

La Salle College Preparatory

Office of Global Programs
3880 E. Sierra Madre Blvd. Pasadena, CA 91107



US California Immunization Requirements

Immunization	Doses
Polio (IPV/OPV)	4
DPT/DTaP/Td	5-6
Tdap (not Td)	1 (after age 7 year old)
MMR (Measles/Mumps/Rubella)	2 (beginning after age of 1 year)
Hepatitis B	3
VAR/VZV (Varicella or Chickenpox)	2 (at least 30 days apart)
Tuberculosis PPD test	6 months before coming to the US or 30 days after arriving.

Immunizations Recommended

Hepatitis A	2
Meningococcal	1
HPV (Human Papillomavirus)	2-3

Instructions for filling out California School Immunization Record

1. Complete student's name, parent, sex, birthday and place of birth.
2. Have doctor fill in the date (**month/day/year**) of each immunization the student has received and completed in English only.
3. Note immunization requirements above for school attendance. Administer immunizations required when possible and record on this record.
4. If student is to be exempted for medical reasons, a doctor's written statement is required; the statement must include which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met: check box A and box C (located on the right side of the form). If the medical exemption is temporary, check box B and box D; this child must be followed up.
5. If Tdap is given prior to coming to the United States, please provide separate paperwork noting month/day/year and type given.
6. The doctor signature and office stamp required after completion of form.

Without the required immunizations, student will not be allowed to start school

CALIFORNIA SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.

Student Name _____ **Sex:** M F **Birthdate** _____ **Place of Birth** _____
Name of Parent or Guardian _____ **Race/Ethnicity:**
 White, not Hispanic _____ **Address** _____
 Hispanic _____ **City** _____ **ZIP** _____
Telephone _____ **Daytime** _____ **Nighttime** _____

DATE EACH DOSE WAS GIVEN

	1st	2nd	3rd	4th	5th	Booster
VACCINE						

POLIO (OPV or IPV)

DTP/DTaP/DI/Td (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)

MMR (Measles, mumps, and rubella)

HIB (Required only for child care and preschool)

HEPATITIS B

VARICELLA (Chickenpox)

HEPATITIS A (Not required)

TB SKIN TESTS	Type*	Date given	Date read	mm	indur	Impression	CHEST X-RAY (Necessary if skin test positive)
	PPD-Mantoux						
	Other						
	PPD-Mantoux						
	Other						

*If required for school entry, must be Mantoux unless exception granted by local health department.

I. DOCUMENTATION

I certify that I reviewed a record of this child's immunizations and transcribed it accurately.
 Date _____
 Staff _____
 Signature _____

Record Presented was:

- Yellow California Immunization Record
 - Out-of-state school record
 - Other immunization record
- Specify:

II. STATUS OF REQUIREMENTS

- A. All Requirements are met. Date _____
- B. Currently up-to-date, but more doses are due later. Needs follow-up. Exemption was granted for:
 - C. Medical Reasons—Permanent
 - D. Medical Reasons—Temporary
 - E. Personal Beliefs

III. 7th GRADE ENTRY

- A. All Requirements are met. Name _____ Date _____
- B. Currently up-to-date, but more doses are due later. Needs follow-up. Name _____ Date _____