

NOTICE PUBLICATION/REGULATIONS SUBMISSION

REGULARSee instructions on
reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2017-0228-07	REGULATORY ACTION NUMBER 2018-0309-038	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

2018 MAR -9 P 4: 04
OFFICE OF
ADMINISTRATIVE LAW

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

APR 20 2018

1:38pm

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

AGENCY FILE NUMBER (If any)
DPH-11-004

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER 2017, 10-2	PUBLICATION DATE 3-10-2017

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) PRE-KINDERGARTEN & SCHOOL IMMUNIZATION REQUIREMENTS	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 6000, 6025, 6035, 6040, 6045, 6050, 6051, 6055, 6060, 6065, 6070, and 6075
TITLE(S) 17	REPEAL 6015 and 6020

3. TYPE OF FILING			
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Other (Specify)		

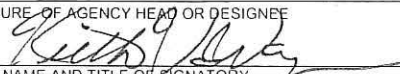
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)
January 11, 2018 through January 26, 2018

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input checked="" type="checkbox"/> Effective other (Specify) July 1, 2019

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY		
<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

7. CONTACT PERSON LINDA M. CORTEZ	TELEPHONE NUMBER 916-440-7807	FAX NUMBER (Optional) 916-440-5747	E-MAIL ADDRESS (Optional) LINDA.CORTEZ@CDPH.CA.GOV
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 3/9/18
TYPED NAME AND TITLE OF SIGNATORY KEITH VAN WAGNER, ASSISTANT CHIEF COUNSEL	

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ENDORSED APPROVED

APR 20 2018

Office of Administrative Law

Amend Subchapter 8. Title as follows:

Subchapter 8. Immunization Against Poliomyelitis, Diphtheria, Pertussis, Tetanus, Measles (Rubeola), Mumps, Rubella, Haemophilus Influenzae Type B (Hib), Mumps, and Hepatitis B, and Varicella

Amend Article 1. Title as follows:

Article 1. Definitions-General.

Amend Section 6000 as follows:

§ 6000. Admission-Definitions and Abbreviations.

(a) “Admission” means a pupil’s first entry attendance in a school or pre-kindergarten facility or re-entry in a given public or private elementary or secondary school, child care center, day nursery, nursery school, family day care home, or development center. “Admission” also denotes a pupil’s re-entry to one of these institutions after withdrawing from a previous enrollment.

(a)(1) “Unconditional admission” is admission based upon documentation of receipt documented receipt of all required immunizations for the pupil’s age or grade, in accordance with section 6025, except for those immunizations:

(A) or upon documentation of a permanent medical exemption permanently exempted for medical reasons in accordance with section 6051, or

(B) of a exempted for personal beliefs exemption to immunization in accordance with Health and Safety Code section 6054120335.

(b)(2) “Conditional admission” is provisional admission based upon either documentation of having for a pupil who has received some but not all required immunizations and of not being is not due for any vaccine dose at the time of entry admission in accordance with sections 6035 and 6050, or upon documentation of a temporary medical exemption to immunization in accordance with Section 6050. Continued attendance after conditional admission is contingent upon receipt of the remaining required immunizations in accordance with Sections 6020 and 6035.

(b) “Governing authority” is defined in section 120335 of the Health and Safety Code.

(c) The following are abbreviations for immunizations:

(1) “DTaP” means diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine.

(2) “DTP” means diphtheria toxoid, tetanus toxoid, and pertussis vaccine.

(3) "Tdap" means tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine.

(4) "Td" means tetanus toxoid and reduced diphtheria toxoid vaccine.

(5) "Hep B" means hepatitis B vaccine.

(6) "Hib" means *Haemophilus influenzae*, type b vaccine.

(7) "IPV" means inactivated polio vaccine.

(8) "OPV" means oral polio vaccine.

(9) "MMR" means measles, mumps, and rubella vaccine.

(10) "MMRV" means measles, mumps, rubella, and varicella vaccine.

(d) "Kindergarten" means a school program or class prior to first grade, including a transitional kindergarten program.

(e) "K-12" means kindergarten through twelfth grade.

(f) "Licensed physician" means either of the following:

(1) An individual who holds a "physician's and surgeon's certificate" issued by the Medical Board of California to practice medicine in California pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code, or

(2) An individual who holds an "osteopathic physician's and surgeon's certificate" issued by the Osteopathic Medical Board of California to practice medicine in California pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code.

(g) "Parent or guardian" means, for a

(1) Minor: the adult(s) legally responsible for the pupil's care and custody, or

(2) Emancipated minor: the pupil.

(h) "Pre-kindergarten facility" means any private or public child care center, day nursery, nursery school, family day care home, pre-school, or development center for young children.

(i) "Pupil" means a person admitted to or seeking admission to any school or pre-kindergarten facility.

(j) "Pupil's record" means, for:

(1) Pre-kindergarten, any information relative to an individual pupil gathered within or without the pre-kindergarten facility and maintained within the pre-kindergarten facility, regardless of the physical form in which it is maintained, or

(2) K-12, a record as defined in section 430 of Title 5 of the California Code of Regulations.

(k) "School" means any private or public kindergarten, elementary, or secondary school.

(l) "The Department" means the California Department of Public Health.

(m) For purposes of this Article, "vaccine" means an immunization administered in the United States of America or other countries that is recommended by the federal Advisory Committee on Immunization Practices for the prevention of the respective diseases identified in section 120335 of the Health and Safety Code.

NOTE: Authority cited: Sections ~~3381(e), (120335(e)), 100275 and 120330, and 131200~~, Health and Safety Code. Reference: Section 49061, Education Code; Sections 3381, (120335), 120340, 120360, 120365, 120370, and 120375, 131050, 131051, and 131052, Health and Safety Code.

Repeal Section 6015:
§ 6015. Pupil.

~~"Pupil" means a person under age 18 years admitted to or seeking admission to any private or public elementary or secondary school, child care center, day nursery, nursery school, family day care home, or development center.~~

NOTE: Authority cited: Sections 3381(c) (120335(c)), 100275 and 120330, Health and Safety Code. Reference: Sections 3381 (120335) and 120360, Health and Safety Code.

Repeal Article 2.
Article 2. Required Immunizations

Repeal Section 6020:
§ 6020. Required Immunizations.

~~(a) The required immunizations for admission to and attendance at a public or private elementary or secondary school, child care center, day nursery, nursery school, family day care home, or developmental center shall be those set forth, according to age, in Table 1.~~

(b) In Table 1 of Section 6020 and in Table 2 of Section 6035, DTP (or DPT) means diphtheria and tetanus toxoids and pertussis vaccine, including DTaP vaccine. Tdap means tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine. DT (or TD) and Td (or dT) means diphtheria and tetanus toxoids.

(c) For pupils who have reached their seventh birthday, a history of any preparations containing diphtheria and tetanus toxoids and pertussis vaccine (DTP, DT, Td, Tdap, etc.) shall be acceptable as meeting the requirement for tetanus and diphtheria toxoids and pertussis vaccine that is set forth in Table 1.

(d) Pupils who have reached their seventh birthday shall be exempt from the mumps immunization requirements.

(e) Combination vaccines that include measles, mumps, and rubella components shall be acceptable as meeting the requirements for these vaccines that are set forth in Table 1.

(f) For pupils entering or advancing to the seventh grade, immunization requirements are set forth in Table 1.

(g) Pupils already admitted to California public and private schools at the Kindergarten level or above before July 1, 2001 are exempt from the Varicella (chickenpox) requirement as set forth in Table 1.

(h) For pupils entering or advancing into the eighth through twelfth grades, the immunization requirement is set forth in Table 1 of Section 6020.

Table 1: Immunization Requirements

<i>Institution</i>	<i>Age</i>	<i>Vaccine</i>	<i>Total Doses Received</i>
Child care center, day nursery, nursery school, family day care home, development center	Less than 2 months	None	
Same as above	2-3 months	1. Polio ¹ 2. DTP..... 3. Hib..... 4. Hepatitis B.....	1 dose 1 dose 1 dose 1 dose
Same as above	4-5 months	1. Polio ¹	2 doses

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		2. DTP, or combination of DTP and diphtheria-tetanus toxoids...	2 doses
		3. Hib.....	2 doses
		4. Hepatitis B....	2 doses
Same as above	6-14 months	1. Polio ¹	2 doses
		2. DTP, or combination of DTP and diphtheria-tetanus toxoids...	3 doses
		3. Hib.....	2 doses
		4. Hepatitis B....	2 doses
Same as above	15-17 months	1. Polio ¹	3 doses
		2. DTP, or combination of DTP and diphtheria-tetanus toxoids...	3 doses
		3. Measles, rubella, and mumps.....	1 dose of each separately or combined on or after the 1st birthday
		4. Hib.....	1 dose on or after the 1st birthday
		5. Hepatitis B....	2 doses
Same as above	18 months-5 years	1. Polio ¹	3 doses
		2. DTP, or combination of DTP and diphtheria-tetanus toxoids...	4 doses
		3. Measles, rubella, and mumps.....	1 dose of each separately or Combined on or after the 1 st birthday
		4. Hib ³	1 dose on or after the 1 st birthday
		5. Hepatitis B ²	3 doses
		6. Varicella.....	1 dose

Elementary school at kindergarten level and above	4-6 years	1. Polio [±]	4 doses, except that a total of 3 doses is acceptable if at least one dose was given on or after the 4 th birthday
		2. DTP, or combination of DTP and diphtheria-tetanus toxoids.....	5 doses, except that a total of 4 doses is acceptable if at least one dose was given on or after the 4 th birthday
		3. Measles, rubella, and mumps.....	1 dose of each, separately or combined, on or after the 1st birthday. Pupils entering a kindergarten (or first grade if kindergarten skipped) are required to have 2 doses of measles-containing vaccine, both given on or after the first birthday
		4. Hepatitis B ²	3 doses

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		5. Varicella.....	1 dose
Elementary school, secondary school	7-17 years	<p>1. Polio¹.....</p> <p>2. Diphtheria and tetanus toxoids and pertussis vaccine given as DTP, DT, Td, or Tdap.....</p> <p>3. Measles and rubella (mumps not required).....</p> <p>4. Varicella⁵.....</p>	<p>4 doses, except that a total of 3 doses is acceptable if at least one dose was given on or after the 2nd birthday</p> <p>At least 3 doses. One more dose is required if the last dose was given before the 2nd birthday</p> <p>1 dose of each, separately or combined, on or after the 1st birthday. (See below for additional requirements for 7th-grade enrollment, effective 7/1/99.)</p> <p>1 dose aged 7 through 12 years for students not admitted to California schools before July 1, 2001. 2 doses for students aged 13 through 17</p>

years not
admitted to
California
schools before
July 1, 2001.

