

# 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 \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Daytime \_\_\_\_\_ Nighttime \_\_\_\_\_

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

**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)<br>Film date: _____ Impression: <input type="checkbox"/> normal <input type="checkbox"/> abnormal<br>Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no |
|               | <input type="checkbox"/> PPD-Mantoux<br><input type="checkbox"/> Other |            |           |          | <input type="checkbox"/> Pos<br><input type="checkbox"/> Neg |  |
|               | <input type="checkbox"/> PPD-Mantoux<br><input type="checkbox"/> Other |            |           |          | <input type="checkbox"/> Pos<br><input type="checkbox"/> Neg |  |

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



### ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

I, as the parent/legal guardian of \_\_\_\_\_, currently attending or newly enrolled at \_\_\_\_\_ child care center/family child care home acknowledge I have received the following information as required by Health and Safety Code sections 1596.8595 and 1596.8895.

- Copy of any licensing report that documents a Type A deficiency cited at this facility; Type A deficiencies are those that, if not corrected, represent an immediate risk to the health, safety or personal rights of children in care. This includes facility visits and substantiated complaint investigations.

Date(s) of licensing report(s) provided: 01/08/2020

- Copy of licensing documents pertaining to a conference conducted by a local licensing agency management representative and the licensee of this child care center/family child care home in which issues of noncompliance are discussed.

Date of document provided: \_\_\_\_\_

- Copy of the Accusation Summary indicating the Department's intent to revoke the license of this child care center/family child care home, until that accusation is either dismissed or resolved through the administrative hearing process or stipulated agreement.

Date of document provided: \_\_\_\_\_

- As a parent/legal guardian of a newly enrolled child in this child care center/family child care home, I have been provided the documents identified above received by the licensee during the 12-month period prior to my child's enrollment.

My signature below verifies I have received the documents identified above.

PARENT/LEGAL GUARDIAN SIGNATURE:

DATE DOCUMENTS RECEIVED: