Oregon Certificate of Immunization Status
Oregon Kein Kaṃool eo in Jekjek in Wā ko emōj Bōki

Oregon law requires proof of immunization or exemption signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority.

Kakien eo an Oregon ej aikuj bwe eṃōj an jain kein kaṃool wā ak kōmālim eo ñan jab wā ṃōkta jen an juon ajri maroñ jikuuḷ, pād ilo prejikuuḷ, jikin ko rej lale ajri, ak lale ajri ilo iṃōn armej. Meḷeḷein rej bōke ñan Oregon Health Authority im remaroñ lelok ñan Opij eo ak jikuuḷ ak opij in ājmour eo ilo jukjukinbed jen jikuul ak jikin eo ajiri eo ej bed ie ilo ien Opij eo enaj kajjitōk.

Child's last name *Etan last name an ajiri*	First name *Etan first name*	Middle name *Etan middle*	Birth date *Raan in lotak*

Parents' or Guardians' names *Etan Jinen im Jemen ak Rikōjparok ro*	Phone number *Talebon nōṃba*

Write the dates the child received the vaccines
Jeiki raan ko ajiri eo eaar bōk wā ko

Vaccines / Wā ko	**Dose 1** ***Wā eo kein 1***	**Dose 2** ***Wā eo kein 2***	**Dose 3** ***Wā eo kein 3***	**Dose 4** ***Wā eo kein 4***	**Dose 5** ***Wā eo kein 5***
Diphtheria/Tetanus/Pertussis *Diphtheria/Tetanus/Pertussis* (DTaP)					
(Tdap)					
Polio (IPV or OPV)					
Varicella (Chickenpox) *Varicella (pok)*					
Measles/Mumps/Rubella (MMR)					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B *Haemophilus Influenzae Kain B*					

I certify that the information on the form is an accurate record of this child's immunizations.
Ij kaṃool ke meḷeḷe eo ilo peba in kwalok rekoot in ejiṃwe kōn wā ko emoj an ajiri eo neju bōki.

Signature* *Jain in etan**		Date *Raan*	
UpdateSignature *Jain in Āt eo Kiō*		Date *Raan*	

**Parent, guardian, child at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.*
**Jinen ak jemen, rikōjparok, ak rijikuuḷ eo ejab dikḷọk jān 15 an iiō, taktō ak rijerbal eo jān rā eo an ājmour ilo bukwōn emaroñ jaini etan ñan kaṃool wā ko eṃōj an bōki.*

Child's last name *Etan last name an ajiri*	First name *Etan first name*	Middle name *Etan middle*	Birth date *Raan in lotak*

Other vaccine received
Wā ko jet eṃōj an bōk

Vaccine name ***Etan wā***	Date ***Raan***

Medical exemptions and immunity documentation

Peba in kaṃool kōmālim an jab wā kōn nañinmej ak an ānbwinnin maroñ bōbrae jān nañinmej

A medical exemption requires a form completed and signed by a licensed physician or local health department. The form must be submitted to your child's school or child care. Immunity documentation requires a proof from a blood test or documentation from a health care practitioner or local health department. For more information, go to www.healthoregon.org/medicalexemptions

Juon kōmelim ikijen nañinmej aikuj an kanne im jain juon peba jen juon taktō eo ewōr an laijen ñe ejab opij in ājmour ilo jukjukinbed. Peba in aikuj etal ñan jikuul ak jikin eo ej lale ajiri eo nejum. Peba in wā aikuj kamool jen juon teej in bōtōktōk ñe ejab peba in kamool jen juon taktō ak opij in ājmour ilo jukjukinbed. Ñan melele ko relablok, etal ñan www.healthoregon.org/medicalexemptions

Kōmālim eo ejab ikijen nañinmej / *Exención no médica*

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

☐ The vaccine module approved by the Oregon Health Authority
☐ A health care practitioner

Eṃōj aō loe meḷeḷe ko ikijen jibañ im uwōta ko jān wā. Imeḷeḷe ke ajri eo nejuṃ emaroñ jab kobaḷọk ilo jikuuḷ ak jikin lale ajri ñe ewōr juon nañinmej eo emaroñ kar bōbrae kōn wā.
Eṃōj aō likūt peba eo ej mennin aikuj jān (kakōlle juon):

☐ *Ṃōttan wā ko eṃōj an Oregon Health Authority kōmālim*
☐ *Juon taktō*

I request that my child be exempted from the following required immunizations (check all that apply):
Ij kajjitōk bwe en mālim an ajiri eo nejū jab bōke wā ko ilo laajrak eo an mennin rej aikuj (kakōḷḷe aolep ekkar):

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

Optional / *Aṃ bebe*
Immunizations are being declined because of:
Eṃōj jab bōk wā kein kōn:

☐ Religious belief / *Tomak in kabuñ*
☐ Philosophical belief / *Tomak ilo lomnak*
☐ Other / *Bar juon*

Signature*
*Jain in etan**

Date
Raan

Instructions for Completing the Certificate of Immunization Status

Contact information:

Complete information for your child including full name, birthdate, current mailing address, parents' or guardians' names and phone number. This information will be used to contact you if there are questions about your child's immunization history.

