

**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: 6020, 6035, 6051, 6065,
6070, 6075

Repeal sections:

NOTICE OF APPROVAL OF EMERGENCY
REGULATORY ACTION

Government Code Sections 11346.1 and
11349.6

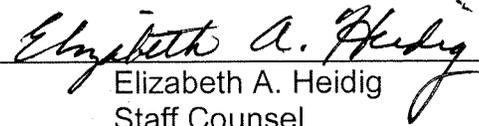
OAL File No. 2011-0621-03 E

California experienced a pertussis (whooping cough) epidemic in 2010. Childhood immunization does not provide lasting immunity without boosters. Previously, state law prohibited the requirement of immunization for pertussis in children seven years of age and older. It is believed that this pool of susceptible persons who have not received immunizations after seven years of age, has prolonged the epidemic. Because of the urgency of the epidemic, the Legislature enacted AB 354 (Arambula, Ch. 434, Statutes of 2010), removing the age restriction and requiring full immunization against pertussis for admission or advancement to the 7th through 12th grades. AB 354 also eliminated the requirement for hepatitis B vaccine for admission or advancement to the 7th grade. AB 354 has two implementation dates. This rulemaking addresses the requirements for pupils in 7th through 12th grade, effective July 1, 2011 through June 30, 2012.

OAL approves this emergency regulatory action pursuant to sections 11346.1 and 11349.6 of the Government Code.

This emergency regulatory action is effective on 7/1/2011 and will expire on 12/28/2011. The Certificate of Compliance for this action is due no later than 12/27/2011.

Date: 6/30/2011


Elizabeth A. Heidig
Staff Counsel

For: DEBRA M. CORNEZ
Assistant Chief Counsel/Acting Director

Original: Mark Horton
Copy: Coleen Keelan

EMERGENCY

(See instructions on reverse)

For use by Secretary of State only

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-09)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER	EMERGENCY NUMBER 2011-0621-03E
------------------	---------------------------------	--------------------------	--

ENDORSED FILED IN THE OFFICE OF

For use by Office of Administrative Law (OAL) only

2011 JUN 21 PM 2:59

OFFICE OF ADMINISTRATIVE LAW

NOTICE	REGULATIONS
--------	-------------

2011 JUN 30 PM 2:14

Jebra Bowen
JEBRA BOWEN
SECRETARY OF STATE

AGENCY WITH RULEMAKING AUTHORITY
California Department of Public Health

AGENCY FILE NUMBER (if any)
DPH-10-004E

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 <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) School Immunization Requirements: Grades 7-12	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
---	--

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 6020, 6035, 6051, 6065, 6070, 6075
TITLE(S) 17	REPEAL

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<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"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input checked="" type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input checked="" type="checkbox"/> Other (Specify) <u>Emergency/HSC Section 120335(g)</u>	

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 30th day after filing with Secretary of State	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input checked="" type="checkbox"/> Effective other (Specify) <u>July 1, 2011</u>
--	--	---	---

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

7. CONTACT PERSON Coleen Keelan	TELEPHONE NUMBER 440-7439	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) coleen.keelan@cdph.ca.gov
------------------------------------	------------------------------	-----------------------	--

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>Kathleen M. Keeshen</i>	DATE 6/21/11
TYPED NAME AND TITLE OF SIGNATORY KATHLEEN M. KEESHEN, DEPUTY DIRECTOR & CHIEF COUNSEL	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED
JUN 30 2011
Office of Administrative Law

REGULATION TEXT

TITLE 17, CALIFORNIA CODE OF REGULATIONS
DIVISION 1, CHAPTER 4, SUBCHAPTER 8
Article 2. Required Immunizations

(1) Amend Section 6020 to read:

§6020. Required Immunizations.

(a) *No change to text.*

(b) In Table 1 of Section 6020 and in Table 2 of Section 6035, DTP (or DPT) means diphtheria and tetanus toxoids and pertussis vaccine, including DTaP vaccine. Tdap means tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine. DT (or TD) and Td (or dT) means diphtheria and tetanus toxoids.

