

Presenter Notes

California School Immunization Requirements



Thank you for your efforts in helping school staff to understand immunization requirements. The in-person presentation and practice exercises are designed to support the [online training](#) which should be taken before attending your class. The modules teach about immunization and admission requirements, processing records, and following up on conditional entrants.

The presentation gives a brief recap of these concepts and provides various scenarios to practice processing Blue Cards hands on. Most of the time is dedicated to helping your class get through each scenario, from beginning to end.

Customizing for Your Presentation

The slides provided by CDPH are a template to be customized for your organization. Please make changes to:

- Update the slides and notes to reflect your county's policies
- Customize the title slide with your name and organization
- Add your organization name to the footer using the Slide Master view.

Note: all of the records in the slides are editable. You may change dates and ages to create your own scenarios.

Timing

The presentation and activities are estimated to take about 70 minutes. Q & A could add another 10-20 minutes. You may need to adapt the presentation for a shorter time frame.

Time-saving suggestions:

- For beginners, skip the Advanced Examples at the end.
- Student scenarios: walk the class through Student 1 as an example instead of having them fill out the Blue Card to save about 5 minutes. (This could be applied to other students to save more time.)
- Skip the child's immunization records in each scenario. Start with the blue cards (or exemption forms) that are already filled out. Participants can decide what to do for each student as you guide them through the next steps. (This is less hands on but still focuses on the important decision-making process.)
- Make sure students take the online training before attending your class to avoid having to explain everything.




Gather Materials Before the Class

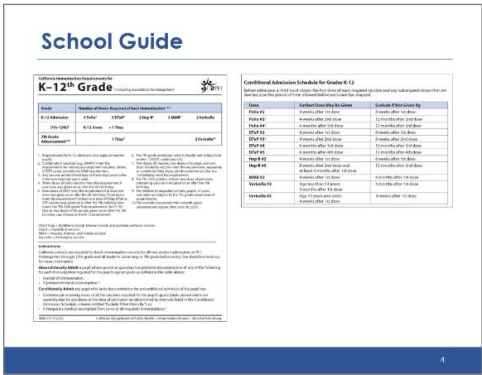
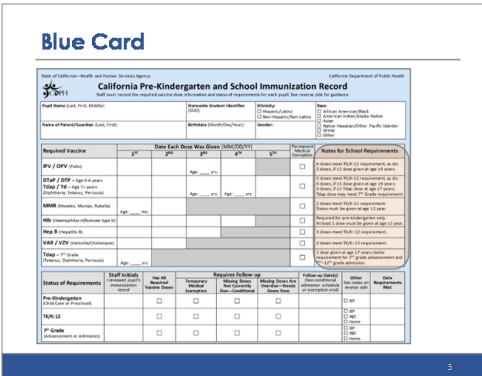
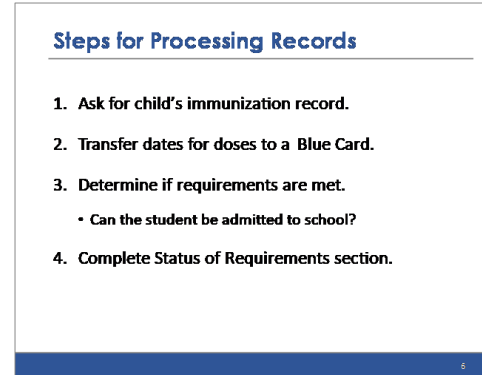
1. You may want to ask students to bring certificates of completion for the online training.
2. Provide print outs for each student:
 - 5 copies of Blue Cards ([California Pre-K and School Immunization Record](#)): print out copies or order copies from your [local health department](#). (You'll need fewer is you skip filling out Blue Cards for some of the scenarios.)
 - 1 copy of the [School Guide](#)
3. Print out the slides and script for yourself. See the following pages.

Slides and Script

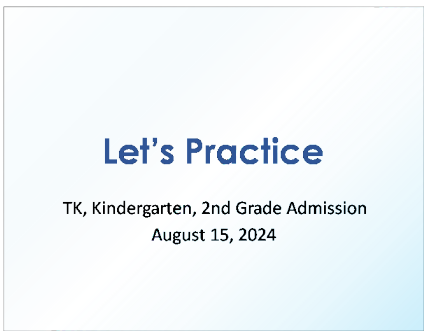
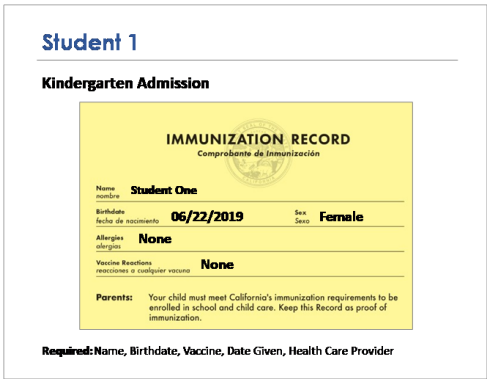
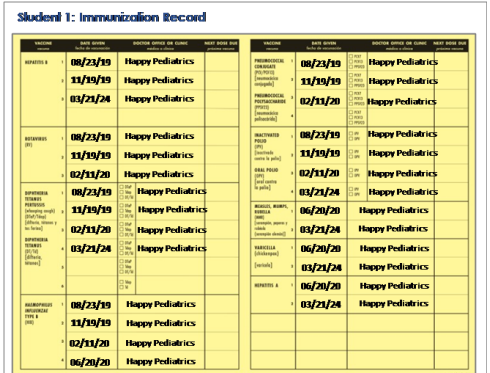
California School Immunization Requirements

The script below includes space to write in notes to customize the presentation. You may also edit the notes in the Power Point file and use the “Export” and “Create Handouts” feature to save the notes in a table format like below.

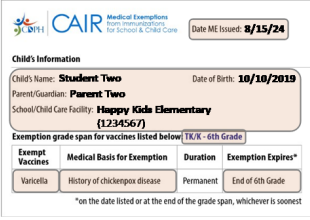
| Slide # | Slide Image | Speaker Notes (add your own words where needed) |
|---------|---|--|
| 1 |  | <p>Welcome!</p> <p><i>Instructors: feel free to replace the icons with your organization logo or other image.</i></p> |
| 2 |  | <p>Thank you all for becoming Immunization Champions and helping to keep our children safe from preventable diseases.</p> <p>These slides will emphasize what is covered in the immunization trainings posted at Training for Schools - these trainings should be viewed by all staff tasked with checking and documenting immunizations required for school entry.</p> |
| 3 |  | <p>Remind parents that this is a state law. It's your job to check and be in compliance with CA law. (Resource at the end of this presentation will help you communicate with parents.)</p> <p>This poster can be posted in your office or at the front desk of schools and enrollment sites. The file is available on the ShotsforSchool website. Printed copies may be available at some local health departments.</p> |

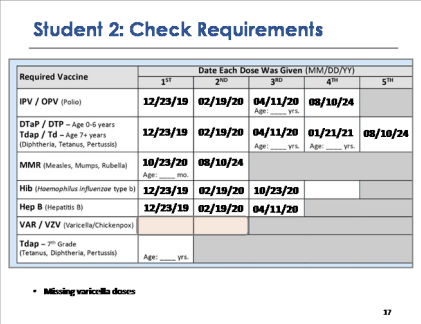
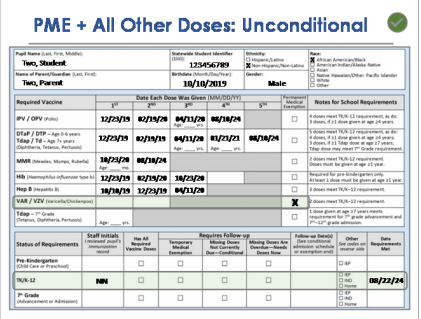
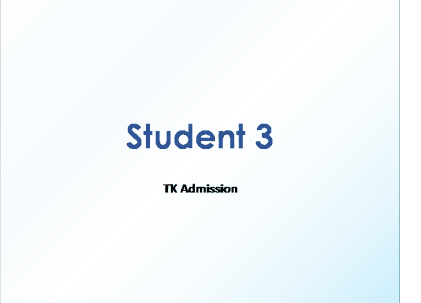
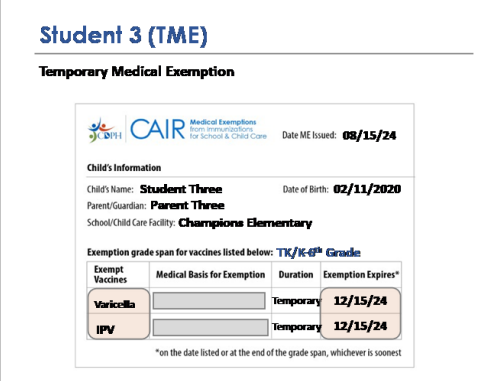
| Slide # | Slide Image | Speaker Notes |
|---------|---|---|
| 4 |  | <p><i>Quick reference.</i></p> <p>The laws are summarized in the School Guide. You all have copies.</p> <p>We'll be using different parts of this guide throughout this training:</p> <ul style="list-style-type: none"> • Table with requirements • Footnotes • Definitions • Conditional Admission table |
| 5 |  | <p><i>Quick reference.</i></p> <p>You all also have copies of the California Pre-K and School Immunization Record, also known as the Blue Card.</p> <p>The requirements are also summarized in the Notes section of the Blue Card. We'll refer to these as we go through a few student scenarios.</p> <ul style="list-style-type: none"> • Some of your schools may have Student Immunization Information Systems, but for the purpose of this training we're going to use the paper Blue Cards to create records. |
| 6 |  | <p>These are the four basic steps to processing immunization records.</p> |

| Slide # | Slide Image | Speaker Notes |
|---------|---|--|
| 7 | <p>Can A Student Attend School?</p> <ul style="list-style-type: none"> ✔ Unconditional Admission <ol style="list-style-type: none"> 1. Has all required doses OR 2. Permanent medical exemption (PME) for missing doses OR 3. Other: Alternative Schooling programs (IND, IEP, Home) ✔ Conditional Admission <ol style="list-style-type: none"> 4. Temporary medical exemption (TME) for missing doses OR 5. Missing doses are not due yet and has at least 1 dose of every required vaccine ✘ Do Not Admit <ol style="list-style-type: none"> 6. Missing doses are overdue | <p><i>Note to instructor: "Conditional Admission" and "Do Not Admit" sections are timed to appear when you click the mouse.</i></p> <p>It is your job to determine which category students fall under and if they can attend school or not. There are six categories under which students can fall and here they are:</p> <p>Unconditional Admission means that students have met all requirements and can attend school.</p> <ol style="list-style-type: none"> 1. Has all required doses OR 2. Permanent medical exemption (PME) for missing doses 3. Other: Alternative School programs (IND, IEP, Home). Students in home-based private schools or independent study programs who do not receive classroom-based instruction are not subject to the requirements. Also, students should receive services identified in their individualized education program (IEP) regardless of their immunization status. You'll still keep a Blue Card for these students with any immunization information they provide. <p>Conditional Admission means that students may attend school on the condition they get the remaining doses when they are due.</p> <ol style="list-style-type: none"> 4. Temporary medical exemption (TME) for missing doses OR 5. Missing doses are not due yet (has at least 1 dose of every required vaccine) <p>Students may <u>not</u> be admitted to school if they are in this last category...</p> <ol style="list-style-type: none"> 6. Missing doses are overdue |

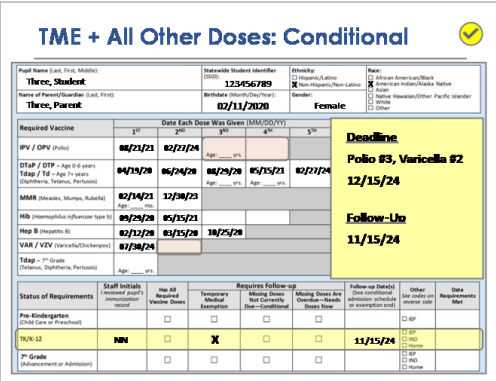

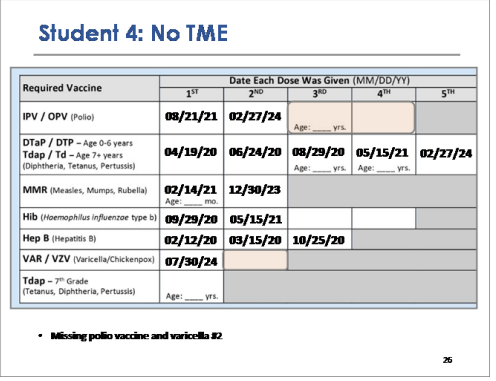
| Slide # | Slide Image | Speaker Notes |
|---------|---|--|
| 8 |  | <p>Let's practice going through the steps and determining which category each student falls under and if they may be admitted to school.</p> <p>For this overall training, we'll say that school begins on August 15, 2024.</p> |
| 9 |  | <p>Here's our first example: an immunization record (yellow card) for a student starting Kindergarten.</p> <p>Let's start filling out a Blue Card with this information.</p> <p>Note: when you receive a child's immunization record, check for all these required elements: Name, Birthdate, Vaccine, Date Given, Health Care Provider Vaccines and dates are on the next slide.</p> <p><i>(To save time, Student 1 can be presented as a demonstration of steps rather than having the class fill out the Blue Card for this student.)</i></p> |
| 10 |  | <p>This side of the record shows the vaccines and dates.</p> <p>Start transferring the dates for the doses to the Blue Card.</p> |


