

# Pre-Kindergarten Requirements Highlighted on Blue Card



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

## 2-3 Months

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

## 4-5 Months

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

## 6-14 Months

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

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## 15-17 Months

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

**1 dose of MMR and Hib must be on or after 1<sup>st</sup> birthday.**

## 18 Months– 5 Years

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

**1 dose of MMR and Hib must be on or after 1<sup>st</sup> birthday.**