

Presenter Notes

California Pre-K Immunization Requirements



Thank you for your efforts in helping pre-kindergarten (child care) 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 filling out the 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 90 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 Special Situations 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.) You can also use pre-fill printed Blue Cards.
- Make sure students take the online training before attending your class to avoid having to explain everything.



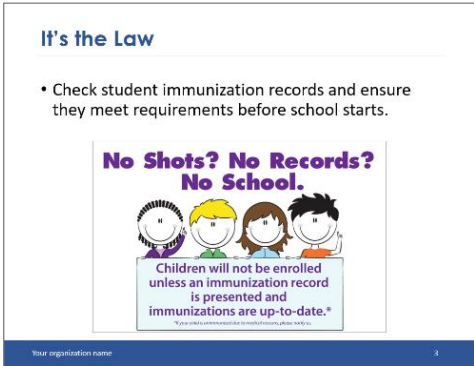
Gather Materials Before the Class

1. You may want to ask students to bring certificates of completion for the online training.
2. Provide print outs for each student:
 - 6 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 [Child Care Guide](#)
 - 1 copy of [Pre-K Requirements Highlighted on Blue Card](#) job aid
 - 7 post-its for noting due dates and follow-up dates
3. Print out the slides and script for yourself. See the following pages.

Slides and Script

California Pre-Kindergarten 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.

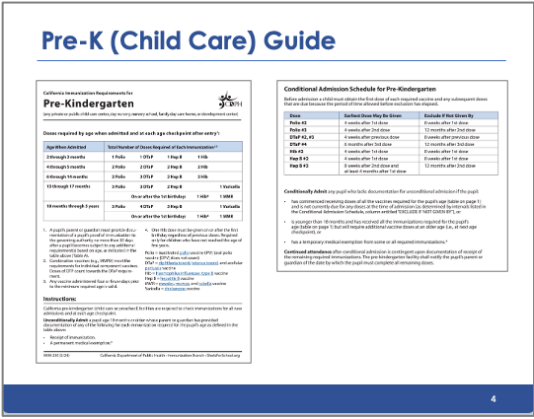
Slide #	Slide Image	Speaker Notes (add your own words where needed)
1		<p>Welcome!</p> <p><i>Instructors: feel free to replace the icons with your organization logo or other image.</i></p>
2		<p>Thank you all for becoming Immunization Champions and helping to keep our children safe from preventable diseases.</p> <p>These slides will emphasize what is covered in the immunization Training for Child Care Staff – these trainings should be viewed by all staff tasked with checking and documenting immunizations required for child care 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

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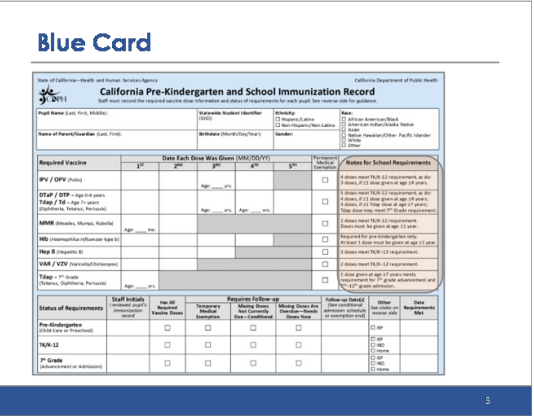
Quick reference.

The laws are summarized in the Child Care Guide. You all have copies.

We'll be using different parts of this guide throughout this training:

- Table with requirements
- Footnotes
- Definitions
- Conditional Admission table

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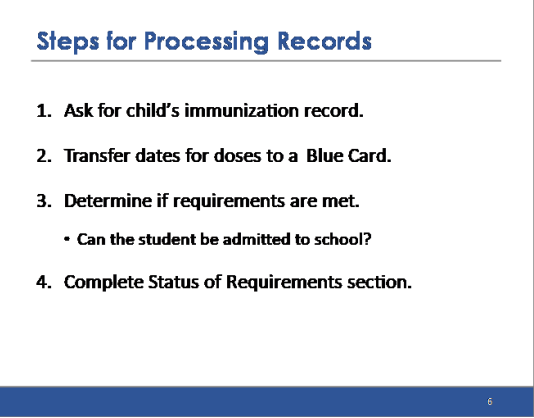
Quick reference.

You all also have copies of the California Pre-K and School Immunization Record, also known as the Blue Card.

The Notes section on the Blue Card does not apply to Pre-K requirements. Please disregard them.


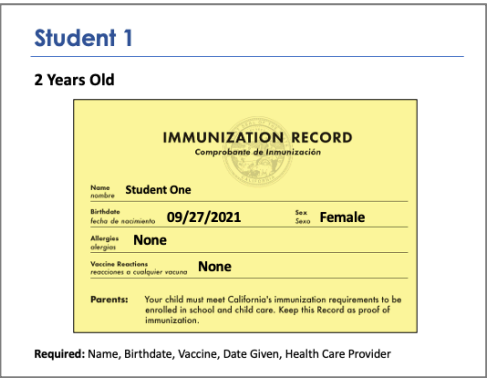
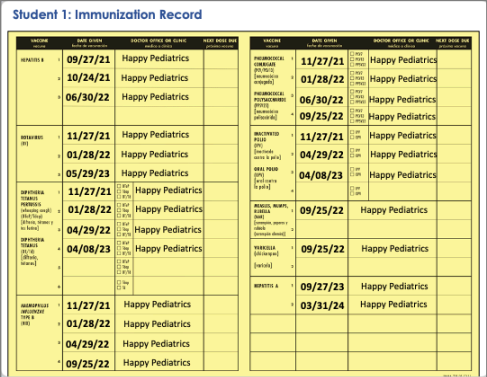
- Some of your schools may have Student Immunization Information Systems, but for the purpose of this training we're going to use the paper Blue Cards to create records.

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These are the four basic steps to processing immunization records.

Slide #	Slide Image	Speaker Notes
7	<p>Can A Student Attend Pre-K?</p> <ul style="list-style-type: none"> ✔ Unconditional Admission <ol style="list-style-type: none"> 1. Has all required doses (age 18+ months) OR 2. Permanent medical exemption (PME) for missing doses (age 18+ months) OR 3. Other: Individualized Education Program (IEP) Services ✔ Conditional Admission <ol style="list-style-type: none"> 4. Missing doses are not due yet and has at least 1 dose of every required vaccine OR 5. Younger than 18 months old and has all required vaccines for their age OR 6. Temporary medical exemption (TME) for missing doses ✘ Do Not Admit <ol style="list-style-type: none"> 7. 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 a child falls under and if they can attend pre-k or not. There are 7 categories under which students can fall:</p> <p>Unconditional Admission means that children have met all requirements and can attend pre-k.</p> <ol style="list-style-type: none"> 1. 18 months or older and has all required doses OR 2. Permanent Medical Exemption (PME) for missing doses OR 3. Other: Children 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 children may attend pre-k on the condition they get the remaining doses when they are due.</p> <p>These children will require follow-up.</p> <ol style="list-style-type: none"> 4. Missing doses are not due yet (has at least 1 dose of every required vaccine) OR 5. Children younger than 18 months old who have all required doses for their age. See the earlier age checkpoints on the Guide OR 6. Temporary Medical eEmption (TME) for missing doses <p>Children may not be admitted to pre-k if they are in this last category...</p> <ol style="list-style-type: none"> 7. Missing doses are overdue

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8	 <p style="text-align: center;">Let's Practice</p> <p style="text-align: center;">Pre-K Admission August 15, 2024</p>	<p>Let's practice going through the steps and determining which category each child falls under and if they may be admitted to pre-k.</p> <p>For this overall training, we'll say that school begins on August 15, 2024.</p>																																																																				
9	 <p>Student 1</p> <p>2 Years Old</p> <p style="text-align: center;">IMMUNIZATION RECORD Comprobante de Inmunización</p> <p>Name: Student One</p> <p>Birthdate: 09/27/2021 Sex: Female</p> <p>Allergies: None</p> <p>Vaccines Received: None</p> <p>Parents: Your child must meet California's immunization requirements to be enrolled in school and child care. Keep this Record as proof of immunization.</p> <p>Required: Name, Birthdate, Vaccine, Date Given, Health Care Provider</p>	<p>Here's our first example: an immunization record (yellow card) for a child who is 2 years old.</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:</p> <ul style="list-style-type: none"> • Name, • Birthdate, • Vaccine, • Date Given, • Health Care Provider <p>Note: 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>Student 1: Immunization Record</p> <table border="1"> <thead> <tr> <th>DATE</th> <th>VACCINE</th> <th>DATE</th> <th>VACCINE</th> </tr> </thead> <tbody> <tr> <td>09/27/21</td> <td>Happy Pediatrics</td> <td>11/27/21</td> <td>Happy Pediatrics</td> </tr> <tr> <td>10/24/21</td> <td>Happy Pediatrics</td> <td>01/28/22</td> <td>Happy Pediatrics</td> </tr> <tr> <td>06/30/22</td> <td>Happy Pediatrics</td> <td>06/30/22</td> <td>Happy Pediatrics</td> </tr> <tr> <td></td> <td></td> <td>09/25/22</td> <td>Happy Pediatrics</td> </tr> <tr> <td>11/27/21</td> <td>Happy Pediatrics</td> <td>11/27/21</td> <td>Happy Pediatrics</td> </tr> <tr> <td>01/28/22</td> <td>Happy Pediatrics</td> <td>04/29/22</td> <td>Happy Pediatrics</td> </tr> <tr> <td>05/29/23</td> <td>Happy Pediatrics</td> <td>04/08/23</td> <td>Happy Pediatrics</td> </tr> <tr> <td>11/27/21</td> <td>Happy Pediatrics</td> <td>09/25/22</td> <td>Happy Pediatrics</td> </tr> <tr> <td>01/28/22</td> <td>Happy Pediatrics</td> <td></td> <td></td> </tr> <tr> <td>04/29/22</td> <td>Happy Pediatrics</td> <td>09/25/22</td> <td>Happy Pediatrics</td> </tr> <tr> <td>04/08/23</td> <td>Happy Pediatrics</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>09/27/23</td> <td>Happy Pediatrics</td> </tr> <tr> <td>11/27/21</td> <td>Happy Pediatrics</td> <td>03/31/24</td> <td>Happy Pediatrics</td> </tr> <tr> <td>01/28/22</td> <td>Happy Pediatrics</td> <td></td> <td></td> </tr> <tr> <td>04/29/22</td> <td>Happy Pediatrics</td> <td></td> <td></td> </tr> <tr> <td>09/25/22</td> <td>Happy Pediatrics</td> <td></td> <td></td> </tr> </tbody> </table>	DATE	VACCINE	DATE	VACCINE	09/27/21	Happy Pediatrics	11/27/21	Happy Pediatrics	10/24/21	Happy Pediatrics	01/28/22	Happy Pediatrics	06/30/22	Happy Pediatrics	06/30/22	Happy Pediatrics			09/25/22	Happy Pediatrics	11/27/21	Happy Pediatrics	11/27/21	Happy Pediatrics	01/28/22	Happy Pediatrics	04/29/22	Happy Pediatrics	05/29/23	Happy Pediatrics	04/08/23	Happy Pediatrics	11/27/21	Happy Pediatrics	09/25/22	Happy Pediatrics	01/28/22	Happy Pediatrics			04/29/22	Happy Pediatrics	09/25/22	Happy Pediatrics	04/08/23	Happy Pediatrics					09/27/23	Happy Pediatrics	11/27/21	Happy Pediatrics	03/31/24	Happy Pediatrics	01/28/22	Happy Pediatrics			04/29/22	Happy Pediatrics			09/25/22	Happy Pediatrics			<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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Student 1: 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)	11/27/21	04/29/22	04/08/23		
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	11/27/21	01/28/22	04/29/22	04/08/23	
MMR (Measles, Mumps, Rubella) Age: 12 mo.	9/25/22				
Hib (Haemophilus influenzae type b)	11/27/21	01/28/22	04/29/22	09/25/22	
Hep B (Hepatitis B)	09/27/21	10/24/21	06/30/22		
VAR / VZV (Varicella/Chickenpox)	9/25/22				
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)					

