

State of California
Office of Administrative Law

In re:

Department of Public Health

Regulatory Action:

Title 17, California Code of Regulations

Adopt sections:

Amend sections: 6050, 6051, 6070

Repeal sections:

NOTICE OF APPROVAL OF CHANGES
WITHOUT REGULATORY EFFECT

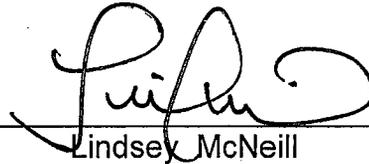
California Code of Regulations, Title 1,
Section 100

OAL File No. 2014-0327-01 N

The Department of Public Health (DPH) submitted this Section 100 action to amend sections 6050, 6051, and 6070 of title 17 of the California Code of Regulations to make the regulations consistent with the updated immunization records requirements enumerated in section 120365 of the California Health and Safety Code. This action also revises the structure of the aforementioned sections, amends a typographical error found in the reference note of section 6050, and renumbers subdivisions contained within section 6070. This action also amends the California School Immunization Record Form (PM 286 (1/02)) to reflect the new requirements itemized in section 120365 of the California Health and Safety Code and repeals the Personal Beliefs Exemption Form (CDPH 8261 (03/11)), which no longer complies with the requirements of section 120365 of the California Health and Safety Code.

OAL approves this change without regulatory effect as meeting the requirements of California Code of Regulations, Title 1, section 100.

Date: 5/5/2014



Lindsey McNeill
Attorney

For: DEBRA M. CORNEZ
Director

Original: Dr. Ron Chapman, MD, MPH
Copy: Lesya Vorobets

January 30, 2014

California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Immunization Branch

Sections affected: 6050, 6051, and 6070

Justification for Changes without Regulatory Effect:

The California Department of Public Health (Department) proposes to amend the form California School Immunization Record, PM 286 (1/02), incorporated by reference in California Code of Regulations (CCR), Title 17, Section 6070. The changes are proposed as "changes without regulatory effect" under CCR, Title 1, Section 100.

Health and Safety Code (HSC) Section 120365 has a longstanding requirement for an affidavit to be signed by a parent or guardian if they are requesting a personal beliefs exemption from required immunizations. In 2012, the Governor signed Assembly Bill 2109 (Pan, Chapter 821, Statutes of 2012), which amended HSC Section 120365 to require parents seeking such an exemption to also provide documentation of having received information about immunization and vaccine-preventable diseases from authorized health care practitioners. Assembly Bill 2109 specifies that on and after January 1, 2014, a form prescribed by the State Department of Public Health shall accompany the affidavit. Additionally, parents will need to provide documentation of which immunizations their children have received and which have not been received on the basis they are contrary to the parents' beliefs.

Currently, an affidavit is available for parents to sign on the back of form California School Immunization Record, PM 286 (1/02). As of January 1, 2014, the affidavit does not meet the requirements of amended HSC Section 120365. Similarly, the Personal Beliefs Exemption, CDPH 8261 (03/11) form for the Tdap immunization requirement at 7th grade no longer meets the requirements of the amended statute. If the affidavit remains on form PM 286 (1/02) and CDPH 8261 (03/11) is not repealed, parents may continue to sign the PBE statement on the forms without receiving the required education and signature by a health care practitioner. Current forms also do not indicate the specific immunizations for which an exemption was requested and the immunizations the child has received. The Department's new Personal Beliefs Exemption (PBE) form, CDPH 8262 (10/13) and the amended California School Immunization Record, CDPH 286 (01/14) will fulfill the requirements of HSC Section 120365. The PBE form, CDPH 8262 (10/13), is exempted by statute from the Administrative Procedure Act. The PBE form, CDPH 8262 (10/13) became effective January 1, 2014 per HSC Section 120365(b). The California School Immunization Record, CDPH 286 (01/14) will become effective as determined by the Office of Administrative Law.

The proposed Section 100 changes: 1) conform the language to the statute by removing the outdated PBE affidavit; 2) repeal the outdated Personal Beliefs Exemption, CDPH 8261 (03/11) form for 7th grade; and, 3) revise the PBE language in CCR, Title 17, Section 6051(b). The Department does not have any discretion to adopt changes that differ in substance from the ones described.

