

California School Immunization Requirements

Organization Name

Presenter Name

Date



Becoming Immunization Champions



It's the Law

- Check student immunization records and ensure they meet requirements before school starts.



School Guide

California Immunization Requirements for

K-12th Grade (including transitional kindergarten)



Grade	Number of Doses Required of Each Immunization ^{1,2,3}				
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B⁶	2 MMR⁷	2 Varicella
(7th-12th)⁸	K-12 doses + 1 Tdap				
7th Grade Advancement^{9,10}	1 Tdap⁸				2 Varicella¹⁰

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.) One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine
 Hep B = hepatitis B vaccine
 MMR = measles, mumps, and rubella vaccine
 Varicella = chickenpox vaccine

Instructions:

California schools are required to check immunization records for all new student admissions at TK / Kindergarten through 12th grade and all students advancing to 7th grade before entry. See shotsforschool.org for more information.

Unconditionally Admit a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in the table above:

- Receipt of immunization.
- A permanent medical exemption.*

Conditionally Admit any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in the Conditional Admission Schedule, column entitled "Exclude If Not Given By"), or
- A temporary medical exemption from some or all required immunizations.*

IMM-231 (12/22)

California Department of Public Health • Immunization Branch • ShotsForSchool.org

Conditional Admission Schedule for Grades K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

Dose	Earliest Dose May Be Given	Exclude If Not Given By
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3¹	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4¹	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3²	4 weeks after 2nd dose	8 weeks after 2nd dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
DTaP #5	6 months after 4th dose	12 months after 4th dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd 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
Varicella #2	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

Blue Card

State of California—Health and Human Services Agency

California Department of Public Health



California Pre-Kindergarten and School Immunization Record

Staff must record the required vaccine dose information and status of requirements for each pupil. See reverse side for guidance.

Pupil Name (Last, First, Middle):	Statewide Student Identifier (SSID):	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input 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):	Birthdate (Month/Day/Year):	Gender:	

Required Vaccine	Date Each Dose Was Given (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 ST	2 ND	3 RD	4 TH	5 TH		
IPV / OPV (Polio)			Age: ____ yrs.			<input type="checkbox"/>	4 doses meet TK/K-12 requirement, as do: 3 doses, if ≥1 dose given at age ≥4 years.
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)			Age: ____ yrs.	Age: ____ yrs.		<input type="checkbox"/>	5 doses meet TK/K-12 requirement, as do: 4 doses, if ≥1 dose given at age ≥4 years; 3 doses, if ≥1 Tdap dose at age ≥7 years; Tdap dose may meet 7 th Grade requirement.
MMR (Measles, Mumps, Rubella)	Age: ____ mo.					<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year.
Hib (<i>Haemophilus influenzae</i> type b)						<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year.
Hep B (Hepatitis B)						<input type="checkbox"/>	3 doses meet TK/K-12 requirement.
VAR / VZV (Varicella/Chickenpox)						<input type="checkbox"/>	2 doses meet TK/K-12 requirement.
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)	Age: ____ yrs.					<input type="checkbox"/>	1 dose given at age ≥7 years meets requirement for 7 th grade advancement and 7 th –12 th grade admission.

Status of Requirements	Staff Initials <i>I reviewed pupil's immunization record</i>	Has All Required Vaccine Doses	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end)	Other <i>See codes on reverse side</i>	Date Requirements Met
			Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs Doses Now			
Pre-Kindergarten (Child Care or Preschool)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP	
TK/K-12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	
7th Grade (Advancement or Admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	

Steps for Processing Records

1. Ask for child's immunization record.
2. Transfer dates for doses to a Blue Card.
3. Determine if requirements are met.
 - Can the student be admitted to school?
4. Complete Status of Requirements section.

Can A Student Attend School?



Unconditional Admission

1. Has all required doses OR
2. Permanent medical exemption (PME) for missing doses OR
3. Other: Alternative School programs (IND, IEP, Home)



Conditional Admission

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

6. Missing doses are overdue


Let's Practice

TK, Kindergarten, 2nd Grade Admission

August 15, 2024

Student 1

Kindergarten Admission


IMMUNIZATION RECORD
Comprobante de Inmunización

Name
nombre **Student One**

Birthdate
fecha de nacimiento **06/22/2019** **Sex**
Sexo **Female**

Allergies
alergias **None**

Vaccine Reactions
reacciones a cualquier vacuna **None**

Parents: Your child must meet California's immunization requirements to be enrolled in school and child care. Keep this Record as proof of immunization.

Required: Name, Birthdate, Vaccine, Date Given, Health Care Provider

Student 1: Immunization Record

VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clínica	NEXT DOSE DUE próxima vacuna
HEPATITIS B	1 08/23/19	Happy Pediatrics	
	2 11/19/19	Happy Pediatrics	
	3 03/21/24	Happy Pediatrics	
ROTAVIRUS (RV)	1 08/23/19	Happy Pediatrics	
	2 11/19/19	Happy Pediatrics	
	3 02/11/20	Happy Pediatrics	
DIPHTHERIA TETANUS PERTUSSIS (whooping cough) (DTaP/Tdap) [difteria, tétanos y tos ferina]	1 08/23/19	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	Happy Pediatrics
	2 11/19/19	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	Happy Pediatrics
	3 02/11/20	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	Happy Pediatrics
	4 03/21/24	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	Happy Pediatrics
	5	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	
	6	<input type="checkbox"/> Tdap <input type="checkbox"/> Td	
HAEMOPHILUS INFLUENZAE TYPE B (HIB)	1 08/23/19	Happy Pediatrics	
	2 11/19/19	Happy Pediatrics	
	3 02/11/20	Happy Pediatrics	
	4 06/20/20	Happy Pediatrics	

VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clínica	NEXT DOSE DUE próxima vacuna
PNEUMOCOCCAL CONJUGATE (PCV/PCV13) [neumocócica conjugada]	1 08/23/19	<input type="checkbox"/> PCV7 <input type="checkbox"/> PCV13 <input type="checkbox"/> PPSV23	Happy Pediatrics
	2 11/19/19	<input type="checkbox"/> PCV7 <input type="checkbox"/> PCV13 <input type="checkbox"/> PPSV23	Happy Pediatrics
PNEUMOCOCCAL POLYSACCHARIDE (PPSV23) [neumocócica polisacárida]	3 02/11/20	<input type="checkbox"/> PCV7 <input type="checkbox"/> PCV13 <input type="checkbox"/> PPSV23	Happy Pediatrics
	4	<input type="checkbox"/> PCV7 <input type="checkbox"/> PCV13 <input type="checkbox"/> PPSV23	
INACTIVATED POLIO (IPV) [inactivada contra la polio]	1 08/23/19	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	Happy Pediatrics
	2 11/19/19	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	Happy Pediatrics
ORAL POLIO (OPV) [oral contra la polio]	3 02/11/20	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	Happy Pediatrics
	4 03/21/24	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	Happy Pediatrics
MEASLES, MUMPS, RUBELLA (MMR) [sarampión, paperas y rubéola (sarampión alemán)]	1 06/20/20		Happy Pediatrics
	2 03/21/24		Happy Pediatrics
VARICELLA (chickenpox) [varicela]	1 06/20/20		Happy Pediatrics
	2 03/21/24		Happy Pediatrics
HEPATITIS A	1 06/20/20		Happy Pediatrics
	2 03/21/24		Happy Pediatrics

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)	08/23/19	11/19/19	02/11/20 Age: ____ yrs.	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 Age: ____ yrs.	03/21/24 Age: <u>4</u> yrs.	
MMR (Measles, Mumps, Rubella)	06/20/20 Age: <u>11</u> mo.	03/21/24			
Hib (<i>Haemophilus influenzae</i> 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)	Age: ____ yrs.				

