

Student full name \_\_\_\_\_ Student date of birth \_\_\_\_\_

## 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 <sub>1</sub>		HepB <sub>1</sub>	
DTaP/DTP/DT <sub>2</sub>		HepB <sub>2</sub>	
DTaP/DTP/DT <sub>3</sub>		HepB <sub>3</sub>	
DTaP/DTP/DT <sub>4</sub>		Polio <sub>1</sub>	
DTaP/DTP/DT/ Tdap <sub>5</sub>		Polio <sub>2</sub>	
Meningococcal (ACWY) <sub>1</sub>		Polio <sub>3</sub>	
Meningococcal (ACWY) <sub>2</sub> (after 16th birthday)		Polio <sub>4</sub>	
Varicella <sub>1</sub>		HepA <sub>1</sub>	
Varicella <sub>2</sub>		HepA <sub>2</sub>	
Or: disease date of Varicella/Chicken Pox		TB skin test (negative test within one year of entry to IAA)	
MMR <sub>1</sub>		Or: BCG vaccine	
MMR <sub>2</sub>		Other: _____	

### RECOMMENDED/OPTIONAL VACCINES


HPV <sub>1</sub>		COVID-19 <sub>1</sub> (Type_____)	
HPV <sub>2</sub>		COVID-19 <sub>1</sub> (Type_____)	
HPV <sub>3</sub>		COVID-19 <sub>1</sub> (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