

Parents, don't let your child get left behind!



School Year 2025-2026

Oregon law requires the following shots for school and child care attendance*

A child 2-17 months entering
**Child Care or
Early Education** needs*

Check with your child's program or
healthcare provider for required vaccines

A child 18 months or older entering
**Preschool, Child Care, or
Head Start** needs*

4 Diphtheria/Tetanus/Pertussis (DTaP)
3 Polio
1 Varicella (chickenpox)
1 Measles/Mumps/Rubella (MMR)
3 Hepatitis B
2 Hepatitis A
3 or 4 Hib

A student entering
**Kindergarten or
Grades 1-6** needs*

5 Diphtheria/Tetanus/Pertussis (DTaP)
4 Polio
1 Varicella (chickenpox)
2 MMR or 2 Measles, 1 Mumps, 1 Rubella
3 Hepatitis B
2 Hepatitis A

A student entering
Grades 7-12 needs*

5 Diphtheria/Tetanus/Pertussis (DTaP)
1 Tdap
4 Polio
1 Varicella (chickenpox)
2 MMR or 2 Measles, 1 Mumps, 1 Rubella
3 Hepatitis B
2 Hepatitis A

*At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Other vaccines may be recommended. Exemptions are also available. Please check with your child's school, child care or healthcare provider for details.



Oregon Certificate of Immunization Status

Certificado de estado de vacunación

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.

La ley de Oregon requiere que se entregue un comprobante de vacunación o de exención firmado antes de que un(a) menor asista a la escuela, al preescolar, a un centro de cuidado infantil o a una guardería. Esta información se recopila en nombre de la Autoridad de Salud de Oregon y la escuela o el centro infantil, y puede divulgarse a la Autoridad o al departamento local de salud pública, si la Autoridad la solicita.

Child's last name Apellido del/de la menor	First name Primer nombre	Middle name Segundo nombre	Birth date Fecha de nacimiento
Parents' or Guardians' names Nombre de los padres o tutores		Phone number Número de teléfono	

Write the dates the child received the vaccines
Indique las fechas en las que el/la menor recibió las vacunas

Vaccines / Vacunas	Dose 1 Dosis 1	Dose 2 Dosis 2	Dose 3 Dosis 3	Dose 4 Dosis 4	Dose 5 Dosis 5
Diphtheria/Tetanus/Pertussis Difteria/tétanos/tos ferina (DTaP)					
(Tdap)					
Polio (IPV)					
Varicella (Chickenpox) Varicela			<input type="checkbox"/> Check if child had chickenpox disease Marque aquí si el/la menor ha tenido varicela. Date / Fecha _____		
Measles/Mumps/Rubella (MMR) Sarampión/paperas/rubéola					
Hepatitis B (Hep B)					
Hepatitis A (Hep A)					
Haemophilus Influenzae Type B Tipo B (Hib)					

I certify that the information on the form is an accurate record of this child's immunizations.
Certifico que la información en el formulario es un registro exacto de las vacunas de este(a) menor.

Signature* Firma*		Date Fecha	
Update signature Actualizar la firma		Date Fecha	

* Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations.

* El padre, la madre, el/la tutor(a), un estudiante de por lo menos 15 años de edad, un proveedor médico o un miembro del personal del departamento de salud del condado puede firmar para verificar las vacunas.