- **DTaP #4:** at age 4, so 4 doses meet the requirement
- **MMR #1:** 2 days before the 1st birthday (4-day grace period)

Has All Required Vaccine Doses: Unconditional



Pupil Name (Last, First, Middle): One, Student	Statewide Student Identifier (SSID): 123456789	Ethnicity: <input checked="" type="checkbox"/> Hispanic/Latino <input 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 checked="" type="checkbox"/> Other
Name of Parent/Guardian (Last, First): One, Parent	Birthdate (Month/Day/Year): 06/22/2019	Gender: Female	

Required Vaccine	Date Each Dose Was Given (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 ST	2 ND	3 RD	4 TH	5 TH		
IPV / OPV (Polio)	08/23/19	11/19/19	02/11/20 Age: ____ yrs.	03/21/24		<input type="checkbox"/>	4 doses meet TK/K-12 requirement, as do: 3 doses, if ≥1 dose given at age ≥4 years.
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	08/23/19	11/19/19	02/11/20 Age: ____ yrs.	03/21/24 Age: <u>4</u> yrs.		<input type="checkbox"/>	5 doses meet TK/K-12 requirement, as do: 4 doses, if ≥1 dose given at age ≥4 years; 3 doses, if ≥1 Tdap dose at age ≥7 years; Tdap dose may meet 7 th Grade requirement.
MMR (Measles, Mumps, Rubella)	06/20/20 Age: <u>11</u> mo.	03/21/24				<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year.
Hib (<i>Haemophilus influenzae</i> type b)	08/23/19	11/19/19	02/11/20	06/20/20		<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year.
Hep B (Hepatitis B)	08/23/19	11/19/19	03/21/24			<input type="checkbox"/>	3 doses meet TK/K-12 requirement.
VAR / VZV (Varicella/Chickenpox)	06/20/20	03/21/24				<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 ≥7 years meets requirement for 7 th grade advancement and 7 th –12 th grade admission.

Status of Requirements	Staff Initials <i>I reviewed pupil's immunization record</i>	Has All Required Vaccine Doses	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end)	Other <i>See codes on reverse side</i>	Date Requirements Met
			Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs Doses Now			
Pre-Kindergarten (Child Care or Preschool)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP	
TK/K-12	NN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	08/22/24
7th Grade (Advancement or Admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	

Student 2

TK Admission

Student 2 (PME)

Permanent Medical Exemption



CAIR Medical Exemptions
from Immunizations
for School & Child Care

Date ME Issued: **8/15/24**

Child's Information

Child's Name: **Student Two**

Date of Birth: **10/10/2019**

Parent/Guardian: **Parent Two**

School/Child Care Facility: **Happy Kids Elementary**
(1234567)

Exemption grade span for vaccines listed below: **TK/K - 6th Grade**

Exempt Vaccines	Medical Basis for Exemption	Duration	Exemption Expires*
Varicella	History of chickenpox disease	Permanent	End of 6th Grade

*on the date listed or at the end of the grade span, whichever is soonest

Student 2: Immunization Record (page 1)

GROUP <i>grupo</i>	SERIES <i>serie</i>	DATE GIVEN <i>fecha de vacunación</i>	AGE GIVEN <i>edad de vacunación</i>	VACCINE <i>vacuna</i>	CLINIC ADMINISTERED OR TRANSCRIBED <i>administrada o transcrita en la clínica</i>
COVID	1 of 3	12/01/21	2yrs 1mo 22d	Pfizer Pediatric COVID-19	La Clinica de la Raza
COVID	2 of 3	11/19/22	3yrs 1mo 9d	Pfizer Pediatric COVID-19	La Clinica de la Raza
DTaP	1 of 5	12/23/19	0yrs 2mo 13d	Pediarix	La Clinica de la Raza
DTaP	2 of 5	02/19/20	0yrs 4mo 9d	Pediarix	La Clinica de la Raza
DTaP	3 of 5	04/11/20	0yrs 6mo 1d	Pediarix	La Clinica de la Raza
DTaP	4 of 5	01/21/21	1yrs 3mo 11d	Brand not specified	La Clinica de la Raza
DTaP	5 of 5	08/10/24	4yrs 10mo 0d	Kinrix	La Clinica de la Raza
Hep A	1 of 2	10/23/20	1yrs 0mo 13d	Vaqta	La Clinica de la Raza
Hep A	2 of 2	08/19/21	1yrs 10mo 9d	Vaqta	La Clinica de la Raza
Hep B	1 of 3	12/23/19	0yrs 2mo 13d	Pediarix	La Clinica de la Raza
Hep B	2 of 3	02/19/20	0yrs 4mo 9d	Pediarix	La Clinica de la Raza
Hep B	3 of 3	04/11/20	0yrs 6mo 1d	Pediarix	La Clinica de la Raza
Hib	1 of 4	12/23/19	0yrs 2mo 13d	PedvaxHIB	La Clinica de la Raza
Hib	2 of 4	02/19/20	0yrs 4mo 9d	PedvaxHIB	La Clinica de la Raza
Hib	3 of 4	10/23/20	1yrs 0mo 13d	PedvaxHIB	La Clinica de la Raza

Student 2: Immunization Record (page 2)

