

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 Address _____

Telephone _____ City _____ ZIP _____
Daytime Nighttime

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)
	☐ PPD-Mantoux ☐ Other				☐ Pos ☐ Neg	Film date: _____ Impression: ☐ normal ☐ abnormal
	☐ PPD-Mantoux ☐ Other				☐ Pos ☐ Neg	Person is free of communicable tuberculosis: ☐ yes ☐ no

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