Seventh-Grade	Any	1. Tdap ^{6,7} 2. Measles ⁴	1 dose on or after the 7 th birthday 2 doses of measles- containing vaccine, both given on or after the first birthday.
Eighth through Twelfth Grades ⁸	Any pupil under 18 years	1. Tdap ^{6,7}	1 dose on or after the 7 th birthday
Any	18 years and older	None	

¹ Oral polio vaccine (OPV) or inactivated polio vaccine (IPV) or any combination of these vaccines is acceptable.

² Applies only to children entering at kindergarten level (or at first grade level if kindergarten skipped) or below on or after August 1, 1997. Applies only to children entering at kindergarten level (or at first grade level if kindergarten skipped) or below on or after August 1, 1997.

³ Required only for children who have not reached the age of 4 years 6 months.

⁴ Applies only to children (of any age) entering or advancing to the seventh grade on or after July 1, 1999.

⁵ Children admitted to California schools at the Kindergarten level or above before July 1, 2001 are exempt from this requirement.

⁶ Pupils must have received at least one dose of Tdap prior to admission or advancement into the 7th through 12th grades.

⁷ If DTP was given on or after age 7 years instead of Tdap, this dose may also be counted as a valid dose for this requirement.

⁸ ~~This requirement is effective July 1, 2011, through June 30, 2012.~~

NOTE: Authority cited: Sections 120330, 120335, and 131200, Health and Safety Code.
Reference: Sections 120325, 120335, 120370, and 120375, Health and Safety Code.

Amend Article 3 Title as follows:

Article 3. Admission to School, Child Care Center, Day Nursery, Nursery School, Family Day Care Home, or Development Center. Article 2. Requirements for Admission and Continued Attendance.

Amend Section 6025 as follows:

§ 6025. Unconditional Admission.

(a) A school or pre-kindergarten facility shall unconditionally admit or allow continued attendance to Any pupil age 18 months or older whose parent or guardian has provided documentation of any of the following for each immunization has received all the immunizations against poliomyelitis, diphtheria, tetanus, pertussis, measles (rubeola), rubella, Haemophilus, influenzae type B, mumps, hepatitis B and varicella (chickenpox) required for his or her the pupil's age or grade, as defined in Table A or B of this section:1, Section 6020, or who has documented a permanent medical exemption or a personal beliefs exemption to immunization in accordance with Section 6051, shall be admitted unconditionally as a pupil to a given public or private elementary or secondary school, child care center, day nursery, nursery school, family day care home or development center.

(1) Receipt of immunization in accordance with sections 6065 and 6070 regardless of exemptions to other required vaccines.

(2) A permanent medical exemption in accordance with section 6051.

(3) A personal beliefs exemption in accordance with Health and Safety Code section 120335.

(b) Pupils admitted unconditionally at a younger age or earlier grade will be required to provide documentary proof of required immunizations at the time of any additional requirements at a later age or grade, as indicated in Table B of this section. However, for some pupils admitted unconditionally to a child care center, day nursery, nursery school, family day care home, or development center, an additional dose of DTP and/or polio vaccine will be required for admission to school at kindergarten level and above, as indicated in Table 1, Section 6020.

(c) Table A, "California Immunization Requirements for Pre-Kindergarten," and

Table B, "California Immunization Requirements for Grades K-12," set forth, according to age or grade, the required immunizations and number of doses for admission to and attendance at a school or pre-kindergarten facility.

TABLE A: CALIFORNIA IMMUNIZATION REQUIREMENTS FOR PRE-KINDERGARTEN¹

<u>AGE WHEN ADMITTED</u>	<u>TOTAL NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION^{2,3}</u>				
<u>2 through 3 months</u>	<u>1 Polio</u>	<u>1 DTaP</u>	<u>1 Hep B</u>	<u>1 Hib</u>	
<u>4 through 5 months</u>	<u>2 Polio</u>	<u>2 DTaP</u>	<u>2 Hep B</u>	<u>2 Hib</u>	
<u>6 through 14 months</u>	<u>2 Polio</u>	<u>3 DTaP</u>	<u>2 Hep B</u>	<u>2 Hib</u>	
<u>15 through 17 months</u>	<u>3 Polio</u>	<u>3 DTaP</u>	<u>2 Hep B</u>	<u>1 Varicella</u>	
	<u>On or after the 1st birthday:</u>			<u>1 Hib⁴</u>	<u>1 MMR</u>
<u>18 months through 5 years</u>	<u>3 Polio</u>	<u>4 DTaP</u>	<u>3 Hep B</u>	<u>1 Varicella</u>	
	<u>On or after the 1st birthday:</u>			<u>1 Hib⁴</u>	<u>1 MMR</u>

1. A pupil's parent or guardian must provide documentation of a pupil's proof of immunization to the governing authority no more than 30 days after a pupil becomes subject to any additional requirement(s) based on age, as indicated in Table A.
 2. Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
 3. Any vaccine administered four or fewer days prior to the minimum required age is valid.
 4. One Hib dose must be given on or after the first birthday regardless of previous doses. Required only for children who have not reached the age of five years.
-

TABLE B: CALIFORNIA IMMUNIZATION REQUIREMENTS FOR GRADES K-12

<u>GRADE</u>	<u>NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION^{1, 2, 3}</u>				
<u>K-12 Admission</u>	<u>4 Polio⁴</u>	<u>5 DTaP⁵</u>	<u>3 Hep B⁶</u>	<u>2 MMR⁷</u>	<u>2 Varicella</u>
<u>(7th-12th)⁸</u>	<u>1 Tdap</u>				
<u>7th Grade Advancement^{9,10}</u>	<u>2 Varicella¹⁰</u>	<u>1 Tdap⁸</u>			

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

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NOTE: Authority cited: Sections ~~400275~~, 120330, ~~and 120335~~, and 131200, Health and Safety Code. Reference: Sections 120325, 120335, 120370, ~~and 120375~~, 131050, 131051, and 131052, Health and Safety Code.

Amend Section 6035 as follows:

§ 6035. Conditional Admission.

(a) Any pupil seeking admission to a ~~given public or private elementary or secondary school, child care center, day nursery, nursery school, family day care home or development centers~~ school or pre-kindergarten facility who lacks documentation of having received all the required vaccine doses against ~~poliomyelitis, diphtheria, tetanus, pertussis, measles, rubella, Haemophilus influenza type B, mumps, hepatitis B and varicella (chickenpox)~~ for the pupil's age or grade as specified in Table 1, A or B of section 6020, 6025, and has not obtained an exemption a permanent medical exemption or a personal beliefs exemption to immunization in accordance with sections 6051 and Health and Safety Code sections 120335 and 120370, may be admitted conditionally if:

(1) ~~The pupil he or she has not received all the immunizations required for his or her age group but has commenced receiving doses of all the vaccines required for the pupil's age or grade in accordance with Table 2, C or D of this section and is not currently due for any doses at the time of admission. (if he or she is due for any doses at this time they must be obtained before admission),~~ The governing authority shall notify and the pupil's parent or guardian is notified of the date(s) by which the pupil must complete all remaining doses the required immunizations in accordance with Table 2-C or D of this section; or

(2) ~~he or she~~ The pupil is under younger than age 18 months and has received all the immunizations required for his or her the pupil's age group but will require additional vaccine doses at an older age., and The governing authority shall notify the pupil's parent or guardian is notified of the date by which the pupil must complete all the remaining doses when as they become due in accordance with Table A of section 6025 1, Section 6020; or

(3) ~~he or she~~ The pupil's parent or guardian has obtained a temporary medical exemption from some or all required immunization(s) in accordance with section 6050, and the pupil's parent or guardian is notified The governing authority shall notify the pupil's parent or guardian of the date by which the pupil parent or guardian must provide documentation of receipt of the immunization(s) included in the temporary medical exemption. complete all the required immunizations when the temporary exemption terminates; or

~~(4) he or she is a pupil entering a child care center governed by Education Code Section 8263(c), where a different deadline for obtaining all required immunizations may apply.~~

~~(b) The public or private elementary or secondary school, child care center, day nursery, nursery school, family day care home, or development center shall not allow the admission of any pupil seeking entry who does not meet the requirements for admission under Section 6025 or 6035. The principal or administrator shall advise the pupil, or the parent or guardian, to contact a physician or agency that provides immunizations. The governing authority shall review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission, inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and update the immunization information in the pupil's record.~~

~~(c) Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations in accordance with this section and sections 6025 and 6065.~~

~~(d)(1) For a pupil transferring into a school in California from another school in the United States at kindergarten through 12th grade whose immunization record, as specified in section 6065 or 6070, has not been received by the new school at the time of admission, the governing authority of the school may admit the pupil for up to 30 school days. If the governing authority admits the pupil for up to 30 school days and the pupil's immunization record has not been received at the end of this period, the governing authority shall exclude the pupil from further attendance until the parent or guardian provides documentation of compliance with the immunization requirements specified in this section and sections 6025 and 6040(a). Documentation of compliance from the parent or guardian must be provided as specified in sections 6050, 6051, and 6065, as applicable.~~

~~(2) Notwithstanding paragraph (1) of this subdivision, a pupil transferring into a school in California from another school in the United States on the first day of seventh grade, who has not provided documentation that the pertussis requirement has been met to the new school by the time of admission, shall not be admitted by the governing authority.~~

(e) Table C, "Conditional Admission Immunization Schedule for Pre-Kindergarten," and Table D, "Conditional Admission Immunization Schedule for Grades K-12," set forth the vaccine and time interval between doses required for conditional admission and attendance in a school or pre-kindergarten facility.

