

	Date of birth	n:
School name:	Date of ever	nt:
Vaccine type	Received dose	Next dose due date
	Yes / No	
	Yes / No	
	Yes / No	
leason vaccine was not adminis	stered	
Absent		
Had a fever		
Refused the vaccine		
Incomplete consent form		
Not recommended based	d on medical history	
Other:		
L VE Immunization Card ■ IMM-1	atement (Immunize.org/vis) or scan 546 (12/24/24)	QR code.
	_	Card School-Locate
School-Located Vaccine E	546 (12/24/24)	Card School-Locate Vaccine Event
chool-Located Vaccine E	546 (12/24/24) Event (SLVE) Immunization	Card School-Locate Vaccine Event
chool-Located Vaccine E	Event (SLVE) Immunization Date of birth	Card School-Locate Vaccine Event
chool-Located Vaccine E Student name: School name:	Date of ever Received dose Yes / No	Card School-Locate Vaccine Event
chool-Located Vaccine E Student name: School name:	Date of ever Received dose Yes / No Yes / No	Card School-Locate Vaccine Even it:
Student name: School name:	Date of ever Received dose Yes / No	Card School-Locate Vaccine Even it:
Student name: School name: Vaccine type	Date of birth Received dose Yes / No Yes / No	Card School-Locate Vaccine Even it:
Student name: School name: Vaccine type	Date of birth Received dose Yes / No Yes / No	Card School-Locate Vaccine Even it:
Student name: School name: Vaccine type Reason vaccine was not adminis Absent Had a fever	Date of birth Received dose Yes / No Yes / No	School-Locate Vaccine Even
Cchool-Located Vaccine E Student name: School name: Vaccine type Reason vaccine was not adminis Absent Had a fever Refused the vaccine	Event (SLVE) Immunization Date of birth Date of ever Received dose Yes / No Yes / No Yes / No Yes / No Stered	Card SIVE School-Locate Vaccine Even
Student name: School name: Vaccine type Reason vaccine was not adminis Absent Had a fever	Event (SLVE) Immunization Date of birth Date of even Received dose Yes / No Yes / No Yes / No Yes / No Stered	Card School-Locate Vaccine Even it:

If your student received a vaccine, it will be documented in the California Immunization Registry (CAIR). Schedule an appointment with your student's healthcare provider to discuss any additional doses that may be needed.



Read the full <u>vaccine information statement</u> (Immunize.org/vis) or scan QR code. **SLVE Immunization Card** ■ IMM-1546 (12/24/24)

Human Papillomavirus (HPV) Vaccine

The ideal time for students (all genders) to get the HPV vaccine is between ages 9-12. When students are vaccinated on time, they are given the best protection from HPV cancers.

Ideal Time	Running Late	Overdue
Ages: 9-12	Ages 13-14	Ages 15-26
2 Doses	2 Doses	3 Doses
6-12 months apart	6-12 months apart	1st dose at visit one
Begin at age 9 years old for a better immune response.		2nd dose 1-2 months later
		3rd dose 6 months after 1st dose



Contact your student's healthcare provider to schedule an appointment if additional doses are needed.

For more information, visit or scan QR Code:

CDC: HPV Vaccination Recommendations (bit.ly/HPVVaxRecs)

SLVE Immunization Card ■ IMM-1546 (12/24/24)

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