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|--|---|--|-------------------------------------|-------------------------------------|---|---------------------|--|----------------------------------|-------------------------------------|---------------------------|-----------------|------------------|-------------------------------|------------|-----------|------------|----------|-------------------|--|----------|----------|----------|----------|----------------------------|--|----------|----------|----------|----------|--------------------------|-------------------------------------|----------|----------|----------|----------|-------------------------------|---------------------------------|----------|----------|----------|----------|-------------------------------------|--------------------------------------|----------|----------|----------|--|---------------------|--|----------|----------|--|--|----------------------------------|--|--|--|--|--|------------------------------|---|--|
| 11 | <p style="text-align: center;">Student 1: Check Requirements</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Required Vaccine</th> <th colspan="5">Date Each Dose Was Given (MM/DD/YY)</th> </tr> <tr> <th>1st</th> <th>2nd</th> <th>3rd</th> <th>4th</th> <th>5th</th> </tr> </thead> <tbody> <tr> <td>IPV / OPV (Polio)</td> <td>08/23/19</td> <td>11/19/19</td> <td>02/11/20</td> <td>03/21/24</td> <td></td> </tr> <tr> <td>DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)</td> <td>08/23/19</td> <td>11/19/19</td> <td>02/11/20</td> <td>03/21/24</td> <td></td> </tr> <tr> <td>MMR (Measles, Mumps, Rubella)</td> <td>06/20/20</td> <td>03/21/24</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hib (Haemophilus influenzae type b)</td> <td>08/23/19</td> <td>11/19/19</td> <td>02/11/20</td> <td>06/20/20</td> <td></td> </tr> <tr> <td>Hep B (Hepatitis B)</td> <td>08/23/19</td> <td>11/19/19</td> <td>03/21/24</td> <td></td> <td></td> </tr> <tr> <td>VAR / VZV (Varicella/Chickenpox)</td> <td>06/20/20</td> <td>03/21/24</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tdap – 7th Grade (Tetanus, Diphtheria, Pertussis)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p> • DTaP #4: at age 4, so 4 doses meet the requirement • MMR #1: 2 days before the 1st birthday (4 -day grace period) </p> <p style="text-align: right;">11</p> | Required Vaccine | Date Each Dose Was Given (MM/DD/YY) | | | | | 1 st | 2 nd | 3 rd | 4 th | 5 th | IPV / OPV (Polio) | 08/23/19 | 11/19/19 | 02/11/20 | 03/21/24 | | DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis) | 08/23/19 | 11/19/19 | 02/11/20 | 03/21/24 | | MMR (Measles, Mumps, Rubella) | 06/20/20 | 03/21/24 | | | | Hib (Haemophilus influenzae type b) | 08/23/19 | 11/19/19 | 02/11/20 | 06/20/20 | | Hep B (Hepatitis B) | 08/23/19 | 11/19/19 | 03/21/24 | | | VAR / VZV (Varicella/Chickenpox) | 06/20/20 | 03/21/24 | | | | Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis) | | | | | | <p>This is what the filled out Blue Card should look like.</p> <p>Refer to notes section of the Blue Card to review requirements for each row:</p> <ul style="list-style-type: none"> • IPV: 4 doses, meets requirement • DTaP: Fourth dose given at age 4, so 4 doses meet the requirement. • MMR: Check the age requirement. First dose given just before the 1st birthday. There is a 4-day grace period, so this still meets the age requirement for MMR so the two doses meet the requirement. • Hib: not required, but good to include on record • Hep B: 3 doses meets requirement • Varicella: 2 doses meet the requirement • Tdap: not required for kindergarten entry <p>Birth date: 06/22/2019</p> | | | | | | | |
| Required Vaccine | Date Each Dose Was Given (MM/DD/YY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 st | 2 nd | 3 rd | 4 th | 5 th | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis) | 08/23/19 | 11/19/19 | 02/11/20 | 03/21/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| VAR / VZV (Varicella/Chickenpox) | 06/20/20 | 03/21/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | <p style="text-align: center;">Has All Required Vaccine Doses: Unconditional </p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Child Information</th> <th colspan="2">Parent Information</th> <th colspan="2">School Requirements</th> </tr> </thead> <tbody> <tr> <td>Child Name (Last, First, Middle)</td> <td>Statewide Student Identifier (SSID)</td> <td>Parent Name (Last, First)</td> <td>Parent Phone</td> <td>Required Vaccine</td> <td>Notes for School Requirements</td> </tr> <tr> <td>06/22/2019</td> <td>123456789</td> <td>06/22/2019</td> <td>Female</td> <td>IPV / OPV (Polio)</td> <td>4 doses meet TK-12 requirement, as do 4 doses if 4th dose given at age 4+ years.</td> </tr> <tr> <td>06/23/19</td> <td>11/19/19</td> <td>02/11/20</td> <td>03/21/24</td> <td>DTaP / DTP – Age 0-6 years</td> <td>4 doses meet TK-12 requirement, as do 4 doses if 4th dose given at age 4+ years.</td> </tr> <tr> <td>06/23/19</td> <td>11/19/19</td> <td>02/11/20</td> <td>03/21/24</td> <td>Tdap / Td – Age 7+ years</td> <td>1 dose meet TK-12 requirement.</td> </tr> <tr> <td>06/20/20</td> <td>03/21/24</td> <td></td> <td></td> <td>MMR (Measles, Mumps, Rubella)</td> <td>2 doses meet TK-12 requirement.</td> </tr> <tr> <td>08/23/19</td> <td>11/19/19</td> <td>02/11/20</td> <td>06/20/20</td> <td>Hib (Haemophilus influenzae type b)</td> <td>Required for pre-kindergarten entry.</td> </tr> <tr> <td>08/23/19</td> <td>11/19/19</td> <td>03/21/24</td> <td></td> <td>Hep B (Hepatitis B)</td> <td>3 doses meet TK-12 requirement.</td> </tr> <tr> <td>06/20/20</td> <td>03/21/24</td> <td></td> <td></td> <td>VAR / VZV (Varicella/Chickenpox)</td> <td>2 doses meet TK-12 requirement.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Tdap – 7th Grade</td> <td>4 doses given at age 4+ years meet requirement for 7th grade advancement and 7th grade admission.</td> </tr> </tbody> </table> | Child Information | | Parent Information | | School Requirements | | Child Name (Last, First, Middle) | Statewide Student Identifier (SSID) | Parent Name (Last, First) | Parent Phone | Required Vaccine | Notes for School Requirements | 06/22/2019 | 123456789 | 06/22/2019 | Female | IPV / OPV (Polio) | 4 doses meet TK-12 requirement, as do 4 doses if 4 th dose given at age 4+ years. | 06/23/19 | 11/19/19 | 02/11/20 | 03/21/24 | DTaP / DTP – Age 0-6 years | 4 doses meet TK-12 requirement, as do 4 doses if 4 th dose given at age 4+ years. | 06/23/19 | 11/19/19 | 02/11/20 | 03/21/24 | Tdap / Td – Age 7+ years | 1 dose meet TK-12 requirement. | 06/20/20 | 03/21/24 | | | MMR (Measles, Mumps, Rubella) | 2 doses meet TK-12 requirement. | 08/23/19 | 11/19/19 | 02/11/20 | 06/20/20 | Hib (Haemophilus influenzae type b) | Required for pre-kindergarten entry. | 08/23/19 | 11/19/19 | 03/21/24 | | Hep B (Hepatitis B) | 3 doses meet TK-12 requirement. | 06/20/20 | 03/21/24 | | | VAR / VZV (Varicella/Chickenpox) | 2 doses meet TK-12 requirement. | | | | | Tdap – 7 th Grade | 4 doses given at age 4+ years meet requirement for 7 th grade advancement and 7 th grade admission. | <p>This is what the filled out Blue Card should look like.</p> <p>Student 1 may be unconditionally admitted.</p> <p>No follow-up required. They're done until the next grade span at 7th grade.</p> |
| Child Information | | Parent Information | | School Requirements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 06/22/2019 | 123456789 | 06/22/2019 | Female | IPV / OPV (Polio) | 4 doses meet TK-12 requirement, as do 4 doses if 4 th dose given at age 4+ years. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 08/23/19 | 11/19/19 | 03/21/24 | | Hep B (Hepatitis B) | 3 doses meet TK-12 requirement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06/20/20 | 03/21/24 | | | VAR / VZV (Varicella/Chickenpox) | 2 doses meet TK-12 requirement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Tdap – 7 th Grade | 4 doses given at age 4+ years meet requirement for 7 th grade advancement and 7 th grade admission. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | <p style="text-align: center;">Student 2</p> <p style="text-align: center;">TK Admission</p> | <p>Student #2 is registering for TK, admission on August 15, 2024.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Slide # | Slide Image | Speaker Notes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 14 | <p>Student 2 (PME)</p> <p>Permanent Medical Exemption</p>  | <p>The parents have supplied a medical exemption.</p> <p>Starting January 1, 2021, all new exemptions <u>must</u> be issued from the CAIR-ME website.</p> <p>This is a representation of a Permanent Medical Exemption (PME) from CAIR-ME, not an exact copy.</p> <p>Things to check for a valid PME:</p> <ul style="list-style-type: none"> • Issue date • Child's information • School's information • Grade span • Exempt vaccines and expiration. <p>Use this name and birth date to fill out the Blue Card (since it will not be shown on immunization record on next slide).</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | <p>Student 2: Immunization Record (page 1)</p> <table border="1" data-bbox="240 1010 638 1310"> <thead> <tr> <th>GROUP</th> <th>SERIES</th> <th>DATE GIVEN</th> <th>AGE GIVEN</th> <th>VACCINE</th> <th>CLINIC ADMINISTERED</th> </tr> <tr> <th>grupo</th> <th>serie</th> <th>fecha de vacunacion</th> <th>edad de vacunacion</th> <th>vacuna</th> <th>administrada o transcrita en la clinica</th> </tr> </thead> <tbody> <tr><td>COVID</td><td>1 of 3</td><td>12/01/21</td><td>2yrs 3mo0d</td><td>Pfizer Pediatric COVID</td><td>La Clinica de la Raza</td></tr> <tr><td>COVID</td><td>2 of 3</td><td>11/19/22</td><td>3yrs 3mo0d</td><td>Pfizer Pediatric COVID</td><td>La Clinica de la Raza</td></tr> <tr><td>DTaP</td><td>1 of 5</td><td>12/23/19</td><td>0yrs 2mo0d</td><td>Pfizer</td><td>La Clinica de la Raza</td></tr> <tr><td>DTaP</td><td>2 of 5</td><td>02/19/20</td><td>0yrs 4mo0d</td><td>Pfizer</td><td>La Clinica de la Raza</td></tr> <tr><td>DTaP</td><td>3 of 5</td><td>04/11/20</td><td>0yrs 6mo0d</td><td>Pfizer</td><td>La Clinica de la Raza</td></tr> <tr><td>DTaP</td><td>4 of 5</td><td>01/21/21</td><td>3yrs 3mo 1d</td><td>Brand not specified</td><td>La Clinica de la Raza</td></tr> <tr><td>DTaP</td><td>5 of 5</td><td>08/10/24</td><td>4yrs 10mo 0d</td><td>Elevis</td><td>La Clinica de la Raza</td></tr> <tr><td>Hep A</td><td>1 of 2</td><td>10/23/20</td><td>3yrs 0mo 1d</td><td>Merck</td><td>La Clinica de la Raza</td></tr> <tr><td>Hep A</td><td>2 of 2</td><td>08/19/21</td><td>3yrs 10mo 0d</td><td>Merck</td><td>La Clinica de la Raza</td></tr> <tr><td>Hep B</td><td>1 of 3</td><td>12/23/19</td><td>0yrs 2mo 1d</td><td>Pfizer</td><td>La Clinica de la Raza</td></tr> <tr><td>Hep