Table 2: Conditional Admission Immunization Schedule

Vaccine	Dose	Time Intervals
Polio ¹	1st dose.....	Before admission
	2nd dose.....	As early as 6 weeks but no later than 10 weeks after the 1st dose. Before admission if 10 or more weeks have elapsed since the 1st dose at the time of admission.
	3rd dose.....	As early as 6 weeks but no later than 12 months after the 2nd dose. Before admission if 12 or more months have elapsed since the 2nd dose at the time of admission.
	4th dose (Required only for entry to kindergarten level)	

or above).....

~~Age 4-6 years: If the
3rd dose was given
before the 4th
birthday one more
dose is required before
admission.~~

~~Age 7-17 years: If the
3rd dose was given
before the
2nd birthday, one
more dose is required
before admission.~~

Diphtheria, Tetanus, and
Pertussis

~~1st dose.....~~

~~Before admission.~~

~~2nd dose.....~~

~~As early as 4 weeks
but no later than 8
weeks after the~~

~~FOR PUPILS UNDER AGE 7
YEARS:~~

~~1st dose. Before
admission if 8 or more
weeks have~~

~~elapsed since the 1st
dose at the time of
admission.~~

~~3rd dose.....~~

~~As early as 4 weeks
but no later than 8
weeks after the~~

~~Diphtheria-tetanus-pertussis~~

~~2nd dose. Before~~

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(DTP) or combination

of DTP and diphtheria-tetanus
toxoids

4th dose.....

admission if 8 or more
weeks have
elapsed since the 2nd
dose at the time of
admission.

As early as 6 months
but no later than 12
months after
the 3rd dose. Before
admission if 12 or
more months
have elapsed since the
3rd dose at the
time of admission.

5th dose (Required only for
pupils ages 4-6 years
for entry to kindergarten
level and above).....

If the 4th dose was
given before the 4th
birthday, one
more dose is required
before admission.

OR

FOR PUPILS AGE 7 YEARS
AND OLDER:

1st dose.....

Before admission.

2nd dose.....

As early as 4 weeks
but no later than 8
weeks after the
1st dose. Before

Diphtheria-tetanus-pertussis
 (DTP, Tdap)

and diphtheria-tetanus
 toxoids

3rd dose.....

admission if 8 or more
 weeks have
 elapsed since the 1st
 dose at the time of
 admission.

As early as 6 months
 but no later than 12
 months after the

2nd dose. Before
 admission if 12 or
 more months have
 elapsed since the 2nd
 dose at the time of
 admission.

4th dose.....

If the 3rd dose was
 given before the 2nd
 birthday, one
 more dose is required
 before admission.

One Tdap dose

Before 7th through
 12th grade entry.

Measles

One dose only.....

Before admission. If

the pupil is under age
 15 months, this
 dose is required when
 age 15 months is
 reached.

<p>Note: For children entering kindergarten (or first grade if kindergarten is skipped) on or after August 1, 1997, two doses are required. For children entering 7th grade on or after July 1, 1999, the series shall be in process or completed.</p>	<p>1st dose.....</p> <p>2nd dose.....</p>	<p>Before admission.</p> <p>As early as 1 month but no later than 3 months after the 1st dose.</p>
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<p>Rubella</p>	<p>One dose only.....</p>	<p>Before admission. If the pupil is under age 15 months, this dose is required when age 15 months is reached.</p>
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<p>Mumps (Not required for pupils age 7 years and older)</p>	<p>One dose only.....</p>	<p>Before admission. If the pupil is under age 15 months, this dose is required when age 15 months is reached.</p>
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<p>Hib Children 2-14 months old</p>	<p>Two doses.....</p>	<p>1st dose before admission. 2nd dose as early as 2 months</p>
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		but no later than 3 months after the 1st dose. Before admission.
Children 15 months-4 1/2 years old	One dose.....	
<hr/>		
Hepatitis B – For children entering at kindergarten level (or first grade if kindergarten skipped) or below on or after August 1, 1997.	1st dose..... 2nd dose..... 3rd dose.....	Before admission. As early as 1 month but no later than 2 months after the first dose. Infants and children under age 18 months: As early as 2 months but no later than 12 months after the 2nd dose. Also, no earlier than 4 months after the 1st dose. Children age 18 months and older: As early as 2 months but no later than 6 months after the 2nd dose. Also, no earlier than 4 months after

the 1st dose.

Varicella ² – For children aged 13 through 17 years not admitted to California schools before July 1, 2001.	1st dose..... 2nd dose.....	Before admission As early as 4 weeks but no longer than 3 months after first dose
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¹-Oral polio vaccine (OPV) or inactivated polio vaccine (IPV) or any combination of these vaccines is acceptable.

²-Children admitted to California schools at the Kindergarten level or above before July 1, 2001 are exempt from this requirement.

TABLE C: CONDITIONAL ADMISSION SCHEDULE FOR PRE-KINDERGARTEN

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.

<u>DOSE</u>	<u>Earliest Dose May be Given</u>	<u>Exclude if not Given by</u>
<u>Polio #2</u>	<u>4 weeks after 1st dose</u>	<u>8 weeks after 1st dose</u>
<u>Polio #3</u>	<u>4 weeks after 2nd dose</u>	<u>12 months after 2nd dose</u>
<u>DTaP #2, #3</u>	<u>4 weeks after previous dose</u>	<u>8 weeks after previous dose</u>
<u>DTaP #4</u>	<u>6 months after 3rd dose</u>	<u>12 months after 3rd dose</u>
<u>Hib #2</u>	<u>4 weeks after 1st dose</u>	<u>8 weeks after 1st dose</u>
<u>Hep B #2</u>	<u>4 weeks after 1st dose</u>	<u>8 weeks after 1st dose</u>
<u>Hep B #3</u>	<u>8 weeks after 2nd dose</u>	<u>12 months after 2nd dose and at least 4 months after 1st dose</u>

TABLE D: 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.

<u>DOSE</u>	<u>EARLIEST DOSE MAY BE GIVEN</u>	<u>EXCLUDE IF NOT GIVEN BY</u>
<u>Polio #2</u>	<u>4 weeks after 1st dose</u>	<u>8 weeks after 1st dose</u>
<u>Polio #3</u>	<u>4 weeks after 2nd dose</u>	<u>12 months after 2nd dose</u>
<u>Polio #4¹</u>	<u>6 months after 3rd dose</u>	<u>12 months after 3rd dose</u>
<u>DTaP #2</u>	<u>4 weeks after 1st dose</u>	<u>8 weeks after 1st dose</u>
<u>DTaP #3²</u>	<u>4 weeks after 2nd dose</u>	<u>8 weeks after 2nd dose</u>
<u>DTaP #4</u>	<u>6 months after 3rd dose</u>	<u>12 months after 3rd dose</u>
<u>DTaP #5</u>	<u>6 months after 4th dose</u>	<u>12 months after 4th dose</u>
<u>Hep B #2</u>	<u>4 weeks after 1st dose</u>	<u>8 weeks after 1st dose</u>
<u>Hep B #3</u>	<u>8 weeks after 2nd dose</u>	<u>12 months after 2nd dose and at least 4 months after 1st dose</u>
<u>MMR #2</u>	<u>4 weeks after 1st dose</u>	<u>4 months after 1st dose</u>
<u>Varicella #2</u>	<u>Age less than 13 years:</u> <u>3 months after 1st dose</u>	<u>4 months after 1st dose</u>
	<u>Age 13 years and older:</u> <u>4 weeks after 1st dose</u>	<u>8 weeks after 1st dose</u>

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday.

2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

NOTE: Authority cited: Sections 120330, 120335, and 131200, Health and Safety Code.
Reference: Sections 120325, 120335, 120370, and 120375, 131050, 131051, and 131052, Health and Safety Code.

Amend Section 6040 as follows:

§ 6040. Requirements for Continued Attendance of Pupils Already Admitted.

