

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
Tetanus DTaP/DTP/ Tdap ₁		HepB ₁	
Tetanus DTaP/DTP/ Tdap ₂		HepB ₂	
Tetanus DTaP/DTP/ Tdap ₃		HepB ₃	
Tetanus DTaP/DTP/ Tdap ₄		Polio ₁	
Tetanus Tdap ₅ (most recent dose) ***one dose required after 7th birthday***		Polio ₂	
Meningococcal (ACWY) ₁		Polio ₃	
Meningococcal (ACWY) ₂ ***one dose required after 16th birthday***		Polio ₄	
Varicella ₁		Hep A ₁	
Varicella ₂		Hep A ₂ (second dose at least 6 months after first dose)	
MMR ₁ ***Must be after 1st birthday***		TB skin test (negative test within one year of entry to IAA)	Administration Date: _____ Read Date: _____ Results: <input type="checkbox"/> Pos <input type="checkbox"/> Neg Induration (mm): _____
MMR ₂ ***Must be after 1st birthday***			
Other: _____		Or: BCG vaccine	
		Or: IGRA Blood Test	Date _____ Results: <input type="checkbox"/> Pos <input type="checkbox"/> Neg

RECOMMENDED/OPTIONAL VACCINES

HPV ₁		COVID-19 (current year)	
HPV ₂		Influenza (current year)	
HPV ₃		Other: _____	

Practitioner's Name _____

Practitioner's Address _____

Practitioner's Phone Number & Fax Number _____

Signature of Examining Practitioner _____ Date _____



IMMUNIZATION REQUIREMENT NOTES

California law requires all students to provide documentation of required immunizations prior to school attendance. These requirements are established under the California School Immunization Law and enforced by the California Department of Public Health (CDPH). As an international boarding school, Idyllwild Arts Academy requires additional immunizations and testing to protect the health and safety of our campus community.

Medical exemptions are accepted **only with a state-approved physician-signed medical waiver**. California law does **not allow exemptions for religious or personal beliefs**. Titers are **not accepted as proof of immunization** under California state law.

Students **may not attend classes, live on campus, or participate in school activities** until immunization records have been submitted and approved.

Required Immunizations:

- **Diphtheria, Tetanus, and Pertussis (DTaP / DTP / Tdap / Td) - 5 doses**
 - 4 doses acceptable if one was given after the 4th birthday
 - 3 doses acceptable if one was given after the 7th birthday
 - The last dose must be within the last 10 years, and after 7th birthday
- **Polio - 4 doses**
 - 3 doses acceptable if one was given on or after the 4th birthday
- **Hepatitis B - 3 doses**
- **Hepatitis A - 2 doses**
 - must be at least 6 months apart
- **Measles, Mumps, and Rubella (MMR) - 2 doses**
 - Both doses must be given on or after the 1st birthday
- **Varicella (Chickenpox)- 2 doses**
 - Must be **at least 4 weeks apart**
- **Meningococcal (ACWY) - 1-2 doses**
 - Two doses if first dose is administered before the age of 16, additional dose is required after the 16th birthday
- **Tuberculosis (TB Screening Requirements):** All students must submit **one** of the following **TB screening documents completed within 1 year prior to enrollment:**
 - TB Skin Test (PPD)
 - IGRA Blood test; Example: QuantiFERON-TB blood test
 - BCG Vaccination Record

TO FAX THIS RECORD TO IDYLLWILD ARTS ACADEMY HEALTH CENTER: (951) 468-7281