• MMR #1: 2 days before the 1st birthday (4-day grace period)

This is what the filled out Blue Card should look like.

Refer to the Pre-K Guide to check if requirements are met. Since this child is 2, we'll use the last row for ages 18 months–5 years.

- IPV: 3 doses of polio, meets requirement
- DTaP: 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. Because the date is just 2 days before the 1st birthday, we'll record the age as 12 months and not 11 months so it's obvious that the requirement has been met.**
- Hib: last dose was 2 days before 1st birthday and within 4-day grace period, so meets the requirement
- Hep B: 3 doses meets requirement
- Varicella: 1 dose meets the requirement
- Tdap: not required for pre-K

Birth date: 09/27/21


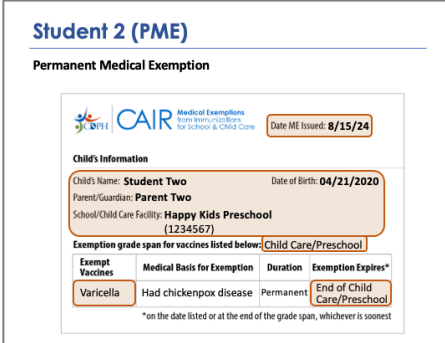
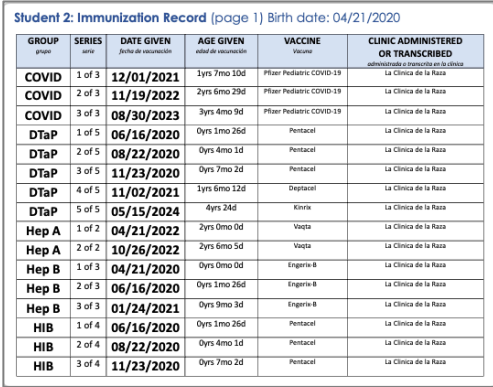
12

Has All Required Vaccine Doses: Unconditional ✔

First Name (Last, First, Middle) One, Student		Birthdate (MM/DD/YYYY) 123456789		Gender <input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female / <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"/> Hispanic/Latino <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> Other	
Name of Parent/Guardian (Last, First) One, Parent		Birthdate (MM/DD/YYYY) 09/27/2021		Gender Female			
Required Vaccine	1 st	2 nd	3 rd	4 th	5 th	Notes for School Requirements	
IPV / OPV (Polio)	11/27/21	04/29/22	04/08/23			<input type="checkbox"/>	4 doses meet TK/K-12 requirement, or the 3 doses, if 1 dose given at age 18 weeks
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	11/27/21	01/28/22	04/29/22	04/08/23		<input type="checkbox"/>	5 doses meet TK/K-12 requirement, or 4 doses, if 1 dose given at age 18 weeks. If 1 dose given at age 17 years, then dose must meet 7 th Grade requirement
MMR (Measles, Mumps, Rubella) Age: 12 mo.	9/25/22					<input type="checkbox"/>	2 doses meet TK/K-12 requirement (one must be given at age 18 months)
Hib (Haemophilus influenzae type b)	11/27/21	01/28/22	04/29/22	10/11/22		<input type="checkbox"/>	Required for pre-kindergarten entry. At least 1 dose must be given at age 21 years
Hep B (Hepatitis B)	09/27/21	10/24/21	06/30/22			<input type="checkbox"/>	3 doses meet TK/K-12 requirement
VAR / VZV (Varicella/Chickenpox)	9/25/22					<input type="checkbox"/>	2 doses meet TK/K-12 requirement
Tdap – 7 th 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 All Required Vaccine Doses		Requires Follow-up Missing Doses Are Due - Condition		Other (see Notes) Other (see Notes)		Date 08/22/24	
Pre-Kindergarten (Child Care or Preschool)	AC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08/22/24
TK/K-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 th Grade (Advancement or Admission)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Fill out the Status of Requirements Section.

Student 1 may be unconditionally admitted. No follow-up required. They're done until the next grade span at TK/K.

Slide #	Slide Image	Speaker Notes																																																																																																						
13	 <p style="text-align: center;">Student 2 Admission at 4 years old</p>	<p>Student #2 is registering at 4 years of age, admission on August 15, 2024.</p>																																																																																																						
14	 <p>Student 2 (PME) Permanent Medical Exemption</p> <p>CAIR Medical Exemptions from Immunizations for School & Child Care Date ME Issued: 8/15/24</p> <p>Child's Information Child's Name: Student Two Date of Birth: 04/21/2020 Parent/Guardian: Parent Two School/Child Care Facility: Happy Kids Preschool (1234567)</p> <p>Exemption grade span for vaccines listed below: Child Care/Preschool</p> <table border="1"> <thead> <tr> <th>Exempt Vaccines</th> <th>Medical Basis for Exemption</th> <th>Duration</th> <th>Exemption Expires*</th> </tr> </thead> <tbody> <tr> <td>Varicella</td> <td>Had chickenpox disease</td> <td>Permanent</td> <td>End of Child Care/Preschool</td> </tr> </tbody> </table> <p>*on the date listed or at the end of the grade span, whichever is sooner</p>	Exempt Vaccines	Medical Basis for Exemption	Duration	Exemption Expires*	Varicella	Had chickenpox disease	Permanent	End of Child Care/Preschool	<p>The parents have supplied a medical exemption. Starting January 1, 2021, all new exemptions must 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>																																																																																														
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15	 <p>Student 2: Immunization Record (page 1) Birth date: 04/21/2020</p> <table border="1"> <thead> <tr> <th>GROUP</th> <th>SERIES</th> <th>DATE GIVEN</th> <th>AGE GIVEN</th> <th>VACCINE</th> <th>CLINIC ADMINISTERED OR TRANSCRIBED</th> </tr> </thead> <tbody> <tr> <td>COVID</td> <td>1 of 3</td> <td>12/01/2021</td> <td>1yrs 7mo 10d</td> <td>Pfizer Pediatric COVID-19</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>COVID</td> <td>2 of 3</td> <td>11/19/2022</td> <td>2yrs 6mo 29d</td> <td>Pfizer Pediatric COVID-19</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>COVID</td> <td>3 of 3</td> <td>08/30/2023</td> <td>3yrs 4mo 9d</td> <td>Pfizer Pediatric COVID-19</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>DTaP</td> <td>1 of 5</td> <td>06/16/2020</td> <td>0yrs 1mo 26d</td> <td>Pentacel</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>DTaP</td> <td>2 of 5</td> <td>08/22/2020</td> <td>0yrs 4mo 1d</td> <td>Pentacel</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>DTaP</td> <td>3 of 5</td> <td>11/23/2020</td> <td>0yrs 7mo 2d</td> <td>Pentacel</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>DTaP</td> <td>4 of 5</td> <td>11/02/2021</td> <td>1yrs 6mo 12d</td> <td>Steptacel</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>DTaP</td> <td>5 of 5</td> <td>05/15/2024</td> <td>4yrs 2d</td> <td>Kenrix</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>Hep A</td> <td>1 of 2</td> <td>04/21/2022</td> <td>2yrs 0mo 0d</td> <td>Voetta</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>Hep A</td> <td>2 of 2</td> <td>10/26/2022</td> <td>2yrs 6mo 5d</td> <td>Voetta</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>Hep B</td> <td>1 of 3</td> <td>04/21/2020</td> <td>0yrs 0mo 0d</td> <td>Engerix-B</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>Hep B</td> <td>2 of 3</td> <td>06/16/2020</td> <td>0yrs 1mo 26d</td> <td>Engerix-B</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>Hep B</td> <td>3 of 3</td> <td>01/24/2021</td> <td>0yrs 9mo 3d</td> <td>Engerix-B</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>HIB</td> <td>1 of 4</td> <td>06/16/2020</td> <td>0yrs 1mo 26d</td> <td>Pentacel</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>HIB</td> <td>2 of 4</td> <td>08/22/2020</td> <td>0yrs 4mo 1d</td> <td>Pentacel</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>HIB</td> <td>3 of 4</td> <td>11/23/2020</td> <td>0yrs 7mo 2d</td> <td>Pentacel</td> <td>La Clínica de la Raza</td> </tr> </tbody> </table>	GROUP	SERIES	DATE GIVEN	AGE GIVEN	VACCINE	CLINIC ADMINISTERED OR TRANSCRIBED	COVID	1 of 3	12/01/2021	1yrs 7mo 10d	Pfizer Pediatric COVID-19	La Clínica de la Raza	COVID	2 of 3	11/19/2022	2yrs 6mo 29d	Pfizer Pediatric COVID-19	La Clínica de la Raza	COVID	3 of 3	08/30/2023	3yrs 4mo 9d	Pfizer Pediatric COVID-19	La Clínica de la Raza	DTaP	1 of 5	06/16/2020	0yrs 1mo 26d	Pentacel	La Clínica de la Raza	DTaP	2 of 5	08/22/2020	0yrs 4mo 1d	Pentacel	La Clínica de la Raza	DTaP	3 of 5	11/23/2020	0yrs 7mo 2d	Pentacel	La Clínica de la Raza	DTaP	4 of 5	11/02/2021	1yrs 6mo 12d	Steptacel	La Clínica de la Raza	DTaP	5 of 5	05/15/2024	4yrs 2d	Kenrix	La Clínica de la Raza	Hep A	1 of 2	04/21/2022	2yrs 0mo 0d	Voetta	La Clínica de la Raza	Hep A	2 of 2	10/26/2022	2yrs 6mo 5d	Voetta	La Clínica de la Raza	Hep B	1 of 3	04/21/2020	0yrs 0mo 0d	Engerix-B	La Clínica de la Raza	Hep B	2 of 3	06/16/2020	0yrs 1mo 26d	Engerix-B	La Clínica de la Raza	Hep B	3 of 3	01/24/2021	0yrs 9mo 3d	Engerix-B	La Clínica de la Raza	HIB	1 of 4	06/16/2020	0yrs 1mo 26d	Pentacel	La Clínica de la Raza	HIB	2 of 4	08/22/2020	0yrs 4mo 1d	Pentacel	La Clínica de la Raza	HIB	3 of 4	11/23/2020	0yrs 7mo 2d	Pentacel	La Clínica 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>
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Slide #	Slide Image	Speaker Notes
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Student 2: Immunization Record (page 2)