(a) If a An-already-admitted-pupil attending a school or pre-kindergarten facility who was previously believed to be in compliance is subsequently discovered to not be in compliance with either the unconditional admission requirements specified in section 6025 or the conditional admission requirements specified in section 6035: who is subsequently discovered not to have received all the immunizations which were required before admission or who is subsequently discovered not to have complied with the requirements for conditional admission specified in Section 6035 shall continue in attendance only if he or she receives all vaccine doses for which he or she is currently due and provides documentation of having received such doses no later than 10 school days after he or she or the parent or guardian is notified. The school, child care center, day nursery, nursery school, family day care home, or development center shall notify the pupil or the parent or guardian of the time period (no longer than 10 school days) within which the doses must be received.

(1) The governing authority shall notify the parent or guardian of the time period within which the doses must be received. This time period may be no more than 10 school days after notification.

(2) The pupil shall continue in attendance only if the parent or guardian provides documentation that the immunization requirements have been met within the time period designated by the governing authority.

(b) The parent or guardian shall submit documentation that seventh grade immunization requirements have been met to the governing authority prior to first 7th grade attendance.

NOTE: Authority cited: Sections 3381(c), ~~(120335(c))~~, ~~100275~~ and 120330 and 131200, Health and Safety Code. Reference: Sections 3381, ~~(120335)~~, 120340, and 120375 (a) and (b), 131050, 131051, and 131052, Health and Safety Code.

Amend Section 6045 as follows:

§ 6045. Special Immunization Schedules.

~~(a) Immunization schedules not conforming to those specified in Sections 6020 and 6035 may be approved by the~~ The State Department of Health Services may approve alternative immunization schedules when warranted by substantial medical or other conditions warrant, such as during an outbreak, or epidemic of a particular disease, or vaccine shortage. The Department may post alternative schedules on the Department website and by other methods as needed.

NOTE: Authority cited: Sections ~~208 and 3390~~ 120330, 120335(e), and 131200, Health and Safety Code. Reference: Section ~~3384~~ 120330, 131050, 131051 and 131052, Health and Safety Code.

Amend Section 6050 as follows:

§ 6050. Conditional Admission with Temporary Medical Exemption.

~~A pupil who is temporarily exempt from immunization for medical reasons shall be admitted on condition that required immunizations are obtained at the termination of the exemption; the fact of the temporary medical exemption shall be recorded in accordance with Section 6070. A pupil with a temporary medical exemption may be subject to exclusion pursuant to Section 6060.~~

(a) A pupil with a temporary medical exemption from a required immunization shall be admitted conditionally if all other immunization requirements are met as specified in section 6025 or section 6035. The governing authority shall grant a temporary medical exemption from required immunization(s) if it receives a signed, written statement by a licensed physician stating:

(1) The specific nature of the physical condition or medical circumstance for which the licensed physician does not recommend immunization;

(2) The probable duration of the physical condition or medical circumstance;

(3) Each specific required immunization from which the pupil is exempt; and

(4) The date that the medical exemption expires for each respective immunization.

(b) To continue in attendance, at the termination of the temporary exemption, all immunization requirements shall be met pursuant to section 6025 or section 6035.

(c) Notwithstanding subdivision (a)(4), a temporary medical exemption shall not exceed twelve calendar months from the date of the licensed physician's written statement.

(d) The fact of the temporary medical exemption for specific immunization(s) and expiration date for the exemption(s) shall be recorded in the pupil's record.

(e) A pupil with a temporary medical exemption may be subject to exclusion pursuant to section 6060.

NOTE: Authority cited: Sections ~~400275~~, 120330, and 120335, and 131200, Health and Safety Code. Reference: Sections 120325, 120335, ~~420365~~, 120370, and 120375, 131050, 131051, and 131052, Health and Safety Code.

Amend Section 6051 as follows:

§ 6051. Unconditional Admission with Permanent Medical Exemption or Personal Belief Exemption.

(a) A pupil with a permanent medical exemption or a personal beliefs exemption to from a required immunization(s) shall be admitted unconditionally if all other required immunizations as specified in section 6025 have been documented as received. A pupil with an exemption which is not based on pre-existing immunity to disease may be subject to exclusion pursuant to Section 6060. ~~(a) A permanent medical exemption. The governing authority shall be granted a permanent medical exemption upon filing with the governing authority from required immunization(s) if it receives of a signed, written statement from by a licensed physician to the effect that the physical condition of the pupil or medical circumstances relating to the pupil are such that immunization is permanently not indicated. stating:~~

(1) The specific nature of the physical condition or medical circumstance for which the licensed physician does not recommend immunization;

(2) That the physical condition or medical circumstance is permanent; and

(3) Each specific required immunization from which the pupil is permanently exempt.

~~The fact of the permanent medical exemption shall be recorded in accordance with Section 6070. A permanent medical exemption may be provided for one or more vaccines. A physician may provide a written statement that the pupil is medically exempt from the measles (rubeola) and/or varicella (chickenpox) requirements as a result of having had measles (rubeola) and/or varicella (chickenpox) disease, respectively. A physician may provide a written statement that the pupil is medically exempt from the rubella and/or mumps requirement as a result of having had laboratory confirmed illness with the corresponding disease.~~

(b) The fact of the permanent medical exemption for specific immunization(s) shall be recorded in the pupil's record in accordance with section 6070. ~~A personal beliefs exemption shall be granted upon the filing with the governing authority documentation in accordance with the requirements of Health and Safety Code Section 120365 on form CDPH 8262. The fact of personal beliefs exemption shall be recorded in accordance with Section 6070. The fact of a personal beliefs exemption for the pertussis booster~~

~~immunization requirement in Section 120335(d), Health and Safety Code, shall be recorded on the Tdap (Pertussis Booster) Requirement sticker, PM-286-S (01/11).~~

(c) A pupil with a permanent medical exemption may be subject to exclusion pursuant to section 6060.

NOTE: Authority cited: Sections 120330, 120335, and 131200, Health and Safety Code. Reference: Sections 120325, 120335, ~~420365~~, 120370, and 120375, 131050, 131051, and 131052, Health and Safety Code.

Amend Article 4 Title as follows:
Article 4.3. Exclusion

Amend Section 6055 as follows:

§ 6055. ~~Conditions for Admission Not Fulfilled.~~ Exclusion.

The governing authority shall exclude any pupil who does not meet the requirements for admission or continued attendance as specified in Article 2 of this subchapter and Health and Safety Code section 120335.

~~The governing authority of the school, child care center, day nursery, nursery school, family day care home, or development center shall exclude from further attendance any pupil who fails to obtain the required immunizations within no more than 10 school days following receipt of the notice provided pursuant to Section 6040, unless the pupil is exempt for medical reasons or personal beliefs, until the pupil provides written evidence that he or she has received another dose of each required vaccine due at that time. Any pupil so excluded shall be reported to the attendance supervisor or to the building administrator.~~

NOTE: Authority cited: Sections ~~3381(c), (120335(c)), 400275~~ and 120330, and 131200, Health and Safety Code. Reference: Sections ~~3381, (120335), 120340, 420365, 120370, and 120375~~, 131050, 131051, and 131200, Health and Safety Code.

Amend Section 6060 as follows:

§ 6060. Pupil Not Completely Immunized for Age or Grade and Exposed to Communicable Disease.

(a) The governing authority shall maintain a list of all pupils not completely immunized for age or grade, including pupils with exemptions or who are admitted conditionally. The list shall include the immunizations not yet received for each pupil.

(b) Whenever the governing authority has good cause to believe that a pupil who is not completely immunized against a particular communicable disease may have been exposed to that disease, that information shall be reported by the governing authority shall immediately by telephone to inform the local health officer. The local health officer shall determine whether the pupil is at risk of developing or transmitting the disease and, if so, may require the exclusion of the pupil from that school, child care center, day nursery, nursery school, family day care home, or development center or pre-kindergarten facility until the completion of the incubation period and or, if infection is suspected or occurs, until completion of the period in which the disease is communicable of communicability of the disease.

NOTE: Authority cited: Sections ~~3381(c), (120335(e)), 400275~~ and 120330, and 131200, Health and Safety Code. Reference: Sections ~~3381, (120335) and, 120370(b), 120375(c), 131050, 131051, and 131052, Health and Safety Code.~~

Amend Article 5 Title as follows:

Article ~~5.4.~~ Records as Evidence of Immunization

Amend Section 6065 as follows:

§ 6065. Documentary Proof.

(a) ~~There shall be a written record given to the person immunized or to his or her parent or guardian, by the~~ The physician or agency performing person or organization administering the immunization shall give the person immunized or his or her parent or guardian an immunization record which shall contain the following information:

- (1) Name of the person.
- (2) Birthdate.

(3) Type of vaccine(s) administered.

(4) Month, day, and year of each immunization.

(5) Name of the physician or agency administering the vaccine(s).

~~(b) The written record shall be shown by the parent, guardian or person immunized to the governing authority of the school or pre-kindergarten facility shall review the pupil's immunization record and document the immunization information specified in section 6070., child care center, day nursery, nursery school, family day care home or development center at the time of the pupil's admission and at subsequent times when required by the governing authority to determine the pupil's immunization status. For the pupil to be admitted, the written record shall show at least the month and year of each required vaccine dose. For doses of measles, rubella and mumps vaccine given during the month of the first birthday the record shall also show the specific date (i.e., month, day and year) of immunization. For a dose of Tdap given during the month of the pupil's 7th birthday, the record shall also show the specific date (i.e., month, day and year) of immunization.~~

~~(c) When such written records are the pupil's immunization record is not available, the pupil shall not be admitted, conditionally or otherwise, until the pupil has commenced receiving doses of all required vaccines in accordance with section 6035, and the parent or guardian shall be referred to a physician or nurse for review of his or her immunization history and provision of the immunizations as needed.~~

NOTE: Authority cited: Sections 120330, 120335, and 131200, Health and Safety Code.