Section 6050 Amendments:

- Delete specific reference to California School Immunization Record, PM 286 (1/02) and refer regulated public to Section 6070. Section 6070 contains the requirements necessary for recording immunization doses and exemptions. Additionally, because two California School Immunization Records, PM 286 (1/02) and CDPH 286 (01/14) will be in use, requirements for when to use each will be consolidated into one Section.
- In Reference Note, change Section 102375 to 120375 to correct typographical error.

Section 6051 Amendments:

- Delete specific reference to California School Immunization Record, PM 286 (1/02) and refer regulated public to Section 6070. Section 6070 contains the requirements necessary for recording immunization doses and exemptions. Additionally, because two California School Immunization Records, PM 286 (1/02) and CDPH 286 (01/14) will be in use, requirements for when to use each will be consolidated into one Section.
- Delete reference to the affidavit and refer the regulated public to HSC Section 120365, which includes the PBE and immunization documentation requirements. This change is allowed per CCR Title 1, Section 100(a)(6) to make the regulation consistent with amended statute, HSC Section 120365.
- Repeal form Personal Beliefs Exemption, CDPH 8261 (03/11) for 7th grade. Merely signing this form no longer conforms to amended statute, HSC Section 120365. The option for a PBE to the 7th grade immunization requirement is captured in the PBE form, CDPH 8262 (10/13).

Section 6070 Amendments:

- Change California School Immunization Record, PM 286 (1/02) to California School Immunization Record, CDPH 286 (01/14). The name change indicates the month and year when the form was revised, as well as the Immunization Branch's current use of "CDPH" in form names. It does not materially alter any requirement, right, responsibility, condition, prescription, or other regulatory element of any CCR provision.
- The revised California School Immunization Record, CDPH 286 (01/14) form needs to be added in 6070(a) to direct the regulated public to use the updated form when admitting children to pre-kindergarten facilities or kindergarten through 12th (K-12) grade after these regulations become effective.

- Remove redundancy of incorporating CDPH 286 (01/14) by reference "in its entirety". By incorporating the form by reference, it is clear the entire form will be incorporated.
- Amended 6070(b) allows schools to use existing California School Immunization Record, PM 286 (1/02) forms for children already attending pre-kindergarten facilities or K-12th grades. California School Immunization Record, PM 286 (1/02) is currently incorporated by reference in 6070(a); however, because the form is proposed to be moved to 6070(b), the form is proposed to be incorporated by reference in 6070(b).
- Amended 6070(c)(5) incorporates new statutory language in HSC Section 120365(a) that requires documentation of each immunization that is exempted.
- In Section 6070(f), PM 286 (01/02) is changed to PM 286 (1/02) to correct a typographical error.
- Amended 6070(g) allows schools to use either the California School Immunization Record, PM 286 (1/02) or CDPH 286 (01/14) for already admitted students who will become subject to the 7th grade Tdap requirement over the next several years.

California School Immunization Record, PM 286 (1/02) Amendments:

- Change California School Immunization Record, PM 286 (1/02) to California School Immunization Record, CDPH 286 (01/14). The name change indicates the month and year when the form was revised, as well as the Immunization Branch's current use of "CDPH" in form names. It does not materially alter any requirement, right, responsibility, condition, prescription, or other regulatory element of any CCR provision.
- Change "Department of Health Services" to "Department of Public Health" to reflect the correct name of the Department; the State seal and Department's logo are updated accordingly.
- Section 4.E. of the "Instructions" on page 2 of PM 286 (1/02) is revised to remove reference to the affidavit and to include the use of documentation consistent with statute.

