



Report of Health Examination for School Entry and California School Immunization Record

California State Law requires us to obtain your child's "Report of Health Examination for School Entry" and "California School Immunization Record". You may either get copies from your child's current school or ask your child's physician fill out the attached forms.

This information is a requirement for all students and must be completed and returned to us by the start of school.

Incomplete forms will be returned and your child will not be permitted to attend CAS until they are complete.

If you have any questions, please contact Student Services at 650-592-7570 x204

Thank you,

CAS Student Services

Grades K-12

(California Immunization Requirements for K-12)



REFERENCE Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

INSTRUCTIONS Post this guide on a wall or desktop as a quick reference to help you determine whether children seeking admission to your school meet California's school immunization requirements. If you have any questions, call the Immunization Coordinator at your local health department.

IMMUNIZATION REQUIREMENTS To enter or transfer into public and private elementary and secondary schools (grades kindergarten through 12), children under age 18 years must have immunizations as outlined below.

VACCINE

REQUIRED DOSES

Polio

4 doses at any age, but... 3 doses meet requirement for ages 4–6 years if at least one was given on or after the 4th birthday¹; 3 doses meet requirement for ages 7–17 years if at least one was given on or after the 2nd birthday.¹

Diphtheria, Tetanus, and Pertussis

Age 6 years and under (Pertussis is required)
DTP, DTaP or any combination of DTP or DTaP with DT (diphtheria and tetanus)

5 doses at any age, but... 4 doses meet requirements for ages 4–6 years if at least one was on or after the 4th birthday.¹

Age 7 years and older (Pertussis is not required)
Td, DT, or DTP, DTaP or any combination of these

4 doses at any age, but... 3 doses meet requirement for ages 7–17 years if at least one was on or after the 2nd birthday.¹ If last dose was given before the 2nd birthday, one more (Td) dose is required.

7th grade
Td booster

1 dose not required but recommended if more than 5 years have passed since last DTP, DTaP, DT, or Td dose.

Measles, Mumps, Rubella (MMR)

Kindergarten
7th grade
Grades 1–6 and 8–12

2 doses² both on or after 1st birthday.¹
2 doses² both on or after 1st birthday.¹
1 dose must be on or after 1st birthday.¹

Hepatitis B

Kindergarten
7th grade

3 doses at any age
3 doses³ at any age

Varicella

Kindergarten
Out-of-state entrants (grades 1–12)

1 dose⁴
1 dose for children under 13 years; 2 doses are needed if immunized on or after 13th birthday.⁴

¹ Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.
² Two doses of measles-containing vaccine required. One dose of mumps and rubella-containing vaccine required; mumps vaccine is not required for children 7 years of age and older.
³ Two doses of the 2-dose hepatitis B vaccine formulation along with provider documentation that the 2-dose hepatitis B vaccine formulation was used for both doses and both doses were received at age 11–15 years will also fulfill this requirement.
⁴ Physician-documented varicella (chickenpox) disease history or immunity meets the varicella requirement.

EXEMPTIONS

The law allows (a) parents/guardians to choose an exemption from immunization requirements based on their personal beliefs, and (b) physicians of children to elect medical exemptions. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). See the back of the blue California School Immunization Record (PM 286) for instructions and the affidavit to be signed by parents/guardians electing the personal beliefs exemption. For children with medical exemptions, the physician's written statement should be stapled to the CSIR. Schools should maintain an up-to-date list of pupils with exemptions, so they can be excluded quickly if an outbreak occurs.

PUPILS NOT MEETING REQUIREMENTS

Refer pupils who do not meet these State requirements to their physician or local health department. Give families a written notice indicating which doses are lacking.

DOCUMENTATION All children must present an immunization record.



What is it? It is a written immunization record, either a personal record with entries made by a physician or clinic, or a school immunization record—the blue California School Immunization Record (PM 286) from a former school or another state’s school record. It must include at least the month and year each dose was received; for measles, rubella, and/or mumps vaccine given in the month of the first birthday, month, day, and year are required. A record with check marks instead of dates or saying only “up-to-date,” “all requirements met,” or “series complete” is inadequate. Also, parents cannot simply fill out a California School Immunization Record from memory but must present a written immunization record. Further, the record must show that all due vaccine doses have been received.