Reference: Sections 120325, 120335, 120370, and 120375, Health and Safety Code.

Amend Section 6070 as follows:

§ 6070. School/Child Care Facility Immunization Record Recording of Immunization Information by California Schools and Pre-Kindergarten Facilities.

(a) Pre-kindergarten facility and school personnel must record information for each pupil regarding all doses of required immunizations and the status of all requirements, as defined in Article 2 of this subchapter, using an immunization record that is provided by the parent or guardian that complies with the documentary proof requirements of section 6065, from a prior school, or in an immunization registry or information system

governed by Health and Safety Code section 120440. The governing authority of each school and pre-kindergarten facility shall maintain this information for each pupil in the pupil's record. The governing authority of each school, child care center, day nursery, nursery school, family day care home, or development center shall record each pupil's immunizations on the California School Immunization Record, CDPH 286 (01/14), hereby incorporated by reference which, at kindergarten level and above, shall be part of the mandatory permanent pupil record as defined in Section 430 of Title 5, California Code of Regulations.

~~(b) The governing authority may continue recording immunizations on the California School Immunization Record, PM 286 (1/02), hereby incorporated by reference, for students admitted prior to May 5, 2014.~~

~~(c) Each pupil's~~

(b) The immunization record information shall contain include the following elements:

(1) Name of Pupil: Pupil Name (Last, First, Middle).

(2) Birthdate (month, day and year). Statewide Student Identifier (SSID) (if assigned).

(3) Date of unconditional or conditional admission (month, day and year). Name of Parent/Guardian (Last, First).

(4) Type of vaccine and date (month, day, and year) each dose was administered. Although month, day, and year of vaccine administration should be recorded, showing only month and year of vaccine dose(s) shall be allowed, except that for records showing measles, rubella, and/or mumps vaccine doses given during the month of the first birthday or Tdap dose given during the month of the 7th birthday, the date of immunization shall also be recorded. Birthdate (month, day, and year).

(5) Date and type of exemption for each exempted vaccine, if any. Sex.

(6) Ethnicity (Hispanic/Latino, Non-Hispanic/Non-Latino).

(7) Race (African-American/Black, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White, Other).

(8) As specified in Table A or B of section 6025 for age or grade, the date (month, day, and year) each of the following required vaccine doses were given:

(A) IPV/OPV (Polio).

(B) DTaP/DTP (Diphtheria, Tetanus and [acellular] Pertussis).

(C) MMR (Measles, Mumps, and Rubella).

(D) Hib (Haemophilus influenzae type b; required for pre-kindergarten only).

(E) Hep B (Hepatitis B).

(F) VAR/VZV (Varicella or Chickenpox).

(G) Tdap (Tetanus, reduced Diphtheria and [acellular] Pertussis; required for 7th grade advancement and 7th-12th grade admission).

(9) Permanent medical exemption (indicate for each vaccine as applicable).

(10) Status of requirements at admission to pre-kindergarten:

(A) Name of staff who reviewed the pupil's immunization record.

(B) (If applicable) Pupil is currently up-to-date but more doses are due as specified in Tables A and C of sections 6025 and 6035, respectively.

i. Follow-up date (month, day and year).

(C) (If applicable) Pupil has Temporary Medical Exemption as specified in section 6050.

i. Follow-up date (month, day and year).

(D) The date (month, day and year) pupil met requirements for admission as specified in section 6025.

(11) Status of requirements at admission to K-12:

(A) Name of staff who reviewed the pupil's immunization record.

(B) (If applicable) Pupil is currently up-to-date but more doses are due as specified in Tables B and D of sections 6025 and 6035, respectively.

i. Follow-up date (month, day and year).

(C) (If applicable) Pupil has Temporary Medical Exemption as specified in section 6050.

i. Follow-up date (month, day and year).

(D) The date (month, day and year) pupil met requirements for admission as specified in section 6025.

(12) Status of requirements at admission or advancement to 7th grade:

(A) Name of staff who reviewed the pupil's immunization record.

(B) (If applicable) Pupil is currently up-to-date but more doses are due as specified in Tables B and D of sections 6025 and 6035, respectively.

i. Follow-up date (month, day and year).

(C) (If applicable) Pupil has Temporary Medical Exemption as specified in section 6050.

i. Follow-up date (month, day and year).

(D) The date (month, day and year) pupil meets requirements for admission as specified in section 6025.

~~(d) The immunization record shall be transferred with the mandatory permanent pupil record.~~

~~(e) For pupils at kindergarten level and above transferring between school campuses within California or from a school in another state to a school in California, if the mandatory permanent pupil record or other immunization record has not been received at the time of entry to the new school, the governing authority of the school may admit the pupil for a period of up to 30 school days. If the mandatory permanent record or other immunization record has not arrived by the end of this period, the governing authority shall require the parent or guardian to present a written immunization record, as described in Section 6065, documenting that all currently due required immunizations have been received. If such a record is not presented, the pupil shall be excluded from further attendance until he or she comes into compliance with the immunization requirements, as outlined in Sections 6020, 6035, and 6065.~~

(c) Pursuant to subdivision (c) of section 120375 of the Health and Safety Code, the local health department shall have access to the health information as it relates to immunization of each pupil.

~~(f) The governing authority shall see that the immunization record of each pupil admitted conditionally is reviewed every 30 days until that pupil has received all the required immunizations. Any immunizations received subsequent to conditional admission shall be entered in the pupil's immunization record.~~

~~(g) For pupils who are being admitted or advancing into the 7th through 12th grades beginning July 1, 2011, the governing authority shall record each pupil's Tdap dose, given on or after the 7th birthday, on the supplemental sticker form Tdap (Pertussis Booster) Requirement [PM 286 S(01/11)]. This form is hereby incorporated by reference. The governing authority shall affix the PM 286 S (01/11) to the front of the pupil's California School Immunization Record, PM 286 (1/02) or CDPH 286 (01/14).~~

NOTE: Authority cited: Sections 120330, 120335, and 131200, Health and Safety Code.
Reference: Sections 120325, 120335, 120370, and 120375, 120440, 131050, 131051,
and 131052, Health and Safety Code.

Amend Section 6075 as follows:

§ 6075. Reporting.

~~(a) The governing authority of each school, child care center, day nursery, nursery school, family day care home, or development center shall file a report with the state and local health departments on the immunization status of new entrants annually or when needed to determine immunization status such as during an epidemic or potential epidemic. The forms to be used for these reports are:~~

~~(1) Schools with kindergartens: IMMUNIZATION ASSESSMENT OF KINDERGARTEN STUDENTS - ANNUAL REPORT [PM 236 (3/01)] and this form in its entirety is incorporated by reference.~~

~~(2) Schools with seventh grades: PERTUSSIS BOOSTER IMMUNIZATION ASSESSMENT OF SEVENTH GRADE STUDENTS [CDPH 8259 (9/11)]. This form is hereby incorporated by reference.~~

~~(3) Child care centers, day nurseries, nursery schools and development centers: ANNUAL IMMUNIZATION REPORT ON CHILDREN ENROLLED IN CHILD CARE CENTERS [DHS 8018 (3/01)] and this form is in its entirety incorporated by reference or ANNUAL IMMUNIZATION ASSESSMENT REPORT OF CHILDREN ENROLLED IN CHILD CARE CENTERS - LINE LISTING [DHS 8387 (3/94)]. The Department of Health Services or the local health department will provide the appropriate reporting form.~~

~~(4) Family day care homes: ANNUAL FAMILY DAY CARE HOME IMMUNIZATION SURVEY [DHS 8529 (10/00)] and this form is in its entirety incorporated by reference.~~

~~(5) Schools with any grade from the 7th through 12th grade shall report data on Tdap immunization: PERTUSSIS (Tdap) ASSESSMENT OF 7-12th GRADE STUDENTS 2011-2012 SCHOOL SUMMARY SHEET [CDPH 8260 (01/11)]. This form is hereby incorporated by reference.~~

~~(b) The annual report shall contain at least the following information on new entrants in kindergarten or lower level classes only:~~

~~(1) Enrollment as of date of report.~~

~~(2) Number of new entrants admitted unconditionally specifying the number who have received all immunizations, the number who are medically exempt and the number who are exempt for personal beliefs.~~

~~(3) Number of new entrants admitted conditionally specifying the number of doses received of poliomyelitis, diphtheria, tetanus, pertussis, measles, rubella, Haemophilus influenza type b (Hib), mumps, hepatitis B, and varicella (chickenpox) vaccines.~~

~~(4) Other information requested by the State Department of Health Services.~~

~~(c) Additional reports which include new entrants in all grades may be requested during an epidemic or potential epidemic.~~

(a) The governing authority of each school or pre-kindergarten facility shall file annual immunization status reports with the Department, as specified in this section. Procedures and instructions for completing and filing the reports are posted on the Department website at www.cdph.ca.gov, or are available from the California Department of Public Health, Immunization Branch, 850 Marina Bay Parkway, Building P, 2nd floor, Richmond, CA, 94804.

(b) All immunization reports shall contain the following information:

(1) Facility number (nine-digit number assigned by Department of Social Services) or County-District School (CDS) Code.

(2) County.

(3) Facility or school name.

(4) Physical address (street address, city, zip).

(5) Mailing address (street address, city, zip).

(6) Phone number.

(7) Facility type (public, private, Head Start) or school type (public, private).

(8) Staff member completing form (name, email, phone number).