(c) For pupils who have reached their seventh birthday, a history of any preparations containing ~~both~~ diphtheria and tetanus toxoids and pertussis vaccine (DTP, DT, Td, Tdap, etc.) shall be acceptable as meeting the requirement for tetanus and diphtheria toxoids and pertussis vaccine that is set forth in Table 1.

(d) Pupils who have reached their seventh birthday shall be exempt from the ~~pertussis and mumps~~ immunization requirements.

(e) *No change to text.*

(f) *No change to text.*

(g) *No change to text.*

(h) For pupils entering or advancing into the eighth through twelfth grades, the immunization requirement is set forth in Table 1.

of Section 6020. per agency
6/28/11
edh

Table 1: Immunization Requirements

Institution	Age	Vaccine	Total Doses Received
Child care center, day nursery, nursery school, family day care home, development center	Less than 2 months	None	
Same as above	2-3 months	1. Polio ¹ 2. DTP..... 3. Hib..... 4. Hepatitis B.....	1 dose 1 dose 1 dose 1 dose
Same as above	4-5 months	1. Polio ¹ 2. DTP, or combination of DTP and diphtheria-tetanus toxoids..... 3. Hib..... 4. Hepatitis B.....	2 doses 2 doses 2 doses 2 doses
Same as above	6-14 months	1. Polio ¹ 2. DTP, or combination of DTP and diphtheria-tetanus toxoids..... 3. Hib..... 4. Hepatitis B.....	2 doses 3 doses 2 doses 2 doses
Same as above	15-17 months	1. Polio ¹ 2. DTP, or combination of DTP and diphtheria-tetanus toxoids..... 3. Measles, rubella, and mumps..... 4. Hib..... 5. Hepatitis B.....	3 doses 3 doses 1 dose of each separately or combined on or after the 1st birthday 1 dose on or after the 1st birthday 2 doses
Same as above	18 months-5 years	1. Polio ¹ 2. DTP, or combination of DTP and diphtheria-tetanus toxoids..... 3. Measles, rubella, and mumps..... 4. Hib ³ 5. Hepatitis B ² 6. Varicella.....	3 doses 4 doses 1 dose of each separately or combined on or after the 1st birthday 1 dose on or after the 1st birthday 3 doses 1 dose
Elementary school at kindergarten level and above	4-6 years	1. Polio ¹ 2. DTP, or combination of DTP and diphtheria-tetanus toxoids..... 3. Measles, rubella, and mumps..... 4. Hepatitis B ² 5. Varicella.....	4 doses, except that a total of 3 doses is acceptable if at least one dose was given on or after the 4th birthday 5 doses, except that a total of 4 doses is acceptable if at least one dose was given on or after the 4th birthday. 1 dose of each, separately or combined, on or after the 1st birthday. Pupils entering a kindergarten (or first grade if kindergarten skipped) are required to have 2 doses of measles-containing vaccine, both given on or after the first birthday 3 doses 1 dose
Elementary school, secondary school	7-17 years	1. Polio ¹ 2. Diphtheria and tetanus toxoids, and pertussis vaccine given as DTP, DT, or Td, or Tdap (pertussis not required)..... 3. Measles and rubella (mumps not required)..... 4. Varicella ⁵	4 doses, except that a total of 3 doses is acceptable if at least one dose was given on or after the 2nd birthday. At least 3 doses. One more Td dose is required if the last dose was given before the 2nd birthday. (See below for additional recommendations for 7th grade enrollment, effective 7/1/99.) 1 dose of each, separately or combined, on or after the 1st birthday. (See below for additional requirements for 7th grade enrollment, effective 7/1/99.) 1 dose aged 7 through 12 years for students not admitted to California schools

