Oregon Certificate of Immunization Status
Shahaadada Xaaladda Tallaalka ee Oregon

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.

Sharciga Oregon wuxuu u baahan yahay caddaynta tallaalka ama ka-reebanaan la saxiixay oo dhigaysa imaanshaha ilmaha ee dugsiga, dugsi-horaadka, hoyga daryeelka ilmaha ama hoyga daryeelka maalintii. Macluumaadkan waxaa la qaadayaa iyadoo lagu hadlayo magaca Maamulka Caafimaadka Oregon (Oregon Health Authority) waxaana laga yaabaa inay dugsiga ama xarinta carruurta la wadaagaan Maamulka ama waaxda caafimaadka dadweynaha marka uu codsado Maamulka.

Child's last name *Magaca dambe ee ilmaha*	First name *Magaca hore*	Middle name *Magaca dhexe*	Birth date *Taariikhda dhalashada*

Parents' or Guardians' names *Magaca Waalidka ama Mas'uulka*	Phone number *Lambarka telefoonka*

Write the dates the child received the vaccines / *Qor taariikhaha uu ilmuhu qaatay tallaalada*

Vaccines / Tallaalada	**Dose 1** ***Kuurada 1aad***	**Dose 2** ***Kuurada 2aad***	**Dose 3** ***Kuurada 3aad***	**Dose 4** ***Kuurada 4aad***	**Dose 5** ***Kuurada 5aad***
Diphtheria/Tetanus/Pertussis *Gawracatada/Teetanada/ Xiiqdheerta* *Tallaalka gawracatada, teetanada, iyo xiiqdheerta* (DTaP)					
Tallaalka teetanada, gawracatada iyo xiiqdheerta (Tdap)					
Polio (IPV or OPV) *Dabaysha (IPV ama OPV)*					
Varicella (Chickenpox) *Cudurka busbuska (Busbus)*					
Measles/Mumps/Rubella (MMR) *Jadeecada/Qaamo-qashiirta/ Jadeeco Jarmalka (MMR)*					
Hepatitis B (Hep B) *Cagaarshowga B (Hep B)*					
Hepatitis A (Hep A) *Cagaarshowga A (Hep A)*					
Haemophilus Influenzae Type B *Jeermiska Hargabka Nooca B*					

I certify that the information on the form is an accurate record of this child's immunizations.
Waxaan caddaynayaa in macluumaadka ku qoran foomka uu yahay mid sax ah oo khuseeya tallaalada ilmahan.

Signature* *Saxiixa**		Date *Taariikhda*	
UpdateSignature *Cusbooneysii Saxiixa*		Date *Taariikhda*	

**Parent, guardian, child at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations received.*
**Waalidka, mas'uulka, ilmaha jira ugu yaraan 15 sano, bixiyaha daryeelka caafimaadka ama shaqaalaha waaxda caafimaadka ee degmada ayaa saxiixi kara si loo xaqiijiyo tallaalada la qaatay.*

Child's last name *Magaca dambe ee ilmaha*	First name *Magaca hore*	Middle name *Magaca dhexe*	Birth date *Taariikhda dhalashada*

Other vaccine received
Tallaalada kale ee la qaatay

Vaccine name ***Magaca tallaalka***	**Date** ***Taariikhda***

Medical exemptions and immunity documentation

Ka-reebitaanada caafimaad iyo dukumeentiga tallaalka

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

Ka-reebanaanta caafimaad ayaa u baahan in foom la buuxiyo oo uu saxiixo dhakhtar shati haysta ama waaxda caafimaadka deegaanka. Foomka waa in loo gudbiyaa dugsiga ilmahaaga ama hoyga daryeelka ilmaha. Dukumeentiga tallaalka waxay u baahan yihiin caddaynta baaritaanka dhiigga ama dukumeenti ka socda dhakhtarka daryeelka caafimaadka ama waaxda caafimaadka deegaanka. Wixii macluumaad dheeraad ah, booqo www.healthoregon.org/medicalexemptions

Nonmedical exemption / ***Ka-reebnaanta aan caafimaad la xidhiidhin***

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

Waan helay macluumaadka ku saabsan dheefaha iyo halista tallaallada. Waan fahamsanahay in ilmahayga laga reebi karo dugsiga ama hoyga daryeelka ilmaha haddii uu qabo cudur la iska tallaali karo.
Waxaan ku soo lifaaqay dukumeentiga la iga rabo (mid calaamee):

☐ *Casharka tallaalka waxaa ansixiyay Maamulka Caafimaadka Oregon (Oregon Health Authority)*
☐ *Xirfadlaha daryeelka caafimaadka*

