



Community Colleges
of Spokane

Spokane County Head Start/ECEAP/EHS IMMUNIZATION EXCLUSION ORDER

Mailed via certified mail, return receipt requested. Number _____

Date _____

Child's name _____

Dear Parent(s)/Guardian(s):

The child named above is prohibited from attending Spokane County Head Start/ECEAP/Early Head Start until she/he complies with Washington state immunization law RCW 28A.210.120. This law requires that, before your child attends child care, you submit a completed and signed Certificate of Immunization Status form (see attached copy) indicating:

1. The month, day, and year each dose of the required vaccine was given.

OR

2. Evidence that your child is in the process of being immunized.

OR

3. Exemption from immunization for medical, personal or religious reasons.

The required immunizations may be obtained from your doctor or health clinic. The phone number for the Spokane Regional Health District's Immunization Clinic is 324-1600.

Center manager _____
(signature)

Site _____

Address _____

Phone number _____

Attachments

- Copy of child's Certificate of Immunization Status
- Required vaccines chart
- RCW 28A.210.120

c: Child's file
Health specialist