DPH-10-004E
 School Immunization Requirements: Grades 7 through 12: FY 2011-12
 May 19, 2011

			before July 1, 2001. 2 doses for students aged 13 through 17 years not admitted to California schools before July 1, 2001.
Seventh Grade ⁴	Any	1. Hepatitis-B Tdap ^{6,7} 2. Measles ⁴	31 doses on or after the 7 th birthday 2 doses of measles-containing vaccine, both given on or after the first birthday.
		Recommended but not required: Tetanus-diphtheria, given as DTP, DT, Td or Tetanus.	One Td dose is recommended if 5 years or more have elapsed since the last dose.
<u>Eighth through Twelfth Grades⁸</u>	<u>Any pupil under 18 years</u>	1. Tdap ^{6,7}	1 dose on or after the 7 th birthday
Any	18 years and older	None	

¹Oral polio vaccine (OPV) or inactivated polio vaccine (IPV) or any combination of these vaccines is acceptable.
²Applies only to children entering at kindergarten level (or at first grade level if kindergarten skipped) or below on or after August 1, 1997.
³Required only for children who have not reached the age of 4 years 6 months.
⁴Applies only to children (of any age) entering or advancing to the seventh grade on or after July 1, 1999.
⁵Children admitted to California schools at the Kindergarten level or above before July 1, 2001 are exempt from this requirement.
⁶Pupils must have received at least one dose of Tdap prior to admission or advancement into the 7th through 12th grades.
⁷If DTP was given on or after age 7 years instead of Tdap, this dose may also be counted as a valid dose for this requirement.
⁸This requirement is effective July 1, 2011, through June 30, 2012.

NOTE: Authority cited: Sections 400275, 120330, and 120335, and 131200, Health and Safety Code. Reference: Sections 120325, 120335, 120370 and 120375, Health and Safety Code.

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

(2) Amend Section 6035 to read:

§ 6035. Conditional Admission.

(a) *No change to text.*

(b) *No change to text.*

Table 2: Conditional Admission Immunization Schedule

Vaccine	Dose	Time Intervals
Polio ¹	1st dose.....	Before admission
	2nd dose.....	As early as 6 weeks but no later than 10 weeks after the 1st dose. Before admission if 10 or more weeks have elapsed since the 1st dose at the time of admission.
	3rd dose.....	As early as 6 weeks but no later than 12 months after the 2nd dose. Before admission if 12 or more months have elapsed since the 2nd dose at the time of admission.
	4th dose (Required only for entry to kindergarten level or above).....	Age 4-6 years: If the 3rd dose was given before the 4th birthday one more dose is required before admission. Age 7-17 years: If the 3rd dose was given before the 2nd birthday, one more dose is required before admission.
Diphtheria, Tetanus, and Pertussis FOR PUPILS UNDER AGE 7 YEARS: Diphtheria-tetanus-pertussis (DTP) or combination of DTP and diphtheria-tetanus toxoids	1st dose.....	Before admission.
	2nd dose.....	As early as 4 weeks but no later than 8 weeks after the 1st dose. Before admission if 8 or more weeks have elapsed since the 1st dose at the time of admission.
	3rd dose.....	As early as 4 weeks but no later than 8 weeks after the 2nd dose. Before admission if 8 or more weeks have elapsed since the 2nd dose at the time of admission.
	4th dose.....	As early as 6 months but no later than 12 months after the 3rd dose. Before admission if 12 or more months have elapsed since the 3rd dose at the time of admission.
	5th dose (Required only for pupils ages 4-6 years for entry to kindergarten level and above).....	If the 4th dose was given before the 4th birthday, one more dose is required before admission.
OR FOR PUPILS AGE 7 YEARS AND OLDER: <u>Diphtheria-tetanus-pertussis (DTP, Tdap) and diphtheria-tetanus toxoids</u> (Pertussis-not-required)	1st dose.....	Before admission.
	2nd dose.....	As early as 4 weeks but no later than 8 weeks after the 1st dose. Before admission if 8 or more weeks have elapsed since the 1st dose at the time of admission.
	3rd dose.....	As early as 6 months but no later than 12 months after the 2nd dose. Before admission if 12 or more months have elapsed since the 2nd dose at the time of admission.
	4th dose.....	If the 3rd dose was given before the 2nd birthday, one more dose is required before admission.
	----- Recommended but not required for 7th grade entry ² . Booster dose of Td. One Tdap dose	----- Before 7 th through 12 th grade entry, 1 Td dose is recommended if 5 years or more have elapsed since the last dose of DTP, DT, Td or Tetanus.
Measles	One dose only.....	Before admission. If the pupil is under age 15 months, this dose is required when age 15 months is reached.
Note: For children entering kindergarten (or first grade if kindergarten is skipped) on or	1st dose.....	Before admission.
	2nd dose.....	As early as 1 month but no later than 3 months after the 1st dose.

