



CALIFORNIA PRE-KINDERGARTEN AND SCHOOL IMMUNIZATION RECORD

Pre-kindergarten facility and school staff must record the required vaccine dose information and status of requirements for each pupil. See reverse side for guidance.

PUPIL NAME (LAST, FIRST, MIDDLE) 99 XUOFJUBQUTFUY, MARY MUG A	STATEWIDE STUDENT IDENTIFIER (SSID) _____	ETHNICITY <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	RACE <input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____
NAME OF PARENT/GUARDIAN (LAST, FIRST) APJ[JOPCC, MBSVB	BIRTHDATE (MONTH/DAY/YEAR) 02/03/2001	SEX F	

REQUIRED VACCINE	DATE EACH DOSE WAS GIVEN (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 ST	2 ND	3 RD	4 TH	5 TH		
IPV / OPV (Polio)	10/13/2010	02/02/2011	04/06/2012 <small>Age: _____ years</small>	12/10/2013		<input type="checkbox"/>	4 doses meet TK/K-12 requirement, as do 3 doses, if ≥1 dose given at age ≥4 years.
DTaP / DTP – Age 0-6 years Tdap / Td – Age 7+ years (Diphtheria, Tetanus, Pertussis)	02/01/2012	02/02/2012	01/01/2014 <small>Age: _____ years</small>	02/05/2016 <small>Age: _____ years</small>	01/09/2017	<input type="checkbox"/>	5 doses meet TK/K-12 requirement, as do 4 doses, if ≥1 dose given at age ≥4 years; 3 doses, if ≥1 Tdap dose at age ≥7 years; Tdap dose may meet 7 th Grade requirement.
MMR (Measles, Mumps, Rubella) <small>Age _____ months</small>	08/02/2012	08/27/2012				<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year.
Hib (<i>Haemophilus influenzae</i> type b)	11/15/1998	08/15/1999	10/13/2010	04/06/2012		<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year.
Hep B (Hepatitis B)	06/15/1998	02/15/1999	09/07/2001			<input type="checkbox"/>	3 doses meet TK/K-12 requirement.
VAR / VZV (Varicella or Chickenpox)	01/17/2012	05/14/2013				<input type="checkbox"/>	2 doses meet TK/K-12 requirement.
Tdap – 7th Grade (Tetanus, Diphtheria, Pertussis) <small>Age: _____ years</small>	02/02/2012					<input type="checkbox"/>	1 dose given at age ≥7 years meets requirement for 7 th grade advancement and 7 th -12 th grade admission.

STATUS OF REQUIREMENTS	Staff Initials I reviewed pupil's immunization record	Has All Required Vaccine Doses	Requires Follow-up			Follow-up Date(s) (See conditional admission schedule or exemption end date)	Other See codes on reverse side	Date Requirements Met
			Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs Doses Now			
Pre-Kindergarten (Child care or preschool)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IEP <input type="checkbox"/> PBE (pre-2016)		
TK/K-12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home <input type="checkbox"/> PBE (pre-2016)		
7th Grade (Advancement or admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home		

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