B</td><td>2 of 3</td><td>02/19/20</td><td>0yrs 4mo 0d</td><td>Pfizer</td><td>La Clinica de la Raza</td></tr> <tr><td>Hep B</td><td>3 of 3</td><td>04/11/20</td><td>0yrs 6mo 0d</td><td>Pfizer</td><td>La Clinica de la Raza</td></tr> <tr><td>Hib</td><td>1 of 4</td><td>12/23/19</td><td>0yrs 2mo 1d</td><td>Pfizer</td><td>La Clinica de la Raza</td></tr> <tr><td>Hib</td><td>2 of 4</td><td>02/19/20</td><td>0yrs 4mo 0d</td><td>Pfizer</td><td>La Clinica de la Raza</td></tr> <tr><td>Hib</td><td>3 of 4</td><td>10/23/20</td><td>3yrs 0mo 1d</td><td>Pfizer</td><td>La Clinica de la Raza</td></tr> </tbody> </table> | GROUP | SERIES | DATE GIVEN | AGE GIVEN | VACCINE | CLINIC ADMINISTERED | grupo | serie | fecha de vacunacion | edad de vacunacion | vacuna | administrada o transcrita en la clinica | COVID | 1 of 3 | 12/01/21 | 2yrs 3mo0d | Pfizer Pediatric COVID | La Clinica de la Raza | COVID | 2 of 3 | 11/19/22 | 3yrs 3mo0d | Pfizer Pediatric COVID | La Clinica de la Raza | DTaP | 1 of 5 | 12/23/19 | 0yrs 2mo0d | Pfizer | La Clinica de la Raza | DTaP | 2 of 5 | 02/19/20 | 0yrs 4mo0d | Pfizer | La Clinica de la Raza | DTaP | 3 of 5 | 04/11/20 | 0yrs 6mo0d | Pfizer | La Clinica de la Raza | DTaP | 4 of 5 | 01/21/21 | 3yrs 3mo 1d | Brand not specified | La Clinica de la Raza | DTaP | 5 of 5 | 08/10/24 | 4yrs 10mo 0d | Elevis | La Clinica de la Raza | Hep A | 1 of 2 | 10/23/20 | 3yrs 0mo 1d | Merck | La Clinica de la Raza | Hep A | 2 of 2 | 08/19/21 | 3yrs 10mo 0d | Merck | La Clinica de la Raza | Hep B | 1 of 3 | 12/23/19 | 0yrs 2mo 1d | Pfizer | La Clinica de la Raza | Hep B | 2 of 3 | 02/19/20 | 0yrs 4mo 0d | Pfizer | La Clinica de la Raza | Hep B | 3 of 3 | 04/11/20 | 0yrs 6mo 0d | Pfizer | La Clinica de la Raza | Hib | 1 of 4 | 12/23/19 | 0yrs 2mo 1d | Pfizer | La Clinica de la Raza | Hib | 2 of 4 | 02/19/20 | 0yrs 4mo 0d | Pfizer | La Clinica de la Raza | Hib | 3 of 4 | 10/23/20 | 3yrs 0mo 1d | Pfizer | La Clinica de la Raza | <p>This is page one of a cropped sample record from the California Immunization Registry.</p> <p>Transfer the dates to the Blue Card.</p> |
| GROUP | SERIES | DATE GIVEN | AGE GIVEN | VACCINE | CLINIC ADMINISTERED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| grupo | serie | fecha de vacunacion | edad de vacunacion | vacuna | administrada o transcrita en la clinica | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COVID | 1 of 3 | 12/01/21 | 2yrs 3mo0d | Pfizer Pediatric COVID | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COVID | 2 of 3 | 11/19/22 | 3yrs 3mo0d | Pfizer Pediatric COVID | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DTaP | 1 of 5 | 12/23/19 | 0yrs 2mo0d | Pfizer | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DTaP | 3 of 5 | 04/11/20 | 0yrs 6mo0d | Pfizer | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DTaP | 4 of 5 | 01/21/21 | 3yrs 3mo 1d | Brand not specified | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DTaP | 5 of 5 | 08/10/24 | 4yrs 10mo 0d | Elevis | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hep A | 1 of 2 | 10/23/20 | 3yrs 0mo 1d | Merck | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hep A | 2 of 2 | 08/19/21 | 3yrs 10mo 0d | Merck | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hep B | 1 of 3 | 12/23/19 | 0yrs 2mo 1d | Pfizer | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hep B | 2 of 3 | 02/19/20 | 0yrs 4mo 0d | Pfizer | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hep B | 3 of 3 | 04/11/20 | 0yrs 6mo 0d | Pfizer | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hib | 1 of 4 | 12/23/19 | 0yrs 2mo 1d | Pfizer | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hib | 2 of 4 | 02/19/20 | 0yrs 4mo 0d | Pfizer | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hib | 3 of 4 | 10/23/20 | 3yrs 0mo 1d | Pfizer | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | <p>Student 2: Immunization Record (page 2)</p> <table border="1" data-bbox="240 1373 638 1682"> <thead> <tr> <th>GROUP</th> <th>SERIES</th> <th>DATE GIVEN</th> <th>AGE GIVEN</th> <th>VACCINE</th> <th>CLINIC ADMINISTERED</th> </tr> <tr> <th>grupo</th> <th>serie</th> <th>fecha de vacunacion</th> <th>edad de vacunacion</th> <th>vacuna</th> <th>administrada o transcrita en la clinica</th> </tr> </thead> <tbody> <tr><td>MMR</td><td>1 of 2</td><td>10/23/20</td><td>3yrs 0mo 1d</td><td>M M R II</td><td>La Clinica de la Raza</td></tr> <tr><td>MMR</td><td>2 of 2</td><td>08/10/24</td><td>4yrs 10mo 0d</td><td>M M R II</td><td>La Clinica de la Raza</td></tr> <tr><td>PCV</td><td>1 of 4</td><td>12/23/19</td><td>0yrs 2mo 1d</td><td>Prevnar 13</td><td>La Clinica de la Raza</td></tr> <tr><td>PCV</td><td>2 of 4</td><td>02/19/20</td><td>0yrs 4mo 0d</td><td>Prevnar 13</td><td>La Clinica de la Raza</td></tr> <tr><td>PCV</td><td>3 of 4</td><td>04/11/20</td><td>0yrs 6mo 0d</td><td>Prevnar 13</td><td>La Clinica de la Raza</td></tr> <tr><td>PCV</td><td>4 of 4</td><td>10/23/20</td><td>3yrs 0mo 1d</td><td>Prevnar 13</td><td>La Clinica de la Raza</td></tr> <tr><td>Polio</td><td>1 of 4</td><td>12/23/19</td><td>0yrs 2mo 1d</td><td>Pfizer</td><td>La Clinica de la Raza</td></tr> <tr><td>Polio</td><td>2 of 4</td><td>02/19/20</td><td>0yrs 4mo 0d</td><td>Pfizer</td><td>La Clinica de la Raza</td></tr> <tr><td>Polio</td><td>3 of 4</td><td>04/11/20</td><td>0yrs 6mo 0d</td><td>Pfizer</td><td>La Clinica de la Raza</td></tr> <tr><td>Polio</td><td>4 of 4</td><td>08/10/24</td><td>4yrs 10mo 0d</td><td>Elevis</td><td>La Clinica de la Raza</td></tr> <tr><td>RV</td><td>1 of 3</td><td>12/23/19</td><td>0yrs 2mo 1d</td><td>Rotacel</td><td>La Clinica de la Raza</td></tr> <tr><td>RV</td><td>2 of 3</td><td>02/19/20</td><td>0yrs 4mo 0d</td><td>Rotacel</td><td>La Clinica de la Raza</td></tr> <tr><td>Ftu</td><td></td><td>11/11/21</td><td>3yrs 3mo 1d</td><td>Brand not specified</td><td>La Clinica de la Raza</td></tr> <tr><td>Ftu</td><td></td><td>11/05/22</td><td>3yrs 0mo 2d</td><td>Brand not specified</td><td>La Clinica de la Raza</td></tr> <tr><td>Ftu</td><td></td><td>10/30/23</td><td>4yrs 0mo 0d</td><td>Brand not specified</td><td>La Clinica de la Raza</td></tr> </tbody> </table> | GROUP | SERIES | DATE GIVEN | AGE GIVEN | VACCINE | CLINIC ADMINISTERED | grupo | serie | fecha de vacunacion | edad de vacunacion | vacuna | administrada o transcrita en la clinica | MMR | 1 of 2 | 10/23/20 | 3yrs 0mo 1d | M M R II | La Clinica de la Raza | MMR | 2 of 2 | 08/10/24 | 4yrs 10mo 0d | M M R II | La Clinica de la Raza | PCV | 1 of 4 | 12/23/19 | 0yrs 2mo 1d | Prevnar 13 | La Clinica de la Raza | PCV | 2 of 4 | 02/19/20 | 0yrs 4mo 0d | Prevnar 13 | La Clinica de la Raza | PCV | 3 of 4 | 04/11/20 | 0yrs 6mo 0d | Prevnar 13 | La Clinica de la Raza | PCV | 4 of 4 | 10/23/20 | 3yrs 0mo 1d | Prevnar 13 | La Clinica de la Raza | Polio | 1 of 4 | 12/23/19 | 0yrs 2mo 1d | Pfizer | La Clinica de la Raza | Polio | 2 of 4 | 02/19/20 | 0yrs 4mo 0d | Pfizer | La Clinica de la Raza | Polio | 3 of 4 | 04/11/20 | 0yrs 6mo 0d | Pfizer | La Clinica de la Raza | Polio | 4 of 4 | 08/10/24 | 4yrs 10mo 0d | Elevis | La Clinica de la Raza | RV | 1 of 3 | 12/23/19 | 0yrs 2mo 1d | Rotacel | La Clinica de la Raza | RV | 2 of 3 | 02/19/20 | 0yrs 4mo 0d | Rotacel | La Clinica de la Raza | Ftu | | 11/11/21 | 3yrs 3mo 1d | Brand not specified | La Clinica de la Raza | Ftu | | 11/05/22 | 3yrs 0mo 2d | Brand not specified | La Clinica de la Raza | Ftu | | 10/30/23 | 4yrs 0mo 0d | Brand not specified | La Clinica de la Raza | <p>Transfer the record the dates for the remaining immunizations from page 2 of the record.</p> |
| GROUP | SERIES | DATE GIVEN | AGE GIVEN | VACCINE | CLINIC ADMINISTERED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| grupo | serie | fecha de vacunacion | edad de vacunacion | vacuna | administrada o transcrita en la clinica | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| MMR | 2 of 2 | 08/10/24 | 4yrs 10mo 0d | M M R II | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PCV | 1 of 4 | 12/23/19 | 0yrs 2mo 1d | Prevnar 13 | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PCV | 2 of 4 | 02/19/20 | 0yrs 4mo 0d | Prevnar 13 | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PCV | 3 of 4 | 04/11/20 | 0yrs 6mo 0d | Prevnar 13 | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PCV | 4 of 4 | 10/23/20 | 3yrs 0mo 1d | Prevnar 13 | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Polio | 1 of 4 | 12/23/19 | 0yrs 2mo 1d | Pfizer | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Polio | 2 of 4 | 02/19/20 | 0yrs 4mo 0d | Pfizer | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Polio | 3 of 4 | 04/11/20 | 0yrs 6mo 0d | Pfizer | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Polio | 4 of 4 | 08/10/24 | 4yrs 10mo 0d | Elevis | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RV | 1 of 3 | 12/23/19 | 0yrs 2mo 1d | Rotacel | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RV | 2 of 3 | 02/19/20 | 0yrs 4mo 0d | Rotacel | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ftu | | 11/11/21 | 3yrs 3mo 1d | Brand not specified | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ftu | | 11/05/22 | 3yrs 0mo 2d | Brand not specified | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ftu | | 10/30/23 | 4yrs 0mo 0d | Brand not specified | La Clinica de la Raza | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Slide # | Slide Image | Speaker Notes |
|---------|---|---|
| 17 |  | <p>After filling out all of the dates, we see that this student is missing varicella vaccine doses but has all the other required vaccines.</p> <p>Remember the PME that was issued? This student is exempt from varicella.</p> |
| 18 |  | <p>The PME meets the requirements for the missing varicella doses and the student has all other required doses. This student may be admitted unconditionally.</p> <ul style="list-style-type: none"> • Add an “x” in the PME column for varicella • In the Status of Requirements section, add your initials, do not mark “Has All Required Vaccine Doses” because the student is missing varicella. Add the date. • Student 2 may be admitted unconditionally. Unconditional admission means no follow-up is required. They’re done until the next grade span at 7th grade, or prior to that if their exemption is revoked. |
| 19 |  | <p><i>Note to instructor, Students 3 and 4 will be using the same basic immunization history.</i></p> <p>TK admission on August 15, 2024.</p> |
| 20 |  | <p>This student is registering for TK and has a medical exemption issued from CAIR ME. We can see that it is a temporary medical exemption or TME.</p> <p>The student is exempt from varicella and polio vaccines until the expiration date. Please make a note of this expiration date as you’ll need it for following up for continued attendance.</p> |