School Immunization Requirements: Grades 7 through 12: FY 2011-12
May 19, 2011

after August 1, 1997, two doses are required. For children entering 7th grade on or after July 1, 1999, the series shall be in process or completed.

Rubella	One dose only.....	Before admission. If the pupil is under age 15 months, this dose is required when age 15 months is reached.
Mumps (Not required for pupils age 7 years and older)	One dose only.....	Before admission. If the pupil is under age 15 months, this dose is required when age 15 months is reached.
Hib Children 2-14 months old	Two doses.....	1st dose before admission. 2nd dose as early as 2 months but no later than 3 months after the 1st dose.
Children 15 months—4 1/2 years old	One dose.....	Before admission.
Hepatitis B—For children entering at kindergarten level (or first grade if kindergarten skipped) or below on or after August 1, 1997. For children entering 7th grade on or after July 1, 1999, the series shall be in process or completed.	1st dose..... 2nd dose..... 3rd dose.....	Before admission. As early as 1 month but no later than 2 months after the first dose. Infants and children under age 18 months: As early as 2 months but no later than 12 months after the 2nd dose. Also, no earlier than 4 months after the 1st dose. Children age 18 months and older: As early as 2 months but no later than 6 months after the 2nd dose. Also, no earlier than 4 months after the 1st dose.
Varicella ^{2d} – For children aged 13 through 17 years not admitted to California schools before July 1, 2001	1st dose..... 2nd dose.....	Before admission As early as 4 weeks but no longer than 3 months after first dose

¹ Oral polio vaccine (OPV) or inactivated polio vaccine (IPV) or any combination of these vaccines is acceptable.

² Applies only to children (of any age) entering or advancing to the 7th grade on or after July 1, 1999.

³ Children admitted to California schools at the Kindergarten level or above before July 1, 2001 are exempt from this requirement.

NOTE: Authority cited: Sections 400275, 120330, and 120335, and 131200, Health and Safety Code. Reference: Sections 120325, 120335, 120370 and 120375, Health and Safety Code.

(3) Amend Section 6051 to read:

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

A pupil with a permanent medical exemption or a personal beliefs exemption to immunization shall be admitted unconditionally. A pupil with an exemption which is not based on pre-existing immunity to disease may be subject to exclusion pursuant to Section 6060.

(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 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 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 (1/02), ~~X new~~ *per agency 6/28/11 cal*

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).

~~A pupil with an exemption which is not based on pre-existing immunity to disease may be subject to exclusion pursuant to Section 6060.~~

NOTE: Authority cited: Sections ~~400275~~, 120330, and 120335, and 131200, Health and Safety Code. Reference: Sections 120325, 120335, 120365, 120370 and 120375, Health and Safety Code.

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

Article 5. Records As Evidence of Immunization

(4) Amend 6065 to read:

§ 6065. Documentary Proof.

(a) *No change to text.*

(b) The written record shall be shown by the parent, guardian or person immunized to the governing authority of the school, child care center, day nursery, nursery school, family day care home, or development center at the time of the pupil's admission and at subsequent times when required by the governing authority to determine the pupil's immunization status. For the pupil to be admitted, the written record shall show at least the month and year of each required vaccine dose. For doses of measles, rubella and mumps vaccine given during the month of the first birthday the record shall also show the specific date (i.e., month, day and year) of immunization. For a dose of Tdap given during the month of the pupil's 7th birthday, the record shall also show the specific date (i.e., month, day and year) of immunization.