GROUP <i>grupo</i>	SERIES <i>serie</i>	DATE GIVEN <i>fecha de vacunación</i>	AGE GIVEN <i>edad de vacunación</i>	VACCINE <i>vacuna</i>	CLINIC ADMINISTERED OR TRANSCRIBED <i>administrada o transcrita en la clínica</i>
MMR	1 of 2	10/23/20	1yrs 0mo 13d	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 13d	Pevnar 13	La Clinica de la Raza
PCV	2 of 4	02/19/20	0yrs 4mo 9d	Pevnar 13	La Clinica de la Raza
PCV	3 of 4	04/11/20	0yrs 6mo 1d	Pevnar 13	La Clinica de la Raza
PCV	4 of 4	10/23/20	1yrs 0mo 13d	Pevnar 13	La Clinica de la Raza
Polio	1 of 4	12/23/19	0yrs 2mo 13d	Pediarix	La Clinica de la Raza
Polio	2 of 4	02/19/20	0yrs 4mo 9d	Pediarix	La Clinica de la Raza
Polio	3 of 4	04/11/20	0yrs 6mo 1d	Pediarix	La Clinica de la Raza
Polio	4 of 4	08/10/24	4yrs 10mo 0d	Kinrix	La Clinica de la Raza
RV	1 of 3	12/23/19	0yrs 2mo 13d	Rotarix	La Clinica de la Raza
RV	2 of 3	02/19/20	0yrs 4mo 9d	Rotarix	La Clinica de la Raza
Flu		11/11/21	2yrs 1mo 1d	Brand not specified	La Clinica de la Raza
Flu		11/05/22	3yrs 0mo 26d	Brand not specified	La Clinica de la Raza
Flu		10/30/23	4yrs 0mo 20d	Brand not specified	La Clinica de la Raza

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)	12/23/19	02/19/20	04/11/20 Age: ____ yrs.	08/10/24	
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	12/23/19	02/19/20	04/11/20 Age: ____ yrs.	01/21/21 Age: ____ yrs.	08/10/24
MMR (Measles, Mumps, Rubella)	10/23/20 Age: ____ mo.	08/10/24			
Hib (<i>Haemophilus influenzae</i> type b)	12/23/19	02/19/20	10/23/20		
Hep B (Hepatitis B)	12/23/19	02/19/20	04/11/20		
VAR / VZV (Varicella/Chickenpox)					
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)					
	Age: ____ yrs.				

- **Missing varicella doses**

PME + All Other Doses: Unconditional



Pupil Name (Last, First, Middle): Two, Student	Statewide Student Identifier (SSID): 123456789	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Non-Hispanic/Non-Latino	Race: <input checked="" 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): Two, Parent	Birthdate (Month/Day/Year): 10/10/2019	Gender: Male	

Required Vaccine	Date Each Dose Was Given (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 ST	2 ND	3 RD	4 TH	5 TH		
IPV / OPV (Polio)	12/23/19	02/19/20	04/11/20 Age: ____ yrs.	08/10/24		<input type="checkbox"/>	4 doses meet TK/K-12 requirement, as do: 3 doses, if ≥1 dose given at age ≥4 years.
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	12/23/19	02/19/19	04/11/20 Age: ____ yrs.	01/21/21 Age: ____ yrs.	08/10/24	<input type="checkbox"/>	5 doses meet TK/K-12 requirement, as do: 4 doses, if ≥1 dose given at age ≥4 years; 3 doses, if ≥1 Tdap dose at age ≥7 years; Tdap dose may meet 7 th Grade requirement.
MMR (Measles, Mumps, Rubella)	10/23/20 Age: ____ mo.	08/10/24				<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year.
Hib (<i>Haemophilus influenzae</i> type b)	12/23/19	02/19/20	10/23/20			<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year.
Hep B (Hepatitis B)	10/10/19	12/23/19	04/11/20			<input type="checkbox"/>	3 doses meet TK/K-12 requirement.
VAR / VZV (Varicella/Chickenpox)						<input checked="" type="checkbox"/>	2 doses meet TK/K-12 requirement.
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)						<input type="checkbox"/>	1 dose given at age ≥7 years meets requirement for 7 th grade advancement and 7 th –12 th grade admission.

Status of Requirements	Staff Initials <i>I reviewed pupil's immunization record</i>	Has All Required Vaccine Doses	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end)	Other <i>See codes on reverse side</i>	Date Requirements Met
			Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs Doses Now			
Pre-Kindergarten (Child Care or Preschool)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP	
TK/K-12	NN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	08/22/24
7th Grade (Advancement or Admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	

Student 3

TK Admission

Student 3 (TME)

Temporary Medical Exemption



CAIR Medical Exemptions
from Immunizations
for School & Child Care

Date ME Issued: **08/15/24**

Child's Information

Child's Name: **Student Three**

Date of Birth: **02/11/2020**

Parent/Guardian: **Parent Three**

School/Child Care Facility: **Champions Elementary**

Exemption grade span for vaccines listed below: **TK/K-6th Grade**

Exempt Vaccines	Medical Basis for Exemption	Duration	Exemption Expires*
Varicella		Temporary	12/15/24
IPV		Temporary	12/15/24

*on the date listed or at the end of the grade span, whichever is soonest

Student 3 (Immunization Record page 1)

Name: Student Four | DOB: 2/11/2020 | MRN:1234567 | PCP: Becca Monte, MD

Current Immunizations

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: 02/27/2024,
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

Student 3 (Immunization Record page 2)

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

Student 3: 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)	08/21/21	02/27/24	Age: ____ yrs.		
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	04/19/20	06/24/20	08/29/20 Age: ____ yrs.	05/15/21 Age: ____ yrs.	02/27/24
MMR (Measles, Mumps, Rubella)	02/14/21 Age: ____ mo.	12/30/23			
Hib (<i>Haemophilus influenzae</i> 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)	Age: ____ yrs.				

- **Missing polio vaccine and varicella #2**

TME + All Other Doses: Conditional



Pupil Name (Last, First, Middle): Three, Student	Statewide Student Identifier (SSID): 123456789	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Non-Hispanic/Non-Latino	Race: <input type="checkbox"/> African American/Black <input checked="" 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): Three, Parent	Birthdate (Month/Day/Year): 02/11/2020	Gender: Female	

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	Age: ____ yrs.		
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	04/19/20	06/24/20	08/29/20 Age: ____ yrs.	05/15/21 Age: ____ yrs.	02/27/24
MMR (Measles, Mumps, Rubella)	02/14/21 Age: ____ mo.	12/30/23			
Hib (<i>Haemophilus influenzae</i> 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)					

Deadline

Polio #3, Varicella #2

12/15/24

Follow-Up

11/15/24

Status of Requirements	Staff Initials <i>I reviewed pupil's immunization record</i>	Has All Required Vaccine Doses	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end)	Other <i>See codes on reverse side</i>	Date Requirements Met
			Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs Doses Now			
Pre-Kindergarten (Child Care or Preschool)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP	
TK/K-12	NN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/15/24	<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	
7 th Grade (Advancement or Admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	