GROUP	SERIES	DATE GIVEN	AGE GIVEN	VACCINE	CLINIC ADMINISTERED OR TRANSCRIBED
group	serie	fecha de vacunacion	edad de vacunacion	Vacuna	administrador/a/institucion en la clinica
HIB	4 of 4	05/06/2021	1yrs 0mo 15d	Brand not specified	La Clinica de la Raza
MMR	1 of 3	05/06/2021	1yrs 0mo 15d	MMR-II	La Clinica de la Raza
MMR	2 of 2	05/15/2024	4yrs 0mo 24d	MMR-II	La Clinica de la Raza
PCV	1 of 4	06/16/2020	0yrs 1mo 26d	Prevnar 13	La Clinica de la Raza
PCV	2 of 4	08/22/2020	0yrs 4mo 1d	Prevnar 13	La Clinica de la Raza
PCV	3 of 4	01/24/2021	0yrs 9mo 3d	Prevnar 13	La Clinica de la Raza
PCV	4 of 4	05/06/2021	1yrs 0mo 15d	Prevnar 13	La Clinica de la Raza
Polio	1 of 4	06/16/2020	0yrs 1mo 26d	Pentacel	La Clinica de la Raza
Polio	2 of 4	08/22/2020	0yrs 4mo 1d	Pentacel	La Clinica de la Raza
Polio	3 of 4	11/23/2020	0yrs 7mo 2d	Pentacel	La Clinica de la Raza
Polio	4 of 4	05/15/2024	4yrs 0mo 24d	Klexin	La Clinica de la Raza
RV	1 of 3	06/16/2020	0yrs 1mo 26d	Rotarix	La Clinica de la Raza
RV	2 of 3	08/22/2020	0yrs 4mo 1d	Rotarix	La Clinica de la Raza
Flu		11/15/2022	2yrs 5mo 25d	Brand not specified	La Clinica de la Raza
Flu		10/30/2023	3yrs 5mo 3d	Brand not specified	La Clinica de la Raza

Transfer the dates for the remaining immunizations from page 2 of the record.

Instructors: wait for the class to fill out Blue Cards before proceeding.

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Student 2: 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)	06/16/20	08/22/20	11/23/20	05/15/24	
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	06/16/20	08/22/20	11/23/20	11/02/21	05/15/24
MMR (Measles, Mumps, Rubella)	05/06/21	05/15/24			
Hib (Haemophilus influenzae type b)	06/16/20	08/22/20	11/23/20	05/06/21	
Hep B (Hepatitis B)	04/21/20	06/16/20	01/24/21		
VAR / VZV (Varicella/Chickenpox)					
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)					

• Missing varicella dose

After filling out all the dates, we see that this student is missing 1 varicella vaccine dose but has all the other required vaccines.

Remember the PME that was issued? This student is exempt from varicella.


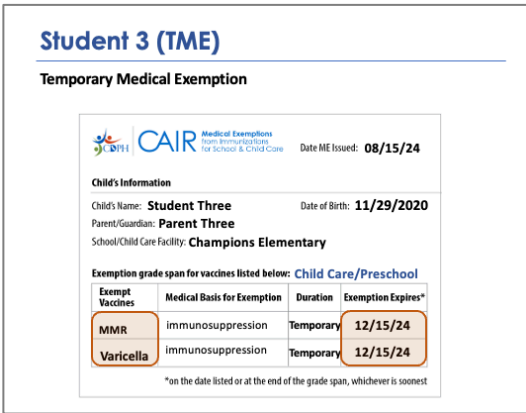
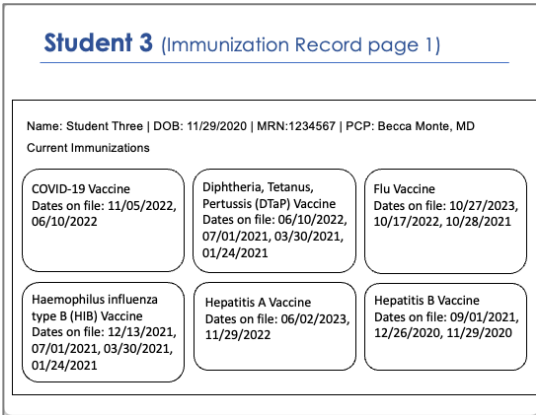
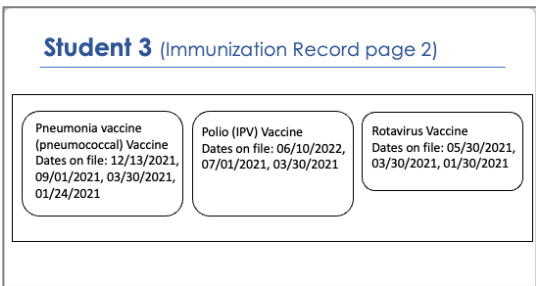
18

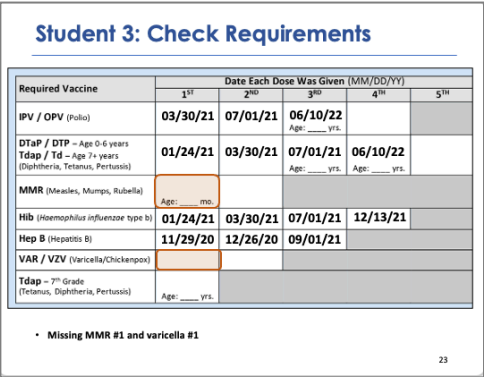
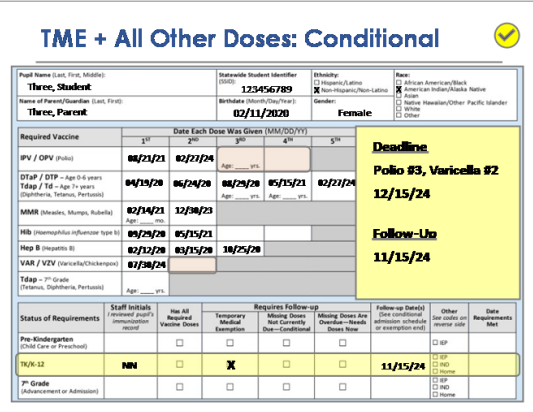

PME + All Other Doses: Unconditional

Post-Test (Pre-Test, Middle): Two, Student Name of Parent/Guardian (Last, First): Two, Parent		National Student Identifier (NSI): 123456789 Birthdate (MM/DD/YYYY): 04/21/2020	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Other	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Required Vaccine		Date Each Dose Was Given (MM/DD/YY)	Percentage Met	Notes for School Requirements
IPV / OPV (Polio)		06/16/20 08/22/20 11/23/20 05/15/24	<input type="checkbox"/>	4 doses meet 75%-12 requirement, at 4 doses, if 1 dose given at age 18 years
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)		06/16/20 08/22/20 11/23/20 11/02/21 05/15/24	<input type="checkbox"/>	Requires meet 75%-12 requirement at 4 doses, if 1 dose given at age 18 years 5 doses, if 1 dose given at age 18 years Tdap dose may meet 7 th Grade requirement
MMR (Measles, Mumps, Rubella) Age: 12 mo.		05/06/21 05/15/24	<input type="checkbox"/>	3 doses meet 75%-12 requirement Exempt must be given at age 12 year Requires full year kindergarten entry
Hib (Haemophilus influenzae type b)		06/16/20 08/22/20 11/23/20 05/06/21	<input type="checkbox"/>	4 doses meet 75%-12 requirement At least 1 dose must be given at age 12 year
Hep B (Hepatitis B)		04/21/20 06/16/20 01/24/21	<input type="checkbox"/>	3 doses meet 75%-12 requirement
VAR / VZV (Varicella/Chickenpox)			<input checked="" type="checkbox"/>	3 doses meet 75%-12 requirement
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis) Age: yrs.			<input type="checkbox"/>	4 doses given at age 12 years meets requirement for 7 th grade advancement and 7 th -12 grade exemption
Status of Requirements		Staff Initials (Prevent 2023/2024) AC	Has All Required Vaccine Doses <input type="checkbox"/>	Requires Follow-up Missing Doses (Pre-Compliance) <input type="checkbox"/>
Pre-Kindergarten (Child Care or Preschool)			<input type="checkbox"/>	Follow-up Dates (Date conditional admission expires or expires if not) Other (Date dates on previous slide) Data Requirements Met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 08/22/24
7 th Grade (Advancement or Admission)			<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> None

The PME meets the requirements for the missing varicella doses and the student has all other required doses. This student may be admitted unconditionally.

- 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 TK/kindergarten, or prior to that if their exemption is revoked.

