

## **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](http://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](http://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.

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### **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:

|  |  |
|--|--|
| <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



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:

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



AND



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

|                                  | Child's Last Name<br><i>Apellido</i>                                      | First<br><i>Primer Nombre</i> | Middle Initial<br><i>Segundo Nombre</i> | Birthdate<br><i>Fecha de Nacimiento</i> |        |        |
|----------------------------------|---|-------------------------------|---|---|--------|--------|
| Recommended Vaccines             | Recommended Vaccines  | Dose 1                        | Dose 2                                  | Dose 3                                  | Dose 4 | Dose 5 |
|                                  | Pneumococcal (PCV)<br><small>(Only in children less than 5 years)</small> |                               |   |   |        |        |
|                                  | Meningococcal (MCV4, MPSV4)   |                               |   |   |        |        |
|                                  | Human Papilloma Virus (HPV)<br><small>(9 years or older)</small>          |                               |   |   |        |        |
|                                  | Influenza (Flu)   |                               |   |   |        |        |
| Other Vaccine<br>Please specify: |   |                               |   |   |        |        |
| Other Vaccine<br>Please specify: |   |                               |   |   |        |        |

**For medical exemption:**  
 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: Print name of doctor or nurse and date. 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 not in a state of disease that could be prevented by vaccine. I have attached the required document from (check all that apply):

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 type="checkbox"/> Varicella                    | <input type="checkbox"/> Hib         |
| <input type="checkbox"/> 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 \_\_\_\_\_

53-054 (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](http://www.healthoregon.org/vaccineexemption)

