

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

California schools are required to check immunization records before school entry. The following immunization requirements must be met before a student can enroll/attend school. These requirements must also be met when a student transfers to a new school, starts TK/Kindergarten, and/or 7<sup>th</sup> grade. **Three-year-old TK students must meet the Preschool requirements before attending school.**

- Titers do not meet this requirement and therefore cannot be used as proof of immunization
- Any vaccines administered 4 or fewer days prior to the minimum required age is valid

IMMUNIZATION	DOSE NUMBER	NOTES
Polio	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4	<ul style="list-style-type: none"> <li>• Oral poliovirus vaccines (OPV) given on or after April 1, 2016 <b>NO</b> longer count toward school requirements.</li> <li>• 3 doses OK if one was given on or after 4<sup>th</sup> birthday</li> </ul>
DTaP	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5	<ul style="list-style-type: none"> <li>• Tdap or Td if age 7 years or older</li> <li>• 4 doses OK if one was given on or after 4<sup>th</sup> birthday</li> <li>• 3 doses OK if the last one was given on or after 7<sup>th</sup> birthday. At least one dose must be Tdap or DTaP/DTP given on or after 7<sup>th</sup> birthday for all 7<sup>th</sup>-12<sup>th</sup> graders</li> <li>• At least one dose must be Tdap or DTaP/DTP given on or after the 7<sup>th</sup> birthday for all 7<sup>th</sup> – 12<sup>th</sup> graders</li> </ul>
Hepatitis B	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	<ul style="list-style-type: none"> <li>• Not required for 7<sup>th</sup> grade entry</li> </ul>
MMR	<input type="checkbox"/> #1 <input type="checkbox"/> #2	<ul style="list-style-type: none"> <li>• Both doses given on or after 1<sup>st</sup> birthday</li> </ul>
Varicella (Chickenpox)	<input type="checkbox"/> #1 <input type="checkbox"/> #2	<ul style="list-style-type: none"> <li>• History of disease is <b>NOT</b> sufficient to waive this immunization.</li> <li>• A Permanent Medical Exemption for Immunization(s) is required (CAIR-ME)</li> </ul>
Tdap (For 7 <sup>th</sup> /8 <sup>th</sup> grade)	<input type="checkbox"/> #1	<ul style="list-style-type: none"> <li>• Or DTP/DTaP given on or after the 7<sup>th</sup> birthday</li> </ul>

COMPLETE IMMUNIZATIONS	INCOMPLETE IMMUNIZATIONS
<input type="checkbox"/> Immunizations complete <input type="checkbox"/> Immunizations complete for 7 <sup>th</sup> grade entry <input type="checkbox"/> Valid Medical Exemption through CAIR-ME <input type="checkbox"/> Check Physician's License <a href="https://search.dca.ca.gov/">https://search.dca.ca.gov/</a>	<input type="checkbox"/> Immunizations are <b>NOT</b> complete (CH-30 Required) <input type="checkbox"/> CH-30 was provided to parent <input type="checkbox"/> Copy of immunizations and CH-30 placed in immunization binder and student's CUM <input type="checkbox"/> Notify designated Health Office staff and NHS staff
IEP	
<input type="checkbox"/> Student may attend school – Document name and missing doses in the immunization binder, and mark IEP on the blue card	<input type="checkbox"/> Immunizations in series

Immunizations Verified by: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Print) Date: \_\_\_\_\_

DOSE	EXCLUDE IF NOT GIVEN BY	<p><b>Conditional Admission Schedule</b></p> <p>Before admission, a child must obtain the first dose of each required vaccine and any subsequent doses that are due if the period of time allowed before exclusion has elapsed.</p> <p><sup>1</sup> Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday.</p> <p><sup>2</sup> If DTaP #3 is the final dose, DTaP #3 should be given at least six months after DTaP #2 and pupils should be excluded if not given by 12 months after the second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday counts towards the requirement.</p> <p><sup>3</sup> Four doses meet the TK/K-6<sup>th</sup> grade requirement if at least one dose of Tdap, DTaP or DTP vaccine was given on or after the 4th birthday. One or two doses of Td vaccine given on or after the seventh birthday counts towards the requirement.</p> <p><b>Personal Belief Exemptions (PBE)</b></p> <p>PBE's are <b>NO</b> longer accepted</p> <p><b>Medical Exemptions</b></p> <p>A medical exemption (temporary or permanent) issued through CAIR-ME, completed and printed by your child's physician (MD or DO licensed in California), if any of these immunizations were not given to your child because of medical reasons.</p> <ul style="list-style-type: none"> <li>• Temporary medical exemptions shall not exceed twelve calendar months from the date of the licensed physician's written statement.</li> </ul>
Polio #2	8 weeks after 1 <sup>st</sup> dose	
Polio #3	12 months after 2 <sup>nd</sup> dose	
Polio #4 <sup>1</sup>	12 months after 3 <sup>rd</sup> dose	
DTaP #2	8 weeks after 1 <sup>st</sup> dose	
DTaP #3 <sup>2</sup>	8 weeks after 2 <sup>nd</sup> dose	
DTaP #4 <sup>3</sup>	12 months after 3 <sup>rd</sup> dose	
DTaP #5	12 months after 4 <sup>th</sup> dose	
Hep B #2	8 weeks after 1 <sup>st</sup> dose	
Hep B #3	12 months after 2 <sup>nd</sup> dose and at least 4 months after 1 <sup>st</sup> dose	
MMR #2	4 months after 1 <sup>st</sup> dose	
Varicella #2	4 months after 1 <sup>st</sup> dose	8 weeks after 1 <sup>st</sup> dose
	< 13 years	> 13 years