Slide #	Slide Image	Speaker Notes												
19	 <p style="text-align: center;">Student 3 Admission at 3 Years Old</p>	Pre-K admission on August 15, 2024.												
20	 <p>Student 3 (TME) Temporary Medical Exemption</p> <p>CAIR Medical Exemptions from Immunization Requirements for School & Child Care Date ME Issued: 08/15/24</p> <p>Child's Information Child's Name: Student Three Date of Birth: 11/29/2020 Parent/Guardian: Parent Three School/Child Care Facility: Champions Elementary</p> <p>Exemption grade span for vaccines listed below: Child Care/Preschool</p> <table border="1"> <thead> <tr> <th>Exempt Vaccines</th> <th>Medical Basis for Exemption</th> <th>Duration</th> <th>Exemption Expires*</th> </tr> </thead> <tbody> <tr> <td>MMR</td> <td>immunosuppression</td> <td>Temporary</td> <td>12/15/24</td> </tr> <tr> <td>Varicella</td> <td>immunosuppression</td> <td>Temporary</td> <td>12/15/24</td> </tr> </tbody> </table> <p><small>*on the date listed or at the end of the grade span, whichever is soonest</small></p>	Exempt Vaccines	Medical Basis for Exemption	Duration	Exemption Expires*	MMR	immunosuppression	Temporary	12/15/24	Varicella	immunosuppression	Temporary	12/15/24	<p>This student is registering for preschool 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 MMR vaccines until the expiration date.</p> <p>Please make a note of this expiration date as you'll need it for following up for continued attendance.</p>
Exempt Vaccines	Medical Basis for Exemption	Duration	Exemption Expires*											
MMR	immunosuppression	Temporary	12/15/24											
Varicella	immunosuppression	Temporary	12/15/24											
21	 <p>Student 3 (Immunization Record page 1)</p> <p>Name: Student Three DOB: 11/29/2020 MRN:1234567 PCP: Becca Monte, MD</p> <p>Current Immunizations</p> <table border="1"> <tbody> <tr> <td>COVID-19 Vaccine Dates on file: 11/05/2022, 06/10/2022</td> <td>Diphtheria, Tetanus, Pertussis (DTaP) Vaccine Dates on file: 06/10/2022, 07/01/2021, 03/30/2021, 01/24/2021</td> <td>Flu Vaccine Dates on file: 10/27/2023, 10/17/2022, 10/28/2021</td> </tr> <tr> <td>Haemophilus influenzae type B (HIB) Vaccine Dates on file: 12/13/2021, 07/01/2021, 03/30/2021, 01/24/2021</td> <td>Hepatitis A Vaccine Dates on file: 06/02/2023, 11/29/2022</td> <td>Hepatitis B Vaccine Dates on file: 09/01/2021, 12/26/2020, 11/29/2020</td> </tr> </tbody> </table>	COVID-19 Vaccine Dates on file: 11/05/2022, 06/10/2022	Diphtheria, Tetanus, Pertussis (DTaP) Vaccine Dates on file: 06/10/2022, 07/01/2021, 03/30/2021, 01/24/2021	Flu Vaccine Dates on file: 10/27/2023, 10/17/2022, 10/28/2021	Haemophilus influenzae type B (HIB) Vaccine Dates on file: 12/13/2021, 07/01/2021, 03/30/2021, 01/24/2021	Hepatitis A Vaccine Dates on file: 06/02/2023, 11/29/2022	Hepatitis B Vaccine Dates on file: 09/01/2021, 12/26/2020, 11/29/2020	<p>Sample record from Electronic Health Record (EHR).</p> <p>Transfer the dates for doses to the Blue Card. Note that the dates go in order of most recent first.</p>						
COVID-19 Vaccine Dates on file: 11/05/2022, 06/10/2022	Diphtheria, Tetanus, Pertussis (DTaP) Vaccine Dates on file: 06/10/2022, 07/01/2021, 03/30/2021, 01/24/2021	Flu Vaccine Dates on file: 10/27/2023, 10/17/2022, 10/28/2021												
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22	 <p>Student 3 (Immunization Record page 2)</p> <table border="1"> <tbody> <tr> <td>Pneumonia vaccine (pneumococcal) Vaccine Dates on file: 12/13/2021, 09/01/2021, 03/30/2021, 01/24/2021</td> <td>Polio (IPV) Vaccine Dates on file: 06/10/2022, 07/01/2021, 03/30/2021</td> <td>Rotavirus Vaccine Dates on file: 05/30/2021, 03/30/2021, 01/30/2021</td> </tr> </tbody> </table>	Pneumonia vaccine (pneumococcal) Vaccine Dates on file: 12/13/2021, 09/01/2021, 03/30/2021, 01/24/2021	Polio (IPV) Vaccine Dates on file: 06/10/2022, 07/01/2021, 03/30/2021	Rotavirus Vaccine Dates on file: 05/30/2021, 03/30/2021, 01/30/2021	Now, transfer the dates for required doses on page 2.									
Pneumonia vaccine (pneumococcal) Vaccine Dates on file: 12/13/2021, 09/01/2021, 03/30/2021, 01/24/2021	Polio (IPV) Vaccine Dates on file: 06/10/2022, 07/01/2021, 03/30/2021	Rotavirus Vaccine Dates on file: 05/30/2021, 03/30/2021, 01/30/2021												

Slide #	Slide Image	Speaker Notes
23		<p>After filling out all of the dates, we see that the student is missing:</p> <ul style="list-style-type: none"> The 1st doses of MMR and of varicella. <p>They have all the other required vaccines for their age.</p>
24		<p>Remember that this child has a TME for the missing MMR and varicella 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. Make a note of the exemption expiration date in December. It's best to send a reminder at least 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 preschool.</p>
25		<p>We'll follow this next child from admission through several age checkpoints.</p>

Slide #	Slide Image	Speaker Notes																																																											
26	<p style="text-align: center;">Student 4 (Immunization Record – 3 months)</p> <hr/> <p>Name: Student Four DOB: 05/02/2024 MRN:1234567 PCP: Becca Monte, MD Current Immunizations</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">Diphtheria, Tetanus, Pertussis (DTaP) Vaccine Dates on file: 07/10/2024</td> <td style="width: 33%; padding: 5px;">Haemophilus influenza type B (HIB) Vaccine Dates on file: 07/10/2024</td> <td style="width: 33%; padding: 5px;">Hepatitis B Vaccine Dates on file: 07/10/2024, 05/02/2024</td> </tr> <tr> <td style="padding: 5px;">Pneumonia vaccine (pneumococcal) Vaccine Dates on file: 07/10/2024</td> <td style="padding: 5px;">Polio (IPV) Vaccine Dates on file: 07/10/2024</td> <td style="padding: 5px;">Rotavirus (RV) Vaccine Dates on file: 07/10/2024</td> </tr> </table>	Diphtheria, Tetanus, Pertussis (DTaP) Vaccine Dates on file: 07/10/2024	Haemophilus influenza type B (HIB) Vaccine Dates on file: 07/10/2024	Hepatitis B Vaccine Dates on file: 07/10/2024, 05/02/2024	Pneumonia vaccine (pneumococcal) Vaccine Dates on file: 07/10/2024	Polio (IPV) Vaccine Dates on file: 07/10/2024	Rotavirus (RV) Vaccine Dates on file: 07/10/2024	<p>Sample record for Student 4 at 3 months of age.</p> <p>Transfer the dates for doses to the Blue Card.</p>																																																					
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Slide # **Slide Image** **Speaker Notes**

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Student 4: Conditional at 3 months

Patient Name (Last, First, Middle): Four, Student		Statewide Student Identifier (SDIS): 123456789		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Non-Hispanic/Non-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, MI): Four, Parent		Birthdate (MM/DD/YYYY): 05/02/2024		Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			

Required Vaccine	Date Each Dose Was Given (MM/DD/YYYY)					Deadline
	1 st	2 nd	3 rd	4 th	5 th	
IPV / OPV (Infl) DTaP / DTaP - Age 0-6 years Tdap / Td - Age 7+ years (Diphtheria, Tetanus, Pertussis)	07/10/24					Deadline Polio, DTaP, Hib #2 9/2/24
MMR (Measles, Mumps, Rubella)					Follow-Up Now	
Hib (Haemophilus influenzae type B)	07/10/24					
Hep B (Hepatitis B)	05/02/24	07/10/24				
VAR / VZV (Varicella/Chickenpox) Tdap - 7 th Grade (Tetanus, Diphtheria, Pertussis)						

Status of Requirements	Staff Initials (Personnel Only)	Has All Required Vaccine Doses	Temporary Medical Exemption	Requires Follow-up		Follow-up Date (MM/DD/YYYY)	Other (See 01202 on reverse side)	Date Requirements Met
				Missing Doses Not Currently Scheduled	Missing Doses Are Scheduled			
Pre-Admission (0-24 Months of School)	JG	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/15/24	<input type="checkbox"/> SP	
PK-12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> SP <input type="checkbox"/> PKC <input type="checkbox"/> Home	
PK-Grade (Admission or Admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> SP <input type="checkbox"/> PKC <input type="checkbox"/> Home	

Let's fill out a sticky note with all the doses which are due at 4 months of age.

In the Status of Requirements section:

- Add your initials, and mark "Missing Doses Not Currently Due."
- Add the follow-up date. This is usually a month before the next age checkpoint. In this scenario that is just a few weeks away, so let's follow up now.

30

Send a Reminder for Next Checkpoint

NOTICE OF IMMUNIZATIONS NEEDED **8/15/24**

Dear Parent/Guardian of **Student Four**:

Our records show that your child needs the following immunization(s) listed to meet the requirements of the California School Immunization Law. Health and Safety Code Sections 120200-120210.

VACCINE	MISSING DOSES	WANTED BELOW	REASON
Influenza	<input type="checkbox"/> 0145 <input checked="" type="checkbox"/> 0146 <input type="checkbox"/> 0148	<input type="checkbox"/> 09/02/24	
DTaP/DTaP/7 years or older	<input type="checkbox"/> 0145 <input checked="" type="checkbox"/> 0146 <input type="checkbox"/> 0148	<input type="checkbox"/> 09/02/24	
Hib	<input type="checkbox"/> 0145 <input checked="" type="checkbox"/> 0146 <input type="checkbox"/> 0148	<input type="checkbox"/> 09/02/24	
Hepatitis B	<input type="checkbox"/> 0145 <input type="checkbox"/> 0146 <input type="checkbox"/> 0148		
Varicella/Chickenpox	<input type="checkbox"/> 0145		
Tdap (Age 11-12th grade)	<input type="checkbox"/> 0145		

YOU NEED TO DO ONE OR MORE OF THE FOLLOWING IMMEDIATELY:

- If your child needs one or more of the immunizations listed above, bring us the immunization record to meet us on September 16th. Your child must not include a barrier to the immunization, medical exemption and the doctor's letter to us.
- If your child has not received the immunization marked above, bring this form along with your child's immunization record to our office or to our mobile clinic to get the missing doses. Bring a parent IDME (parent immunization record) after every immunization visit and all of the record immunizations have been received.
- If any of these immunizations were not given to your child because of medical reasons, providing us a medical exemption form completed by the child's doctor is required to complete this year's entry. Contact 2025 or 100 Services at CalHEALTH.

