Introduction

Whenever children are brought into group settings, there is a potential for the spread of infectious diseases. To prevent some of the most serious infections, the California School Immunization Law requires that children receive a series of immunizations before entry to schools, child care centers, or family child care homes. In addition, the California School Immunization Law requires schools, child care centers, and family child care homes to enforce immunization requirements, to maintain immunization records of all children enrolled, and to submit reports to the health department. The text of the California School Immunization Law and the most recent regulations are in Appendix D.

The 7th edition of the California Immunization Handbook explains these requirements and the responsibilities they entail for staff. It provides a ready reference on procedures for evaluating immunization requirements and for disease reporting. This handbook supersedes all earlier versions of the California Immunization Handbook.

We salute California schools and child care providers for their conscientious work to ensure that California children are protected from preventable childhood diseases within school and child care settings.

If you have any questions or would like to order more blue California School Immunization Record cards, please contact your local health department’s Immunization Program (see inside back cover), the health office of your school or school district, or your Child Care Resource and Referral Agency.

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Steps In Brief

How to Implement Immunization Requirements

School or child care staff must:

1. Obtain the child’s personal immunization record.

2. Complete a California School Immunization Record (Blue Card).

3. Compare the immunization dates on the Blue Card to the immunization requirements to determine if all requirements are met.

4. Complete the Documentation Box on the Blue Card.

5. Admit only those children who (a) have met all requirements; or (b) have not met all requirements, but have no doses currently due.

6. Never admit children who are not up-to-date. Refer them, with a written notice of immunizations needed, to their doctor or local clinic.

7. File the Blue Card in the child’s cumulative folder or child care file.

8. Follow up on those children who were up-to-date when admitted but have not completed all required immunizations.

9. Complete and return the annual assessment reports from the California Department of Health Services.

10. Incidents of certain infectious disease cases must be reported to the local health department (see page D-74).

If you have any questions or need to order California School Immunization Records or additional Handbooks, please contact the immunization program at your local health department (see inside back cover).
The Basic Procedures

Obtain the Child’s Personal Immunization Record

Before children under age 18 years may be admitted to any public 1 or private California school, child care center2, or family child care home3, California law3 requires that an immunization record be presented to staff by the parent or guardian. Usually, this is the child’s personal immunization record given to parents by the doctor or clinic. It must show the date each required vaccine dose was received. In most cases, it will be a yellow California Immunization Record or similar form given to parents by their doctors. Other states and countries have similar immunization records.

Staff should refer parents without records to their regular doctor; if they have no health care provider, they can be referred to the local health department.

Complete a Blue Card

In California, the blue California School Immunization Record card is the record schools, child care centers, and family child care providers must complete and keep on file for every child enrolled. This record card is sometimes referred to by its initials (CSIR), number (PM-286), or color (blue). For simplicity, in this Handbook, it is called the Blue Card. Blue Cards are available free of charge from local health departments (see inside back cover).

In completing the Blue Card, the parent may enter the identifying information on the top of the record, but school staff or child care providers must enter all immunization dates. Staff should record all vaccine dates from the child’s personal immunization record and complete the documentation section. Full dates (month/day/year) should always be used, but at a minimum, month and year are required. For computerized school record systems, when the day of the month is not given, use the 15th of the month. For transfer students, use the previous school’s Blue Card if it is available.

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1 Home schools (kindergarten through grade 12) are subject to the same immunization requirements and immunization record keeping as other schools or child care centers (see California Education Code, Title 2, Sections 33190-48222). Family child care homes are also called “family day care homes.”

2 There is an exemption from immunization requirements for children attending ‘drop-in’ day care centers (AB 3049, 2002). Parents do not sign a contract with the center for ongoing care, but use these centers on an "ad hoc" basis. Most parents use such centers only 1-2 times, rarely more.

3 The California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Article 5, Section 6065
Instructions for completing the Blue Card are on the back of the card, and a sample is provided in Appendix B (page B-37). Note, particularly, the instructions for completing the documentation box.

The completed Blue Card is part of the child’s mandatory pupil record (cumulative folder for school) or file (for child care). With permission from the California Department of Health Services, Immunization Branch, school immunization records may be computerized (see page 17 for details). Only one Blue Card should be in the student’s cumulative file. If there are several, update one to make it complete and either discard all others or staple all others behind the new Blue Card. Child care centers may computerize their immunization records without permission from the Immunization Branch.

**Procedures for Transfer Students**

For children transferring from another school or from out-of-state, the new school must review the student’s immunization records to make sure all immunization requirements have been met. For children transferring from another school, a valid record can be either the Blue Card, another state’s school record (provided it includes dates for all immunizations), or the child’s personal immunization record. A child’s Blue Card from another California school, like any other record submitted, must be reviewed to make sure all entry requirements have been met.

Allow 30 days for a cumulative folder from another school to reach your school. When it arrives, you will need to evaluate the student’s immunization history to make sure all current requirements are met. For students from out-of-state, follow Basic Procedures to complete a new Blue Card. For students from another California school, indicate immunization requirements were met for your school by writing the date, your name, and your school somewhere on the Blue Card. Follow up on any students who were up-to-date upon admission but still need immunizations.

**Transfers at Child Care Level**

Sometimes child care centers and preschools forward Blue Cards when children transfer or move on to kindergarten. The Blue Card can be used in the new center or elementary school. (Either the original or a copy of the transferred Blue Card must be retained by the old center for three years.)

