



2026-2027 YMCA School-Age Child Care

Vaccination Form Requirements

***Must be in CIS format**

Licensing requires an updated Certificate of Immunization Status (CIS) **each year**.

Your vaccination form must:

- ✓ Be in **CIS format** (see last page for example)
- ✓ Be **validated by a healthcare provider each year**

You can obtain your CIS form from:

- **MyIR Mobile** www.MyIRmobile.com is a great resource if all shots were received in WA.
 - Log in and go to **Documents**
 - Print the **School/Childcare Format**. This will validate and display it in the right format.
- **Your Child's Doctor- Ask for a CIS form specifically.**
- **Military Families access MHS Genesis Patient Portal**
<https://madiqan.tricare.mil/MHSGENESIS>

Need a Visual?

Check out the next page for an example. If yours is in a different format, refer to the above resources.

Questions? We're Here to Help

Pierce County School Age Childcare Office

9715 Lakewood Dr SW

Lakewood, WA 98499

☎ 253-534-7840

✉ childcare@ymcapkc.org

Fax: 253-363-9218

Kitsap County School Age Childcare Office

3330 Kitsap Way Suite A

Bremerton, WA 98312

☎ 360-813-1813

✉ kitsapchildcare@ymcapkc.org

Fax: 253-363-9218



Certificate of Immunization Status (CIS)

Reviewed by: _____ Date: _____
 Signed COE on File? Yes No

Child's Last Name: _____ **First Name:** _____ **Middle Name:** _____ **Birthdate (MM/DD/YYYY):** _____ **SIIS ID Number:** _____

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.
 I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school I must provide the required documentation of immunization within the established deadlines. See information below about conditional status.

Parent/Guardian Signature _____ **Date** _____ **Parent/Guardian Signature Required if Starting in Conditional Status** _____ **Date** _____

COMPLETE

Assessment of Required Immunizations: SY 2025-2026 GRADE K-6
 Expiration Date: _____
 Validated by My/IR from the Immunization Information System on **03/10/2026**

* Required for Preschool/Child Care Only

	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Required Vaccines for School or Child Care Entry						
DTaP (Diphtheria, Tetanus, Pertussis)	01/26/17	03/27/17	05/25/17	04/09/18	02/19/21	
Tdap (Tetanus, Diphtheria, Pertussis)						
DT or Td (Tetanus, Diphtheria)						
Hepatitis B	11/24/16	01/26/17	03/27/17	05/25/17	02/19/21	
Hib (<i>Haemophilus influenzae type b</i>)*	01/26/17	03/27/17	05/25/17	04/09/18		
IPV (Polio)	01/26/17	03/27/17	05/25/17	02/19/21		
OPV (Polio)						
MMR (Measles, Mumps, Rubella)	01/03/18	02/19/21				
PCV/PPSV (Pneumococcal)*	01/26/17	03/27/17	05/25/17	01/03/18		
Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS	01/03/18	02/19/21				

Example of Correct CIS from MY IR

Highlights:

- Validated by health care provider RECENTLY
- Listed as complete
- Has all required shots according to age

	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Recommended Vaccines (Not Required for School or Child Care Entry)					
COVID-19	12/16/21	01/27/22			
Flu (Influenza)	01/03/18	04/09/18	10/31/18	10/26/19	11/09/20
Hepatitis A	01/03/18	10/31/18			
HPV (Human Papillomavirus)					
MCV/MPSV (Meningococcal Disease types A, C, W, Y)					
MenB (Meningococcal Disease type B)					
Rotavirus	01/26/17	03/27/17	05/25/17		