I request that my child be exempted from the following required immunizations (check all that apply):
Waxaan codsanayaa in ilmahayga laga reebo tallaallada soo socda ee loo baahan yahay (calaamadee kuwa khuseeya oo dhan):

☐ Diphtheria/Tetanus/Pertussis / *Gawracatada/Teetanada/Xiiqdheerta*
☐ Polio / *Dabaysha*
☐ Varicella / *Cudurka busbuska*
☐ Measles/Mumps/Rubella / *Jadeecada/Qaamo-qashiirta/Jadeeco Jarmalka*
☐ Hepatitis B / *Cagaarshowga B*
☐ Hepatitis A / *Cagaarshowga C*
☐ *Jeermiska hargabka/infiluwensaha* (Hib)

Optional / *Ikhtiyaari*
Immunizations are being declined because of:
Tallaalada sababta aan ugu diidayo waa:

☐ Religious belief / *Caqiidada diineed*
☐ Philosophical belief / *Aaminsanaanta falsafad nololeed*
☐ Other / *Wax kale*

Signature*
*Saxiixa**

Date
Taariikhda

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.

Tilmaamaha ku saabsan Dhammaystirka
Shahaadada Xaaladda Tallaalka

Macluumaadka xiriirka:

Dhammaystir macluumaadka ilmahaaga oo ay ku jiraan magaca buuxa, taariikhda dhalashada, cinwaanka boostada ee ugu dambeeyay, magacyada waalidka ama mas'uuliyiinta iyo lambarka taleefoonka. Macluumaadkan ayaa loo adeegsan doonaa si laguula soo xidhiidho haddii ay jiraan su'aalo aad ka qabto sooyaalka tallaal ee ilmahaaga.

Tallaalada loo baahan yahay (Bogga koowaad):

Buuxi bisha/maalinta/sanadka uu ilmahaagu qaatay kuuro kasta oo tallaal ah. Kuuradu waa in loo qoraa sida ay u kala horreeyeen. Ka hubi dugsiga ilmahaaga ama hoyga daryeelka maalinta si aad u ogaato tallaalada looga baahan yahay ee ku haboon da'da ama fasalka ilmahaaga.

Saxiixa:

Saxiixa waalidka ama mas’uulka waa bayaan dhaar ah oo lagu caddaynayo in diiwaanka ilmuhu uu sax yahay. Saxiixa dhakhtarka ama waaxda caafimaadka deegaanka looma baahna laakiin waa la aqbali karaa. Dadka da'doodu tahay 15 sano iyo wixii ka weyn way saxiixi karaan diiwaankooda. **Mar kasta oo aad ku darto macluumaadka ilmahaaga waa inaad dib u saxiixdo foomka.**

Tallaalada kale ee la qaatay (Bogga labaad):

Tallaal kasta oo aan bogga hore ku jirin, qor bisha/maalinta/sannadka uu ilmahaagu qaatay kuuro kasta oo tallaal ah.

Ka-reebitaanada:

Oregon way oggolaataa ka-reebanaanta caafimaad iyo ka-reebanaanta aan caafimaadka la xidhiidhin.

Wixii ka-reebanaanta aan caafimaadka la xidhiidhin ah, calaamadee sanduuqa ku habboon oo soo gudbi mid ka mid ah dukumeentiyada soo socda ee la isaga baahan yahay:

1. Shahaado uu saxiixay dhakhtarka daryeelka caafimaadka oo xaqiijinaysa wadahadalka laga yeeshay dheefaha iyo halista tallaalka, ama
2. Shahaadada dhammaystirka casharka waxbarasho ee tallaalka ee khuseeya dheefaha iyo halista tallaalka.

Tilmaam tallaalada aad rabto in laga reebo ilmahaaga adiga oo calaamadaynaya sanduuqyada. Saxiix oo taariikhdee xariiqda la tilmaamay.

Wixii ka-reebanaanta caafimaad ah, soo gudbi Foomka Ka-Reebanaanta Caafimaad ee Oregon oo uu saxiixay dhakhtarka dugsiga ilmahaaga ama hoyga daryeelka ilmaha.

Dukumeentiyada tallaalka waa in loo haysto caddaynta baaritaanka dhiigga ee cudurka ama dukumeenti ka socda dhakhtarka daryeelka caafimaadka ama waaxda caafimaadka deegaanka. U soo gudbi dukumeentigan dugsiga ama hoyga daryeelka ilmaha.

OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION
Oregon Immunization Program

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