

Student ID Number \_\_\_\_\_  
(Required)

# CALIFORNIA SCHOOL IMMUNIZATION RECORD

|                           |                          |
|---------------------------|--------------------------|
| 0 First Grade Certificate | <input type="checkbox"/> |
| 5                         |                          |
| 3                         |                          |

*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 \_\_\_\_\_  
Daytime Nighttime

Race/Ethnicity:  
 White, not Hispanic  
 Hispanic  
 Black  
 Other \_\_\_\_\_

| VACCINE   | DATE EACH DOSE WAS GIVEN |     |     |     |     |
|---|--------------------------|-----|-----|-----|-----|
|   | 1st                      | 2nd | 3rd | 4th | 5th |
| POLIO (OPV or IVP)  | / /                      | / / | / / | / / | / / |
| DTP/DTaP/DT/Td (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only) | / /                      | / / | / / | / / | / / |
| MMR (Measles, mumps, and rubella)   | / /                      | / / |     |     |     |
| HIB MENINGITIS (Required for preschool) (Haemophilus B)                                       | / /                      | / / | / / | / / |     |
| HEPATITIS B   | / /                      | / / | / / |     |     |
| VARICELLA (Chickenpox)  | / /                      | / / |     |     |     |

| TB SKIN TESTS  | Type*   | Date given | Date read | mm indur | Impression   |
|--|---|------------|-----------|----------|--|
|  | <input type="checkbox"/> PPD-Mantoux<br><input type="checkbox"/> Other  | / /        | / /       |          | <input type="checkbox"/> Pos<br><input type="checkbox"/> Neg |
|  | <input type="checkbox"/> PPD-Mantoux<br><input type="checkbox"/> Other  | / /        | / /       |          | <input type="checkbox"/> Pos<br><input type="checkbox"/> Neg |
| *If required for school entry, must be Mantoux unless exception granted by local health department |   |            |           |          |  |
| CHEST X-RAY (Necessary if skin test positive.)   | Film date: ____/____/____ Impression <input type="checkbox"/> normal <input type="checkbox"/> abnormal<br>Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no |            |           |          |  |

**I. DOCUMENTATION**

I certify that I reviewed a record of this child's immunization and transcribed it accurately: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Staff \_\_\_\_\_  
Signature \_\_\_\_\_

Record presented was:  
 Yellow California Imm. 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

**E-91 CODE**  
 0 - Incomplete  
 1 - Complete  
 3 - Personal  
 4 - Medical

Check on your Immunization Following Roster. Submit corrected E-91 when status changes.

INSTRUCTIONS FOR SCHOOL OR CHILD CARE STAFF

1. Complete child's name and address information section, or ask parent or guardian to complete this section only. (This form is not to be sent home or given to parents to complete.)
2. School or child care personnel then fill in date (month/day/year) of each immunization the student has received from the Immunization Record presented by the parent or guardian. (If the date consists only of month and year for some doses, fill in month/xx/year; however, if either measles, rubella or mumps (or MMR) was received in the month of the first birthday, month/day/year is required).
3. Determine if immunization requirements have been met, using the California "Guide to Immunizations Required for School Entry," or "Guide to Immunizations Required for Child Care," (available from Immunization Coordinators in local health departments), or other requirements guide.
4. Complete the documentation and Status of Requirements box.
  - A. Fill in date and your signature as the staff member who reviewed and transcribed the immunization record presented by the parent or guardian. Check which type of record was presented.
  - B. If the child has met all immunization requirements, check box A and write in date.
  - C. If the child has not met all requirements, check box B. Child can be admitted only if up-to-date, e.g., no immunizations due currently. The child must be followed up as indicated in the "Guide to Immunization Requirements."
  - D. If a child is to be exempted for medical reasons, a doctor's written statement is required; the statement must include which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met: check box A and box C\*. If the medical exemption is temporary, check box B and box D; this child must be followed up.\*
  - E. If a child is to be exempted for reasons of personal beliefs, the parent or guardian must sign and date the affidavit below. No other parents should sign this affidavit. All requirements are met; check box A and box E.\*

**PERSONAL BELIEFS AFFIDAVIT TO BE SIGNED BY PARENT OR GUARDIAN—IMMUNIZATION**

I hereby request exemption of the child, named on the front, from the immunization requirements for school/child care entry because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her protection.

***CREENCIAS PERSONALES: ESTA DECLARACIÓN JURADA DEBE SER FIRMADA POR EL PADRE O LA MADRE O EL GUARDIÁN***

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para vacunas de la entrada a la escuela/guardería ya que algunas o todas de las vacunas son opuestas a mis creencias. Comprendo que en caso de un brote en la comunidad de alguna de estas enfermedades, mi hijo puede ser excluido temporalmente de la escuela/guardería por su propia protección.

Signature (Firma) \_\_\_\_\_

Date (Fecha) \_\_\_\_\_

**Applicable only in those jurisdictions where the Tuberculosis Assessment is required for school entry.**

**Personal Beliefs Affidavit to be Signed by Parent or Guardian—Tuberculosis**

I hereby request exemption of the child, named on the front, from the tuberculosis assessment requirement for school/child care center entry this procedure(s) is contrary to my beliefs. I understand that should there be cause to believe that my child is infected with active tuberculosis or should there be a tuberculosis outbreak, my child may be temporarily excluded from school.

**Creencias Personales: Esta Declaración Jurada Debe ser Firmada por el Padre o la Madre o el Guardián**

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para la evaluación de la tuberculosis (tisis) de la entrada a la escuela ya que esta evaluación es opuesta a mis creencias. Comprendo que si hay razón para sospechar que mi hijo sufra de la tuberculosis activa o si hay un brote de la tuberculosis, mi hijo puede ser excluido de la escuela.

Signature (Firma) \_\_\_\_\_

Date (Fecha) \_\_\_\_\_

\*Names of all children who are exempt should be maintained on an exempt roster for immediate identification in case of disease outbreak in the community.