VACCINE EDUCATION CERTIFICATE

Health Care Practitioner Documentation

Directions for Health Care Practitioners:

1) Review with the parent the benefits and risks of immunization, pursuant to the rules adopted under ORS 433.273.
2) Write parent's name below.
3) Mark the boxes below indicating the vaccine-preventable diseases discussed.
4) Sign and date form.
5) Indicate the type of health care practitioner.
6) Fill in clinic name below.
7) 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)*: _____

Check the vaccines the parent may exempt the child from and education was given for

- ☐ Diphtheria/Tetanus/Pertussis
- ☐ Polio
- ☐ Varicella
- ☐ Measles/Mumps/Rubella
- ☐ Hepatitis B
- ☐ Hepatitis A
- ☐ 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 at your child's school or child care facility.

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
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