(9) Designated contact (name, email, phone number).

(10) Date of submission (month, day, year).

(c) Pre-kindergarten Facility Annual Immunization Reports must include the elements listed in subdivision (b) and the following information:

(1) Number of pupils admitted for each age group:

(A) Under two years old.

(B) Two years and older.

(2) If applicable, reason no pupils age 2-5 years old are admitted:

(A) No pupils age 2-5 years old this year.

(B) No pupils age 2-5 years old ever.

(C) Facility closed.

(3) Status of immunization requirements for admission for each category:

(A) Number of pupils with all required immunizations.

(B) Number of pupils conditionally admitted including temporary medical exemptions

who do not meet the requirement for:

i. Polio.

ii. DTP/DTaP.

iii. MMR.

iv. Hib.

v. Hepatitis B.

vi. Varicella.

(C) Number of pupils with a personal beliefs exemption (filed before January 1,

2016).

(D) Number of pupils with a personal beliefs exemption (filed before January 1,

2016) for each required vaccine.

(E) Number of pupils conditionally admitted with a temporary medical exemption.

(F) Number of pupils with a permanent medical exemption.

(G) Number of pupils with a permanent medical exemption from each required

vaccine.

(H) Number of pupils with no required immunizations.

(I) Number of pupils admitted that do not meet criteria (A)-(H).

(d) Kindergarten Annual Immunization Reports must include the elements listed in

subdivision (b) and the following information:

(1) Public school district.

(2) School subtype (traditional, home, online/e-learning).

(3) Number of pupils admitted to kindergarten.

(4) If applicable, reason no pupils are admitted to kindergarten:

(A) No pupils in kindergarten this year.

(B) No pupils in kindergarten ever.

(C) Facility closed.

(5) Status of immunization requirements for admission to kindergarten for each category:

(A) Number of pupils with all required immunizations.

(B) Number of pupils conditionally admitted including temporary medical exemptions

who do not meet the requirement for:

i. Polio.

ii. DTP/DTaP.

iii. MMR.

iv. Hepatitis B.

v. Varicella.

(C) Number of pupils conditionally admitted with a temporary medical exemption.

(D) Number of pupils with a permanent medical exemption.

(E) Number of pupils with a permanent medical exemption from each required vaccine.

(F) Number of pupils with no required immunizations.

(G) Number of pupils admitted that do not meet criteria (A)-(F).

(e) Seventh Grade Annual Immunization Reports must include the elements listed in subdivision (b) and the following information:

(1) Public school district.

(2) School subtype (traditional, home, online/e-learning).

(3) Number of pupils attending seventh grade this year.

(4) If applicable, reason no pupils are attending seventh grade:

(A) No pupils in seventh grade this year.

(B) No pupils in seventh grade ever.

(C) Facility closed.

(5) Status of immunization requirements for attendance in seventh grade for each

category:

(A) Number of pupils with all required immunizations.

(B) Number of pupils conditionally admitted who do not meet the requirement for:

i. Tdap.

ii. Varicella.

(C) Number of pupils conditionally admitted with a temporary medical exemption.

(D) Number of pupils with a permanent medical exemption.

(E) Number of pupils with a permanent medical exemption from each required vaccine.

(F) Number of pupils with no required immunizations.

(G) Number of pupils admitted that do not meet criteria (A)-(F).

(f) Additional immunization status reports may be requested by the Department to prevent or control vaccine-preventable disease and may include, but not be limited to, information in subsections (b) through (e).

NOTE: Authority cited: Sections 120330, and 120335, and 131200, Health and Safety Code. Reference: Sections 120325, 120335, 120370, and 120375, 131050, 131051, and 131052, Health and Safety Code.

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
 Hispanic
 Black
 Other: _____ Address _____

Telephone _____ City _____ ZIP _____
Daytime Nighttime

VACCINE	DATE EACH DOSE WAS GIVEN					
	1st	2nd	3rd	4th	5th	Booster
POLIO (OPV or IPV)	/ /	/ /	/ /	/ /	/ /	
DTP/DTaP/DT/Td <small>(Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)</small>	/ /	/ /	/ /	/ /	/ /	/ /
MMR (Measles, mumps, and rubella)	/ /	/ /				
HIB (Required only for child care and preschool)	/ /	/ /	/ /	/ /		
HEPATITIS B	/ /	/ /	/ /			
VARICELLA (Chickenpox)	/ /	/ /				
HEPATITIS A (Not required)	/ /	/ /				

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: _____

TB SKIN TESTS	Type*	Date given	Date read	mm indur	Impression	CHEST X-RAY (Necessary if skin test positive)
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other	/ /	/ /	/ /		
<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other	/ /	/ /	/ /		<input type="checkbox"/> Pos <input type="checkbox"/> Neg	

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

INSTRUCTIONS FOR SCHOOL OR CHILD CARE STAFF

1. Complete child's name and address information section, or ask parent or guardian to complete this section only. (This form is not to be sent home or given to parents to complete.)
2. School or child care personnel then fill in date (month/day/year) of each immunization the student has received from the Immunization Record presented by the parent or guardian. (If the date consists only of month and year for some doses, fill in month/xx/year; however, if either measles, rubella or mumps (or MMR) was received in the month of the first birthday, month/day/year is required.)
3. Determine if immunization requirements have been met, using the California "Immunization Requirements for Grades K-12," or "Immunization Requirements for Child Care," (available from Immunization Coordinators in local health departments), or other requirements guide.
4. Complete the Documentation and Status of Requirements box.
 - A. Fill in date and your signature as the staff member who reviewed and transcribed the immunization record presented by the parent or guardian. Check which type of record was presented.
 - B. If the child has met all immunization requirements, check box A and write in date.
 - C. If the child has not met all requirements, check box B. Child can be admitted only if up-to-date, e.g., no immunizations due currently. The child must be followed up as indicated in the "Guide to Immunization Requirements."
 - D. If a child 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.* If the medical exemption is temporary, check box B and box D; this child must be followed up.*
 - E. If a child is to be exempted for reasons of personal beliefs, the parent or guardian must present documentation consistent with Health and Safety Code Section 120365, including documentation of all other required immunizations the child has received. All requirements are met; check box A and box E.*

Applicable only in those jurisdictions where the Tuberculosis Assessment is required for school entry

Personal Beliefs Affidavit to be Signed by Parent or Guardian—Tuberculosis

I hereby request exemption of the child named on the front from the tuberculosis assessment requirement for school/child care center entry because this procedure(s) is contrary to my beliefs. I understand that should there be cause to believe that my child is infected with active tuberculosis or should there be a tuberculosis outbreak, my child may be temporarily excluded from school.

Creencias Personales: Declaración Jurada Debe ser Firmada por el Padre o la Madre o el Guardián

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para la evaluación de la tuberculosis (tisis) de la entrada a la escuela ya que esta evaluación es opuesta a mis creencias. Comprendo que si hay razón para sospechar que mi hijo sufra de la tuberculosis activa o si hay un brote de la tuberculosis, mi hijo puede ser excluido de la escuela.

Signature (Firma) _____

Date (Fecha) _____

* Names of all children who are exempt should be maintained on an exempt roster for immediate identification in case of disease outbreak in the community.

b



PERTUSSIS BOOSTER IMMUNIZATION ASSESSMENT OF SEVENTH GRADE STUDENTS 20__ - 20__ SCHOOL SUMMARY SHEET

PLEASE TYPE OR PRINT CLEARLY

Note: This form may be completed online at ShotsForSchool.org

County _____

This school is: Public Private

School Name _____

Public School District _____

Physical Address _____

CDS code # _____

City _____ Zip _____

Mailing Address _____
(if different from above)

School Telephone Number (_____) _____

PERTUSSIS BOOSTER (Tdap) STATUS OF 7 TH GRADE STUDENTS						
This report must include every 7 th grade student in this school						
Column 1	+	Column 2	+	Column 3	=	Column 4
Pertussis (Tdap) vaccine completed		Permanent Medical Exemption to Tdap		Personal Beliefs Exemption to Tdap		Total Students Enrolled

Note: THE NUMBER OF STUDENTS IN COLUMNS 1+2+3 SHOULD EQUAL COLUMN 4, THE TOTAL STUDENTS ENROLLED.

See reverse side for instructions.

Please forward the completed report by November 1st of each school year (e.g., school year 2012-13, submit the completed report by November 1, 2012) to the California Department of Public Health Immunization Branch. Retain a copy for your school records.

Immunization Branch
California Department of Public Health
850 Marina Bay Parkway
Bldg P, 2nd floor
Richmond, CA 94804

School Staff Member Completing This Form

Name _____

Email _____

Date _____, 20__

Designated School Contact

Name _____

Email _____

Phone (_____) _____

HOW TO COMPLETE THE IMMUNIZATION ASSESSMENT OF SEVENTH GRADE STUDENTS SCHOOL SUMMARY SHEET (CDPH 8259 (09/11))

California law requires that all public and private schools with 7th grade submit an immunization assessment (Health and Safety Code, Section 120375) for the pertussis booster (Tdap) requirement. Beginning with the 2012-2013 school year, schools are to report each school year on the pertussis booster (Tdap) status of ALL students enrolled in 7th grade.

FIRST STEP: FILLING IN THE REPORTING PERIOD

Enter the school year for which you are submitting a summary report form.

SECOND STEP: FILLING IN SCHOOL INFORMATION

Enter the school's county, name, address(es), district, and telephone number in the appropriate fields. Check whether the school is public or private. Enter the school's CDS code number if it has one. Enter the name and email address of the school staff member who has completed the form and the date of completion. Enter the name, telephone number and email address of the designated school contact person.