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z-	2014-0327-01N	
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

ENDORSED FILED
IN THE OFFICE OF
2014 MAY -5 PM 2:08

Debra Bowen
DEBRA BOWEN
SECRETARY OF STATE

2014 MAR 27 PM 4:39
OFFICE OF
ADMINISTRATIVE LAW

AGENCY WITH RULEMAKING AUTHORITY
California Department of Public Health

AGENCY FILE NUMBER (If any)
DPH-13-015

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) California School Immunization Record, § 100	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 6050, 6051, 6070
TITLE(S) 17	REPEAL

3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____	<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(e)) <input type="checkbox"/> Effective on filing with Secretary of State <input checked="" type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY	
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal

7. CONTACT PERSON Lesya Vorobets	TELEPHONE NUMBER (916) 440-7371	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) Lesya.Vorobets@CDPH.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Karin S. Schwartz</i>	DATE 3/14/14
TYPED NAME AND TITLE OF SIGNATORY Karin S. Schwartz, Chief Counsel and Deputy Director	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

MAY 05 2014

Office of Administrative Law

California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Immunization Branch

TITLE 17, CALIFORNIA CODE OF REGULATIONS
DIVISION 1, CHAPTER 4, SUBCHAPTER 8

Article 3. Admission to School, Child Care Center, Day Nursery, Nursery School, Family Day Care Home, or Development Center

Amend Section 6050 to read as follows:

§ 6050. Conditional Admission with Temporary Medical Exemption.

A pupil who is temporarily exempt from immunization for medical reasons shall be admitted on condition that required immunizations are obtained at the termination of the exemption; the fact of the temporary medical exemption shall be recorded ~~on the California School Immunization Record, PM 286 (1/02)~~ as provided in accordance with Section 6070. A pupil with a temporary medical exemption may be subject to exclusion pursuant to Section 6060.

Note: Authority cited: Sections 100275, 120330 and 120335, Health and Safety Code.
Reference: Sections 120325, 120335, 120365, 120370 and ~~402375~~120375, Health and Safety Code.

Amend Section 6051 to read as follows:

§ 6051. Unconditional Admission with Permanent Medical Exemption or Personal Beliefs Exemption.

No change to text.

(a) A permanent medical exemption shall be granted upon the filing with the governing authority of a written statement from a licensed physician to the effect that the physical condition of the pupil or medical circumstances relating to the pupil are such that immunization is permanently not indicated. The fact of the permanent medical

~~exemption shall be recorded on the California School Immunization Record, PM 286 (01/02) as provided in accordance with~~ Section 6070. A permanent medical exemption may be provided for one or more vaccines. A physician may provide a written statement that the pupil is medically exempt from the measles (rubeola) and/or varicella (chickenpox) requirements as a result of having had measles (rubeola) and/or varicella (chickenpox) disease, respectively. A physician may provide a written statement that the pupil is medically exempt from the rubella and/or mumps requirement as a result of having had laboratory confirmed illness with the corresponding disease.

(b) ~~A personal beliefs exemption shall be granted upon the filing with the governing authority documentation in accordance with the requirements of Health and Safety Code Section 120365 on form CDPH 8262, of a letter or affidavit from the pupil's parent or guardian or adult who has assumed responsibility for his or her care and custody in the case of a minor, or the person seeking admission if an emancipated minor, that such immunization is contrary to his or her beliefs. The fact of the personal beliefs exemption shall be recorded on the California School Immunization Record, PM 286 (01/02) in accordance with Section 6070. If a personal beliefs exemption letter or affidavit for some or all immunizations was filed with the governing authority prior to July 1, 2011, a personal beliefs exemption letter or affidavit for the pertussis booster immunization must be filed with the governing authority. The Personal Beliefs Exemption form, CDPH 8261 (03/11), hereby incorporated by reference, is to be made available at the school as a means for exercising a personal belief exemption to the pertussis booster immunization requirement in Section 120335(d), Health and Safety Code. The fact of a personal beliefs exemption for the pertussis booster immunization requirement in Section 120335(d), Health and Safety Code, shall be recorded on the Tdap (Pertussis Booster) Requirement sticker, PM 286 S (01/11).~~

Note: Authority cited: Sections 120330, 120335 and 131200, Health and Safety Code.
Reference: Sections 120325, 120335, 120365, 120370 and 120375, Health and Safety Code.

Article 5. Records as Evidence of Immunization

Amend Section 6070 to read as follows:

§ 6070. School/Child Care Facility Immunization Record.

