



# Oregon Certificate of Immunization Status

## An Oregon Certificate ren Porousen An Emon Oppos

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.

Ennukun Oregon ara pwe epwe wor an emon pisekin pwarata ren ar angei ar opposun eppet ika taropwen ar ketiweu me non ei ennuk me mwen an emon semirit epwe fiti sukuun, nenien kaeo, nenien tumwun semirit ika nenien tumwun non imw. Ei porous mei ioi fengen fan iten ewe Oregon Health Authority me mei pwan tongeni no ngeni ewe Authority ika ewe local public health department seni ewe sukuun ika seni an ewe semirit nenien kaeo nupwen chon Authority re mochen sinei.

Child's last name <i>An ewe semirit miochi</i>	First name <i>Itan</i>	Middle name <i>Oruwochun itan</i>	Birth date <i>Ranin upwutiw</i>
Parents' or Guardians' names <i>Itan inan me seman ika chon tumwunu</i>		Phone number <i>Nampan fon</i>	

Write the dates the child received the vaccines  
Makkei ekkewe pwinin maram ewe semirit e angei ekkei oppos

Vaccines / Opposun Eppet	Dose 1 Oppos Nampa 1	Dose 2 Oppos Nampa 2	Dose 3 Oppos Nampa 3	Dose 4 Oppos Nampa 4	Dose 5 Oppos Nampa 5
Diphtheria/Tetanus/Pertussis <i>Diphtheria/Tetanus/Kosefan</i> (DTaP)					
(Tdap)					
Polio (IPV)					
Varicella (Chickenpox) <i>Varicella (Poichon)</i>			<input type="checkbox"/> Check if child had chickenpox disease <i>Cheki ika mei piin uri ewe semirit poichon</i> Date / Pwinin Maram		
Measles/Mumps/Rubella (MMR) <i>Aska/Sappo/Rubella (MMR)</i>					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B					

I certify that the information on the form is an accurate record of this child's immunizations.  
Upwe pwonei pwe ei porous won ei taropwe mei ennet ren porousen ika rekottun an nei oppos.

Signature* <i>Sainej*</i>	X	Date <i>Pwinin Maram</i>	
Update signature <i>Minafo sain</i>	X	Date <i>Pwinin Maram</i>	

\* Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations.  
\* *lin me saam, chon tumwun, chon sukuun ra 15 ier feita, tokter ika chon angang non county health department mei tongeni sain ren ar kuna pwe pwungun ren ar oppos.*

Child's last name <i>An ewe semirit miochi</i>	First name <i>Itan</i>	Middle name <i>Oruwochun itan</i>	Birth date <i>Ranin upwutiw</i>
---------------------------------------------------	---------------------------	--------------------------------------	------------------------------------

Other vaccines received <i>Pwan ar oppos re angei</i>		Medical exemptions and immunity documentation <i>Taropwen ketiweu meren tokter me taropwen ar eppet seni semwen</i>
Vaccine name <i>Iten ewe opposun eppet</i>	Date <i>Pwinin Maram</i>	
		Medical exemptions and immunity documentation require a letter signed by a licensed physician submitted to your child's school or child care. For the requirements go to <a href="http://www.healthoregon.org/medicalexemptions">www.healthoregon.org/medicalexemptions</a>
		<i>Ren taropwen ketiweu meren tokter me taropwen ar eppet seni semwen, mei auchea epwe wor echo taropwe mei sain meren emon tokter, epwe touronong ngeni an noumw semirit nenien sukuun ika ar nenien tumwun. Ren porousen tichikin, no ngeni</i>
		<a href="http://www.healthoregon.org/medicalexemptions">www.healthoregon.org/medicalexemptions</a>

**Nonmedical exemption / *Taropwen ketiweu, esapw seni tokter***

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

*Iwa anneani porousen pekioechun me pekingawen an emon epwe angei ekkei oppos. Ngang mei weweiti pwe nei semirit mei tongeni tou me non sukuun ika an nenien tumwun nupwen an wor ew keis ren semwen nge mei wor opposun eppetin.*