| Slide # | Slide Image | Speaker Notes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|-----------------|-----------------|-----------------|-----------------|-------------------|----------|----------|--|--|--|--|----------|----------|----------|----------|----------|-------------------------------|----------|----------|--|--|--|------------------------------------|----------|----------|--|--|--|---------------------|----------|----------|----------|--|--|----------------------------------|----------|--|--|--|--|--|--|--|--|--|--|--|
| 21 | <p>Student 3 {Immunization Record page 1}</p> <p>Name: Student Four DOB: 2/11/2020 MRN: 1234567 PCP: Becca Morde, MD</p> <p>Current Immunizations</p> <table border="1"> <tr> <td>COVID-19 Vaccine Dates on file: 11/05/2022, 06/07/2022, 12/04/2021, 11/11/2021</td> <td>Diphtheria, tetanus, pertussis (DTaP) Vaccine Dates on file: 02/21/2024, 05/15/2021, 08/29/2020, 06/24/2020, 04/19/2020</td> <td>Flu Vaccine Dates on file: 10/27/2023, 10/17/2022, 10/28/2021, 10/10/2020</td> </tr> <tr> <td>Haemophilus influenzae type B (HIB) Vaccine Dates on file: 05/15/2021, 09/29/20</td> <td>Hepatitis A Vaccine Dates on file: 08/21/2021, 02/22/2021</td> <td>Hepatitis B Vaccine Dates on file: 10/25/2020, 03/15/2020, 02/12/2020</td> </tr> </table> | COVID-19 Vaccine Dates on file: 11/05/2022, 06/07/2022, 12/04/2021, 11/11/2021 | Diphtheria, tetanus, pertussis (DTaP) Vaccine Dates on file: 02/21/2024, 05/15/2021, 08/29/2020, 06/24/2020, 04/19/2020 | Flu Vaccine Dates on file: 10/27/2023, 10/17/2022, 10/28/2021, 10/10/2020 | Haemophilus influenzae type B (HIB) Vaccine Dates on file: 05/15/2021, 09/29/20 | Hepatitis A Vaccine Dates on file: 08/21/2021, 02/22/2021 | Hepatitis B Vaccine Dates on file: 10/25/2020, 03/15/2020, 02/12/2020 | <p>Sample record from Electronic Health Record (EHR).</p> <p>Transfer the dates for doses to the Blue Card.</p> <p>Note that the dates go in order of most recent first.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COVID-19 Vaccine Dates on file: 11/05/2022, 06/07/2022, 12/04/2021, 11/11/2021 | Diphtheria, tetanus, pertussis (DTaP) Vaccine Dates on file: 02/21/2024, 05/15/2021, 08/29/2020, 06/24/2020, 04/19/2020 | Flu Vaccine Dates on file: 10/27/2023, 10/17/2022, 10/28/2021, 10/10/2020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Haemophilus influenzae type B (HIB) Vaccine Dates on file: 05/15/2021, 09/29/20 | Hepatitis A Vaccine Dates on file: 08/21/2021, 02/22/2021 | Hepatitis B Vaccine Dates on file: 10/25/2020, 03/15/2020, 02/12/2020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | <p>Student 3 {Immunization Record page 2}</p> <table border="1"> <tr> <td>Measles, Mumps, Rubella (MMR) Vaccine Dates on file: 12/30/2023, 02/14/2021</td> <td>Pneumonia vaccine (pneumococcal) Vaccine Dates on file: 02/14/2021, 08/29/2020, 06/24/2020, 04/19/2020</td> <td>Polio (IPV) Vaccine Dates on file: 02/27/2024, 08/21/2021</td> </tr> <tr> <td>Rotavirus Vaccine Dates on file: 08/29/2020, 06/24/2020, 04/19/2020</td> <td>Varicella (Chickenpox) Vaccine Dates on file: 07/30/2024</td> <td></td> </tr> </table> | Measles, Mumps, Rubella (MMR) Vaccine Dates on file: 12/30/2023, 02/14/2021 | Pneumonia vaccine (pneumococcal) Vaccine Dates on file: 02/14/2021, 08/29/2020, 06/24/2020, 04/19/2020 | Polio (IPV) Vaccine Dates on file: 02/27/2024, 08/21/2021 | Rotavirus Vaccine Dates on file: 08/29/2020, 06/24/2020, 04/19/2020 | Varicella (Chickenpox) Vaccine Dates on file: 07/30/2024 | | <p>Now, transfer the dates for required doses on page 2.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Measles, Mumps, Rubella (MMR) Vaccine Dates on file: 12/30/2023, 02/14/2021 | Pneumonia vaccine (pneumococcal) Vaccine Dates on file: 02/14/2021, 08/29/2020, 06/24/2020, 04/19/2020 | Polio (IPV) Vaccine Dates on file: 02/27/2024, 08/21/2021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rotavirus Vaccine Dates on file: 08/29/2020, 06/24/2020, 04/19/2020 | Varicella (Chickenpox) Vaccine Dates on file: 07/30/2024 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | <p>Student 3: Check Requirements</p> <table border="1"> <thead> <tr> <th rowspan="2">Required Vaccine</th> <th colspan="5">Date Each Dose Was Given (MM/DD/YY)</th> </tr> <tr> <th>1st</th> <th>2nd</th> <th>3rd</th> <th>4th</th> <th>5th</th> </tr> </thead> <tbody> <tr> <td>IPV / OPV (Polio)</td> <td>08/21/21</td> <td>02/27/24</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)</td> <td>04/19/20</td> <td>06/24/20</td> <td>08/29/20</td> <td>05/15/21</td> <td>02/27/24</td> </tr> <tr> <td>MMR (Measles, Mumps, Rubella)</td> <td>02/14/21</td> <td>12/30/23</td> <td></td> <td></td> <td></td> </tr> <tr> <td>HB (Haemophilus influenzae type b)</td> <td>05/20/20</td> <td>05/15/21</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hep B (Hepatitis B)</td> <td>02/12/20</td> <td>03/15/20</td> <td>10/25/20</td> <td></td> <td></td> </tr> <tr> <td>VAR / VZV (varicella/Chickenpox)</td> <td>07/30/24</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tdap – 7th Grade (Tetanus, Diphtheria, Pertussis)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>• Missing polio vaccine and varicella #2</p> <p>23</p> | Required Vaccine | Date Each Dose Was Given (MM/DD/YY) | | | | | 1 st | 2 nd | 3 rd | 4 th | 5 th | IPV / OPV (Polio) | 08/21/21 | 02/27/24 | | | | DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis) | 04/19/20 | 06/24/20 | 08/29/20 | 05/15/21 | 02/27/24 | MMR (Measles, Mumps, Rubella) | 02/14/21 | 12/30/23 | | | | HB (Haemophilus influenzae type b) | 05/20/20 | 05/15/21 | | | | Hep B (Hepatitis B) | 02/12/20 | 03/15/20 | 10/25/20 | | | VAR / VZV (varicella/Chickenpox) | 07/30/24 | | | | | Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis) | | | | | | <p>After filling out all of the dates, we see that the student is missing:</p> <ul style="list-style-type: none"> • 3rd and 4th doses of polio vaccine, and • 2nd dose of varicella <p>They have all the other required vaccines.</p> |
| Required Vaccine | Date Each Dose Was Given (MM/DD/YY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 st | 2 nd | 3 rd | 4 th | 5 th | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IPV / OPV (Polio) | 08/21/21 | 02/27/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis) | 04/19/20 | 06/24/20 | 08/29/20 | 05/15/21 | 02/27/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MMR (Measles, Mumps, Rubella) | 02/14/21 | 12/30/23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HB (Haemophilus influenzae type b) | 05/20/20 | 05/15/21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hep B (Hepatitis B) | 02/12/20 | 03/15/20 | 10/25/20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VAR / VZV (varicella/Chickenpox) | 07/30/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Slide # | Slide Image | Speaker Notes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------------------------------|---------------------------------------|--|---|--|-----------------------------------|-----------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-------------------|-------------------|----------|----------|--|--|--|--|--|----------|----------|----------|-------------------------------|----------|-------------------------------|----------|----------|--|-------------------------------------|----------|-------------------------------------|-------------------------------------|----------|----------|---------------------|----------|----------|---------------------|----------|----------|----------------------------------|----------|--|--|----------------------------------|----------|--|--|--|--|--|--|---|--|--|--|--|--|--|---|--------------------------------|-----------------------------|--|---|--|-----------------------------------|-----------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-------|----|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|--|-----------------|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|---|
| 24 |  <p>TME + All Other Doses: Conditional</p> <p>Parent Name (Last, First, Middle): Three, Student Statewide Student Identifier (SSIS): 123456789 Ethnicity: <input checked="" type="checkbox"/> Hispanic/Latino Name of Family/Sharee (Last, First): Three, Parvok Birthdate (MM/DD/YYYY): 02/11/2020 Gender: Female</p> <table border="1"> <thead> <tr> <th rowspan="2">Required Vaccine</th> <th colspan="5">Date Each Dose Was Given (MM/DD/YYYY)</th> <th rowspan="2">Deadline</th> </tr> <tr> <th>1st</th> <th>2nd</th> <th>3rd</th> <th>4th</th> <th>5th</th> </tr> </thead> <tbody> <tr> <td>IPV / OPV (Polio)</td> <td>08/23/21</td> <td>02/27/24</td> <td></td> <td></td> <td></td> <td rowspan="2">Polio #3, Varicella #2 12/15/24</td> </tr> <tr> <td>DTaP / DTP - Age 0-6 years Tdap / TD - Age 7+ years (Diphtheria, Tetanus, Pertussis)</td> <td>04/19/20</td> <td>06/24/20</td> <td>08/29/20</td> <td>05/15/21</td> <td>02/27/24</td> </tr> <tr> <td>MMR (Measles, Mumps, Rubella)</td> <td>02/14/21</td> <td>12/30/23</td> <td></td> <td></td> <td></td> <td rowspan="2">Follow-Up 11/15/24</td> </tr> <tr> <td>Hib (Haemophilus influenzae type b)</td> <td>09/29/20</td> <td>05/15/21</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hep B (Hepatitis B)</td> <td>02/12/20</td> <td>03/15/20</td> <td>10/25/20</td> <td></td> <td></td> <td></td> </tr> <tr> <td>VAR / VZV (Varicella/Chickenpox)</td> <td>07/30/24</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tdap - 7th Grade (Tetanus, Diphtheria, Pertussis)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Status of Requirements</p> <table border="1"> <thead> <tr> <th rowspan="2">Status of Requirements (Child Care or Pre-school)</th> <th rowspan="2">Staff Initials (Parental/guardian consent)</th> <th rowspan="2">Has All Required Vaccine Doses</th> <th rowspan="2">Temporary Medical Exemption</th> <th rowspan="2">Missing Doses Not Correctly Documented</th> <th rowspan="2">Missing Doses Are Overdue - Needs Follow-Up</th> <th rowspan="2">Follow-up Date(s) (Date conditional admission concludes or exemption ends)</th> <th rowspan="2">Other See credit on internet site</th> <th rowspan="2">Date Requirements Met</th> </tr> <tr> <th><input type="checkbox"/> SP</th> <th><input type="checkbox"/> NP</th> <th><input type="checkbox"/> NP</th> <th><input type="checkbox"/> NP</th> </tr> </thead> <tbody> <tr> <td>TK-12</td> <td>MM</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td>11/15/24</td> </tr> <tr> <td>7th Grade (Admission/for Admission)</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Required Vaccine | Date Each Dose Was Given (MM/DD/YYYY) | | | | | Deadline | 1 st | 2 nd | 3 rd | 4 th | 5 th | IPV / OPV (Polio) | 08/23/21 | 02/27/24 | | | | Polio #3, Varicella #2 12/15/24 | DTaP / DTP - Age 0-6 years Tdap / TD - Age 7+ years (Diphtheria, Tetanus, Pertussis) | 04/19/20 | 06/24/20 | 08/29/20 | 05/15/21 | 02/27/24 | MMR (Measles, Mumps, Rubella) | 02/14/21 | 12/30/23 | | | | Follow-Up 11/15/24 | Hib (Haemophilus influenzae type b) | 09/29/20 | 05/15/21 | | | | Hep B (Hepatitis B) | 02/12/20 | 03/15/20 | 10/25/20 | | | | VAR / VZV (Varicella/Chickenpox) | 07/30/24 | | | | | | Tdap - 7 th Grade (Tetanus, Diphtheria, Pertussis) | | | | | | | Status of Requirements (Child Care or Pre-school) | Staff Initials (Parental/guardian consent) | Has All Required Vaccine Doses | Temporary Medical Exemption | Missing Doses Not Correctly Documented | Missing Doses Are Overdue - Needs Follow-Up | Follow-up Date(s) (Date conditional admission concludes or exemption ends) | Other See credit on internet site | Date Requirements Met | <input type="checkbox"/> SP | <input type="checkbox"/> NP | <input type="checkbox"/> NP | <input type="checkbox"/> NP | TK-12 | MM | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | 11/15/24 | 7 th Grade (Admission/for Admission) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | <p>Remember that this student has a TME for the missing doses and they have all other required doses.</p> <p>We'll process this student differently than the Permanent Medical Exemption scenario.</p> <p>Student 3 may be admitted <i>Conditionally</i>.</p> <ul style="list-style-type: none"> Follow-up is required before the TME expires. We made a note of the exemption expiration date in December. This is the deadline. It's best to send a reminder about a month before the deadline. We'll show you how to do this with the next student. <p>In the Status of Requirements section:</p> <ul style="list-style-type: none"> Add your initials, and mark "Temporary Medical Exemption". Add the follow-up date. <p>Parents will need to show proof of receiving the missing doses or a new TME before the expiration date in order for the student to continue to attend school.</p> |
| Required Vaccine | Date Each Dose Was Given (MM/DD/YYYY) | | | | | Deadline | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 st | 2 nd | 3 rd | 4 th | 5 th | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IPV / OPV (Polio) | 08/23/21 | 02/27/24 | | | | Polio #3, Varicella #2 12/15/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DTaP / DTP - Age 0-6 years Tdap / TD - Age 7+ years (Diphtheria, Tetanus, Pertussis) | 04/19/20 | 06/24/20 | 08/29/20 | 05/15/21 | 02/27/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MMR (Measles, Mumps, Rubella) | 02/14/21 | 12/30/23 | | | | Follow-Up 11/15/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hib (Haemophilus influenzae type b) | 09/29/20 | 05/15/21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hep B (Hepatitis B) | 02/12/20 | 03/15/20 | 10/25/20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VAR / VZV (Varicella/Chickenpox) | 07/30/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tdap - 7 th Grade (Tetanus, Diphtheria, Pertussis) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status of Requirements (Child Care or Pre-school) | Staff Initials (Parental/guardian consent) | Has All Required Vaccine Doses | Temporary Medical Exemption | Missing Doses Not Correctly Documented | Missing Doses Are Overdue - Needs Follow-Up | Follow-up Date(s) (Date conditional admission concludes or exemption ends) | Other See credit on internet site | Date Requirements Met | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | <input type="checkbox"/> SP | <input type="checkbox"/> NP | <input type="checkbox"/> NP | <input type="checkbox"/> NP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TK-12 | MM | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | 11/15/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 th Grade (Admission/for Admission) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 |  <p>Student 4</p> <p>TK Admission</p> | TK admission on August 15, 2024. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 |  <p>Student 4: No TME</p> <table border="1"> <thead> <tr> <th rowspan="2">Required Vaccine</th> <th colspan="5">Date Each Dose Was Given (MM/DD/YYYY)</th> </tr> <tr> <th>1st</th> <th>2nd</th> <th>3rd</th> <th>4th</th> <th>5th</th> </tr> </thead> <tbody> <tr> <td>IPV / OPV (Polio)</td> <td>08/23/21</td> <td>02/27/24</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DTaP / DTP - Age 0-6 years Tdap / TD - Age 7+ years (Diphtheria, Tetanus, Pertussis)</td> <td>04/19/20</td> <td>06/24/20</td> <td>08/29/20</td> <td>05/15/21</td> <td>02/27/24</td> </tr> <tr> <td>MMR (Measles, Mumps, Rubella)</td> <td>02/14/21</td> <td>12/30/23</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hib (Haemophilus influenzae type b)</td> <td>09/29/20</td> <td>05/15/21</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hep B (Hepatitis B)</td> <td>02/12/20</td> <td>03/15/20</td> <td>10/25/20</td> <td></td> <td></td> </tr> <tr> <td>VAR / VZV (Varicella/Chickenpox)</td> <td>07/30/24</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tdap - 7th Grade (Tetanus, Diphtheria, Pertussis)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>• Missing polio vaccine and varicella #2</p> | Required Vaccine | Date Each Dose Was Given (MM/DD/YYYY) | | | | | 1 st | 2 nd | 3 rd | 4 th | 5 th | IPV / OPV (Polio) | 08/23/21 | 02/27/24 | | | | DTaP / DTP - Age 0-6 years Tdap / TD - Age 7+ years (Diphtheria, Tetanus, Pertussis) | 04/19/20 | 06/24/20 | 08/29/20 | 05/15/21 | 02/27/24 | MMR (Measles, Mumps, Rubella) | 02/14/21 | 12/30/23 | | | | Hib (Haemophilus influenzae type b) | 09/29/20 | 05/15/21 | | | | Hep B (Hepatitis B) | 02/12/20 | 03/15/20 | 10/25/20 | | | VAR / VZV (Varicella/Chickenpox) | 07/30/24 | | | | | Tdap - 7 th Grade (Tetanus, Diphtheria, Pertussis) | | | | | | <p>For Student 4, let's re-use the same record as Student 3. This time without the TME.</p> <p>All the dates are filled out the same way as before with missing doses for polio and varicella vaccines.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Required Vaccine | Date Each Dose Was Given (MM/DD/YYYY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 st | 2 nd | 3 rd | 4 th | 5 th | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IPV / OPV (Polio) | 08/23/21 | 02/27/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DTaP / DTP - Age 0-6 years Tdap / TD - Age 7+ years (Diphtheria, Tetanus, Pertussis) | 04/19/20 | 06/24/20 | 08/29/20 | 05/15/21 | 02/27/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MMR (Measles, Mumps, Rubella) | 02/14/21 | 12/30/23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hib (Haemophilus influenzae type b) | 09/29/20 | 05/15/21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hep B (Hepatitis B) | 02/12/20 | 03/15/20 | 10/25/20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VAR / VZV (Varicella/Chickenpox) | 07/30/24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tdap - 7 th Grade (Tetanus, Diphtheria, Pertussis) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Slide # | Slide Image | Speaker Notes | | | | | | | | | | | | | | | |
|--------------|---|--------------------------|----------------------------|-------------------------|----------|------------------------|------------------------|----------|------------------------|--------------------------|----------|-------------------------|--------------------------|--------------|--|-------------------------|--|
| 27 | <p data-bbox="261 226 553 258">Student 4: Check Due Date</p> <table border="1" data-bbox="256 275 685 363"> <thead> <tr> <th>Dose</th> <th>Earliest Dose May Be Given</th> <th>Exclude If Not Given By</th> </tr> </thead> <tbody> <tr> <td>Polio #2</td> <td>4 weeks after 1st dose</td> <td>8 weeks after 1st dose</td> </tr> <tr> <td>Polio #3</td> <td>4 weeks after 2nd dose</td> <td>12 months after 2nd dose</td> </tr> <tr> <td>Polio #4</td> <td>6 months after 3rd dose</td> <td>12 months after 3rd dose</td> </tr> <tr> <td>Varicella #2</td> <td>Age less than 13 years: 3 months after 1st dose</td> <td>4 months after 1st dose</td> </tr> </tbody> </table>  <p data-bbox="662 558 678 573">27</p> | Dose | Earliest Dose May Be Given | Exclude If Not Given By | Polio #2 | 4 weeks after 1st dose | 8 weeks after 1st dose | Polio #3 | 4 weeks after 2nd dose | 12 months after 2nd dose | Polio #4 | 6 months after 3rd dose | 12 months after 3rd dose | Varicella #2 | Age less than 13 years: 3 months after 1st dose | 4 months after 1st dose | <p data-bbox="776 212 1479 317"><i>This time, we'll need to use the Conditional Admission Schedule to figure out the deadlines for the missing doses.</i></p> <ul data-bbox="824 363 1479 510" style="list-style-type: none"> • Polio #3 is not due until 12 months after the 2nd dose. • Varicella #2 is not due until 4 months after the 1st dose. <p data-bbox="776 548 1076 579">Checking the Blue Card</p> <ul data-bbox="824 590 1511 852" style="list-style-type: none"> • Polio #2 was given on Feb 27, 2024. Polio #3 is due 12 months later which is February 27, 2025. So the deadline for Polio #3 is not until next year. • Varicella #1 was given on July 30, 2024. Varicella #2 is due 4 months later which is November 20, 2024. So, the deadline for varicella #2 is not until November. <p data-bbox="776 890 1479 963">Both doses are not due before school starts on August 15, 2024.</p> <p data-bbox="776 1001 1255 1033">Can this child be admitted to school?</p> <ul data-bbox="824 1043 1511 1232" style="list-style-type: none"> • Yes, since the missing doses are not due before school starts, Student 4 may be admitted conditionally. They may attend school on the “condition” that the receive the missing doses by the deadline. <p data-bbox="776 1266 1503 1339">Now let's try to figure out when the best follow-up date is.</p> |
| Dose | Earliest Dose May Be Given | Exclude If Not Given By | | | | | | | | | | | | | | | |
| Polio #2 | 4 weeks after 1st dose | 8 weeks after 1st dose | | | | | | | | | | | | | | | |
| Polio #3 | 4 weeks after 2nd dose | 12 months after 2nd dose | | | | | | | | | | | | | | | |
| Polio #4 | 6 months after 3rd dose | 12 months after 3rd dose | | | | | | | | | | | | | | | |
| Varicella #2 | Age less than 13 years: 3 months after 1st dose | 4 months after 1st dose | | | | | | | | | | | | | | | |