Available 8/15/24. For more information on immunization requirements, visit www.cdph.ca.gov/Programs/CID/DCDC/Pages/Imz/Pages/Imz.aspx or call 1-888-867-5309.

Sincerely,
Your Name

Deadline
Polio, DTaP, Hib #2
9/2/24

Follow-Up
Now

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.

All missing vaccines are due when she turns 4 months old on 9/2/24. If records are not submitted by then, parents have 30 more days to submit records. The deadline can be updated on the letter if needed.

31

Student 4 (Immunization Record – 4 months)

Name: Student Four | DOB: 05/02/2024 | MRN:1234567 | PCP: Becca Monte, MD

Current Immunizations

Diphtheria, Tetanus, Pertussis (DTaP) Vaccine Dates on file: 09/06/2024, 07/10/2024	Haemophilus influenzae type B (HIB) Vaccine Dates on file: 09/06/2024, 07/10/2024	Hepatitis B Vaccine Dates on file: 07/10/2024, 05/02/2024
Pneumonia vaccine (pneumococcal) Vaccine Dates on file: 09/06/2024, 07/10/2024	Polio (IPV) Vaccine Dates on file: 09/06/2024, 07/10/2024	Rotavirus (RV) Vaccine Dates on file: 09/06/2024, 07/10/2024

Student 4's parents give you an updated record at 4 months of age.

Copy the new dates to the Blue Card.

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DTaP #3 11/2/24	10/2/24	DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	07/10/24	09/06/24	Age: ____ yrs.	Age: ____ yrs.			MMR (Measles, Mumps, Rubella)	Age: ____ mo.							Hib (Haemophilus influenzae type b)	07/10/24	09/06/24						Hep B (Hepatitis B)	05/02/24	07/10/24						VAR / VZV (Varicella/Chickenpox)								Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)	Age: ____ yrs.							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35

Student 4: Age 6 months ✓

Required Vaccine	Date Each Dose Was Given (MM/DD/YY)			
	1 st	2 nd	3 rd	4 th
IPV / OPV (polio)	07/10/24	09/06/24		
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	07/10/24	09/06/24	11/01/24	
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VAR / VZV (Varicella/Chickenpox)				

REQUIRED VACCINE	1 st	2 nd	3 rd
IPV / OPV (polio)	/ / /	/ / /	/ / /
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	/ / /	/ / /	/ / /
MMR (Measles, Mumps, Rubella)	/ / /	/ / /	/ / /
Hib (Haemophilus influenzae type b)	/ / /	/ / /	/ / /
Hep B (Hepatitis B)	/ / /	/ / /	/ / /
VAR / VZV (Varicella or Chickenpox)	/ / /	/ / /	/ / /

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Student 4’s parents submitted another new record with the third dose of DTaP added.

Now that you’ve got the hang of this. Let’s try this other tool to see if she meets the requirements for 6 months of age.

All you have to do is compare the highlighted spaces on the bottom to see if the same places on the Blue Card is filled out.

- Polio 1 & 2: check
- DTaP 1, 2, 3: check
- Hib1 & 2: check
- Hep B 1 & 2: check

She can continue to attend child care, conditionally. (Click mouse to add yellow check mark to the screen.)

Note to presenter: Print out copies of this tool “[Pre-Kindergarten Requirements Highlighted on Blue Card](#)” and have trainees put it next to their Blue Cards.

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Student 4: Age 6 months - What's next?

Required Vaccine	Date Each Dose Was Given (MM/DD/YY)			
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MMR (Measles, Mumps, Rubella)	/ / /	/ / /	/ / /
Hib (Haemophilus influenzae type b)	/ / /	/ / /	/ / /
Hep B (Hepatitis B)	/ / /	/ / /	/ / /
VAR / VZV (Varicella)	/ / /	/ / /	/ / /

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


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What’s next for Student 4? Her next checkpoint isn’t until 15 months of age.

Use the yellow highlights to figure out which doses will be due next.

- Polio #3
- MMR: 1 dose on or after 1st birthday
- Hib: 1 dose on or after 1st birthday (Her two doses are both before age 1 so she’ll need another dose to meet this requirement.)
- Hep B #3
- Varicella #1

Send a reminder notice and check for required immunizations before the child turns 15 months. Take a look at the 18-month check point for the final list of required doses before we move on to the next student scenario.

Slide #	Slide Image	Speaker Notes																																																																																				
37	 <p style="text-align: center;">Student 5 Age 2 years</p>	Student 5, admission at 2 years of age.																																																																																				
38	<p>Student 5: Immunization Record DOB: 02/11/2022</p> <table border="1" data-bbox="266 709 786 968"> <thead> <tr> <th>GROUP</th> <th>SERIES</th> <th>DATE GIVEN</th> <th>AGE GIVEN</th> <th>VACCINE</th> <th>CLINIC ADMINISTERED OR TRANSCRIBED</th> </tr> <tr> <th>grupo</th> <th>serie</th> <th>fecha de vacunación</th> <th>edad de vacunación</th> <th>Vacuna</th> <th>administración o transcripción en la clínica</th> </tr> </thead> <tbody> <tr> <td>COVID</td> <td>1</td> <td>12/01/2024</td> <td>2yrs 9mo 20d</td> <td>Pfizer Pediatric COVID-19</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>DTaP</td> <td>1 of 5</td> <td>04/19/2022</td> <td>0yrs 2mo 8d</td> <td>Pentacel</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>DTaP</td> <td>2 of 5</td> <td>07/24/2024</td> <td>2yrs 5mo 13d</td> <td>Pentacel</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>Hep A</td> <td>1 of 2</td> <td>04/21/2023</td> <td>1yrs 2mo 10d</td> <td>Vaesta</td> <td>Transcribed</td> </tr> <tr> <td>Hep A</td> <td>2 of 2</td> <td>10/26/2023</td> <td>1yrs 8mo 15d</td> <td>Vaesta</td> <td>Transcribed</td> </tr> <tr> <td>Hep B</td> <td>1 of 3</td> <td>02/12/2022</td> <td>0yrs 0mo 1d</td> <td>Engerie B</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>Hep B</td> <td>2 of 3</td> <td>03/15/2022</td> <td>0yrs 1mo 3d</td> <td>Engerie B</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>Hep B</td> <td>3 of 3</td> <td>10/25/2023</td> <td>1yrs 8mo 14d</td> <td>Engerie B</td> <td>Transcribed</td> </tr> <tr> <td>HIB</td> <td>1 of 4</td> <td>04/19/2022</td> <td>0yrs 2mo 8d</td> <td>Pentacel</td> <td>La Clínica de la Raza</td> </tr> <tr> <td>HIB</td> <td>2 of 4</td> <td>07/24/2024</td> <td>2yrs 5mo 13d</td> <td>Pentacel</td> <td>La Clínica de la Raza</td> </tr> </tbody> </table>	GROUP	SERIES	DATE GIVEN	AGE GIVEN	VACCINE	CLINIC ADMINISTERED OR TRANSCRIBED	grupo	serie	fecha de vacunación	edad de vacunación	Vacuna	administración o transcripción en la clínica	COVID	1	12/01/2024	2yrs 9mo 20d	Pfizer Pediatric COVID-19	La Clínica de la Raza	DTaP	1 of 5	04/19/2022	0yrs 2mo 8d	Pentacel	La Clínica de la Raza	DTaP	2 of 5	07/24/2024	2yrs 5mo 13d	Pentacel	La Clínica de la Raza	Hep A	1 of 2	04/21/2023	1yrs 2mo 10d	Vaesta	Transcribed	Hep A	2 of 2	10/26/2023	1yrs 8mo 15d	Vaesta	Transcribed	Hep B	1 of 3	02/12/2022	0yrs 0mo 1d	Engerie B	La Clínica de la Raza	Hep B	2 of 3	03/15/2022	0yrs 1mo 3d	Engerie B	La Clínica de la Raza	Hep B	3 of 3	10/25/2023	1yrs 8mo 14d	Engerie B	Transcribed	HIB	1 of 4	04/19/2022	0yrs 2mo 8d	Pentacel	La Clínica de la Raza	HIB	2 of 4	07/24/2024	2yrs 5mo 13d	Pentacel	La Clínica de la Raza	Transfer the dates to the Blue Card for Student 5												
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Flu		11/15/2022	0yrs 9mo 4d	Brand not specified	Transcribed																																																																																	
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40	<p>Student 5: Blue Card (August)</p> <table border="1" data-bbox="261 1562 789 1835"> <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>04/19/22</td> <td>07/24/24</td> <td>Age: ____ yrs</td> <td></td> <td></td> </tr> <tr> <td>DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)</td> <td>04/19/22</td> <td>07/24/24</td> <td>Age: ____ yrs</td> <td>Age: ____ yrs</td> <td></td> </tr> <tr> <td>MMR (Measles, Mumps, Rubella)</td> <td>02/20/23</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hib (Haemophilus influenzae type b)</td> <td>04/19/22</td> <td>07/24/24</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hep B (Hepatitis B)</td> <td>02/12/22</td> <td>03/15/22</td> <td>10/25/23</td> <td></td> <td></td> </tr> <tr> <td>VAR / VZV (Varicella/Chickenpox)</td> <td>02/20/23</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tdap – 7th Grade (Tetanus, Diphtheria, Pertussis)</td> <td>Age: ____ yrs</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>• Missing polio and DTaP 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)	04/19/22	07/24/24	Age: ____ yrs			DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	04/19/22	07/24/24	Age: ____ yrs	Age: ____ yrs		MMR (Measles, Mumps, Rubella)	02/20/23					Hib (Haemophilus influenzae type b)	04/19/22	07/24/24				Hep B (Hepatitis B)	02/12/22	03/15/22	10/25/23			VAR / VZV (Varicella/Chickenpox)	02/20/23					Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)	Age: ____ yrs					<ul style="list-style-type: none"> • Polio: 3 doses required; missing one dose • DTaP: 4 doses required; missing two doses • MMR: Has 1 dose. Is this dose on or after the 1st birthday? Check. • Hib: Has 2 doses. Was one given on or after the 1st birthday? Yes, the 2nd dose was. • Hep B: 3 doses, check • Varicella: 1 dose, check 																															
Required Vaccine	Date Each Dose Was Given (MM/DD/YY)																																																																																					
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VAR / VZV (Varicella/Chickenpox)	02/20/23																																																																																					
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)	Age: ____ yrs																																																																																					

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Student 5: Check Due Date

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
DTaP #2, #3	4 weeks after previous dose	8 weeks after previous dose

The child is in the last age group, so for any missing doses we'll check the conditional admission schedule for when the deadlines are for these missing doses. Turn to the Conditional Admission Schedule on page 2 of the Guide.

