.

All of us have a stake in making sure that children stay healthy and avoid illness. In Oregon, all children attending school or childcare are required to have certain immunizations or an appropriate medical or nonmedical exemption.

Some people cannot be vaccinated because of medical conditions—and exposure to a vaccine-preventable disease could be fatal to them. If your child has been exposed to a disease, intentionally or not, keep them home at the first sign of illness.

Responsibilities: Actively choosing not to immunize your child is a parent's right; however, it carries with it a significant responsibility: not exposing others to communicable disease.

Rights: No one can deny a parent the right to claim a nonmedical exemption. If you were told that you cannot claim a nonmedical exemption, please report it to the Oregon Immunization Program at 971-673-0300.

Documentation for Nonmedical Exemptions to Immunization Requirements

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): _____

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

Yes No Diphtheria/Tetanus/Pertussis
 Yes No Polio
 Yes No Varicella
 Yes No Measles/Mumps/Rubella
 Yes No Hepatitis B
 Yes No Hepatitis A
 Yes No Hib (vaccine only required for children younger than 5 years of age)

Health Care Practitioner's Signature: _____
Date _____

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


Clinic name (printed): _____

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): _____ 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



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

OR

Vaccine Education Certificate of Completion

Parent's name: Blueberry Muffin

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:

Tetanus, Diphtheria, and Pertussis **Hepatitis B**
Polio **Hepatitis A**
Varicella **Hib**
Measles, Mumps and Rubella

Date of completion: 2/20/2014

Child's name _____ Child's date of birth _____

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 child care 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

AND



Oregon Certificate of Immunization Status, Page 2
Oregon Health Authority, Immunization Program

	Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>	
Recommended Vaccines	Recommended Vaccines				
	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 Immunization Documentation (history of disease or positive test): 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):

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

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 _____

Update Signature _____ Date _____

53-05A (01/2014)

Remember, parents have to complete and turn in two documents to the school or childcare to claim a nonmedical exemption:

1. Vaccine Education Certificate
2. Certificate of Immunization Status

For more information, go to
www.healthoregon.org/vaccineexemption



Cómo solicitar una nueva exención no médica ante los requisitos de vacunación de Oregon en las escuelas/centros infantiles a partir del 1 de marzo de 2014

1. Complete la educación exigida con un profesional sanitario o a través del módulo de educación en vacunación por Internet en www.healthoregon.org/vaccineexemption.
2. Obtenga el Certificado de Educación en Vacunación (*Vaccine Education Certificate*) del profesional sanitario o imprima usted mismo el certificado a través del módulo de educación en vacunación por Internet. Entregue el Certificado de Educación en Vacunación llenado en la escuela o centro de cuidado infantil de su hijo junto con un Certificado de Situación de Vacunación (*Certificate of Immunization Status*).
3. Obtenga el Certificado de Situación de Vacunación de la escuela o centro de cuidado infantil de su hijo o a través de www.1.usa.gov/OregonSchool. Llene la parte de exención no médica del Certificado de Situación de Vacunación marcando las vacunas a las cuales desea se aplique la exención no médica para su hijo. Entregue el Certificado de Situación de Vacunación lleno en la escuela o centro de cuidado infantil de su hijo junto con el Certificado de Educación en Vacunación.

Sugerencias prácticas para solicitar exenciones no médicas:

- Algunos profesionales sanitarios no dan Certificados de Educación en Vacunación. Consulte con su profesional sanitario primero.
- Si tiene varios hijos para los cuales desea solicitar la exención no médica, necesitará un Certificado de Educación en Vacunación para cada uno de ellos.
- Conserve una copia del Certificado de Educación en Vacunación para sus propios registros.
- La fecha que aparece en el Certificado de Educación en Vacunación y en el Certificado de Situación de Vacunación debe situarse dentro de los 12 meses a partir de la fecha que inscriba usted a su hijo en la escuela o centro de cuidado infantil.
- El indicar que su hijo ha recibido vacunas anteriormente no afectará su derecho a la exención no médica. Le recomendamos documentar cualquier vacuna que haya recibido su hijo de modo que su historia clínica esté lo más completa en la medida de lo posible.

A todos nos incumbe asegurar que los niños se conserven sanos y que eviten enfermedades. En Oregon, todos los niños matriculados en escuelas o centros de cuidado infantil deben recibir ciertas vacunas o gozar de una exención médica o no médica adecuada.

Ciertas personas no pueden vacunarse debido a afecciones médicas; la exposición a una enfermedad que puede ser prevenida por una vacuna podría ser fatal para tales personas. Si su hijo quedó expuesto a una enfermedad, intencionalmente o no, consérvele en casa si muestra alguna señal de enfermedad.

Responsabilidades: Usted, como padre, tiene la opción de no vacunar a su hijo; sin embargo, dicho derecho supone una responsabilidad considerable: no exponer a los demás a enfermedades contagiosas.

Derechos: Nadie puede negar a los padres el derecho a una exención no médica. Si le han dicho que no puede solicitar una exención no médica, repórtelo al Programa de Vacunación de Oregon (Oregon Immunization Program) al 971-673-0300.

Documentos para las exenciones no médicas ante los requisitos de vacunación

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): _____

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

Health Care Practitioner's Signature: _____ Date: _____

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


Clinic name (printed): _____

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 53-054) 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): _____ 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



Vaccine Education Certificate of Completion

Parent's name: Blueberry Muffin

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:

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


Date of completion: 2/20/2014

Child's name _____ Child's date of birth _____

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 child care 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:
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 Religious belief
 Philosophical belief
 Other



O

Y

Recuerde que los padres deben completar **dos** documentos y entregarlos en la escuela o centro de cuidado infantil para solicitar una exención no médica:

1. Certificado de Educación en Vacunación (Vaccine Education Certificate)
2. Certificado de Situación de Vacunación (Certificate of Immunization Status)

Para obtener más información, diríjase a www.healthoregon.org/vaccineexemption



Oregon Certificate of Immunization Status, Page 2

Oregon Health Authority, Immunization Program

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

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 Immunization Documentation (history of disease or positive test): Please submit a letter signed by a licensed physician stating:
 • Child's name and birth date
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Nonmedical Exemption:
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 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):
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 Polio Hepatitis A
 Varicella Hib
 Measles/Mumps/Rubella

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: _____
 Update Signature: _____ Date: _____

53-05A (01/2014)