| Slide # | Slide Image | Speaker Notes | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|--|--|----------------------------|-------------------------|----------|------------------------|------------------------|----------|------------------------|--------------------------|----------|-------------------------|--------------------------|--------------|-------------------------|-------------------------|-------------------------|--|--|-----------------|--|---------------------------|--------------|--|--|
| 28 | <p data-bbox="289 226 683 258">Student 4: Earliest Dose May Be Given</p> <table border="1" data-bbox="280 275 699 363"> <thead> <tr> <th>Dose</th> <th>Earliest Dose May Be Given</th> <th>Exclude If Not Given By</th> </tr> </thead> <tbody> <tr> <td>Polio #2</td> <td>4 weeks after 1st dose</td> <td>8 weeks after 1st dose</td> </tr> <tr> <td>Polio #3</td> <td>4 weeks after 2nd dose</td> <td>12 months after 2nd dose</td> </tr> <tr> <td>Polio #4</td> <td>6 months after 3rd dose</td> <td>12 months after 3rd dose</td> </tr> <tr> <td rowspan="2">Varicella #2</td> <td>Age less than 13 years:</td> <td>4 months after 1st dose</td> </tr> <tr> <td>3 months after 1st dose</td> <td></td> </tr> </tbody> </table> <div data-bbox="280 394 699 489" style="border: 1px solid black; border-radius: 10px; padding: 5px;"> <p>Footnote 1:</p> <ul style="list-style-type: none"> • Only 3 doses of polio needed if 1 dose was on or after 4th birthday • Final dose: at least 6 months after the 2nd dose </div> | Dose | Earliest Dose May Be Given | Exclude If Not Given By | Polio #2 | 4 weeks after 1st dose | 8 weeks after 1st dose | Polio #3 | 4 weeks after 2nd dose | 12 months after 2nd dose | Polio #4 | 6 months after 3rd dose | 12 months after 3rd dose | Varicella #2 | Age less than 13 years: | 4 months after 1st dose | 3 months after 1st dose | | <p data-bbox="776 212 1490 359">Usually we start sending reminders at least 1 month before the deadline. But for deadlines several months away, you can also use the timing under the Earliest Dose May Be Given column to start sending reminders.</p> <p data-bbox="776 401 1469 468">Before we do that, let's take a look at footnote #1 for Polio #3 on the Conditional Admission Schedule.</p> <p data-bbox="776 510 1502 615">It states that only 3 doses of polio vaccine are needed if the student received 1 dose on or after their 4th birthday.</p> <p data-bbox="776 657 1510 724">Referring back to the child's birth date, the student is already 4 years old, so the 3rd dose will be the last dose.</p> <p data-bbox="776 766 1494 833">The footnote also states that the earliest this final dose can be given is 6 months after the 2nd dose.</p> <p data-bbox="776 875 1490 942">Varicella #2 can be given as early as 3 months after the first dose.</p> | | | | | | |
| Dose | Earliest Dose May Be Given | Exclude If Not Given By | | | | | | | | | | | | | | | | | | | | | | | |
| Polio #2 | 4 weeks after 1st dose | 8 weeks after 1st dose | | | | | | | | | | | | | | | | | | | | | | | |
| Polio #3 | 4 weeks after 2nd dose | 12 months after 2nd dose | | | | | | | | | | | | | | | | | | | | | | | |
| Polio #4 | 6 months after 3rd dose | 12 months after 3rd dose | | | | | | | | | | | | | | | | | | | | | | | |
| Varicella #2 | Age less than 13 years: | 4 months after 1st dose | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 months after 1st dose | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | <p data-bbox="264 1102 574 1134">Student 4: Set Follow-Up Date</p> <table border="1" data-bbox="256 1150 683 1239"> <thead> <tr> <th>Dose</th> <th>Earliest Dose May Be Given</th> <th>Exclude If Not Given By</th> </tr> </thead> <tbody> <tr> <td>Polio #2</td> <td>4 weeks after 1st dose</td> <td>8 weeks after 1st dose</td> </tr> <tr> <td>Polio #3</td> <td>4 weeks after 2nd dose</td> <td>12 months after 2nd dose</td> </tr> <tr> <td>Polio #4</td> <td>6 months after 3rd dose</td> <td>12 months after 3rd dose</td> </tr> <tr> <td rowspan="2">Varicella #2</td> <td>Age less than 13 years:</td> <td>4 months after 1st dose</td> </tr> <tr> <td>3 months after 1st dose</td> <td></td> </tr> </tbody> </table> <div data-bbox="264 1262 683 1434" style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 5px; width: 20%;">Polio #2: 02/27/24</td> <td style="text-align: center; padding: 5px;">→ 6-11 months →</td> <td style="border: 1px solid black; padding: 5px; width: 80%;"> Polio #3: Deadline: 07/27/25 Reminder: 08/27/24 </td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Varicella #1: 07/30/24</td> <td style="text-align: center; padding: 5px;">→ 3 months →</td> <td style="border: 1px solid black; padding: 5px;"> Varicella #2: Deadline: 11/30/24 Reminder: 10/30/24 </td> </tr> </table> </div> | Dose | Earliest Dose May Be Given | Exclude If Not Given By | Polio #2 | 4 weeks after 1st dose | 8 weeks after 1st dose | Polio #3 | 4 weeks after 2nd dose | 12 months after 2nd dose | Polio #4 | 6 months after 3rd dose | 12 months after 3rd dose | Varicella #2 | Age less than 13 years: | 4 months after 1st dose | 3 months after 1st dose | | Polio #2: 02/27/24 | → 6-11 months → | Polio #3: Deadline: 07/27/25 Reminder: 08/27/24 | Varicella #1: 07/30/24 | → 3 months → | Varicella #2: Deadline: 11/30/24 Reminder: 10/30/24 | <p data-bbox="776 1087 1485 1155">Now let's apply this information to set follow-up dates for Student 4.</p> <p data-bbox="776 1197 1510 1386">Polio # 3: Based on the footnote from the Conditional Admission Schedule, you could start sending a reminder as early as 6 months after the 2nd dose (and up until the month before the deadline, 11 months after the 2nd dose). Let's use the 6-month date of August 27, 2024.</p> <p data-bbox="776 1428 1485 1495">Varicella #2 can be given 3 months after the first dose. That's on October 30th, 1 month before the deadline.</p> <p data-bbox="776 1537 1421 1642">Use the earlier follow-up date (circled) to send a reminder to parents about the deadlines for both vaccines.</p> |
| Dose | Earliest Dose May Be Given | Exclude If Not Given By | | | | | | | | | | | | | | | | | | | | | | | |
| Polio #2 | 4 weeks after 1st dose | 8 weeks after 1st dose | | | | | | | | | | | | | | | | | | | | | | | |
| Polio #3 | 4 weeks after 2nd dose | 12 months after 2nd dose | | | | | | | | | | | | | | | | | | | | | | | |
| Polio #4 | 6 months after 3rd dose | 12 months after 3rd dose | | | | | | | | | | | | | | | | | | | | | | | |
| Varicella #2 | Age less than 13 years: | 4 months after 1st dose | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 months after 1st dose | | | | | | | | | | | | | | | | | | | | | | | | |
| Polio #2: 02/27/24 | → 6-11 months → | Polio #3: Deadline: 07/27/25 Reminder: 08/27/24 | | | | | | | | | | | | | | | | | | | | | | | |
| Varicella #1: 07/30/24 | → 3 months → | Varicella #2: Deadline: 11/30/24 Reminder: 10/30/24 | | | | | | | | | | | | | | | | | | | | | | | |