(c) *No change to text.*

~~—(d) Pupils who were admitted to a California school at the kindergarten level or above before March 5, 1986 on the basis of a parent or guardian's having completed and signed a California School Immunization Record PM 286 (1/02) as provided by Section 6070 that show at least the month and year each required vaccine dose was received (and also shows the day of immunization if a measles, rubella, and/or mumps vaccine dose was received during the month of the first birthday), rather~~

~~than on the basis of a parent or guardian's having provided a written record, as described in Parts (a) and (b) of this Section, shall be allowed to continue in attendance in California schools.~~

NOTE: Authority cited: Sections ~~100275, 120330, and 120335~~, and 131200, Health and Safety Code. Reference: Sections 120325, 120335, 120370 and 120375, Health and Safety Code.

(5) Amend Section 6070 to read:

§ 6070. School/Child Care Facility Immunization Record.

(a) *No change to text.*

(b) Each pupil's immunization record shall contain:

(1) Name of pupil.

(2) Birthdate (month, day and year).

(3) Date of unconditional or conditional admission (month, day, and year).

(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, if any.

(c) *No change to text.*

(d) *No change to text.*

(e) *No change to text.*

(f) 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 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).

NOTE: Authority cited: Sections ~~100275~~, 120330, and 120335, and 131200, Health and Safety Code. Reference: Sections 120325, 120335, 120370 and 120375, Health and Safety Code.

(6) Amend Section 6075 to read:

*per agency
6/28/11
LKH*
§ 6075. Reporting.

(a) The governing authority of each school, child care center, day nursery, nursery school, family day care home, or development center shall file a report with the state and local health departments on the immunization status of new entrants annually or when needed to determine immunization status such as during an epidemic or potential epidemic. The forms to be used for these reports are:

(1) Schools with kindergartens: IMMUNIZATION ASSESSMENT OF KINDERGARTEN STUDENTS -ANNUAL REPORT [PM 236 (3/01)] and this form in its entirety is incorporated by reference.

(2) Schools with seventh grades: IMMUNIZATION ASSESSMENT OF SEVENTH GRADE STUDENTS [DHS 8259 (8/98)]. This form is hereby incorporated by reference.

(3) Child care centers, day nurseries, nursery schools and development centers: ANNUAL IMMUNIZATION REPORT ON CHILDREN ENROLLED IN CHILD CARE CENTERS [DHS 8018 (3/01)] and this form is in its entirety incorporated by reference or ANNUAL IMMUNIZATION ASSESSMENT REPORT OF CHILDREN ENROLLED IN CHILD CARE CENTERS -LINE LISTING [DHS 8387 (3/94)]. The Department of Health Services or the local health department will provide the appropriate reporting form.

(4) Family day care homes: ANNUAL FAMILY DAY CARE HOME IMMUNIZATION SURVEY [DHS 8529 (10/00)] and this form is in its entirety incorporated by reference.

(5) Schools with any grade from the 7th through 12th grade shall report data on Tdap immunization: PERTUSSIS (Tdap) ASSESSMENT OF 7-12th GRADE STUDENTS 2011-2012 SCHOOL SUMMARY SHEET [CDPH 8260 (01/11)]. This form is hereby incorporated by reference.

(b) *No change to text.*

(c) *No change to text.*

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

ADOPT

Tdap (Pertussis Booster) Requirement

Date of Tdap
Immunization: / / 20

Birthdate: / /

Check one:

Tdap was given on or after 7th birthday.
(Td does not meet requirement.)

Medical exemption from physician on file.

Tdap personal belief exemption affidavit
from parent/guardian on file.

School Name: _____

County: _____

Student Name or ID: _____

PM 286 (1/02)

Attachment A

Please Note: This sticker, PM 286 S (01/11) will be applied to the existing form "California School Immunization Record," PM 286 (1/02).

ADOPT

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

ADOPT

INSTRUCTIONS FOR SCHOOL STAFF

This form is not to be sent home.

The parent or guardian who wishes to exercise the personal beliefs exemption to the pertussis booster immunization (Tdap) requirement [Section 120335(d), California Health and Safety Code] by utilizing this form:

1. Provides the information at the top of the form: the student's name, birthdate, parent/guardian name, telephone number, street address, city, and zip code.
2. Signs and dates the affidavit section of the form in the shaded box. A Spanish version is also provided.

The school staff member:

1. Fills out the Blue Card sticker (PM 286 S), checking the box that indicates use of the personal beliefs exemption status.
2. Affixes the sticker to the student's Blue Card (PM 286), if not already affixed.
3. Files the completed Personal Beliefs Exemption Form and the Blue Card with affixed sticker in the student's permanent record.
4. Maintains names of all children who are exempt on a roster for immediate identification in case of disease outbreak in the community.

ADOPT



PERTUSSIS (Tdap) ASSESSMENT OF 7-12TH GRADE STUDENTS 2011-2012 SCHOOL SUMMARY SHEET

PLEASE TYPE OR PRINT CLEARLY

Note: This form can be completed online at CalKidShots.org

County _____

School Name _____

Physical Address _____

City _____ Zip _____

Mailing Address _____
(if different from above)

This school is: Public Private

Public School District _____

CDS code # _____

Tdap STATUS OF 7-12TH GRADE STUDENTS						
This report must include every 7-12 th grade student in this school						
	Column 1	+	Column 2	+	=	Column 4
Grade	Pertussis (Tdap) vaccine completed		Permanent Medical Exemption to Tdap			Total Students Enrolled
7						
8						
9						
10						
11						
12						

Note: FOR EACH GRADE, THE NUMBER OF STUDENTS IN COLUMNS 1+2+3 SHOULD EQUAL COLUMN 4, THE TOTAL STUDENTS ENROLLED.

Detailed instructions for completing this form are on back side of this form.

Please forward the completed report by December 1, 2011 to the California Department of Public Health Immunization Branch. Retain a copy for your school records.

Immunization Branch
California Department of Public Health
850 Marina Bay Parkway
Bldg P, 2nd floor
Richmond, CA 94804

School Staff Person _____
Completing This Form

School Telephone Number (____) _____ Date _____

**HOW TO COMPLETE THE PERTUSSIS (Tdap) ASSESSMENT OF 7-12TH GRADE STUDENTS
SCHOOL SUMMARY SHEET (CDPH 8260)**

California law requires that all public and private schools with 7th, 8th, 9th, 10th, 11th and/or 12th grades submit a pertussis (Tdap) immunization assessment (Health and Safety Code, Section 120375). Schools are to report on the status of ALL students in 7th – 12th grades enrolled for the 2011-2012 school year.

FIRST STEP: FILLING IN SCHOOL INFORMATION

Enter the county, school name and address, school district, etc. in the appropriate fields. Check whether the school is public or private. Enter the school's CDS code # if it has one.

SECOND STEP: DETERMINING STUDENTS' IMMUNIZATION STATUS

Determine the pertussis immunization status of each student in 7th – 12th grade by reviewing the California School Immunization Record, or Blue Card, (CSIR PM-286) which must be included in the child's cumulative file. Pertussis (Tdap) immunization is recorded on a sticker (CDPH form PM 286 S) affixed to the blue California School Immunization Record.

FINAL STEP: COMPLETING THE SCHOOL SUMMARY SHEET

Complete the rows that correspond with the grades in your school. Enter the number of students for each grade level, i.e., 7th, 8th, 9th, 10th, 11th, and 12th, into the corresponding fields in the appropriate columns, i.e., pertussis booster immunization (Tdap) completed; permanent medical exemption to any vaccine; and personal beliefs exemption to any vaccine. If a field's value is 0, enter 0.

Add the number of students in Column 1, Column 2, and Column 3 and enter the total in Column 4. For each grade level, the number of students in Columns 1 + 2 + 3 must equal Column 4, the total number of students enrolled. Double check that all numbers are correct.