*Uwa pachei fengen ewe toaropwe ngeni ei seni (cheki ew):*

- Ewe taropwen esinesin ren opposun eppet mei ketiw meren ewe Oregon Health Authority*
- Emon chon angangen tumwun mei semwen*

I request that my child be exempted from the following required immunizations (check all that apply):

*U mochen an nei epwe ketiweu me non ennukun oppos ika pwe epwe angei ekkei sokkun opposun eppet (cheki met esapw angei):*

- Diphtheria/Tetanus/Pertussis / Diphtheria/Tetanus/Kosefan*
- Polio / Polio*
- Varicella / Poichon*
- Measles/Mumps/Rubella / Aska/Sappo/Rubella*
- Hepatitis B / Hepatitis B*
- Hepatitis A / Hepatitis A*
- Hib / Hib*

**Optional / *Met ese wor ennukun***

Immunizations are being declined because of:

*Ekkei oppos, esapw angei pokiten:*

- Religious belief / Ennukun namanam*
- Philosophical belief / Use nukunuk ren*
- Other / Pwan ew*

Signature <i>Signature</i>	X	Date <i>Pwinin Maram</i>	
-------------------------------	---	-----------------------------	--

# 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 (Front):

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.**

---

## Recommended vaccines (Back):

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 or proof of immunity, submit a letter from your child's physician to the school or child care.

# Ifa Ussun ren Ammasowen ewe Certificate ren Porousen An Emon Oppos

---

## Ifa ussun ne tour ngonuk:

Unusen porousen noumw semirit, pachenong unusen itan, ranin an upwutiw, adressin posto, iten inan me seman ika chon tumwunu me nour nampan tengwa. Sipwe aea ei porous ne tour ngonuk ika mei wor ach kapas eis ren porousen an noumw semirit opposun eppet.

---

## Opposun eppet mei auchea epwe angei (Mmwan):

Makkenong ewe maram/ran/ier noumw ewe e angei ew me ew ekkei opposun eppet. Ekkewe oppos epwe tettennitiw non kokkotun an angei. Cheki an noumw semirit nenien sukuun ika tumwun ren omw kopwe sinei met sokkun opposun eppet epwe angei, anongonong won fitu ierin ika efituwan.

---

## Sainei:

An inan me seman ika chon tumwunu sain, iwe e pwonei pwe an noun rekot mei ennet. An emon tokter ika chon local public health department sainei ese tichik nge mei pwan ketiw. Aramas ier 15 me nap seni, mei tongeni sainei pwisin ar rekot.

**Iteiten omw kopwe sopweno porousen noumw semirit, kopwe sainei sefan ei taropwe.**

---

## Opposun eppet mei auchea epwe angei (Nesokurun):

Ren ekkewe opposun eppet ese mmak me mmwan, makkenong we maram/ran/ier noumw e angei ew me ew ekkewe opposun eppet.

---

## Ketiweu:

Oregon mei etywa chon ketiweu meren nour tokter ika meren pwan ew neeni.

Ren taropwen ketiweu meren pwan ew neeni, cheki menni pwor e feito seni iwe ka atouranong echo ekkei taropwe mei auchea:

1. Echo setifiket mei sain meren emon chon tumwun mei semwen ren ar affata pwe ka sinei pekieochun me pekingawen opposun eppet, ika
2. Echo setifiket ren omw awesi ewe osukunnen pekieochun me pekingawen ekkewe opposun eppet.

Affata met sokkun opposun eppet kese mochen an noumw semirit epwe angei, cheki ekkei pwor. Sainei me makkei pwinin maram won ewe erier.

Ren taropwen ketiweu meren tokter ika pisekin pwarata pwe a wor eppetin semwen, atouranong echo taropwe meren noun noumw semirit tokter ngeni ewe sukuun ika nenien tumwun.

**Oregon**  
**Health**  
Authority

PUBLIC HEALTH DIVISION  
Oregon Immunization Program

PUTUAIN KINIKININ TUMWUNUN MANAW  
Oregon Proqrammin Opposun Eppet