Slide # **Slide Image** **Speaker Notes**

30

Missing Doses Not Due: Conditional ✔

| Child Name (Last, First, Middle): Four, Student | | Statewide Student Identifier (SSID): 123456789 | | Ethnicity: <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Non-Hispanic/Other Latino <input type="checkbox"/> Other | | Race: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other | |
|---|-----------------|--|-----------------|---|-----------------|---|---|
| Name of Parent/Guardian (Last, First): Four, Parent | | Birthdate (MM/DD/YYYY): 02/11/2020 | | Gender: Female | | | |
| Required Vaccine | 1 st | 2 nd | 3 rd | 4 th | 5 th | 6 th | Notes for School Requirements |
| IPV / OPV (polio) | 08/23/21 | 02/27/24 | | | | | <input type="checkbox"/> |
| DTaP / DTP - Age 4-6 years | | | | | | | <input type="checkbox"/> |
| Tdap / Td - Age 7+ years (Diphtheria, Tetanus, Pertussis) | 04/15/20 | 06/24/20 | 08/29/20 | 05/15/21 | 02/27/24 | | 1. Does meet TK-12 requirement, at age 12 does if 1 dose given at age 10 years. 2. Does meet TK-12 requirement, at age 11 does if 1 dose given at age 10 years. 3. Does meet TK-12 requirement, at age 10 does if 1 dose given at age 9 years. 4. Does meet TK-12 requirement, at age 9 does if 1 dose given at age 8 years. |
| MMR (Measles, Mumps, Rubella) | 02/14/21 | 12/08/23 | | | | | <input type="checkbox"/> |
| MMR2 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR3 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR4 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR5 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR6 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR7 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR8 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR9 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR10 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR11 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR12 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR13 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR14 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR15 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR16 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR17 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR18 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR19 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR20 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR21 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR22 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR23 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR24 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR25 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR26 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR27 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR28 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR29 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR30 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR31 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR32 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR33 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR34 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR35 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR36 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR37 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR38 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR39 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR40 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR41 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR42 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR43 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR44 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR45 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR46 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR47 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR48 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR49 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR50 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR51 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR52 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR53 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR54 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR55 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR56 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR57 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR58 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR59 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR60 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR61 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR62 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR63 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR64 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR65 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR66 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR67 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR68 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR69 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR70 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR71 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR72 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR73 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR74 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR75 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR76 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR77 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR78 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR79 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR80 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR81 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR82 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR83 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR84 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR85 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR86 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR87 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR88 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR89 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR90 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR91 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR92 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR93 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR94 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR95 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR96 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR97 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR98 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR99 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |
| MMR100 (Measles, Mumps, Rubella) | | | | | | | <input type="checkbox"/> |

Since we determined the missing doses are not due yet, **Student 4 may be admitted conditionally**. Mark the Missing Doses Not Currently Due column and add the follow-up date for when you will send a reminder.

Note to instructor: Participants can cross out prior status to conserve blue cards.

31

Send a Reminder

NOTICE OF IMMUNIZATIONS NEEDED

Your child/teen needs the following immunizations to meet the requirements of the California School Immunization Law, Health and Safety Code Sections 120025-120075.

NAME: Student Four **DOB:** 02/11/24

SEX: Male Female **DATE:** 02/27/25

AGE: 0-4 5-6 7-12 13-17

ALL PREVIOUS AND: Yes No

REASON: New Transfer **DATE:** 11/30/24

TYPE OF THE 1ST DOSE: New Transfer

HOW MANY DOSES ARE NEEDED OR ARE IMMUNIZATIONS:

1. If your child/teen needs any of these immunizations listed above, bring in the immunization record book and the child's birth certificate to the immunization clinic at the school.

2. If your child/teen has received the immunizations listed above, bring the form along with your child's immunization record to your doctor or health department to get the missing doses. Make sure you update immunization record after every immunization visit and all of the required immunizations have been received.

3. If you or your immunization record giver is your child's doctor or health department, please bring an immunization record book to your child's doctor or health department.

According to state law, we cannot allow your child/teen to attend school until the above requirements are met by the date: 11/30/24

For more information on your immunization and school immunization requirements, visit shotsforschool.org. For more information on request additional information, please call **1-888-867-5309**.

Your Name: _____

Polio #3
Deadline: 02/27/25
Reminder: 08/27/24

Varicella #2:
Deadline: 11/30/24
Reminder: 10/30/24

When it's time to follow-up, fill out a Notice of Immunizations Needed letter and send it to parents. This template can be downloaded in multiple languages from the Shots for School website.

Copy the **deadline** dates over that we already calculated on the sticky note.

At the bottom where it states that "according to state law, we cannot allow your child to attend unless we receive proof that the above requirements are met by this date", insert the earliest deadline. In Student 4's case, this is the deadline for varicella vaccine in November.

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Receive Final Doses: Unconditional

| | | | |
|---|--|---|---|
| Child Name (Last, First, Middle): Four, Student | Statewide Student Identifier (SSID): 123456789 | Ethnicity: <input checked="" type="checkbox"/> Hispanic/Latino | Race: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other |
| Name of Parent/Guardian (Last, First): Four, Parent | Birthdate (MM/DD/YYYY): 02/11/2020 | Gender: Female | |

| Required Vaccine | 1 st | 2 nd | 3 rd | 4 th | 5 th | Medical Exemption | Notes for School Requirements |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|--------------------------|---|
| IPV / OPV (polio) | 08/21/21 | 02/21/24 | 11/29/24 | | | <input type="checkbox"/> | 4 doses meet FCYR-12 requirement, as do 3 doses if 3 doses given at age 12 years. |
| DTaP / DTaP - Age 6-9 years | 04/29/20 | 06/24/20 | 04/29/20 | 05/15/21 | 02/27/24 | <input type="checkbox"/> | 5 doses meet FCYR-12 requirement, as do 4 doses if 4 doses given at age 12 years. 3 doses, if 3 doses given at age 12 years. 1 dose, if 1 dose given at age 12 years. 1 dose, if 1 dose given at age 12 years. 1 dose, if 1 dose given at age 12 years. |
| MMR (Measles, Mumps, Rubella) | 02/14/21 | 12/18/23 | | | | <input type="checkbox"/> | 2 doses meet FCYR-12 requirement. Does not meet grade requirement. |
| MMR2 (Measles, Mumps, Rubella, Varicella) | 05/29/20 | 05/15/21 | | | | <input type="checkbox"/> | Required for pre-kindergarten entry. At least 1 dose must be given at age 12 years. |
| Hep B (Hepatitis B) | 02/12/20 | 03/15/20 | 10/25/20 | | | <input type="checkbox"/> | 3 doses meet FCYR-12 requirement. |
| VAR / VZV (Varicella/Chickenpox) | 01/30/24 | 11/29/24 | | | | <input type="checkbox"/> | 2 doses meet FCYR-12 requirement. |
| Tdap - 11 Grade (Tetanus, Diphtheria, Pertussis) | | | | | | <input type="checkbox"/> | 1 dose given at age 11 years meets requirement for 7 th grade advancement and 7 th -12 th grade admission. |

| Status of Requirements | Staff Initials (School nurse/parent) | Has All Required Vaccine Doses | Temporary Medical Exemption | Requires Follow-up (Missing Doses, Missing Doses - Currently Due - Certificate) | Missing Doses Are Currently - Needs District Note | Follow-up Date(s) (Date of next required vaccine or exemption end) | Other (See notes or refer to slide) | Date Requirements Met |
|--|--------------------------------------|-------------------------------------|-----------------------------|---|---|--|-------------------------------------|-----------------------|
| Pre-Kindergarten (Child Care or Preschool) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| TK-12 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 10/30/24 | | 11/30/24 |
| 7 th Grade (Advancement or Admission) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

When you receive an updated immunization record, fill in the missing doses on the Blue Card.