- Polio #3 is not due until 12 months after the 2nd dose.
- DTaP #3 is due much sooner, but not until 8 weeks after the 1st dose.

Checking the Blue Card:

- Polio #2 was given on July 24, 2024. Polio #3 is due 12 months later which is July 24, 2025. So, the deadline for Polio #3 is not until next year.
- DTaP #2 was given on July 24, 2024. DTaP #3 is due 8 weeks later which is September 18, 2024.

Both doses are not due before the child will be attending preschool on August 15, 2024.

Can this child be admitted to preschool?

- Yes, since the missing doses are not due before preschool starts, **Student 5 may be admitted conditionally**. They may attend preschool on the “condition” that the receive the missing doses by the deadline.

Now let's try to figure out when the best follow-up date is.

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Student 5: Set Follow-Up Date

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
DTaP #2, #3	4 weeks after previous dose	8 weeks after previous dose

When should we follow up with parents about the missing doses?

Check the earliest dose may be given column. The third doses for both vaccines can be given as early as 4 weeks after the 2nd doses.

Send a reminder to parents about the deadlines for both vaccines. If there are different reminder dates, use the earlier date to send the reminder.

Slide #

Slide Image

Speaker Notes

43

Missing Doses Not Due: Conditional

Page Name (Last, First, Middle) Five, Student		Statewide Student Identifier (SSID) 123456789	Ethnicity <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Asian <input type="checkbox"/> Non-Hispanic/Black <input type="checkbox"/> Non-Hispanic/Other <input type="checkbox"/> Non-Hispanic/Pacific Islander <input type="checkbox"/> Other
Name of Parent/Guardian (Last, First) Five, Parent		Birthdate (MM/DD/YYYY) 02/11/2022	Gender Female

Required Vaccine	Date Each Dose Was Given (MM/DD/YY)					Prerequisite Met/Not Met	Notes for School Requirements
	1 st	2 nd	3 rd	4 th	5 th		
IPV / OPV (Polio)	04/19/22	07/24/24				<input type="checkbox"/>	4 doses meet 100%-12 requirement, as do 3 doses. If 2: dose given at age 4+ years.
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	04/19/22	07/24/24				<input type="checkbox"/>	3 doses meet 100%-12 requirement, as do 4 doses. If 2: dose given at age 4+ years. 3 doses. If 2: 1 st dose given at age 17 years. Tdap dose may meet 3 rd Grade requirement.
MMR (Measles, Mumps, Rubella)	02/20/23					<input type="checkbox"/>	2 doses meet 100%-12 requirement. Colors must be given at age 13 years.
Hib (Haemophilus influenzae type b)	04/19/22	07/24/24				<input type="checkbox"/>	Required for pre-kindergarten entry. At least 1 dose must be given at age 15 years.
Hep B (Hepatitis B)	02/12/22	03/15/22	10/25/23			<input type="checkbox"/>	3 doses meet 100%-12 requirement.
VAR / VZV (Varicella/Chickenpox)	02/20/23					<input type="checkbox"/>	2 doses meet 100%-12 requirement.
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)	Age: ____ yrs.					<input type="checkbox"/>	1 dose given at age 12 years meets requirement for 7 th grade advancement and 3 rd -12 th grade admission.

Status of Requirements	Staff Initials (Required 2021-1)	Has All Required Vaccines Doses	Temporary Exemption	Requires Follow-up	Missing Doses Are Not Currently Due – Conditional	Missing Doses Are Not Currently Due – Conditional	Follow-up Date(s) (Date of next admission, include if exemption used)	Other (See notes on reverse side)	Date Requirements Met
Pre-Kindergarten (Child Care or Preschool)	KF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08/21/24	<input type="checkbox"/> up	
100%-12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> up <input type="checkbox"/> none	
7 th Grade (Advancement or Admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> up <input type="checkbox"/> none <input type="checkbox"/> no <input type="checkbox"/> none	

Since we determined the missing doses are not due yet, **Student 5 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.

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Send a Reminder

NOTICE OF IMMUNIZATIONS NEEDED 8/21/24

Five, Student Five

Our records show that your child needs the following immunizations (1) Add to meet the requirements of the California School Immunization Law. (2) Add to meet the requirements of the California School Immunization Law. (3) Add to meet the requirements of the California School Immunization Law.

IMMUNIZATION	DATE	STATUS
Polio	07/24/25	<input checked="" type="checkbox"/>
DTaP / DTP (7 years or older)	09/18/24	<input checked="" type="checkbox"/>
Hib		<input type="checkbox"/>
Hepatitis B		<input type="checkbox"/>
MMR		<input type="checkbox"/>
VAR / VZV		<input type="checkbox"/>

YOU NEED TO DO ONE OR MORE OF THE FOLLOWING IMMEDIATELY:

1. If your child has already received all of these immunizations listed above, bring us the immunization record so that we can update our files. Your child's record book includes a space for the immunization record sheet and the school's letter's name.
2. If your child has not received the immunizations marked above, bring him/her along with your child's immunization record to your doctor or our health department to get the missing doses. Bring your child's updated immunization record after every immunization and send us the required immunizations have been received.
3. If you do not have immunization records for your child, please contact the health department, providing us a medical exemption form (sent using the LSA) Additional exemption details by our child's doctor (916) 939-6666 or call (916) 939-6666.

According to state law, we cannot allow your child's student status unless we receive proof that the above requirements are met by the date: **09/18/24**

For more information or any questions, please contact our immunization requirements, call (916) 939-6666. If you have any questions or require additional information, please call **1-888-867-5309** toll-free.

Your Name _____

Polio #3:
 Deadline: 07/24/25
 Reminder: 08/21/24

DTaP #3:
 Deadline: 09/18/24
 Reminder: 08/21/24

When it's time to follow up, fill out a Notice of Immunizations Needed letter and send it to parents.

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 5's case, this is the deadline for DTaP vaccine in September.

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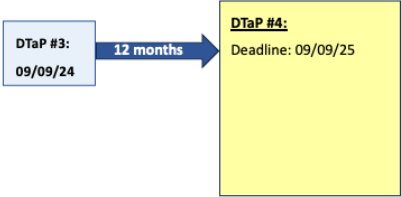
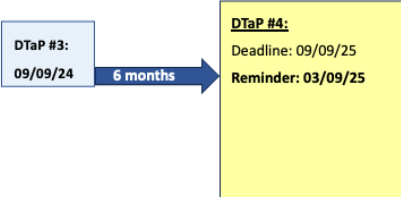
Student 5: Blue Card (September)

Required Vaccine	Date Each Dose Was Given (MM/DD/YY)				
	1 st	2 nd	3 rd	4 th	5 th
IPV / OPV (Polio)	04/19/22	07/24/24	09/09/24		
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	04/19/22	07/24/24	09/09/24		
MMR (Measles, Mumps, Rubella)	02/20/23				
Hib (Haemophilus influenzae type b)	04/19/22	07/24/24			
Hep B (Hepatitis B)	02/12/22	03/15/22	10/25/23		
VAR / VZV (Varicella/Chickenpox)	02/20/23				
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)	Age: ____ yrs.				

We received an updated immunization record for Student 5 with the 3rd doses for polio and DTaP, already filled in here.

Update your Blue Card and check to see if requirements are met now. He is still 2 years old

- Polio: 3 doses meets requirement
- DTaP: 4 doses required, still missing the 4th dose
- MMR: we already know this dose was given after the 1st birthday
- Hib: we already know the 2nd dose was given after the 1st birthday
- Hep B: 3 doses, already met
- Varicella: 1 dose, already met

Slide #	Slide Image	Speaker Notes															
46	<p data-bbox="284 220 735 254">Student 5: Check Due Date, DTaP #4</p> <table border="1" data-bbox="284 281 776 369"> <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>DTaP #2, #3</td> <td>4 weeks after previous dose</td> <td>8 weeks after previous dose</td> </tr> <tr> <td>DTaP #4</td> <td>6 months after 3rd dose</td> <td>12 months after 3rd dose</td> </tr> </tbody> </table> 	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	DTaP #2, #3	4 weeks after previous dose	8 weeks after previous dose	DTaP #4	6 months after 3rd dose	12 months after 3rd dose	<p data-bbox="834 210 1463 321">Let's check when the deadline is for the missing dose of DTaP. Turn to the Conditional Admission Schedule on page 2 of the Guide.</p> <ul data-bbox="883 327 1487 396" style="list-style-type: none"> • When is DTaP #4 due? Not until 12 months after the 3rd dose. <p data-bbox="834 422 1143 455">Checking the Blue Card.</p> <ul data-bbox="883 462 1471 495" style="list-style-type: none"> • DTaP #3 was given on September 9, 2024. <p data-bbox="834 512 1403 585">The 4th dose is due 12 months later which is September 9, 2025.</p> <p data-bbox="834 606 1412 640">Can this child continue attending preschool?</p> <ul data-bbox="883 661 1482 810" style="list-style-type: none"> • Yes, since the missing dose is not due until next year. He may attend school on the "condition" that he receives the missing dose by the deadline. <p data-bbox="834 831 1495 905">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															
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DTaP #4	6 months after 3rd dose	12 months after 3rd dose															
47	<p data-bbox="284 989 764 1022">Student 5: Set Follow-Up Date, DTaP #4</p> <table border="1" data-bbox="284 1050 776 1138"> <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>DTaP #2, #3</td> <td>4 weeks after previous dose</td> <td>8 weeks after previous dose</td> </tr> <tr> <td>DTaP #4</td> <td>6 months after 3rd dose</td> <td>12 months after 3rd dose</td> </tr> </tbody> </table> 	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	DTaP #2, #3	4 weeks after previous dose	8 weeks after previous dose	DTaP #4	6 months after 3rd dose	12 months after 3rd dose	<p data-bbox="834 972 1492 1045">When should we follow-up with parents about the missing doses?</p> <p data-bbox="834 1066 1500 1178">Check the earliest dose may be given column. The 4th dose can be given as early as 6 months after the 3rd dose, which is not until March 9 of next year.</p> <p data-bbox="834 1199 1482 1310">Make sure you set up a reminder system so that you can remember to notify this child's parents in March.</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															
DTaP #2, #3	4 weeks after previous dose	8 weeks after previous dose															
DTaP #4	6 months after 3rd dose	12 months after 3rd dose															