THIRD STEP: DETERMINING STUDENTS' IMMUNIZATION STATUS

Determine the pertussis immunization status of each student in 7th grade by reviewing the California School Immunization Record, or Blue Card, (CSIR RM-286) included in the child's cumulative file, or by reviewing the electronic immunization record. A dose of any pertussis-containing vaccine (e.g. Tdap, DTaP, DTP) received on or after the 7th birthday satisfies the 7th grade pertussis booster requirement. Pertussis (Tdap) immunization is recorded on a sticker (CDPH form PM 286 S) affixed to the blue California School Immunization Record.

FINAL STEP: COMPLETING THE SCHOOL SUMMARY SHEET

Enter the number of 7th grade students into the corresponding fields in the appropriate columns, i.e., pertussis (Tdap) vaccine completed; permanent medical exemption; and personal beliefs exemption. If a field's value is 0, enter 0.

Add the number of students in Column 1, Column 2, and Column 3 and enter the total in Column 4. The number of students in Columns 1 + 2 + 3 must equal Column 4, the total number of students enrolled. Double check that all numbers are correct.



PERTUSSIS (Tdap) ASSESSMENT OF 7-12TH GRADE STUDENTS 2011-2012 SCHOOL SUMMARY SHEET

PLEASE TYPE OR PRINT CLEARLY

Note: This form can be completed online at ShotsForSchool.org

County _____

School Name _____

Physical Address _____

City _____ Zip _____

Mailing Address _____
(if different from above)

This school is: Public Private

Public School District _____

CDS code # _____

Tdap STATUS OF 7-12TH GRADE STUDENTS								
This report must include every 7-12 th grade student in this school								
	Column 1	+	Column 2	+	=	Column 3	=	Column 4
Grade	Pertussis (Tdap) vaccine completed		Permanent Medical Exemption to Tdap			Personal Beliefs Exemption to Tdap		Total Students Enrolled
7								
8								
9								
10								
11								
12								

Note: FOR EACH GRADE, THE NUMBER OF STUDENTS IN COLUMNS 1+2+3 SHOULD EQUAL COLUMN 4, THE TOTAL STUDENTS ENROLLED.

Detailed instructions for completing this form are on back side of this form.

Please forward the completed report by December 1, 2011 to the California Department of Public Health Immunization Branch. Retain a copy for your school records.

Immunization Branch
California Department of Public Health
850 Marina Bay Parkway
Bldg P, 2nd floor
Richmond, CA 94804

School Staff Person
Completing This Form _____

School Telephone Number (____) _____ Date _____

HOW TO COMPLETE THE PERTUSSIS (Tdap) ASSESSMENT OF 7-12TH GRADE STUDENTS SCHOOL SUMMARY SHEET (CDPH 8260)

California law requires that all public and private schools with 7th, 8th, 9th, 10th, 11th and/or 12th grades submit a pertussis (Tdap) immunization assessment (Health and Safety Code, Section 120375). Schools are to report on the status of ALL students in 7th – 12th grades enrolled for the 2011-2012 school year.

FIRST STEP: FILLING IN SCHOOL INFORMATION

Enter the county, school name and address, school district, etc. in the appropriate fields. Check whether the school is public or private. Enter the school's CDS code # if it has one.

SECOND STEP: DETERMINING STUDENTS' IMMUNIZATION STATUS

Determine the pertussis immunization status of each student in 7th – 12th grade by reviewing the California School Immunization Record, or Blue Card, (CSIR PM-286) which must be included in the child's cumulative file. Pertussis (Tdap) immunization is recorded on a sticker (CDPH form PM 286 S) affixed to the blue California School Immunization Record.

FINAL STEP: COMPLETING THE SCHOOL SUMMARY SHEET

Complete the rows that correspond with the grades in your school. Enter the number of students for each grade level, i.e., 7th, 8th, 9th, 10th, 11th, and 12th, into the corresponding fields in the appropriate columns, i.e., pertussis booster immunization (Tdap) completed; permanent medical exemption; and personal beliefs exemption. If a field's value is 0, enter 0.

Add the number of students in Column 1, Column 2, and Column 3 and enter the total in Column 4. For each grade level, the number of students in Columns 1 + 2 + 3 must equal Column 4, the total number of students enrolled. Double check that all numbers are correct.

d



PERSONAL BELIEFS EXEMPTION TO REQUIRED IMMUNIZATIONS



STUDENT NAME (LAST, FIRST, MIDDLE)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE MONTH / DAY / YEAR	TELEPHONE NUMBER
PARENT/GUARDIAN - NAME		ADDRESS	

A. AUTHORIZED HEALTH CARE PRACTITIONER LICENSED IN CALIFORNIA - FILL OUT THIS SECTION

I am a (check one): M.D./D.O. Nurse Practitioner Physician Assistant Naturopathic Doctor Credentialed School Nurse

Provision of information: I have provided the parent or guardian of the student named above, the adult who has assumed responsibility for the care and custody of the student, or the student if an emancipated minor, with information regarding 1) the benefits and risks of immunization and 2) the health risks to the student and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).

Practitioner name, address, telephone number:

Signature of authorized health care practitioner

Date - within 6 months before entry to child care or school

B. PARENT OR GUARDIAN - FILL OUT THESE SECTIONS

I. Check one of the boxes below:

- Receipt of information:** I have received information provided by an authorized health care practitioner regarding 1) the benefits and risks of immunization and 2) the health risks to the student named above and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).
- Religious beliefs:** I am a member of a religion which prohibits me from seeking medical advice or treatment from authorized health care practitioners. (Signature of a health care practitioner not required in Part A.)

Signature of parent or guardian

Date - within 6 months before entry to child care or school

II. AFFIDAVIT

Immunizations already received: I have provided the child care or school with a record of all immunizations the student has received that are required for admission (California Health and Safety Code §120365).

Immunizations for which exemption is requested: An unimmunized student and the student's contacts at school and home are at greater risk of becoming ill with a vaccine-preventable disease. I understand that an unimmunized student may be excluded from attending school or child care during an outbreak of, or after exposure to, any of these diseases for the protection of the student and others (17 CCR §6060). I hereby request exemption of the student named above from the required immunizations checked below because such immunization is contrary to my beliefs.

School Category	Table of Required Immunizations - Check box(es) to request exemption.
Child Care Only	<input type="checkbox"/> <i>Haemophilus influenzae</i> type b (Hib meningitis)
Child Care and K-12 th Grade	<input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis [whooping cough]) <input type="checkbox"/> Hepatitis B
	<input type="checkbox"/> MMR (Measles, Mumps, Rubella) <input type="checkbox"/> Polio <input type="checkbox"/> Varicella (Chickenpox)
7 th Grade Advancement (or admission at 7-12 th Grade)	<input type="checkbox"/> Tdap (Tetanus, reduced Diphtheria, Pertussis [whooping cough])

Signature of parent or guardian

Date

The California Department of Public Health places strict controls on the gathering and use of personally identifiable data. Personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with consent or as authorized by law or regulation. The Department's information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy.

ANNUAL IMMUNIZATION REPORT ON CHILDREN ENROLLED IN CHILD CARE CENTERS

Please Type or Print

County _____

Center Name _____

Address _____

City _____ Zip Code _____

Type of Facility

Public

Private

Head Start

Phone No. (_____) _____

Enrollment of children under 2 years of age
(Do not include these children in the section below. Don't forget -- all these children may need additional immunizations)

NOTE: Information for this report should be obtained from the blue California School Immunization Records (PM 286) of all enrolled children. See enclosed instructions for details.

1. VACCINE DOSE SUMMARY for children ages 2 years through 4 years, 11 months (use work sheet grand totals)

Enrollment of children ages 2 through 4 years, 11 months

VACCINE	0	1	2	3	4
POLIO					
DTP/Td/TD					
MMR					
HIB					
HEP B					
VARICELLA (CHICKENPOX)					

2. EXEMPTIONS:

- 2a. How many children are exempt from all or some immunizations for medical reasons? _____
- 2b. How many children are exempt from all or some immunizations for personal beliefs? _____

3. FOLLOW-UP:

- 3a. Number of Children with Follow-up Needed. (Those with less than 3 polio, 4 DTP, 1 MMR, 1 Hib, 3 hep B, and 1 varicella. Do not include children who have physician-documented varicella (chickenpox) disease. Include children who have not yet completed all of these doses. Do not include children under 2 years of age.)
- 3b. Number of Children with **No** Follow-up Needed. (This includes children who are exempt.)
- 3c. **TOTAL** (3a+3b = 3c) Must equal the Enrollment shown above of children ages 2 through 4 years, 11 months. _____

Please complete this report by October 15th unless an earlier date has been established by your local health department. Return the top copy (Yellow) of this report to the Immunization Coordinator at your county health department. The pink copy is for your files.

Name of person completing this form: _____ Date: _____

ANNUAL IMMUNIZATION ASSESSMENT REPORT OF CHILDREN ENROLLED IN CHILD CARE CENTERS

LINE LISTING OF IMMUNIZATION STATUS OF CHILDREN AGES 2 YEARS THROUGH 4 YEARS, 11 MONTHS

- Please complete this Line Listing Report by September 30 and return to the Immunization Coordinator at your county health department.
(MAKE A PHOTOCOPY AND KEEP FOR YOUR FILES.)