If, for example, as a result of the notice you sent, you received an updated immunization record showing the student received a dose of polio vaccine and a dose of varicella vaccine on November 29, 2024:

- Add the date for polio #3 and age. Next, take a look at the notes section. It says that 3 doses will meet the requirement if at least one dose was given at 4 years of age or older. This is the case for our student, so the polio requirement is met.
- Add the date for varicella #2. Now, all requirements have been met.
- **Student 4's status now changes to unconditional.** They may attend school with no further follow-up until 7th grade.
- Update the Status of Requirements section by crossing out the "x" in the Missing Doses Not Currently Due column and the Follow-Up Date.
- Put an "x" in the Has All Required Vaccine Doses column and add the date when you received the updated records and requirements were met.

33

Student 5

2nd Grade Admission

Student entering 2nd grade on August 15, 2024.

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Student 5: Immunization Record (page 1)

| VACCINE | DATE GIVEN | DOCTOR OFFICE OR CLINIC |
|--------------------|------------|--|
| HIB PRP-t | 01/26/17 | HIB PRP-t Kaiser Permanente |
| HIB PRP-t | 03/23/17 | HIB PRP-t Kaiser Permanente |
| HIB PRP-t | 05/17/17 | HIB PRP-t Kaiser Permanente |
| HIB PRP-t | 06/29/18 | HIB PRP-t Kaiser Permanente |
| INFLUENZA INF'S PR | 10/19/17 | INF'S PR 6-354 Kaiser Permanente |
| INF'S PR | 11/29/17 | INF'S Kaiser Permanente |
| INF'S | 11/29/18 | INF'S Kaiser Permanente |
| INFAN | 10/31/19 | INFAN Kaiser Permanente |
| INFAN | 12/15/20 | INFAN 2-4BYS QUAD Kaiser Permanente |
| INF'S PR | 11/13/21 | INF'S PR 4YRS+ (FLUVRIN) Kaiser Permanente |
| INF'S PR | 10/21/22 | INF'S PR 6YRS-ADULT TRT Kaiser Permanente |
| INF'S PR | 09/30/23 | INF'S PR 6MO2-ADULT QUAD Kaiser Permanente |
| MMR | 11/29/17 | MMR Kaiser Permanente |
| PREVNA13 | 01/26/17 | PREVNA13 Kaiser Permanente |
| PREVNA13 | 03/23/17 | PREVNA13 Kaiser Permanente |

Note presenter: You may want to print this slide and the next as a handout since it may be difficult to read in a presentation.

This is a close to real-life example of a record, showing that it can be confusing with combination vaccines, product brand names, and abbreviations. We'll include a link at the end of the presentation to a guide that can help.

Notice that the combination vaccines are listed under all vaccine types included in the combination vaccine. For example, DTAP-HBV-POL combination vaccine is listed under DTP, Hep B and Polio vaccine sections.

Transfer dates to the Blue Card.

Slide # **Slide Image** **Speaker Notes**

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Student 5: Immunization Record (page 2)

| VACCINE | DATE GIVEN | DOCTOR OFFICE OR CLINIC | DATE NEXT DUE |
|-------------|---------------------|-------------------------------|---------------|
| vaccina | fecha de vacunacion | oficina de medicina o clinica | proxima fecha |
| PREV1M3 | 01/26/17 | Kaiser Permanente | |
| PREV1A3 | 03/23/17 | Kaiser Permanente | |
| DTaP-HEB1 | 02/27/17 | Kaiser Permanente | |
| DTaP-HEB2 | 03/23/17 | Kaiser Permanente | |
| DTaP-HEB3 | 05/17/17 | Kaiser Permanente | |
| DTaP-HEB4 | 02/27/21 | Kaiser Permanente | |
| DTaP-HEB5 | 03/23/17 | Kaiser Permanente | |
| DTaP-HEB6 | 05/17/17 | Kaiser Permanente | |
| DTaP-HEB7 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB8 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB9 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB10 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB11 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB12 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB13 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB14 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB15 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB16 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB17 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB18 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB19 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB20 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB21 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB22 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB23 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB24 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB25 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB26 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB27 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB28 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB29 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB30 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB31 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB32 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB33 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB34 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB35 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB36 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB37 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB38 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB39 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB40 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB41 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB42 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB43 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB44 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB45 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB46 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB47 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB48 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB49 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB50 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB51 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB52 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB53 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB54 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB55 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB56 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB57 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB58 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB59 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB60 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB61 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB62 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB63 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB64 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB65 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB66 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB67 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB68 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB69 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB70 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB71 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB72 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB73 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB74 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB75 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB76 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB77 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB78 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB79 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB80 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB81 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB82 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB83 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB84 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB85 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB86 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB87 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB88 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB89 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB90 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB91 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB92 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB93 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB94 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB95 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB96 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB97 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB98 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB99 | 11/29/17 | Kaiser Permanente | |
| DTaP-HEB100 | 11/29/17 | Kaiser Permanente | |

Note: the polio component of the combination vaccine is located on this page.

Transfer the rest of the dates to the Blue Card.

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Student 5: Check Requirements

| Required Vaccine | Date Each Dose Was Given (MM/DD/YY) | | | | |
|---|-------------------------------------|-----------------|-----------------|-----------------|-----------------|
| | 1 st | 2 nd | 3 rd | 4 th | 5 th |
| IPV / OPV (Polio) | 01/26/17 | 03/23/17 | 05/17/17 | 02/27/21 | |
| DTaP / DTP - Age 0-6 years | 01/26/17 | 03/23/17 | 05/17/17 | | |
| Tdap / Td - Age 7+ years (Diphtheria, Tetanus, Pertussis) | | | | | |
| MMR (Measles, Mumps, Rubella) | 11/29/17 | | | | |
| Hib (Haemophilus influenzae type b) | 01/26/17 | 03/23/17 | 05/17/17 | 06/29/18 | |
| Hep B (Hepatitis B) | 01/26/17 | 03/23/17 | 05/17/17 | | |
| VAR / VZV (Varicella/Chickenpox) | 11/29/17 | | | | |
| Tdap - 7 th Grade (Tetanus, Diphtheria, Pertussis) | | | | | |

• Missing DTaP #4, MMR #2 and varicella #2

After filling out all of the dates, we see that the student is missing the 4th dose of DTaP, 2nd doses of MMR and varicella vaccines, but has all the other required vaccines.

Just like the previous student, we'll have to check the due dates for the missing doses.

37

Student 5: Check Due Date

| Dose | Earliest Dose May Be Given | Exclude if Not Given By |
|--------------|---|--------------------------|
| DTaP #2 | 4 weeks after 1st dose | 8 weeks after 1st dose |
| DTaP #3 | 4 weeks after 2nd dose | 8 weeks after 2nd dose |
| DTaP #4 | 6 months after 3rd dose | 12 months after 3rd dose |
| MMR #2 | 4 weeks after 1st dose | 4 months after 1st dose |
| Varicella #2 | Age less than 13 years; 3 months after 1st dose | 4 months after 1st dose |

DTaP #3
5/17/17

→

Deadline
DTaP #4: 5/17/18

MMR,
Varicella #1
11/29/17

→

MMR #2, Varicella #2:
5/29/18
OVERDUE

Referring to the Conditional Admission Schedule deadlines (Exclude if Not Given By dates)...

- DTaP #4 is due 12 months after the 3rd dose. This date has passed.
- MMR #2 and Varicella #2 are due 4 months after the 1st dose. These dates have also passed.
- This means that all of the next doses are overdue.

Can Student 5 be admitted to school? (*advance to next slide before answering question*)

38

Missing Doses Overdue: Don't Admit

| Required Vaccine | 1 st | 2 nd | 3 rd | 4 th | 5 th | Notes for School Requirements |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|---|
| IPV / OPV (Polio) | 01/26/17 | 03/23/17 | 05/17/17 | 02/27/21 | | <input type="checkbox"/> 4 doses over 75% (21 exposures) at age 3 years; 4 doses at 11 years given at age 14 years. |
| DTaP / DTP - Age 0-6 years | 01/26/17 | 03/23/17 | 05/17/17 | | | <input type="checkbox"/> 12 doses over 75% (12 exposures) at age 3 years; 4 doses at 11 years given at age 14 years; 4 doses at 15 years given at age 17 years. <i>Note: Does this meet 7th Grade requirement?</i> |
| MMR (Measles, Mumps, Rubella) | 11/29/17 | | | | | <input type="checkbox"/> 2 doses over 75% (2 exposures); 2nd dose must be given at age 13 year. |
| Hib (Haemophilus influenzae type b) | 01/26/17 | 03/23/17 | 05/17/17 | 06/29/18 | | <input type="checkbox"/> 5 doses over 75% (5 exposures); All 5 doses must be given at age 13 year. |
| Hep B (Hepatitis B) | 01/26/17 | 03/23/17 | 05/17/17 | | | <input type="checkbox"/> 3 doses over 75% (3 exposures). |
| VAR / VZV (Varicella/Chickenpox) | 11/29/17 | | | | | <input type="checkbox"/> 2 doses over 75% (2 exposures). |
| Tdap - 7 th Grade (Tetanus, Diphtheria, Pertussis) | | | | | | <input type="checkbox"/> 1 dose given at age 17 years meets requirement for 7 th grade admission and 7 th -12 th grade admission. |

| Status of Requirements | Staff Initials (Required) | Has All Required Vaccine Doses | Requires Follow up | | | | Follow up Details (Date/Time/Location or suspension end) | Other Requirements | Date Requirements Met |
|---|---------------------------|--------------------------------|--------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--|--------------------|-----------------------|
| | | | Missing Doses | Missing Doses - Health Care Provider | Missing Doses - Health Care Provider | Missing Doses - Health Care Provider | | | |
| Pre-Kindergarten (Child Care or Pre-school) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | |
| TK/12 | NN | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | | |
| 7 th Grade (Enrollment or Admission) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | | |

No, Student 5 cannot be admitted to school until they show proof of having received the overdue doses. They are currently not in compliance with CA law.

- Fill out the Notice of Immunizations Needed letter and give it to the family to take to their doctor to receive the missing doses.
- In the Status of Requirements section, add your initials, and mark "Missing Doses Are Overdue."