Slide #

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Speaker Notes

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Receive Final Dose: Unconditional ✔

Parent Name (Last, First, Middle): Five, Student Name of Parent/Guardian (Last, First): Five, Parent		Submission Student Identifier (SSIS): 123456789	Health: <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Non-Hispanic (Other Latine) Gender: Female	Date: <input type="checkbox"/> All-Asian American (All-Asian) <input type="checkbox"/> American Indian or Alaska Native <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other
Birthdate (Month/Day/Year): 02/11/2022		Birthdate (Month/Day/Year): 02/11/2022		

Required Vaccine	Date Each Dose Was Given (MM/YY)					Notes for School Requirements
	1st	2nd	3rd	4th	5th	
IPV / OPV (shingles)	04/19/22	07/24/24	09/09/24			4 doses meet IPV 2.2 requirement, no 5th dose, if 5th dose given at age 24 years.
DTaP / DTP - Age 14 years	04/19/22	07/24/24	09/09/24	04/25/25		5 doses meet DTaP 2.2 requirement, no 6th dose, if 6th dose given at age 24 years. 3 doses, if 3rd dose given at age 27 years. 5th dose must meet DTaP 2.2 requirement.
MMaR (Meningococcal, Hib, Polio)	02/20/23					2 doses meet MMaR 2.2 requirement. Doses must be given at age 12 year.
Hib (Hemophilus influenzae type b)	04/19/22	07/24/24				Required for pre-kindergarten entry. All 4 doses, if 4th dose given at age 27 years.
MMaR (Meningococcal, Hib, Polio)	02/12/22	03/15/22	10/25/23			3 doses meet MMaR 2.2 requirement.
MMaR / MMaR (Meningococcal, Hib, Polio)	02/20/23					2 doses meet MMaR 2.2 requirement.
Tdap - 7th Grade (Tetanus, Diphtheria, Pertussis)						1 dose given at age 17 years meets requirement for 7th grade advancement and 9th-12th grade admission.

Status of Requirements	Staff Initials (Pre-K-Kindergarten Only)	Has All Required Vaccines	Requires Follow-up			Follow-up Date(s) (Date of final admission, not date of current or next dose)	Other Date (Date of next admission)	Date Requirements Met
			Missing Doses Not Currently Due	Missing Doses Due	Missing Doses Due - Conditional			
Pre-Kindergarten (Child Care or Preschool)	KF	X		X		04/27/25	04/27/25	
TK-K-12								
7th Grade (Advancement or Admission)								

When you receive the updated immunization record, fill in the missing dose on the Blue Card: 4th dose of DTaP was given on April 25, 2025.

- Add the date to the Blue Card. Next, take a look at the Guide. Are all requirements met now? Yes.
- **Student 5's status is now unconditional.** They may attend preschool with no further follow-up until TK/K.
- 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.

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One year old student being admitted in August 2024

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Student 6: Immunization Record (Birth date: 01/11/2023)

DATE	CLINIC	DOSE	DOSE TYPE	DOSE DATE	DOSE TYPE	DOSE DATE	DOSE TYPE
01/11/23	Happy Pediatrics	IPV	DTaP	03/14/23	IPV	DTaP	03/14/23
03/14/23	Happy Pediatrics	IPV	DTaP	05/12/23	IPV	DTaP	05/12/23
07/14/23	Happy Pediatrics	IPV	DTaP	07/14/23	IPV	DTaP	07/14/23
03/14/23	Happy Pediatrics	MMaR	MMaR	03/14/23	MMaR	MMaR	03/14/23
05/12/23	Happy Pediatrics	MMaR	MMaR	05/12/23	MMaR	MMaR	05/12/23
03/14/23	Happy Pediatrics	MMaR	MMaR	07/14/23	MMaR	MMaR	07/14/23
05/12/23	Happy Pediatrics	MMaR	MMaR				
07/14/23	Happy Pediatrics	MMaR	MMaR				
03/14/23	Happy Pediatrics	MMaR	MMaR				
05/12/23	Happy Pediatrics	MMaR	MMaR				
07/14/23	Happy Pediatrics	MMaR	MMaR				

Transfer dates to the Blue Card.

Slide #	Slide Image	Speaker Notes																																																					
51	<p style="text-align: center;">Student 6: 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>03/14/23</td> <td>05/12/23</td> <td>07/14/23</td> <td></td> <td></td> </tr> <tr> <td>DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)</td> <td>03/14/23</td> <td>05/12/23</td> <td>07/14/23</td> <td></td> <td></td> </tr> <tr> <td>MMR (Measles, Mumps, Rubella)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hib (Haemophilus influenzae type b)</td> <td>03/14/23</td> <td>05/12/23</td> <td>07/14/23</td> <td></td> <td></td> </tr> <tr> <td>Hep B (Hepatitis B)</td> <td>01/11/23</td> <td>03/14/23</td> <td>07/14/23</td> <td></td> <td></td> </tr> <tr> <td>VAR / VZV (Varicella/Chickenpox)</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> </tr> </tbody> </table> <p>• Missing DTaP #4, MMR, Hib, and Varicella</p>	Required Vaccine	Date Each Dose Was Given (MM/DD/YY)					1 st	2 nd	3 rd	4 th	5 th	IPV / OPV (Polio)	03/14/23	05/12/23	07/14/23			DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	03/14/23	05/12/23	07/14/23			MMR (Measles, Mumps, Rubella)						Hib (Haemophilus influenzae type b)	03/14/23	05/12/23	07/14/23			Hep B (Hepatitis B)	01/11/23	03/14/23	07/14/23			VAR / VZV (Varicella/Chickenpox)						Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)						<p>Now that you’ve filled out the dates, let’s check if Student 6 meets immunization requirements.</p> <p>She was born on January 11, 2023. How old is she in August 2024? You can use an online age calculator to see she’s 19 months old on that date. So, we’ll compare the doses to the last age checkpoint for 18 months – 5 years.</p> <ul style="list-style-type: none"> • 3 Polio: check • 4th DTaP dose is missing. We’ll have to figure out if this is overdue or not • 1 MMR: missing • 1 Hib: were any of the doses given on or after 1 year of age (after Jan 11, 2024)? No... so she’ll need another dose of Hib. • 3 Hep B: check • 1 Varicella: missing <p>So this child is missing MMR and Varicella vaccines. And 1 Hib after 1st birthday. <i>(Click mouse to highlight missing Hib dose.)</i></p> <p>Let’s check to see if the 4th DTaP is overdue or not.</p>
Required Vaccine	Date Each Dose Was Given (MM/DD/YY)																																																						
	1 st	2 nd	3 rd	4 th	5 th																																																		
IPV / OPV (Polio)	03/14/23	05/12/23	07/14/23																																																				
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	03/14/23	05/12/23	07/14/23																																																				
MMR (Measles, Mumps, Rubella)																																																							
Hib (Haemophilus influenzae type b)	03/14/23	05/12/23	07/14/23																																																				
Hep B (Hepatitis B)	01/11/23	03/14/23	07/14/23																																																				
VAR / VZV (Varicella/Chickenpox)																																																							
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)																																																							
52	<p style="text-align: center;">Student 6: Check Due Date</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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>DTaP #2, #3</td> <td>4 weeks after previous dose</td> <td>8 weeks after previous dose</td> </tr> <tr> <td>DTaP #4</td> <td>6 months after 3rd dose</td> <td>12 months after 3rd dose</td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 20px;"> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">DTaP #3 7/14/23</div> <div style="font-size: 2em; margin-right: 10px;">➔</div> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">12 months</div> <div style="font-size: 2em; margin-right: 10px;">➔</div> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">Deadline DTaP #4: 8/14/24</div> <div style="border: 1px solid black; padding: 5px; background-color: yellow; color: red; font-weight: bold;">OVERDUE</div> </div> </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	DTaP #2, #3	4 weeks after previous dose	8 weeks after previous dose	DTaP #4	6 months after 3rd dose	12 months after 3rd dose	<p>Refer to the Conditional Admission Schedule for the deadline (Exclude if Not Given By dates).</p> <ul style="list-style-type: none"> • DTaP #4 is due 12 months after the 3rd dose. • Since the 3rd dose was given on 7/14/23, over 12 months ago, this date has passed. • This means the 4th dose is overdue. • Can Student 6 be admitted to school? <i>(advance to next slide before answering question)</i> 																																						
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Slide # **Slide Image**

53

Missing Doses Overdue: Don't Admit ❌

Student 6
 Student ID: 123456789
 Date of Birth: 01/11/2023
 Gender: Male

Required Vaccine	Date Each Dose Was Given (MM/DD/YY)	Notes for School Requirements
IPV / OPV (shots)	03/14/23, 05/12/23, 07/14/23	4 doses meet IPV-12 requirement, as do 3 doses, if 1st dose given at age 16 weeks.
DTaP / DTP - Age 18 years	03/14/23, 05/12/23, 07/14/23	3 doses meet IPV-12 requirement, as do 4 doses, if 1st dose given at age 16 weeks; 2 doses meet IPV-12 requirement, as do 3 doses, if 1st dose given at age 17 weeks. 1st dose may meet 1st grade requirement.
MMR (Measles, Mumps, Rubella)	03/14/23, 05/12/23, 07/14/23	2 doses meet MMR-12 requirement. Doses must be given at age 12 year.
Hib (polysaccharide conjugate age 18)	03/14/23, 05/12/23, 07/14/23	Required for pre-kindergarten entry. At least 2 doses must be given at age 12 year.
MMR-2 (Measles, Mumps, Rubella)	03/14/23, 05/12/23, 07/14/23	3 doses meet MMR-12 requirement.
VAR / VZV (Varicella/Chickenpox)	03/14/23, 05/12/23, 07/14/23	2 doses meet MMR-12 requirement.
Tdap - 7 th Grade (Tetanus, Diphtheria, Pertussis)	03/14/23, 05/12/23, 07/14/23	1 dose given at age 17 years meets requirement for 7 th grade admission and 7 th -12 th grade admissions.

Status of Requirements

Staff Initials (elementary school)	Has All Required Vaccine Doses	Temporary Medical Exemption	Requires Follow-up (Missing Doses Not Currently Due - Conditional)	Missing Doses Are Overdue - Needs Doses Now	Follow-up (date) (Date conditional admission is due or exemption end)	Other (See notes or referral info)	Date Requirements Met
AP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
TK/K-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7 th Grade (Admission or Admission)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Speaker Notes

- No, **Student 6** cannot be admitted to preschool until her parents show proof of having received the overdue DTaP dose, MMR, Hib and varicella 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 as soon as possible.
- In the Status of Requirements section, add your initials, and mark “Missing Doses Are Overdue.”

