**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 Name of Parent or Guardian**

**Telephone**

Daytime Nighttime

## Sex: M F Race/Ethnicity:

**White, not Hispanic**

**Hispanic Black**

**Other:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **VACCINE** | **DATE EACH DOSE WAS GIVEN** | | | | | |
| 1st | 2nd | 3rd | 4th | 5th | Booster |
| **POLIO (OPV or IPV)** |  |  |  |  |  |  |
| (Diphtheria, tetanus and  **DTP/DTaP/DT/Td** [acellular] pertussis OR  tetanus and diphtheria only) |  |  |  |  |  |  |
| **MMR** (Measles, mumps, and rubella) |  |  | Yel Ou | | | |
| **HIB (Required only for child care and preschool)** |  |  |  |  | Ot  Spe  **II. STAT** | |
| **HEPATITIS B** |  |  |  | 1. All   Date   1. Cu | | |
| **VARICELLA** (Chickenpox) |  |  |  | | | |
| **HEPATITIS A (Not required)** |  |  |

## Birthdate Place of Birth Address City ZIP

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TB SKIN TESTS** | **Type\*** | **Date given** | **Date read** | **mm indur** | **Impression** | **CHEST X-RAY (Necessary if skin test positive)** |
| **PPD-Mantoux Other** |  |  |  | **Pos Neg** | **Film date: Impression: normal abnormal Person is free of communicable tuberculosis: yes no** |
| **PPD-Mantoux Other** |  |  |  | **Pos Neg** |
| **\*If required for school entry, must be Mantoux unless exception granted by local health department.** | | | | | |  |

**STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH**



**I. DOCUMENTATION**

I certify that I reviewed a record of this child's immunizations and transcribed it accurately:

Date

Staff

Signature

Record Presented was:

low California Immunization Record t-of-state school record

her immunization record

cify:

**US OF REQUIREMENTS**

Requirements are met.

rrently up-to-date, but more doses are due later. Needs follow-up.

Exemption was granted for:

1. Medical Reasons—Permanent
2. Medical Reasons—Temporary
3. Personal Beliefs
4. **7th GRADE ENTRY**
   1. All Requirements are met.

Name Date

* 1. Currently up-to-date, but more doses are due later. Needs follow-up.

Name Date

**IMMUNIZATION BRANCH CDPH 286 (1/14)**

# 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...

\* \* \* Free Preview End \* \* \*

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