Student 4

TK Admission

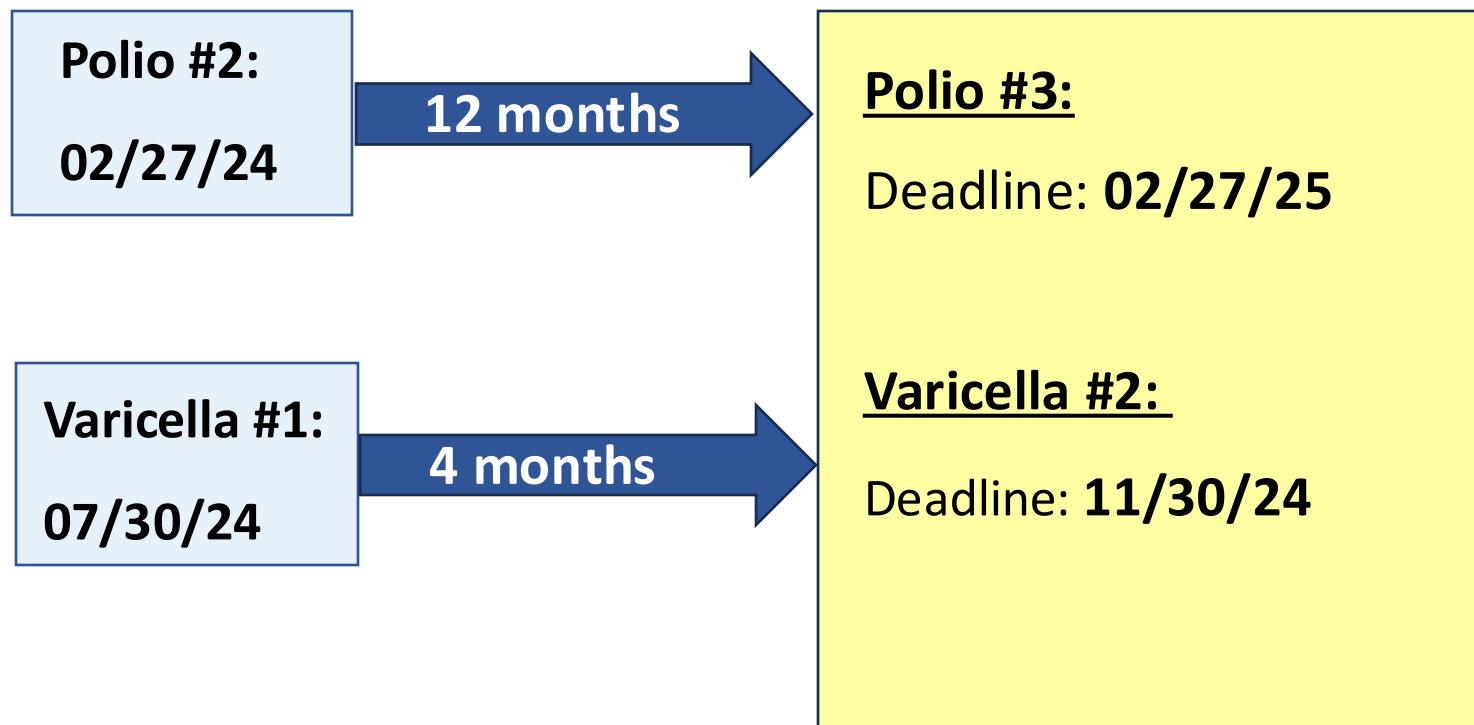
Student 4: No TME

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	Age: ____ yrs.		
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	04/19/20	06/24/20	08/29/20 Age: ____ yrs.	05/15/21 Age: ____ yrs.	02/27/24
MMR (Measles, Mumps, Rubella)	02/14/21 Age: ____ mo.	12/30/23			
Hib (<i>Haemophilus influenzae</i> 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)	Age: ____ yrs.				

- **Missing polio vaccine and varicella #2**

Student 4: 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 ¹	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4 ¹	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



Student 4: Earliest Dose May Be Given

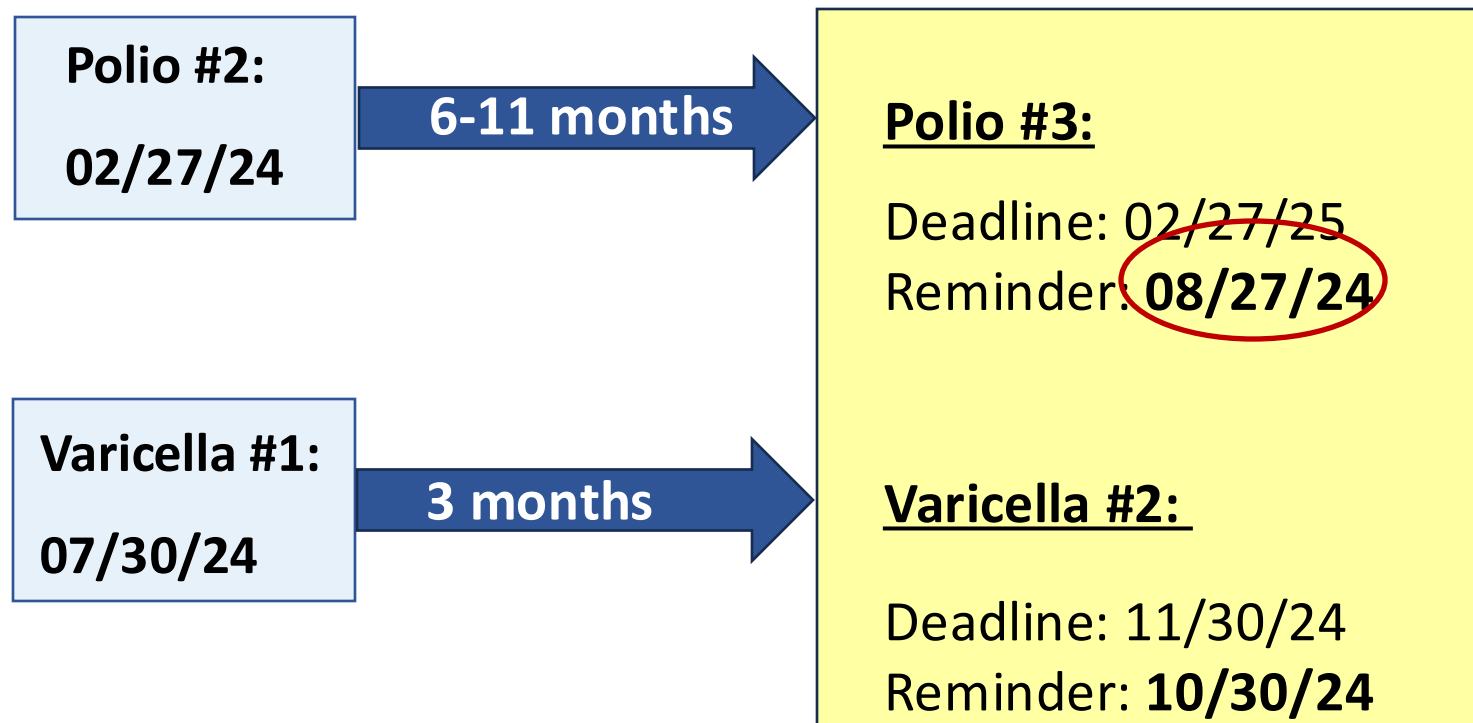
Dose	Earliest Dose May Be Given	Exclude If Not Given By
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3 ¹	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4 ¹	6 months after 3rd dose	12 months after 3rd dose
Varicella #2	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose

Footnote 1:

- 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

Student 4: 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 ¹	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4 ¹	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



Missing Doses Not Due: Conditional



Pupil Name (Last, First, Middle): Four, Student	Statewide Student Identifier (SSID): 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 checked="" 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 (Month/Day/Year): 02/11/2020	Gender: Female	

Required Vaccine	Date Each Dose Was Given (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 ST	2 ND	3 RD	4 TH	5 TH		
IPV / OPV (Polio)	08/21/21	02/27/24	Age: ____ yrs.			<input type="checkbox"/>	4 doses meet TK/K-12 requirement, as do: 3 doses, if ≥1 dose given at age ≥4 years.
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	04/19/20	06/24/20	08/29/20 Age: ____ yrs.	05/15/21 Age: ____ yrs.	02/27/24	<input type="checkbox"/>	5 doses meet TK/K-12 requirement, as do: 4 doses, if ≥1 dose given at age ≥4 years; 3 doses, if ≥1 Tdap dose at age ≥7 years; Tdap dose may meet 7 th Grade requirement.
MMR (Measles, Mumps, Rubella)	02/14/21 Age: ____ mo.	12/30/23				<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year.
Hib (<i>Haemophilus influenzae</i> type b)	09/29/20	05/15/21				<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year.
Hep B (Hepatitis B)	02/12/20	03/15/20	10/25/20			<input type="checkbox"/>	3 doses meet TK/K-12 requirement.
VAR / VZV (Varicella/Chickenpox)	07/30/24					<input type="checkbox"/>	2 doses meet TK/K-12 requirement.
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)	Age: ____ yrs.					<input type="checkbox"/>	1 dose given at age ≥7 years meets requirement for 7 th grade advancement and 7 th –12 th grade admission.

Status of Requirements	Staff Initials <i>I reviewed pupil's immunization record</i>	Has All Required Vaccine Doses	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end)	Other <i>See codes on reverse side</i>	Date Requirements Met
			Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs Doses Now			
Pre-Kindergarten (Child Care or Preschool)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP	
TK/K-12	NN	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	08/27/24	<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	
7th Grade (Advancement or Admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	

Send a Reminder

NOTICE OF IMMUNIZATIONS NEEDED

8/27/24

Dear Parent/Guardian of: Student Four

Our records show that your child needs the following immunization(s) (shots) to meet the requirements of the California School Immunization Law, Health and Safety Code Sections 120325-120375.

VACCINE	MISSING DOSE(S) MARKED BELOW				DEADLINE
Polio	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input checked="" type="checkbox"/> #3	<input type="checkbox"/> #4	02/27/25
DTaP (Tdap/Td if 7 years or older)	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	<input type="checkbox"/> #4	<input type="checkbox"/> #5
MMR	<input type="checkbox"/> #1	<input type="checkbox"/> #2			
Hib (preschool only)	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	<input type="checkbox"/> #4	
Hepatitis B	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3		
Varicella (chickenpox)	<input type="checkbox"/> #1	<input checked="" type="checkbox"/> #2			11/30/24
Tdap (for 7th-12th grade)	<input type="checkbox"/> #1				

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

1. If your child has already received all of these immunizations marked above, bring us the immunization record so that we can update our files. Your child's record must include a date for the immunizations checked above and the doctor's/clinic's name.
2. If your child has not received the immunizations marked above, bring this form along with your child's immunization record to your doctor or local health department to get the missing doses. Bring us your child's updated immunization record after every immunization visit until all of the required immunizations have been received.
3. If any of these immunizations were not given to your child because of medical reasons, please bring us a medical exemption form issued using the CAIR-Medical Exemption website by your child's doctor (MD or DO licensed in California).

According to state law, we cannot allow your child to attend unless we receive proof that the above requirements are met by this date: 11/30/24

For more information on pre-kindergarten and school immunization requirements, visit ShotsForSchool.org. If you have any questions or require additional information, please call

1-888-867-5309

Sincerely,

Your Name

Polio #3

Deadline: 02/27/25
Reminder: 08/27/24

Varicella #2:

Deadline: 11/30/24
Reminder: 10/30/24

Receive Final Doses: Unconditional



Pupil Name (Last, First, Middle): Four, Student	Statewide Student Identifier (SSID): 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 checked="" 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 (Month/Day/Year): 02/11/2020	Gender: Female	

Required Vaccine	Date Each Dose Was Given (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 ST	2 ND	3 RD	4 TH	5 TH		
IPV / OPV (Polio)	08/21/21	02/27/24	11/29/24 Age: ___ yrs.			<input type="checkbox"/>	4 doses meet TK/K-12 requirement, as do: 3 doses, if ≥1 dose given at age ≥4 years.
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	04/19/20	06/24/20	08/29/20 Age: ___ yrs.	05/15/21 Age: ___ yrs.	02/27/24	<input type="checkbox"/>	5 doses meet TK/K-12 requirement, as do: 4 doses, if ≥1 dose given at age ≥4 years; 3 doses, if ≥1 Tdap dose at age ≥7 years; Tdap dose may meet 7 th Grade requirement.
MMR (Measles, Mumps, Rubella)	02/14/21 Age: ___ mo.	12/30/23				<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year.
Hib (<i>Haemophilus influenzae</i> type b)	09/29/20	05/15/21				<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year.
Hep B (Hepatitis B)	02/12/20	03/15/20	10/25/20			<input type="checkbox"/>	3 doses meet TK/K-12 requirement.
VAR / VZV (Varicella/Chickenpox)	07/30/24	11/29/24				<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 ≥7 years meets requirement for 7 th grade advancement and 7 th –12 th grade admission.