(a) The governing authority of each school, child care center, day nursery, nursery school, family day care home, or development center shall record each pupil's immunizations on the California School Immunization Record, CDPH 286 (01/14)~~PM 286 (1/02)~~ and is in its entirety, hereby incorporated by reference which, at kindergarten level and above, shall be part of the mandatory permanent pupil record as defined in Section 430 of Title 5, California Code of Regulations.

(b) The governing authority may continue recording immunizations on the California School Immunization Record, PM 286 (1/02), hereby incorporated by reference, for students admitted prior to ~~the effective date of this regulation as determined by CALI.~~

(bc) No change to text.

(1) No change to text.

(2) No change to text.

(3) No change to text.

(4) Type of vaccine and date (month, day, and year) each dose was administered. Although month, day, and year of vaccine administration should be recorded, a ~~California Immunization Record, PM 286 (01/02)~~, showing only month and year of vaccine dose(s) shall be allowed, except that for records showing measles, rubella, and/or mumps vaccine doses given during the month of the first birthday or Tdap dose given during the month of the 7th birthday, the date of immunization shall also be recorded.

(5) Date and type of exemption for each exempted immunization, if any.

(ed) No change to text.

(de) No change to text.

(ef) No change to text.

(fg) For pupils who are being admitted or are advancing into the 7th through 12th grades beginning July 1, 2011, the governing authority shall record each pupil's Tdap dose, given on or after the 7th birthday, on the supplemental sticker form Tdap (Pertussis Booster) Requirement [PM 286 S (01/11)]. This form is hereby incorporated

LM
5/1/14

by reference. The governing authority shall affix the PM 286 S (01/11) to the front of the pupil's California School Immunization Record, PM 286 (01/02) or CDPH 286 (01/14).

Note: Authority cited: Sections 120330, 120335 and 131200, Health and Safety Code.
Reference: Sections 120325, 120335, 120370 and 120375, Health and Safety Code.

CALIFORNIA SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.

Student Name _____ Sex: M F Birthdate _____ Place of Birth _____

Name of Parent or Guardian _____ Address _____

Telephone _____ City _____ ZIP _____

Race/Ethnicity:
 White, not Hispanic
 Hispanic
 Black
 Other: _____

VACCINE	DATE EACH DOSE WAS GIVEN					Booster
	1st	2nd	3rd	4th	5th	
POLIO (OPV or IPV)	/ /	/ /	/ /	/ /	/ /	/ /
DTP/DIaP/DT/Td <small>(Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)</small>	/ /	/ /	/ /	/ /	/ /	/ /
MMR (Measles, mumps, and rubella)	/ /	/ /	/ /	/ /	/ /	/ /
HIB (Required only for child care and preschool)	/ /	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /	/ /
VARICELLA (Chickenpox)	/ /	/ /	/ /	/ /	/ /	/ /
HEPATITIS A (Not required)	/ /	/ /	/ /	/ /	/ /	/ /

I. DOCUMENTATION
 I certify that I reviewed a record of this child's immunizations and transcribed it accurately:
 Date: / /
 Staff Signature: _____

Record Presented was:
 Yellow California Immunization Record
 Out-of-state school record
 Other immunization record
 Specify: _____

II. STATUS OF REQUIREMENTS
 A. All Requirements are met. Date: / /
 B. Currently up-to-date, but more doses are due later. Needs follow-up.
 Exemption was granted for:
 C. Medical Reasons—Permanent
 D. Medical Reasons—Temporary
 E. Personal Beliefs

III. 7th GRADE ENTRY
 A. All Requirements are met. Name: _____ Date: _____
 B. Currently up-to-date, but more doses are due later. Needs follow-up. Name: _____ Date: _____

TB SKIN TESTS	Type*	Date given	Date read	mm. indur.	Impression	CHEST X-RAY (Necessary if skin test positive)
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other	/ /	/ /		<input type="checkbox"/> Pos <input type="checkbox"/> Neg	Film date: / / Impression: <input type="checkbox"/> normal <input type="checkbox"/> abnormal
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other	/ /	/ /		<input type="checkbox"/> Pos <input type="checkbox"/> Neg	Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no

*If required for school entry, must be Mantoux unless exception granted by local health department.

