State of California—Health and Human Services Agency

California Department of Public Health

California Pre-Kindergarten and School Immunization Record

Staff must record the required vaccine dose information and status of requirements for each pupil. See reverse side for guidance.

Pupil Name (Last, First, Middle):	**Statewide Student Identifier** (SSID):	**Ethnicity:**	**Race:**
Abbott, Allan, James	9940000001	☐ Hispanic/Latino ☒ Non-Hispanic/Non-Latino	☐ African American/Black ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☒ White ☐ Other
Name of Parent/Guardian (Last, First):	**Birthdate** (Month/Day/Year):	**Gender:**	
M/M A Abbott	11/11/2005	Male	

Required Vaccine	**Date Each Dose Was Given** (MM/DD/YY)					Permanent Medical Exemption	**Notes for School Requirements**
	1ST	2ND	3RD	4TH	5TH		
IPV / OPV (Polio)	8/25/2006	10/13/2006	11/17/2006 Age: 1 yrs.	1/19/2007		☐	4 doses meet TK/K-12 requirement, as do: 3 doses, if ≥1 dose given at age ≥4 years.
DTaP / DTP – Age 0-6 years **Tdap / Td** – Age 7+ years (Diphtheria, Tetanus, Pertussis)	10/13/2006	11/17/2006	1/19/2007 Age: 1 yrs.	1/18/2008 Age: 2 yrs.	9/3/2017	☐	5 doses meet TK/K-12 requirement, as do: 4 doses, if ≥1 dose given at age ≥4 years; 3 doses, if ≥1 Tdap dose at age ≥7 years; Tdap dose may meet 7th Grade requirement.
MMR (Measles, Mumps, Rubella)	5/11/2007 Age: 18 mo.	9/3/2017				☐	2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year.
Hib (*Haemophilus influenzae* type b)						☒	Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year.
Hep B (Hepatitis B)	8/25/2006	10/13/2006	5/11/2007			☐	3 doses meet TK/K–12 requirement.
VAR / VZV (Varicella/Chickenpox)	5/11/2007	10/1/2010				☐	2 doses meet TK/K–12 requirement.
Tdap – 7th Grade (Tetanus, Diphtheria, Pertussis)	9/3/2017 Age: 11 yrs.					☐	1 dose given at age ≥7 years meets requirement for 7th grade advancement and 7th–12th grade admission.

Status of Requirements	**Staff Initials** *I reviewed pupil's immunization record*	**Has All Required Vaccine Doses**	**Requires Follow-up**			**Follow-up Date(s)** (See conditional admission schedule or exemption end)	**Other** *See codes on reverse side*	**Date Requirements Met**
			Temporary Medical Exemption	**Missing Doses Not Currently Due—Conditional**	**Missing Doses Are Overdue—Needs Doses Now**			
Pre-Kindergarten (Child Care or Preschool)		☐	☐	☐	☐		☐ IEP	
TK/K-12		☐	☐	☐	☐		☐ IEP ☐ IND ☐ Home	
7th Grade (Advancement or Admission)		☐	☐	☐	☐		☐ IEP ☐ IND ☐ Home	

CDPH 286 (10/23)

Printed 5/17/2024 11:37 AM

EXAMPLE -CALIFORNIA STUDENT