Slide # Slide Image

Speaker Notes

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Proof of Missing Doses: Unconditional

Proof Name (Last, First, Middle): **Five, Student**
 Statewide Student Identifier (SSID): **123456789**
 Ethnicity: Hispanic/Latino
 Name of Parent/Guardian (Last, First): **Five, Parent**
 Birthdate (Month/Day/Year): **11/26/2016**
 Gender: **Male**
 Race: African American/Black
 American Indian/Alaska Native
 Asian/Pacific Islander
 White
 Other

| Required Vaccine | Date Each Dose Was Given (MM/DD/YYYY) | | | | | Prevalence Medical Exemption | Notes for School Requirements |
|--|---------------------------------------|-----------------|-----------------|-----------------|-----------------|------------------------------|--|
| | 1 st | 2 nd | 3 rd | 4 th | 5 th | | |
| DTaP / DTaP - Age 4-6 years | 01/26/17 | 03/23/17 | 05/17/17 | 02/21/21 | | <input type="checkbox"/> | 4 doses meet TCM-12 requirement, as do 3 doses if 1 dose given at age 40 years. |
| DTaP / DTaP - Age 7+ years (California, Texas, Kentucky) | 01/26/17 | 03/23/17 | 05/17/17 | 08/15/24 | | <input type="checkbox"/> | 5 doses meet TCM-12 requirement, as do 4 doses if 1 dose given at age 40 years; 3 doses if 1 dose given at age 17 years; 2 doses meet TCM-12 requirement. |
| MMR (Measles, Mumps, Rubella) | 11/29/17 | | 08/15/24 | | | <input type="checkbox"/> | 2 doses meet TCM-12 requirement; 1 dose must be given at age 12 year. |
| Hib (Haemophilus influenzae type b) | Age 12 mos | | | | | <input type="checkbox"/> | Required for pre-kindergarten entry; 10 doses if 1 dose must be given at age 12 year. |
| Hep B (Hepatitis B) | 01/26/17 | 03/23/17 | 05/17/17 | 06/29/18 | | <input type="checkbox"/> | 3 doses meet TCM-12 requirement. |
| VAR / VZV (Varicella/Chickenpox) | 11/29/17 | 08/15/24 | | | | <input type="checkbox"/> | 2 doses meet TCM-12 requirement. |
| Tdap - 11 th Grade (Tetanus, Diphtheria, Pertussis) | Age _____ yrs | | | | | <input type="checkbox"/> | 1 dose given at age 11 when meets requirement for 7 th -12 th grade advancement and 7 th -12 th grade admission. |

Status of Requirements:

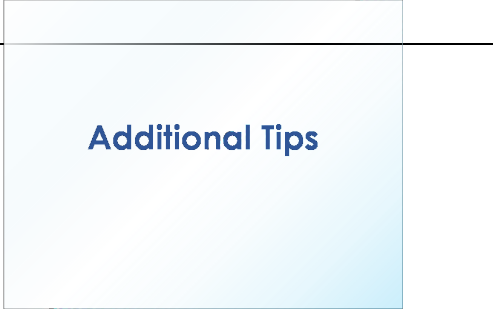
| Pre-Kindergarten (Child Care or Preschool) | TK/K-12 | 7 th Grade (Advancement or Admission) | Requires Follow-up | | | | Other (See exemption or exception code) | Date Requirements Met |
|--|-------------------------------------|--|-------------------------------------|-----------------------------|--------------------------------|-------------------------------------|---|-----------------------|
| | | | Has All Required Vaccine Doses | Temporary Medical Exemption | Missing Doses Due - California | Missing Doses Are Overdue | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 08/16/24 |

Once you receive an updated immunization record for the overdue doses...

If, for example, as a result of the notice you sent to the family, you received an updated immunization record showing the student received a doses of DTaP, MMR and Varicella on August 15, 2024:

- Add the dates to the Blue Card.
- Check the notes section to see if requirements are met.
 - DTaP: 4 doses meet requirement if at least one dose was given at age 4 years or older. Check!
 - MMR#2: both doses must be given at age 1 year or older. Check!
 - Varicella: 2 doses meet the requirement. Check!
- In the Status of Requirements section, cross out the x on the “Missing Doses Are Overdue” column.
- Add an “x” to the Has All Required Vaccine Doses” column and the date you received the updated record.
- **Now, Student 5 may be admitted unconditionally.**

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Now for a few more general items

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Roster of Students Missing Doses

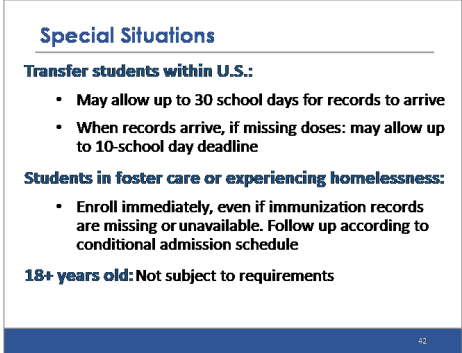
If Missing Doses, Mark the Category (Reason) Mark Missing Vaccines

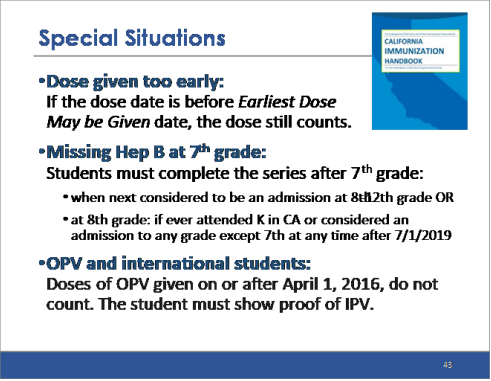
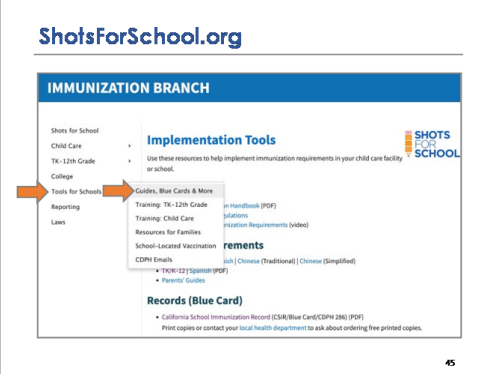
| Student | Has All Required Doses | MMR | Hib | Hep B | DTaP | Varicella | Other | Public | DTaP | MMR | Hep B | Varicella |
|---------------|------------------------|-----|-----|-------|------|-----------|-------|--------|------|-----|-------|-----------|
| Student Two | X | | | | | | | | | | | X |
| Student Three | | | | | X | | | X | | | | X |
| Student Four | | | | X | | | | X | | | | X |
| Student Five | | | | | | | X | X | X | | | X |

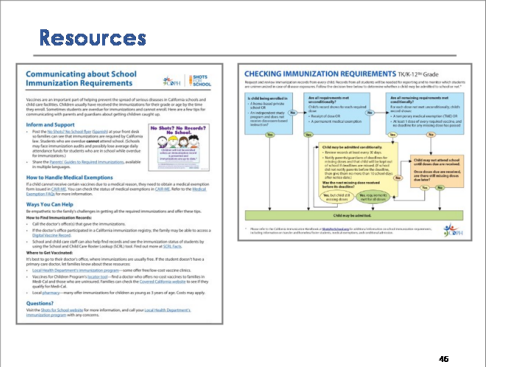
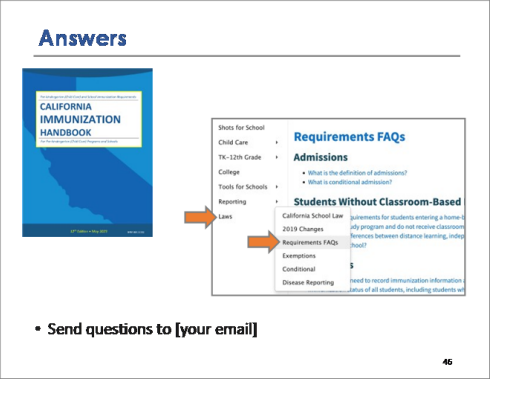

It's helpful to list all the students who are missing doses to have as an easy reference during outbreaks and Immunization Reporting to the California Department of Public Health (CDPH).

Remember the 6 categories we went over at the beginning when we were on slide 7? There's a column for each one on the Worksheet.

You'll need to report the number of kindergarten and 7th grade students in each of the 6 categories to CDPH in the fall.

| Slide # | Slide Image | Speaker Notes |
|---------|---|---|
| 42 |  <p>Special Situations</p> <p>Transfer students within U.S.:</p> <ul style="list-style-type: none"> • May allow up to 30 school days for records to arrive • When records arrive, if missing doses: may allow up to 10-school day deadline <p>Students in foster care or experiencing homelessness:</p> <ul style="list-style-type: none"> • Enroll immediately, even if immunization records are missing or unavailable. Follow up according to conditional admission schedule <p>18+ years old: Not subject to requirements</p> | <p>For transfer students:</p> <ul style="list-style-type: none"> • If immunization record is not available at the time of admission, admit for up to 30 school days while waiting for records to arrive from previous school. • After 30 school days, exclude the student until parents can submit documentation of required doses. • If you get the folder from the other school and see missing doses, you may allow up to 10 school days for parents to show those doses were given. Exclude the student after the deadline (no more than 10 school days). <p>For foster care and students experiencing homelessness:</p> <ul style="list-style-type: none"> • Enroll students immediately, even if immunization records are missing or unavailable at the time of enrollment. They can typically be considered transfer students and so can have up to 30 school days to show proof of immunization. For homeless students, it's important for the homeless liaison to work with them immediately to help connect them with health care services and follow up according to the conditional admission schedule. Once records arrive, follow the normal process. Students who do not have proof of meeting the requirements are subject to exclusion until proof of immunizations are submitted. <p>For those 18+ years old:</p> <p>These students are not subject to requirements. You can still recommend these students finish catching up on missing vaccines.</p> |

| Slide # | Slide Image | Speaker Notes |
|---------|---|---|
| 43 |  | <p><i>These topics can be covered with more advanced groups or skipped for beginners.</i></p> <ul style="list-style-type: none"> Intervals too small (example: 3rd Hep B dose for student admitted conditionally was given too early): If a dose is given before the earliest dose may be given date on the conditional admission schedule, it still counts towards the requirement. See California Immunization Handbook pages 10-11 for additional details about which doses to check the timing of. Missing dose of Hep B at 7th grade admission or advancement: After 7th grade, students are required to continue the series: <ul style="list-style-type: none"> if and when next considered to be an admission at 8th-12th grade OR at 8th grade entry: if ever attended K in CA or considered an admission to any grade except 7th at any time on or after 7/1/19. Students would follow the conditional admission schedule until the series is complete. For international students, any doses of OPV given on or after April 1, 2016 do not count. The student must show proof of IPV. Referenced on pages 9 and 11 of the CA Immunization Handbook. |
| 44 |  | <p>You can find all the resources that we used in this training and more on the Shots For School website.</p> <p>Most can be found by selecting the Tools for Schools section in the navigation, and the Guides, Blue Cards & More section.</p> |

| Slide # | Slide Image | Speaker Notes |
|---------|--|---|
| 45 |  <p>Resources</p> <p>Communicating about School Immunization Requirements</p> <p>Communicating about School Immunization Requirements provides an overview of why parents should be aware of immunization requirements in California schools and offers tips for how to communicate with parents about immunization requirements. It also provides information on how to communicate with parents about immunization requirements.</p> <p>Information and Support</p> <p>For more information, visit the California Department of Public Health website at www.cdph.ca.gov or call 1-800-553-4464. You can also contact your local health department for more information.</p> <p>How to Handle Medical Exemptions</p> <p>For more information, visit the California Department of Public Health website at www.cdph.ca.gov or call 1-800-553-4464. You can also contact your local health department for more information.</p> <p>Why You Can Help</p> <p>For more information, visit the California Department of Public Health website at www.cdph.ca.gov or call 1-800-553-4464. You can also contact your local health department for more information.</p> <p>Checklist for Immunization Requirements</p> <p>For more information, visit the California Department of Public Health website at www.cdph.ca.gov or call 1-800-553-4464. You can also contact your local health department for more information.</p> <p>Where to Get Immunized</p> <p>For more information, visit the California Department of Public Health website at www.cdph.ca.gov or call 1-800-553-4464. You can also contact your local health department for more information.</p> <p>Questions?</p> <p>For more information, visit the California Department of Public Health website at www.cdph.ca.gov or call 1-800-553-4464. You can also contact your local health department for more information.</p> <p>45</p> | <p>Resources include tips for communicating with parents about the immunization requirements and this decision tree that helps guide you through the process of checking records that we went through today.</p> |
| 46 |  <p>Answers</p> <p>CALIFORNIA IMMUNIZATION HANDBOOK</p> <p>Requirements FAQs</p> <ul style="list-style-type: none"> Admissions <ul style="list-style-type: none"> What is the definition of admissions? What is conditional admission? Students Without Classroom-Based <ul style="list-style-type: none"> Requirements for students entering a home study program and do not receive classroom lessons between distance learning, hybrid, or dual enrollment. 2019 Changes <ul style="list-style-type: none"> Requirements FAQs Exemptions Conditional <ul style="list-style-type: none"> need to record immunization information about all students, including students Disease Reporting <p>• Send questions to [your email]</p> <p>46</p> | <p>If you need more answers,</p> <ul style="list-style-type: none"> • check out the California Immunization Handbook in the Tools for School section, or • FAQs in the Laws section of the Shots for School website or • Send me an email (<i>instructor: fill in the email on the slide with your local contact</i>) or • Email Shotsforschool@cdph.ca.gov |
| 47 |  <p>Thank You!</p> | <p>Thank you for your participation!</p> |