

Pre-Kindergarten Requirements Highlighted on Blue Card



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

2-3 Months

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

4-5 Months

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

6-14 Months

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

Pre-Kindergarten Requirements Highlighted on Blue Card



15-17 Months

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

1 dose of MMR and Hib must be on or after 1st birthday.

18 Months– 5 Years

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

1 dose of MMR and Hib must be on or after 1st birthday.

Requisitos para el preescolar (prekínder) destacados en la tarjeta azul



Instrucciones: Compare el registro de inmunización para prekínder y escuelas en California (la tarjeta azul) con el punto de control de edad de cada niño. Las áreas resaltadas en amarillo muestran las fechas que se deben llenar en la tarjeta azul.

2-3 meses

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

4-5 meses

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

6-14 meses

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

Requisitos para el preescolar (prekínder) destacados en la tarjeta azul



15-17 meses

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

Necesita una dosis de MMR y Hib en o después del 1er cumpleaños

18 meses-5 años

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

Necesita una dosis de MMR y Hib en o después del 1er cumpleaños