Status of Requirements	Staff Initials <i>I reviewed pupil's immunization record</i>	Has All Required Vaccine Doses	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end)	Other <i>See codes on reverse side</i>	Date Requirements Met
			Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs Doses Now			
Pre-Kindergarten (Child Care or Preschool)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP	
TK/K-12	NN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/30/24	<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	11/30/24
7th Grade (Advancement or Admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	

Student 5

2nd Grade Admission

Student 5: Immunization Record (page 1)

KAISER MR# 112345678910 PRINTED: 08/20/22 Name Student Five <i>nombre</i>				VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clinica
Birthdate 11/26/2016 Sex M <i>fecha de nacimiento</i> <i>sexo</i>				HIB PRP-T	01/26/17	HIB PRP-T Kaiser Permanente
Allergies <i>alergias</i>				HIB PRP-T	03/23/17	HIB PRP-T Kaiser Permanente
Vaccine Reactions <i>reacciones a la vacuna</i>				HIB PRP-T	05/17/17	HIB PRP-T Kaiser Permanente
RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO				HIB PRP-T	06/29/18	HIB PRP-T Kaiser Permanente
VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clinica	DATE NEXT DOSE DUE próxima vacuna	INFLUENZA INFS PF	10/19/17	INFS PF 6-35M Kaiser Permanente
DTP DTAP-HBV-POL	01/26/17	DTAP-HBV-POL Kaiser Permanente		INFS	11/29/17	INFS Kaiser Permanente
DTAP-HBV-POL	03/23/17	DTAP-HBV-POL Kaiser Permanente		INFS	11/12/18	INFS Kaiser Permanente
DTAP-HBV-POL	05/17/17	DTAP-HBV-POL Kaiser Permanente		INFAN	10/31/19	INFAN Kaiser Permanente
HEP A HAV	11/29/17	HAV (PED/ADOL X2) Kaiser Permanente		INFAN	12/15/20	INFAN 2-49YRS QUAD Kaiser Permanente
HEP A HAV	06/29/18	HAV (PED/ADOL X2) Kaiser Permanente		INFS PF	11/13/21	INFS PF 4YRS+ (FLUVIRIN) Kaiser Permanente
HEP B DTAP-HBV-POL	01/26/17	DTAP-HBV-POL Kaiser Permanente		INFS PF	10/27/22	INFS PF 5YR-ADULT TRI Kaiser Permanente
DTAP-HBV-POL	03/23/17	DTAP-HBV-POL Kaiser Permanente		INFS PF	09/30/23	INFS PF 6MOS-ADULT QUAD Kaiser Permanente
DTAP-HBV-POL	05/17/17	DTAP-HBV-POL Kaiser Permanente		MMR MMR	11/29/17	MMR Kaiser Permanente
				PNEUMO PREVNAR	01/26/17	PREVNAR 13 Kaiser Permanente
				PREVNAR	03/23/17	PREVNAR 13 Kaiser Permanente

Student 5: Immunization Record (page 2)

VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clínica	DATE NEXT DOSE DUE próxima vacuna
PNEUMO PREVNAR	01/26/17	PREVNAR 13 Kaiser Permanente	
PREVNAR	03/23/17	PREVNAR 13 Kaiser Permanente	
POLIO DTAP-HBV- POL	05/17/17	DTAP-HBV- POL Kaiser Permanente	
DTAP-HBV- POL	02/27/21	DTAP-HBV- POL Kaiser Permanente	
DTAP-HBV- POL	01/26/17	DTAP-HBV- POL Kaiser Permanente	
ROTA VIRUS ROT5	03/23/17	ROT5 ROTA VIRUS Kaiser Permanente	
ROT5	05/17/17	ROT5 ROTA VIRUS Kaiser Permanente	
ROT5	11/29/17	ROT5 ROTA VIRUS Kaiser Permanente	
CHICKENPOX VAR	11/29/17	VAR Kaiser Permanente	
VACC COVID- 19 PFIZER- BIONT	12/03/21	PFIZER- BIONTECH Kaiser Permanente	

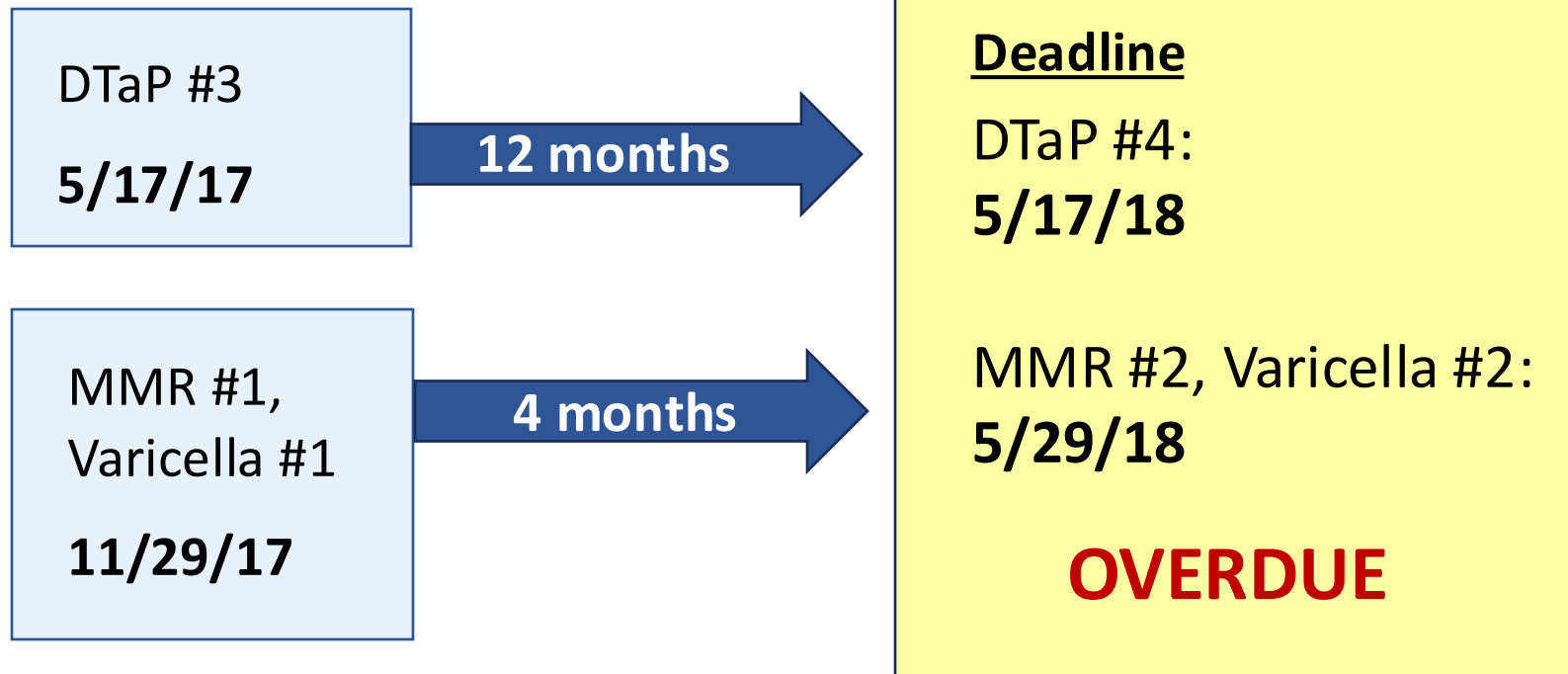
Student 5: Check Requirements

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 Age: ____ yrs.	02/27/21	
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	01/26/17	03/23/17	05/17/17 Age: ____ yrs.		
MMR (Measles, Mumps, Rubella)	11/29/17 Age: <u>12</u> mo.				
Hib (<i>Haemophilus influenzae</i> 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

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 ²	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



Missing Doses Overdue: Don't Admit



Pupil Name (Last, First, Middle): Five, Student	Statewide Student Identifier (SSID): 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 checked="" type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
Name of Parent/Guardian (Last, First): Five, Parent	Birthdate (Month/Day/Year): 11/26/2016	Gender: Male	

Required Vaccine	Date Each Dose Was Given (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 ST	2 ND	3 RD	4 TH	5 TH		
IPV / OPV (Polio)	01/26/17	03/23/17	05/17/17 Age: ____ yrs.	02/27/21		<input type="checkbox"/>	4 doses meet TK/K-12 requirement, as do: 3 doses, if ≥1 dose given at age ≥4 years.
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	01/26/17	03/23/17	05/17/17 Age: ____ yrs.			<input type="checkbox"/>	5 doses meet TK/K-12 requirement, as do: 4 doses, if ≥1 dose given at age ≥4 years; 3 doses, if ≥1 Tdap dose at age ≥7 years; Tdap dose may meet 7 th Grade requirement.
MMR (Measles, Mumps, Rubella)	11/29/17 Age: <u>12</u> mo.					<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year.
Hib (<i>Haemophilus influenzae</i> type b)	01/26/17	03/23/17	05/17/17	06/29/18		<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year.
Hep B (Hepatitis B)	01/26/17	03/23/17	05/17/17			<input type="checkbox"/>	3 doses meet TK/K-12 requirement.
VAR / VZV (Varicella/Chickenpox)	11/29/17					<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 ≥7 years meets requirement for 7 th grade advancement and 7 th –12 th grade admission.

Status of Requirements	Staff Initials <i>I reviewed pupil's immunization record</i>	Has All Required Vaccine Doses	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end)	Other <i>See codes on reverse side</i>	Date Requirements Met
			Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs Doses Now			
Pre-Kindergarten (Child Care or Preschool)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP	
TK/K-12	NN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	
7th Grade (Advancement or Admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	

Proof of Missing Doses: Unconditional



Pupil Name (Last, First, Middle): Five, Student	Statewide Student Identifier (SSID): 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 checked="" type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
Name of Parent/Guardian (Last, First): Five, Parent	Birthdate (Month/Day/Year): 11/26/2016	Gender: Male	

Required Vaccine	Date Each Dose Was Given (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 ST	2 ND	3 RD	4 TH	5 TH		
IPV / OPV (Polio)	01/26/17	03/23/17	05/17/17 Age: ____ yrs.	02/27/21		<input type="checkbox"/>	4 doses meet TK/K-12 requirement, as do: 3 doses, if ≥1 dose given at age ≥4 years.
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	01/26/17	03/23/17	05/17/17 Age: ____ yrs.	08/15/24 Age: 8 yrs.		<input type="checkbox"/>	5 doses meet TK/K-12 requirement, as do: 4 doses, if ≥1 dose given at age ≥4 years; 3 doses, if ≥1 Tdap dose at age ≥7 years; Tdap dose may meet 7 th Grade requirement.
MMR (Measles, Mumps, Rubella)	11/29/17 Age: 12 mo.	08/15/24				<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year.
Hib (<i>Haemophilus influenzae</i> type b)	01/26/17	03/23/17	05/17/17	06/29/18		<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year.
Hep B (Hepatitis B)	01/26/17	03/23/17	05/17/17			<input type="checkbox"/>	3 doses meet TK/K-12 requirement.
VAR / VZV (Varicella/Chickenpox)	11/29/17	08/15/24				<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 ≥7 years meets requirement for 7 th grade advancement and 7 th –12 th grade admission.

Status of Requirements	Staff Initials <i>I reviewed pupil's immunization record</i>	Has All Required Vaccine Doses	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end)	Other <i>See codes on reverse side</i>	Date Requirements Met
			Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs Doses Now			
Pre-Kindergarten (Child Care or Preschool)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP	
TK/K-12	NN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	08/16/24
7th Grade (Advancement or Admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	

Additional Tips

Roster of Students Missing Doses

#	Student	Has All Required Doses	If Missing Doses, Mark the Category (Reason)							Mark Missing Vaccines				
			PME	IEP	IND	Home	Conditional	TME	Overdue	Polio	DTaP	MMR	HepB	VAR
1.	Student Two		X											X
2.	Student Three							X		X				X
3.	Student Four					X				X				X
4.	Student Five								X		X	X		X

Special Situations

Transfer students within U.S.:

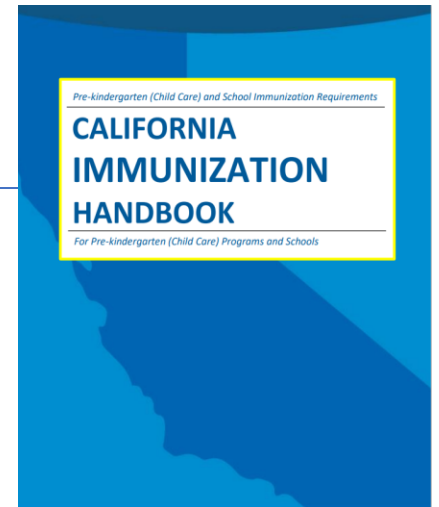
- May allow up to 30 school days for records to arrive
- When records arrive, if missing doses: may allow up to 10-school day deadline

Students in foster care or experiencing homelessness:

- Enroll immediately, even if immunization records are missing or unavailable. Follow up according to conditional admission schedule

18+ years old: Not subject to requirements

More Special Situations



Dose given too early:

- If the dose date is before *Earliest Dose May be Given* date, the dose still counts.

Missing Hep B at 7th grade:

Students must complete the series after 7th grade:

- when next considered to be an admission at 8th-12th grade OR
- at 8th grade: if ever attended K in CA or considered an admission to any grade except 7th at any time after 7/1/2019

OPV and international students:

- Doses of OPV given on or after April 1, 2016, do not count. The student must show proof of IPV.

IMMUNIZATION BRANCH

Shots for School

Child Care

TK-12th Grade

College

Tools for Schools

Reporting

Laws

Implementation Tools

Use these resources to help implement immunization requirements in your child care facility or school.



Guides, Blue Cards & More

Training: TK-12th Grade [Implementation Handbook \(PDF\)](#)

Training: Child Care [Regulations](#)

[Immunization Requirements \(video\)](#)

Resources for Families

School-Located Vaccination **Requirements**

CDPH Emails [Spanish](#) | [Chinese \(Traditional\)](#) | [Chinese \(Simplified\)](#)

- [TK/K-12 | Spanish \(PDF\)](#)
- [Parents' Guides](#)

Records (Blue Card)

- [California School Immunization Record \(CSIR/Blue Card/CDPH 286\) \(PDF\)](#)

Print copies or contact your [local health department](#) to ask about ordering free printed copies.

Resources

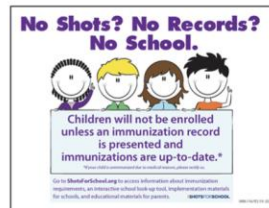
Communicating about School Immunization Requirements



Vaccines are an important part of helping prevent the spread of serious diseases in California schools and child care facilities. Children usually have received the immunizations for their grade or age by the time they enroll. Sometimes students are overdue for immunizations and cannot enroll. Here are a few tips for communicating with parents and guardians about getting children caught up.

Inform and Support

- Post the [No Shots? No School flyer \(Spanish\)](#) at your front desk so families can see that immunizations are required by California law. Students who are overdue **cannot** attend school. (Schools may face immunization audits and possibly lose average daily attendance funds for students who are in school while overdue for immunizations.)
- Share the [Parents' Guides to Required Immunizations](#), available in multiple languages.



How to Handle Medical Exemptions

If a child cannot receive certain vaccines due to a medical reason, they need to obtain a medical exemption form issued in [CAIR-ME](#). You can check the status of medical exemptions in [CAIR-ME](#). Refer to the [Medical Exemption FAQs](#) for more information.

Ways You Can Help

Be empathetic to the family's challenges in getting all the required immunizations and offer these tips.

How to Find Immunization Records:

- Call the doctor's office(s) that gave the immunizations.
- If the doctor's office participated in a California immunization registry, the family may be able to access a [Digital Vaccine Record](#).
- School and child care staff can also help find records and see the immunization status of students by using the School and Child Care Roster Lookup (SCRL) tool. Find out more at [SCRL Facts](#).

Where to Get Vaccinated:

It's best to go to their doctor's office, where immunizations are usually free. If the student doesn't have a primary care doctor, let families know about these resources:

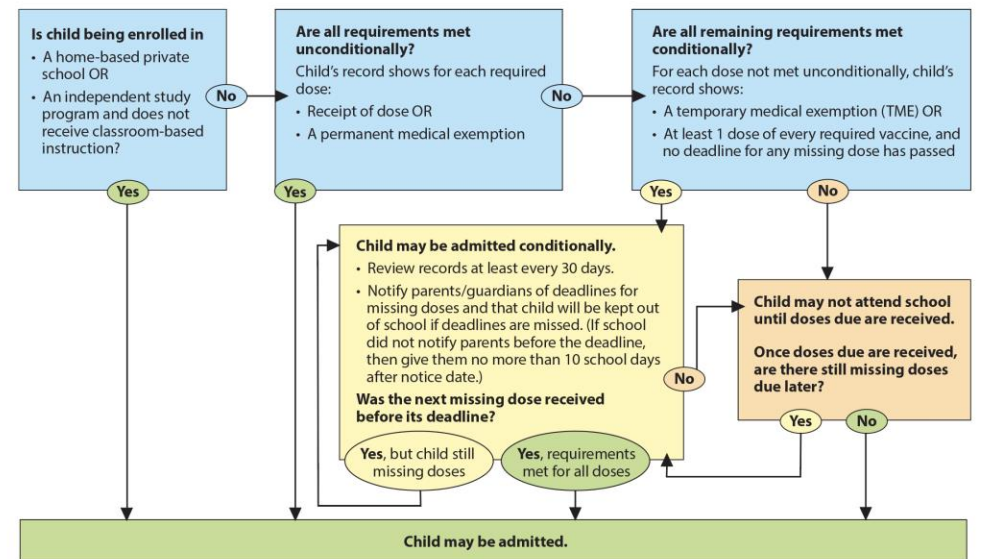
- [Local Health Department's immunization program](#)—some offer free/low-cost vaccine clinics.
- Vaccines for Children Program's [locator tool](#)—find a doctor who offers no-cost vaccines to families in Medi-Cal and those who are uninsured. Families can check the [Covered California website](#) to see if they qualify for Medi-Cal.
- Local [pharmacy](#)—many offer immunizations for children as young as 3 years of age. Costs may apply.

Questions?

Visit the [Shots for School website](#) for more information, and call your [Local Health Department's immunization program](#) with any concerns.

CHECKING IMMUNIZATION REQUIREMENTS TK/K-12TH Grade

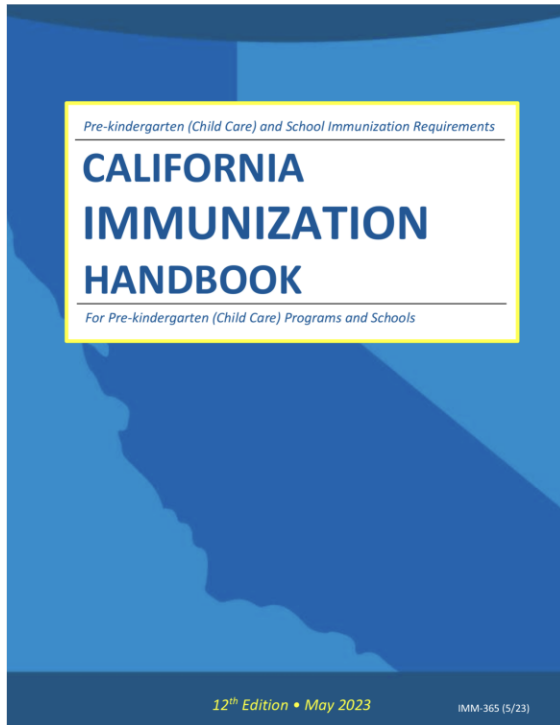
Request and review immunization records from every child. Records from all students will be needed for reporting and to monitor which students are unimmunized in case of disease exposures. Follow the decision tree below to determine whether a child may be admitted to school or not.*



* Please refer to the California Immunization Handbook at [ShotsForSchool.org](#) for additional information on school immunization requirements, including information on transfer and homeless/foster students, medical exemptions, and conditional admission.



Answers



Shots for School	
Child Care	▶
TK-12th Grade	▶
College	
Tools for Schools	▶
Reporting	▶
Laws	

Requirements FAQs

Admissions

- What is the definition of admissions?
- What is conditional admission?

Students Without Classroom-Based I

requirements for students entering a home-b
udy program and do not receive classroom-
ferences between distance learning, indep
school?

S

need to record immunization information a
status of all students, including students wh

- California School Law
- 2019 Changes
- Requirements FAQs**
- Exemptions
- Conditional
- Disease Reporting

- Send questions to [your email]

Other Helpful Websites

- 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



Thank You!