Slide #

54

Receive Overdue Doses - Unconditional ✅

Student 6
 Student ID: 123456789
 Date of Birth: 01/11/2023
 Gender: Female

Required Vaccine	Date Each Dose Was Given (MM/DD/YY)	Notes for School Requirements
IPV / OPV (shots)	03/14/23, 05/12/23, 07/14/23	4 doses meet IPV-12 requirement, as do 3 doses, if 1st dose given at age 16 weeks.
DTaP / DTP - Age 18 years	03/14/23, 05/12/23, 08/16/24	4 doses meet IPV-12 requirement, as do 4 doses, if 1st dose given at age 16 weeks; 3 doses, if 1st dose given at age 17 weeks. 1st dose may meet 1st grade requirement.
MMR (Measles, Mumps, Rubella)	03/14/23, 05/12/23, 07/14/23, 08/16/24	2 doses meet MMR-12 requirement. Doses must be given at age 12 year.
Hib (polysaccharide conjugate age 18)	03/14/23, 05/12/23, 07/14/23, 08/16/24	Required for pre-kindergarten entry. At least 2 doses must be given at age 12 year.
MMR-2 (Measles, Mumps, Rubella)	03/14/23, 05/12/23, 07/14/23, 08/16/24	3 doses meet MMR-12 requirement.
VAR / VZV (Varicella/Chickenpox)	03/14/23, 05/12/23, 07/14/23, 08/16/24	2 doses meet MMR-12 requirement.
Tdap - 7 th Grade (Tetanus, Diphtheria, Pertussis)	03/14/23, 05/12/23, 07/14/23, 08/16/24	1 dose given at age 17 years meets requirement for 7 th grade admission and 7 th -12 th grade admissions.

Status of Requirements

Staff Initials (elementary school)	Has All Required Vaccine Doses	Temporary Medical Exemption	Requires Follow-up (Missing Doses Not Currently Due - Conditional)	Missing Doses Are Overdue - Needs Doses Now	Follow-up (date) (Date conditional admission is due or exemption end)	Other (See notes or referral info)	Date Requirements Met
AP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			08/17/24
TK/K-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7 th Grade (Admission or Admission)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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

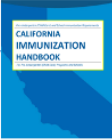
- Add the dates to the Blue Card.

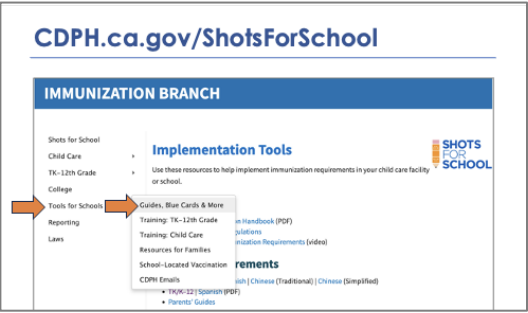
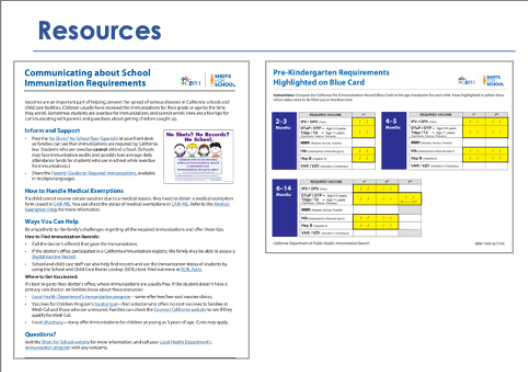
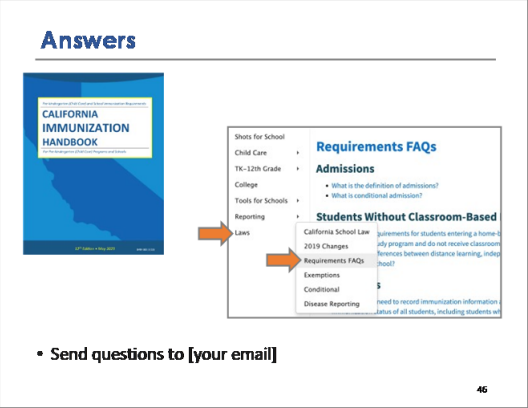
Check the Guide to see if requirements are met for admission at age 19 months.

- 3 Polio: already met
- 4 DTaP: Now this child has 4 doses and meets the requirement.
- 1 MMR after 1st birthday: her 1st birthday was on Jan 11, 2024. This dose was given after that so it meets the requirement.
- 1 Hib after 1st birthday: this 4th dose of Hib was also given after her 1st birthday, so it meets the requirement.
- 1 Varicella: This dose was received, and meets the requirement

Student 6 meets requirements for admission at 18 months–5 years.

- There are no more checkpoints for Pre-K, so she can be admitted unconditionally. No more requirements until she goes to TK/Kindergarten.
- 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.
- Add the date when you received the updated records and requirements were met.

Slide #	Slide Image	Speaker Notes																																																																		
55-56	<div data-bbox="256 205 805 369" style="text-align: center;"> <h2 style="color: #0056b3;">Additional Tips</h2> </div> <div data-bbox="256 390 805 604"> <h3 style="color: #0056b3;">Roster of Students Missing Doses</h3> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">#</th> <th rowspan="2">Student</th> <th rowspan="2">Has All Required Doses</th> <th colspan="5">If Missing Doses, Mark the Category</th> <th colspan="5">Mark Missing Vaccines</th> </tr> <tr> <th>PME</th> <th>IEP</th> <th>Conditional</th> <th>TME</th> <th>Overdue</th> <th>Polio</th> <th>DTaP</th> <th>MMR</th> <th>HepB</th> <th>VAR</th> <th>Hib</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Student Two</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> </tr> <tr> <td>2.</td> <td>Student Three</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>X</td> </tr> <tr> <td>3.</td> <td>Student Five</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td>X</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div>	#	Student	Has All Required Doses	If Missing Doses, Mark the Category					Mark Missing Vaccines					PME	IEP	Conditional	TME	Overdue	Polio	DTaP	MMR	HepB	VAR	Hib	1.	Student Two		X									X		2.	Student Three					X					X		X	3.	Student Five				X			X	X					<p>Now for a few more additional tips.</p> <p>It's helpful to list all the children who are missing doses to have as an easy reference during outbreaks and Immunization Reporting to the California Department of Public Health (CDPH).</p> <p>Remember the 7 categories we went over at the beginning when we were on slide 7? There are corresponding columns on the Worksheet.</p> <p>You'll need to report the number children who are 2 years of age or older in each of these categories to CDPH in the fall.</p>
#	Student				Has All Required Doses	If Missing Doses, Mark the Category					Mark Missing Vaccines																																																									
		PME	IEP	Conditional		TME	Overdue	Polio	DTaP	MMR	HepB	VAR	Hib																																																							
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2.	Student Three					X					X		X																																																							
3.	Student Five				X			X	X																																																											
57	<div data-bbox="256 743 805 1144"> <h3 style="color: #0056b3;">Special Situations (State Preschools)</h3> <p>For children experiencing homelessness:</p> <ul style="list-style-type: none"> Allow immediate enrollment without immunization records Give a grace period to obtain/provide proof of immunizations. The grace period for obtaining the immunization records can also be considered the 30-day period between the parent signing the application of services and the day the contractor accepts or denies the application. Additional guidance at CDE.CA.gov/sp/cd/cj/mb1804.asp </div>	<p>For students experiencing homelessness:</p> <p>Allow immediate enrollment of families experiencing homelessness without immunization records, giving families a grace period to obtain/provide proof of immunizations. The grace period for obtaining the immunization records can also be considered the 30-day period between the parent signing the application of services and the day the contractor accepts or denies the application.</p>																																																																		
58	<div data-bbox="256 1211 805 1518"> <h3 style="color: #0056b3;">Other Special Situations</h3> <div style="float: right; text-align: center;">  </div> <p>Dose given too early:</p> <ul style="list-style-type: none"> If the dose date is before <i>Earliest Dose May be Given</i> date, the dose still counts. <p>Oral polio vaccine (OPV) and international students:</p> <ul style="list-style-type: none"> Doses of OPV given on or after April 1, 2016, do not count. The student must show proof of inactivated polio vaccine (IPV). </div>	<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. 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 and the childcare guides. 																																																																		

Slide #	Slide Image	Speaker Notes
59	 <p>CDPH.ca.gov/ShotsForSchool</p> <p>IMMUNIZATION BRANCH</p> <p>Shots for School Child Care TK-12th Grade College Tools for Schools Reporting Laws</p> <p>Implementation Tools Use these resources to help implement immunization requirements in your child care facility or school.</p> <p>Guides, Blue Cards & More Training: TK-12th Grade Training: Child Care Resources for Families School-Located Vaccination CDPH Emails • TK-12 (Spanish) (PDF) • Parent Guides</p> <p>Handbook (PDF) Admissions Requirements (pdf)</p> <p>Requirements</p> <p>• English (Traditional) Chinese (Simplified)</p>	<p>You can find all the resources that we used in this training and more on the Shots For School website at CDPH.ca.gov/ShotsforSchool.</p> <p>Most can be found by selecting the Tools for Schools section in the navigation, and the Guides, Blue Cards & More section.</p>
60	 <p>Resources</p> <p>Communicating about School Immunization Requirements</p> <p>Pre-Kindergarten Requirements Highlighted on Blue Card</p>	<p>Resources include tips for communicating with parents about the immunization requirements and this job aid which highlights the number of doses that are required at all the age checkpoints.</p>
61	 <p>Answers</p> <p>California Immunization Handbook</p> <p>Shots for School Child Care TK-12th Grade College Tools for Schools Reporting Laws</p> <p>Requirements FAQs</p> <p>Admissions</p> <ul style="list-style-type: none"> What is the definition of admissions? What is conditional admission? <p>Students Without Classroom-Based Requirements FAQs</p> <ul style="list-style-type: none"> Exemptions Conditional Need to record immunization information Disease Reporting Status of all students, including students w/ <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... You can also check the 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
62-63	<p>Other Helpful Websites</p> <ul style="list-style-type: none"> Check medical exemptions at: CAIR-ME.CDPH.CA.gov Determine if a student meets all immunization requirements using the School & Child Care Roster Lookup (SCRL): CAIRhub.CDPH.CA.gov <p>Thank You!</p>	<p>Here are other websites you may need.</p> <p>Thank you for your participation!</p>