



**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.**

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**Lake Washington School District**  
5<sup>th</sup> Grade Students - Certificate of Immunization Status

**Student Name:** Last \_\_\_\_\_ First \_\_\_\_\_

School \_\_\_\_\_ Birthdate \_\_\_\_\_

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

\_\_\_\_\_  
 Signature of Parent or Guardian Date \_\_\_\_\_