Center Name _____ Center Address _____ City and Zip _____

Type of Facility: Public Private Head Start Phone () _____ Contact Person _____ Date _____

ENROLLMENT UNDER AGE 2 <small>Do not list children under age 2 or over 5 years in this report</small> NAME OR ID OF CHILD	Date of Birth	Follow-up Needed	VACCINE DOSE SUMMARY (List children 2-4 years, 11 months)										EXEMPT		Comments		
			Polio Doses				DTP/Td Doses				MMR	Hib*	Med	Pers			
			1	2	3	4+	1	2	3	4+							
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	
11.																	
12.																	
13.																	
14.																	
15.																	
16.																	
17.																	
18.																	
19.																	
20.																	
Line List Subtotal																	
Grand Total For Health Dept. Use Only																	

*Hib Meningitis vaccine will be required in late 1994 or early 1995, but at this time one dose received on or after the first birthday is strongly recommended. Record only the doses given on or after the first birthday.
DHS 8387 (Rev. 3/94)

(Side 2)

NAME OR ID OF CHILD	Date of Birth	Follow-up Needed	Polio Doses				DTP/Td Doses				MMR	Hib*	EXEMPT		Comments		
			1	2	3	4+	1	2	3	4+			Med	Pers			
21.																	
22.																	
23.																	
24.																	
25.																	
26.																	
27.																	
28.																	
29.																	
30.																	
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41.																	
42.																	
43.																	
44.																	
45.																	
46.																	
47.																	
48.																	
49.																	
50.																	
Line List Subtotal																	

*Hib Meningitis vaccine will be required in late 1994 or early 1995, but at this time one dose received on or after the first birthday is strongly recommended. Record only the doses given on or after the first birthday.
DHS 8387 (Rev. 3/94)

9.

ANNUAL FAMILY DAY CARE HOME IMMUNIZATION SURVEY

LIST OF CHILDREN LESS THAN 5 YEARS OLD

Please complete this form and return in enclosed envelope to: Immunization Branch, Department of Health Services
2151 Berkeley Way, Rm 712, Berkeley, CA 94704

For Office Use Only

COUNTY: _____

NAME: _____

PHONE: _____

Date this form filled out: _____
(Very Important!)

ADDRESS: _____ CITY: _____ ZIP: _____

Have you ever had immunization training? YES:
NO:

If you do not provide childcare at this time, please check this box:

FULL/PART-TIME CHILDREN		ENTER DATE OF EACH VACCINE RECEIVED (Month/Day/Year)															Is Child		
Child's First Name or Child's Initials	Date of Birth	Polio Doses			DTP/DTaP/DT Doses				MMR		Hib Doses				Hepatitis B Doses			Varicella	Up-to-Date (yes/no)
		1	2	3	1	2	3	4	1	1	2	3	4	1	2	3	1		
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			
10.																			
11.																			
12.																			

IMMUNIZATION ASSESSMENT OF KINDERGARTEN STUDENTS — ANNUAL REPORT SCHOOL SUMMARY SHEET

PLEASE LEAVE BLANK

PLEASE TYPE OR PRINT CLEARLY
If information is NOT correct, please correct

County _____
 School Name _____
 Physical Address _____
 City _____ Zip _____
 Mailing Address _____
(if different from above)

This school is: Public Private
 Public School District _____
 CDS code# _____
 NUMBER OF KINDERGARTEN STUDENTS ENROLLED THIS YEAR

INSTRUCTIONS: Information for this report must be obtained from the blue California School Immunization record (PM286). This report includes every kindergarten child (or child of kindergarten age) enrolled in this School. Instructions for filling out this form are on the back (pink copy).
 If this school does not have any kindergarten students, please write "NO K THIS YR" or "NO K EVER" or "CLOSED" across the form and forward as instructed below.

IMMUNIZATION STATUS OF KINDERGARTEN STUDENTS

UNCONDITIONAL ENTRANTS

Indicate the number of kindergartners with:

1. All required immunizations and/or documented history of disease _____
2. Permanent Medical Exemptions to any immunizations _____
3. Personal Beliefs Exemptions to any immunizations _____

Note: The total of lines 1+2+3+4 should equal NUMBER OF KINDERGARTEN STUDENTS ENROLLED THIS YEAR, shown in box above.

CONDITIONAL ENTRANTS

4. Number of kindergartners who do not meet all the immunization requirements: i.e., who have not documented on or more required immunizations or who have a temporary medical exemption. (THESE STUDENTS MUST BE FOLLOWED UP.) _____
- Of the pupils in category 4 above, please indicate the numbers NOT meeting the requirement for:
- a. Polio _____
 - b. DTP / DTaP / DT _____
 - c. 1st Dose MMR (child has received no MMR doses) _____
 - d. 2nd Dose MMR (child has received only 1 MMR after 12 months of age) _____
 - e. Hepatitis B _____
 - f. Varicella (child has not received vaccine and has not had chicken pox) _____

Please forward copies of this report by October 15 :

- WHITE — Immunization Branch, California Department of Health Services
 2151 Berkeley Way, Berkeley, CA 94704
- YELLOW — Immunization Coordinator, County Health Department

- GOLD — School District copy, if a public school
 PINK — School copy: retain for your files

School Staff Person
 Completing This Form _____
 School Telephone Number (_____) _____ Date _____

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: _____ Address _____

Telephone _____ Daytime _____ Nighttime _____ City _____ ZIP _____

- Race/Ethnicity:
- White, not Hispanic
 - Hispanic
 - Black
 - Other _____

VACCINE	DATE EACH DOSE WAS GIVEN					
	1st	2nd	3rd	4th	5th	Booster
POLIO (OPV or IPV)	/ /	/ /	/ /	/ /	/ /	
DTP/DTaP/DT/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)	/ /	/ /				

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 _____

TB SKIN TESTS	Type*	Date given	Date read	mm indur	Impression	CHEST X-RAY (Necessary if skin test positive)
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other	/ /	/ /	/ /		
<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other	/ /	/ /	/ /		<input type="checkbox"/> Pos <input type="checkbox"/> Neg	

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

INSTRUCTIONS FOR SCHOOL OR CHILD CARE STAFF

1. Complete child's name and address information section, or ask parent or guardian to complete this section only. (This form is not to be sent home or given to parents to complete.)
2. School or child care personnel then fill in date (month/day/year) of each immunization the student has received from the Immunization Record presented by the parent or guardian. (If the date consists only of month and year for some doses, fill in month/xx/year; however, if either measles, rubella or mumps (or MMR) was received in the month of the first birthday, month/day/year is required.)
3. Determine if immunization requirements have been met, using the California "Immunization Requirements for Grades K-12," or "Immunization Requirements for Child Care," (available from Immunization Coordinators in local health departments), or other requirements guide.
4. Complete the Documentation and Status of Requirements box.
 - A. Fill in date and your signature as the staff member who reviewed and transcribed the immunization record presented by the parent or guardian. Check which type of record was presented.
 - B. If the child has met all immunization requirements, check box A and write in date.
 - C. If the child has not met all requirements, check box B. Child can be admitted only if up-to-date, e.g., no immunizations due currently. The child must be followed up as indicated in the "Guide to Immunization Requirements."
 - D. If a child 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.* If the medical exemption is temporary, check box B and box D; this child must be followed up.*
 - E. If a child is to be exempted for reasons of personal beliefs, the parent or guardian must sign and date the affidavit below. No other parents should sign this affidavit. All requirements are met; check box A and box E.*

PERSONAL BELIEFS AFFIDAVIT TO BE SIGNED BY PARENT OR GUARDIAN—IMMUNIZATION

I hereby request exemption of the child, named on the front, from the immunization requirements for school/child care entry because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her protection.

CREENCIAS PERSONALES: ESTA DECLARACIÓN JURADA DEBE SER FIRMADA POR EL PADRE O LA MADRE O EL GUARDIÁN

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para vacunas de la entrada a la escuela/guardería ya que algunas o todas de las vacunas son opuestas a mis creencias. Comprendo que en caso de un brote en la comunidad de alguna de estas enfermedades, mi hijo puede ser excluido temporalmente de la escuela/guardería por su propia protección.

Signature (Firma) _____

Date (Fecha) _____

Applicable only in those jurisdictions where the Tuberculosis Assessment is required for school entry

Personal Beliefs Affidavit to be Signed by Parent or Guardian—Tuberculosis

I hereby request exemption of the child named on the front from the tuberculosis assessment requirement for school/child care center entry because this procedure(s) is contrary to my beliefs. I understand that should there be cause to believe that my child is infected with active tuberculosis or should there be a tuberculosis outbreak, my child may be temporarily excluded from school.

Creencias Personales: Declaración Jurada Debe ser Firmada por el Padre o la Madre o el Guardián

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para la evaluación de la tuberculosis (tisis) de la entrada a la escuela ya que esta evaluación es opuesta a mis creencias. Comprendo que si hay razón para sospechar que mi hijo sufra de la tuberculosis activa o si hay un brote de la tuberculosis, mi hijo puede ser excluido de la escuela.

Signature (Firma) _____

Date (Fecha) _____

* Names of all children who are exempt should be maintained on an exempt roster for immediate identification in case of disease outbreak in the community.

J.

Tdap (Pertussis Booster) Requirement

Date of Tdap Immunization ___ / ___ / 20

Birth date ___ / ___ / ___

Check one:

- Tdap was given on or after 7th birthday. (It does not meet requirement.)
- Medical exemption from physician on file.
- Tdap personal belief exemption affidavit from parent/guardian on file.

School Staff Name _____

Today's Date _____

Student Name or ID _____

PH 2065 (W/11)