

Student full name _____ Student date of birth _____



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IMMUNIZATION RECORD

To the practitioner: please fill in the following immunization dates or attach an office copy that includes the up-to-date immunizations listed here. Please include the month/day/year for each vaccine administered. (See page 2 for more information on all requirements)

Required Vaccinations			
Vaccine	Date administered	Vaccine	Date administered
DTaP/DTP/DT ₁		HepB ₁	
DTaP/DTP/DT ₂		HepB ₂	
DTaP/DTP/DT ₃		HepB ₃	
DTaP/DTP/DT ₄		Polio ₁	
DTaP/DTP/DT/ Tdap ₅		Polio ₂	
Meningococcal (ACWY) ₁		Polio ₃	
Meningococcal (ACWY) ₂ (after 16th birthday)		Polio ₄	
Varicella ₁		HepA ₁	
Varicella ₂		HepA ₂	
Or: disease date of Varicella/Chicken Pox		TB skin test (negative test within one year of entry to IAA)	
MMR ₁		Or: BCG vaccine	
MMR ₂		Other: _____	
Recommended/Optional vaccines			
HPV ₁		COVID-19 ₁ (Type _____)	
HPV ₂		COVID-19 ₂ (Type _____)	
HPV ₃		COVID-19 ₃ (Type _____)	
Influenza (current year)		Other: _____	

Practitioner's Name _____

Practitioner's Address _____

Practitioner's Phone Number & Fax Number _____

Signature of Examining Practitioner _____ Date _____

The following immunizations are required by law in the State of California. No student is permitted to participate in our programs without a completed immunization record per California law. Exceptions are made only with a state-approved physician-signed waiver of immunization. California does not accept exemptions for religious or personal beliefs.

- **Diphtheria, Tetanus, and Pertussis (DTap, DTP, Tdap, or Td)- 5 doses**
 - (4 doses ok if one was given after the 4th birthday)
 - (3 doses ok if one was given after the 7th birthday)
- **Polio- 4 doses**
 - (3 doses ok if one was given on or after the 4th birthday)
- **Hepatitis B- 3 doses**
- **Hepatitis A- two doses**
- **Measles, Mumps, and Rubella (MMR)- 2 doses**
 - (Both given on or after the 1st birthday)
- **Varicella (Chickenpox)- 2 doses**
- **Meningococcal (ACWY)- 1-2 doses**
 - (Two doses if one is before the age of 16, additional dose is required after the 16th birthday)
- **TB Skin Test (PPD) or BCG vaccination:**
 - **BCG: Bacille Calmette-Guerin, is a vaccine for tuberculosis (TB) disease. Many foreign-born persons have been BCG-vaccinated. BCG is used in many countries with a high prevalence of TB to prevent childhood tuberculous meningitis and miliary disease.**
 - (TB skin test is required upon entry, needs to be done within one year of admission or proof of BCG vaccine can be submitted instead of a TB skin test)