



Please complete this form and return to your child’s school to ensure a smooth transition to middle school. If your child has a summer birthday, complete the form and return it to the middle school when the school opens in August. If you have any questions or concerns, please contact your school nurse.

Lake Washington School District
5th Grade Students - Certificate of Immunization Status

Student Name: Last _____ First _____

School _____ Birthdate _____

Immunization	Month	Day	Year
DTaP/DT/Td (date of last dose)			
Tdap Students entering 6th grade are required to show proof of Tdap Vaccination after the 11th birthday. (Date of dose)			

If you choose to take an exemption based on medical, religious or for personal reasons, it must be documented on a CIS Exemption form.

I certify that the information provided is correct and verifiable.

_____ Date _____
 Signature of Parent or Guardian