Required vaccines (First page):

Fill in the month/day/year that your child received each dose of vaccine. Doses must be listed in the order received. Check with your child's school or daycare to find out which vaccines are required for your child's age or grade.

Signature:

The parent or guardian signature is a sworn statement that the child's record is accurate. The signature of a physician or local health department is not required but it is acceptable. People 15 years and older can sign their own records. **Every time you add on to your child's information you need to resign the form.**

Other vaccines received (Second page):

For any vaccine not listed on the front, fill in the month/day/year that your child received each dose of vaccine.

Exemptions:

Oregon allows medical and nonmedical exemptions.

For a nonmedical exemption, check the appropriate box and submit one of the following required documents:

1. A certificate signed by a health care practitioner verifying discussion of the benefits and risks of immunization, or
2. A certificate of completion of the vaccine educational module about the benefits and risks of immunization.

Indicate which vaccines you are exempting your child from by checking the boxes. Sign and date on the indicated line.

For a medical exemption, submit the Oregon Medical Exemption Form signed by your child's physician to the school or child care.

Immunity documentation requires a proof of disease from a blood test or documentation from a health care practitioner or local health department. Submit this documentation to the school or child care.

Kōmeḷeḷe ko ñan Kadedeḷọk
Peba in Kamooḷ kōn Jekjekin Wā ko Emōj Bōki

Meḷeḷe ko ñan kepaake:

Kadedeḷọk meḷeḷe eo ñan ajri eo nejūṃ ekoba aolepān etan, raan in lotak, atōrej in mael ilo tōrre in, etan im nōṃba in telepoon an jinen im jemen ak rikōjparok ro. Melele in renaj kōjerbal ñan kepaak kwe ñe ewōr kajjitōk kōn wā ko ajri eo nejūṃ eaar bōk ṃaanḷọk.

Wā ko ej aikuj (Peij eo kein kajuon):

Kanne allōñ/raan/iiō ajri eo nejūṃ eaar bōke kajojo joñan wā. Joñan wā ko rej aikuj kōlaajrak ilo iien an bōki. Lale ippān jikuuḷ ak jikin lale ajri eo an ajri eo nejūṃ ñan lale wā ta ko rej aikuji ekkar ñan joñan iiō ak joñan kilaaj eo an ajri eo nejūṃ.

Jain in etan:

Jain in etan jinen ak jemen ak rikōjparok eo ej juon kalliṃur ke ejiṃwe meḷeḷe in wā ko an ajiri eo. Jain in etan taktō ak rijerbal eo ilo jikin ājmour ilo jukjukinpād ejab mennin aikuj bōtab remaroñ bōke. Armej ro 15 aer iiō im rūttoḷọk remaroñ make jaini meḷeḷe in wā ko aer. **Aolep iien aṃ koba meḷeḷe ñan rekoot ko an ajiri eo nejūṃ kwōj aikuj bar jaini peba eo.**

Wā ko jet emōj an bōke (Peij eo kein karuo):

Ñan jabdewōt wā ko rejab laajrak ettaer ilo jikin eo iṃaan, kanne allōñ/raan/iiō ajri eo nejūṃ ear bōke kajojo joñan wā ko.

Kōmālim ko ñan jab bōke:

Oregon ej kōmālim an armej jab wā ikijen nañinmej im wāween ko jet rejab ikijen nañinmej.

Ñan juon kōmālim ejab kōn nañinmej, kakōḷḷe bọọk eo ekkar im leḷọk juon iaan peba ko laajrak rej mennin aikuj:

1. Juon peba in kaṃool eaar jaini jān taktō eo ej kaṃool meḷeḷe ko kōn jibañ im uwōta ko ilo an wā, ñe ejab
2. Juon peba in kaṃool ear kadedeḷọk kōn ṃōttan wā ko ej aikuj ñan jikuuḷ im ta jibañ im uwōta ko ilo an wā.

Kallikar wā ta ko kwōj kōmālim an ajri eo nejūṃ jab bōki ilo aṃ kakōḷḷe bọọk ko. Jaini etaṃ im je raan eo ilo lain ko eṃōj kallikar.

Ñan kōmelim eo ikijen nañinmej, lelok Peba in Kōmelim ikijen Nañinmej eo an Oregon emōj an taktō eo an ajiri eo nejum jaini ñan jikuul ak jikin lale ajiri eo.

Peba in kamool wā aikuj kamool in nañinmej jen juon teej in bōtōktōk ñe ejab peba in kamool jen taktō ak juon opij in ājmour ilo jukjukinbed. Lelok peba in ñan jikuul ak jikin eo ej lale ajiri.