

GUIDE TO IMMUNIZATIONS REQUIRED FOR CHILD CARE OR PRESCHOOL



Requirements by Age at Entry and Later (Follow-up is required at every age checkpoint after entry.)

Vaccine	2-3 Months	4-5 Months	6-14 Months	15-17 Months	18 Months-5 Years
Polio (OPV or IPV)	1 dose	2 doses	2 doses	3 doses	3 doses
Diphtheria, Tetanus, and Pertussis (DTaP or DTP)	1 dose	2 doses	3 doses	3 doses	4 doses
Measles, Mumps, and Rubella (MMR)				1 dose on or after the 1st birthday	1 dose on or after the 1st birthday
Hib	1 dose	2 doses	2 doses	1 dose on or after the 1st birthday	1 dose on or after the 1st birthday (only required for children less than 4 years, 6 months)
Hepatitis B (Hep B or HBV)	1 dose	2 doses	2 doses	2 doses	3 doses
Varicella (chickenpox, VAR or VZV)					1 dose

INSTRUCTIONS:

To enter a child care center, day nursery, nursery school, family day care home, or development center, children must have received immunizations required by California law.

1. Parents must submit their child's immunization record as proof.
2. Copy the date of each vaccine onto the California School Immunization Record (Blue Card, CDPH-286).
3. Determine whether children meet requirements above.

ADMIT A CHILD UNCONDITIONALLY WHO:

- Is 18 months and older and has all immunizations required for their age, or
- Submits a personal beliefs exemption (PBE) filed at a prior California child-care facility for missing shots(s) and immunization records with dates for all required shots not exempted. The PBE must have been filed before January 1, 2016 and is only valid until entry to transitional kindergarten/ kindergarten. For complete details, see ShotsforSchool.org.
- Submits a licensed physician's written statement of a permanent medical exemption for missing shot(s) and immunization records with dates for all required shots not exempted.

ADMIT A CHILD CONDITIONALLY IF THE CHILD:

- Is under age 18 months, has received all immunizations required for age, but will have more required at next age checkpoint.
- Is missing a dose(s) in a series, but the next dose is not due yet (This means the child has received at least one dose in a series and the deadline for the next dose has not passed.) The child may not be admitted if the deadline has passed or the child has not yet received the 1st dose.
- Has a temporary medical exemption to certain vaccine(s) and has submitted an immunization record for vaccines not exempted. The statement must indicate which immunization(s) must be postponed and when the child can be immunized.

WHEN MISSING DOSES CAN BE GIVEN:

Missing Dose	Earliest Date After Previous Dose	Deadline After Previous Dose
Polio #2	6 weeks	10 weeks
Polio #3	6 weeks	12 months
DTP/DTaP #2, #3	4 weeks	8 weeks
DTP or DTaP #4	6 months	12 months
Hib #2	2 months	3 months
Hep B #2	1 month	2 months
Hep B #3 (under age 18 months)	2 months after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose and at least 4 months after 1st dose
Hep B #3 (age 18 months and older)	2 months after 2nd dose and at least 4 months after 1st dose	6 months after 2nd dose and at least 4 months after 1st dose

DO NOT ADMIT A CHILD WHO:

Does not fit one of the prior categories. Refer parents to their physician with a written notice indicating which doses are needed.

FOLLOW-UP IS REQUIRED AFTER ADMISSION:

- At every age checkpoint above until all doses are received.
- If child was behind schedule and admitted **conditionally**.
- If child has a temporary medical exemption.

Maintain a list of unimmunized children (exempted or admitted conditionally), so they can be excluded quickly if an outbreak occurs. Notify parents of the deadline for missing doses. Review records every 30 days until all required doses are received.

Questions? Visit ShotsForSchool.org or contact your local health department (bit.do/immunization).

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 _____ Address _____

Telephone _____ City _____ ZIP _____

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)						

TB SKIN TESTS	Type ^a <input type="checkbox"/> PPD Mantoux <input type="checkbox"/> Other	Date given	Date read	mm	indur	Impression <input type="checkbox"/> Pos <input type="checkbox"/> Neg	CHEST X-RAY (Necessary if skin test positive)
	<input type="checkbox"/> PPD Mantoux <input type="checkbox"/> Other					<input type="checkbox"/> Pos <input type="checkbox"/> Neg	Film date: _____ Impression: <input type="checkbox"/> normal <input type="checkbox"/> abnormal Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no

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

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

Name _____ Date _____
Name _____ Date _____