

Pre-Kindergarten Requirements Highlighted on Blue Card



Instructions: Compare the California Pre-K Immunization Record (Blue Card) to the age checkpoint for each child. Areas highlighted in yellow show where dates need to be filled out on the Blue Card.

2-3 Months

REQUIRED VACCINE	1 ST
IPV / OPV (Polio)	/ /
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	/ /
MMR (Measles, Mumps, Rubella)	
Hib (<i>Haemophilus influenzae</i> type b)	/ /
Hep B (Hepatitis B)	/ /
VAR / VZV (Varicella or Chickenpox)	

4-5 Months

REQUIRED VACCINE	1 ST	2 ND
IPV / OPV (Polio)	/ /	/ /
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	/ /	/ /
MMR (Measles, Mumps, Rubella)		
Hib (<i>Haemophilus influenzae</i> type b)	/ /	/ /
Hep B (Hepatitis B)	/ /	/ /
VAR / VZV (Varicella or Chickenpox)		

6-14 Months

REQUIRED VACCINE	1 ST	2 ND	3 RD
IPV / OPV (Polio)	/ /	/ /	
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	/ /	/ /	/ / Age: _____ years
MMR (Measles, Mumps, Rubella)			
Hib (<i>Haemophilus influenzae</i> type b)	/ /	/ /	
Hep B (Hepatitis B)	/ /	/ /	
VAR / VZV (Varicella or Chickenpox)			

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15-17 Months

REQUIRED VACCINE	1 ST	2 ND	3 RD
IPV / OPV (Polio)	/ / /	/ / /	/ / / Age: _____ years
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	/ / /	/ / /	/ / / Age: _____ years
MMR (Measles, Mumps, Rubella)	/ / / Age: _____ months		
Hib (<i>Haemophilus influenzae</i> type b)	/ / /		
Hep B (Hepatitis B)	/ / /	/ / /	/ / /
VAR / VZV (Varicella)	/ / /		

1 dose of MMR and Hib must be on or after 1st birthday.

18 Months– 5 Years

REQUIRED VACCINE	1 ST	2 ND	3 RD	4 TH
IPV / OPV (Polio)	/ / /	/ / /	/ / / Age: _____ years	
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	/ / /	/ / /	/ / / Age: _____ years	/ / / Age: _____ years
MMR (Measles, Mumps, Rubella)	/ / / Age: _____ months			
Hib (<i>Haemophilus influenzae</i> type b)	/ / /			
Hep B (Hepatitis B)	/ / /	/ / /	/ / /	
VAR / VZV (Varicella)	/ / /			

1 dose of MMR and Hib must be on or after 1st birthday.