Who must present it? All children under age 18 years entering school or transferring between school campuses. Kindergarten entrants and entrants from outside the U.S. must present a personal immunization record. (Kindergarten entrants can present a California School Immunization Record from a child care center they previously attended, but this record usually will not include the final “booster” polio and DTP or DTaP vaccine doses or the second measles-containing vaccine dose.) Children transferring from other schools in California or other states must present either a personal immunization record or a state school immunization record. As of July 1, 1999, students entering 7th grade must present a personal immunization record so that the 7th grade requirement immunization dates can be added to the student’s school immunization record.

When must it be presented? Kindergarten entrants, 7th grade entrants, and entrants from outside the U.S. must present the record at or before entry; no “grace period” of attendance is allowed for these pupils if they do not have a record. Children transferring from other schools in California or other states, or entering at other grade levels may be given up to 30 school days of attendance while waiting for their records to arrive from the previous school.

What do schools do with it? School staff must transcribe the immunization dates onto the California School Immunization Record (CSIR or blue card; PM 286), which is available from local health departments. School staff should then review the blue card to determine whether all immunization requirements have been met. The blue card is part of the child’s Mandatory Permanent Pupil Record and must be transferred to the child’s new school when he/she leaves your school. Although some vaccine doses are not required, please record dates of all doses from the child’s personal immunization records on to PM 286. This information will be valuable should outbreaks of these diseases occur in your school.

CONDITIONAL ADMISSIONS

Children who lack one or more required vaccine doses that are not currently due may be admitted on condition that they receive the remaining doses when due, according to the schedule below. If the maximum time interval between doses has passed, the child must be excluded until the next immunization is obtained.

VACCINE	TIME INTERVALS BETWEEN DOSES
Polio	2nd dose: 6–10 weeks after 1st dose 3rd dose: 6 weeks to 12 months after 2nd dose
DTP, DTaP, DT, Td Under 7 years (DTP, DTaP, DT)	2nd dose: 4–8 weeks after 1st dose 3rd dose: 4–8 weeks after 2nd dose 4th dose: 6–12 months after 3rd dose
Age 7 years and older (Td)*	2nd dose: 4–8 weeks after 1st dose 3rd dose: 6–12 months after 2nd dose
MMR	2nd dose: 1–3 months after 1st dose
Hepatitis B for 3-dose formulation	2nd dose: 1–2 months after 1st dose 3rd dose: 2–6 months after 2nd dose and at least 4 months after 1st dose
for 2-dose formulation (7th grade entry for child 11 through 15 years old)	2nd dose: 4–8 months after 1st dose
Varicella (unimmunized out-of-state entrants ≥13 years old)	2nd dose: 4 weeks to 3 months after 1st dose

* Note: DTP, DTaP, DT doses received previously are counted toward meeting the 3-dose tetanus-diphtheria immunization requirement for this age group.

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street		City	ZIP code
			SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

Examination shows no condition of concern to school program activities.

Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian

Date

Name, address, and telephone number of health examiner

Signature of health examiner

Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's

INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entregelo a la escuela—este informe sera archivado por la escuela en forma confidencial.

PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NINA— Apellido	Primer Nombre	Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año
DOMICILIO—Número y Calle	Ciudad	Zona Postal	Escuela

PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD

EXAMEN DE SALUD

AVISO: Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA(mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Pruebas con Tuberculina (Mantoux/PPD)	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

REGISTRO DE INMUNIZACIONES

Aviso al Examinador: Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.
Aviso a la Escuela: Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Primeor	Segundo	Tercero	Quarto	Quinto
POLIO (OPV o IPV)					
DTaP/DTP/DT/Td (difteria, tétano y [acelular] pertusis [tos ferina]) O (tétano y difteria solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)					
HEPATITIS B					
VARICELLA (Viruelas locas)					
OTRA					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (optional)

RESULTADOS Y RECOMENDACIONES

Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.

Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

Firma del padre/madre o guardián

Fecha

Nombre, domicilio, y teléfono del examinador

Firma del examinador de salud

Fecha

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jóvenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).