INSTRUCTIONS FOR SCHOOL OR CHILD CARE STAFF

1. Complete child's name and address information section, or ask parent or guardian to complete this section only. (This form is not to be sent home or given to parents to complete.)
2. School or child care personnel then fill in date (month/day/year) of each immunization the student has received from the Immunization Record presented by the parent or guardian. (If the date consists only of month and year for some doses, fill in month/year; however, if either measles, rubella or mumps (or MMR) was received in the month of the first birthday, month/day/year is required.)
3. Determine if immunization requirements have been met, using the California "Immunization Requirements for Grades K-12," or "Immunization Requirements for Child Care," (available from Immunization Coordinators in local health departments), or other requirements guide.
4. Complete the Documentation and Status of Requirements box.
 - A. Fill in date and your signature as the staff member who reviewed and transcribed the immunization record presented by the parent or guardian. Check which type of record was presented.
 - B. If the child has met all immunization requirements, check box A and write in date.
 - C. If the child has not met all requirements, check box B. Child can be admitted only if up-to-date, e.g., no immunizations due currently. The child must be followed up as indicated in the "Guide to Immunization Requirements."
 - D. If a child is to be exempted for medical reasons, a doctor's written statement is required; the statement must include which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met; check box A and box C.* If the medical exemption is temporary, check box B and box D; this child must be followed up.*
 - E. If a child is to be exempted for reasons of personal beliefs, the parent or guardian must sign and date the affidavit below. ~~No other parents should sign this affidavit.~~ All requirements are met; check box A and box E. * present documentation consistent with Health and Safety Code Section 120365, including documentation of all other required immunizations the child has received.

PERSONAL BELIEFS AFFIDAVIT TO BE SIGNED BY PARENT OR GUARDIAN—IMMUNIZATION

I hereby request exemption of the child, named on the front, from the immunization requirements for school/child care entry because all of some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her protection.

CREENCIAS PERSONALES: ESTA DECLARACIÓN JURADA DEBE SER FIRMADA POR EL PADRE O LA MADRE O EL GUARDIÁN

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para la escuela/guardería ya que algunas o todas de las vacunas son opuestas a mis creencias. Comprendo que en caso de un brote en la comunidad de alguna de estas enfermedades, mi hijo puede ser excluido temporalmente de la escuela/guardería por su propia protección.

Signature (Firma) _____

Date (Fecha) _____

Applicable only in those jurisdictions where the Tuberculosis Assessment is required for school entry

Personal Beliefs: Affidavit to be Signed by Parent or Guardian—Tuberculosis

I hereby request exemption of the child named on the front from the tuberculosis assessment requirement for school/child care entry because this procedure(s) is contrary to my beliefs. I understand that should there be cause to believe that my child is infected with active tuberculosis or should there be a tuberculosis outbreak, my child may be temporarily excluded from school.

Creencias Personales: Declaración Jurada Debe ser Firmada por el Padre o la Madre o el Guardián

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para la evaluación de la tuberculosis (tisis) de la escuela ya que esta evaluación es opuesta a mis creencias. Comprendo que si hay razón para sospechar que mi hijo sufra de la tuberculosis, o si hay un brote de la tuberculosis, mi hijo puede ser excluido de la escuela.

Signature (Firma) _____

Date (Fecha) _____

* Names of all children who are exempt should be maintained on an exempt roster for immediate identification in case of disease outbreak in the community.

REPEAL

Personal Beliefs Exemption

Pertussis (Whooping Cough) Booster Immunization [Tdap] Requirement



STUDENT NAME (Last, First, Middle)	BIRTHDATE ____ / ____ / ____ MM DD YYYY	
NAME OF PARENT/GUARDIAN	PHONE NUMBER	
HOME ADDRESS: STREET	CITY	ZIP CODE

PERSONAL BELIEFS AFFIDAVIT TO BE SIGNED BY PARENT OR GUARDIAN—IMMUNIZATION.

The unimmunized child and the child's contacts at school and home are at greater risk of becoming sick with pertussis, which can be life-threatening for young infants and can cause prolonged illness at any age.

I understand that, for the protection of the child and other students, the child may be excluded from attending school for prolonged periods during each outbreak of pertussis or after each exposure to someone with pertussis. (17 CCR §6060)

I hereby request exemption of the child named above from the pertussis (whooping cough) immunization requirement for school entry because such immunization is contrary to my beliefs.

Signature of parent or guardian: _____ Date: _____

CREENCIAS PERSONALES: ESTA DECLARACIÓN JURADA DEBE SER FIRMADA POR EL PADRE O LA MADRE O EL GUARDIAN

Un niño no vacunado y así como sus contactos en la escuela y el hogar tienen mayor riesgo de enfermarse de la tos ferina, lo cual puede poner en peligro la vida de los bebés, y puede causar una enfermedad prolongada a cualquier edad.

Entiendo que, para la protección del niño y otros estudiantes, el niño puede quedar excluido de asistir a la escuela durante periodos prolongados durante cada brote de tos ferina, o después de quedar expuesto a alguien con tos ferina. (17 CCR §6060)

Por la presente solicito que el niño mencionado arriba quede exento del requisito de la vacuna contra la tos ferina para entrar a la escuela, porque dicha vacuna va en contra de mis creencias.

Firma del padre o la madre o el guardián: _____ Fecha: _____

The California Department of Public Health (CDPH) recognizes that your privacy is a personal and fundamental right. The CDPH values and protects your privacy and places strict controls on the gathering and use of personally identifiable data. Your personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with your consent or as authorized by law or regulation. The Department's information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy



PERSONAL BELIEFS EXEMPTION TO REQUIRED IMMUNIZATIONS



STUDENT NAME (LAST, FIRST, MIDDLE)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE MONTH DAY YEAR ____/____/____	TELEPHONE NUMBER
PARENT/GUARDIAN - NAME		ADDRESS	

A. AUTHORIZED HEALTH CARE PRACTITIONER LICENSED IN CALIFORNIA - FILL OUT THIS SECTION

I am a (check one): M.D./D.O. Nurse Practitioner Physician Assistant Naturopathic Doctor Credentialed School Nurse

Provision of information: I have provided the parent or guardian of the student named above, the adult who has assumed responsibility for the care and custody of the student, or the student if an emancipated minor, with information regarding 1) the benefits and risks of immunization and 2) the health risks to the student and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).

Signature of authorized health care practitioner

Date - within 6 months before entry to child care or school

Practitioner name, address, telephone number:

B. PARENT OR GUARDIAN - FILL OUT THESE SECTIONS

I. Check one of the boxes below:

- Receipt of information:** I have received information provided by an authorized health care practitioner regarding 1) the benefits and risks of immunization and 2) the health risks to the student named above and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).
- Religious beliefs:** I am a member of a religion which prohibits me from seeking medical advice or treatment from authorized health care practitioners. (Signature of a health care practitioner not required in Part A.)

Signature of parent or guardian

Date - within 6 months before entry to child care or school

II. AFFIDAVIT

Immunizations already received: I have provided the child care or school with a record of all immunizations the student has received that are required for admission (California Health and Safety Code §120365).

Immunizations for which exemption is requested: An unimmunized student and the student's contacts at school and home are at greater risk of becoming ill with a vaccine-preventable disease. I understand that an unimmunized student may be excluded from attending school or child care during an outbreak of, or after exposure to, any of these diseases for the protection of the student and others (17 CCR §6060). I hereby request exemption of the student named above from the required immunizations checked below because such immunization is contrary to my beliefs.

School Category	Table of Required Immunizations - Check box(es) to request exemption.
Child Care Only	<input type="checkbox"/> <i>Haemophilus influenzae</i> type b (Hib meningitis)
Child Care and K-12 th Grade	<input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis [whooping cough]) <input type="checkbox"/> Hepatitis B <input type="checkbox"/> MMR (Measles, Mumps, Rubella) <input type="checkbox"/> Polio <input type="checkbox"/> Varicella (Chickenpox)
7 th Grade Advancement (or admission at 7-12 th Grade)	<input type="checkbox"/> Tdap (Tetanus, reduced Diphtheria, Pertussis [whooping cough])

Signature of parent or guardian

Date

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