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1 The California Code of Regulations, Title 5, Division 1, Chapter 2, Subchapter 2, Article 3, Section 432

2 The California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Article 5, Section 6070
Determining if Basic Requirements Are Met

The immunization requirements you must enforce are detailed in the Guide to Immunizations Required for School Entry Grades K-12 and the California Immunization Requirements for Child Care (pages B-41 and B-43). For child care providers, a pink template “Windows for Immunizations” (reproduced on page B-51) can help you see if requirements for infants and toddlers are met. Additional copies are available from local health departments and most Child Care Resource and Referral Agencies. For school staff, a lavender template “Windows for School Immunizations” (reproduced on page B-50) can help you determine if requirements for school-age entrants are met.

The requirements are explained to parents in the Guide to the Requirements of the California School Immunization Law for Parents (page C-59), and are explained to health care providers in the Guide to the Requirements of the California School Immunization Law for Health Care Providers (page B-45). In Appendix C on page C-58 is the Child Care, Kindergarten, and 7th Grade Shot List flyer. You may find that this flyer is a useful tool to copy and give to parents.

Compare the child’s immunization dates to the requirements and determine if all requirements are met. Check the timing of doses only for the immunization doses specified for the 1st, 2nd, or 4th birthday. For these doses, a dose given up to (and including) 4 days before the birthday meets the requirements.

About the New 4-Day Grace Period

A 2002 national recommendation from the U.S. Advisory Committee on Immunization Practices (ACIP) permits a 4-day grace period on minimum ages and intervals. School law requirements now reflect this grace period. Students who have received vaccine doses up to (and including) 4 days before the recommended minimum ages or required intervals will not have to repeat those doses. This means, for example, that a child who received MMR up to and including four days prior to his or her first birthday meets the requirement.
About the Newest Requirement:
Chickenpox (Varicella)

Chickenpox is one of the most readily communicable diseases and will spread quickly to susceptible children within the classroom. Legislation added chickenpox vaccine to the California School Immunization Law, effective July 1, 2001. Children entering school or attending child care must show proof of a chickenpox immunization or disease history. (See “Chickenpox Requirement Flyer” in Appendix B on pages B-47 and B-48 in English and Spanish.)

If a child already has had chickenpox, the health care provider will indicate it on the child’s Immunization Record with a note or stamp. Providers will consider clinical diagnosis, laboratory tests, and/or parental history, in deciding if there is sufficient evidence of past chickenpox disease. Here’s how they will record disease history:

If the child has not had chickenpox or if the provider is uncertain, the health care provider will give the varicella (chickenpox) shot. They will record it on the child’s Immunization Record with the date as usual. Transfer the date to the Blue Card as usual or write in disease history like this:

About the 7th Grade Requirement

All students entering 7th grade must have completed three hepatitis B immunizations and a second measles (or MMR) shot. A Td booster is recommended, though not required, prior to 7th grade.
Schools with 7th grades must review documentation (parent’s copy of the child’s personal immunization record) and record the dates on the student’s existing Blue Card. Students who received two doses of the special 2-dose hepatitis B vaccine formulation and have provider documentation of this meet the requirement, provided both doses were received between ages 11 and 15 years. An example of how to transfer the information of students who received the 2-dose hepatitis B vaccine formulation from the yellow California Immunization Record to the Blue Card is shown below:

As the current 7th grade cohort advances to later grades, and pupils in those cohorts are found not to have come into compliance with a 7th grade requirement, they are still subject to that requirement and must come into compliance. However, students that have transferred from out-of-state to grades beyond 7th grade do not have to meet the 7th grade requirements. See Additional Frequently Asked Questions starting on page A-27.

1 A flyer showing examples of how the yellow California Immunization Record may look with the 2-dose or 3-dose hepatitis B vaccine formulations is on page B-49 of Appendix B.
If Requirements Are Met

If all the requirements are met, school staff should complete the Documentation Box on the Blue Card following instructions on the back. If the family is opposed to some or all immunizations, or if there is a medical reason a child is not immunized, refer to the Exemptions to Requirements section below for appropriate documentation.

If Requirements Are Not Met

If the child does not meet immunization requirements, alert the parents and refer them to their doctor or clinic. You cannot allow the child to attend school or child care unless the requirements are met or are in the process of being met. To avoid confusion, provide the parent with a written notice indicating what doses the child needs. Sample notices in English and Spanish (Notice of Immunizations Needed, page C-63) may be copied onto the school’s or center’s letterhead. Other materials that may be helpful for physicians are the Guide to the Requirements of the California School Immunization Law for Parents (page C-59) and the Guide to the Requirements of the California School Immunization Law for Health Care Providers (page B-45).

Depending on the requirement, children may be admitted on condition that they receive the remaining dose(s) when due, according to the schedule shown in Table 2: Conditional Admission Immunization Schedule on page D-80 of Appendix D only if next doses are not yet due at the time of admission. See Admitting Children “On Condition” (page 9).

Exemptions to Requirements

Personal Beliefs Exemptions (PBE)

California is one of a number of states that allows a personal beliefs, or philosophical, exemption to school/child care immunization requirements. California law¹ states that “Immunization of a person shall not be required for admission…if the parent or guardian…files…a letter or affidavit stating that the immunization is contrary to his or her beliefs.” Any parent has the option to take the personal beliefs exemption at any time. The parent affidavit for an exemption is on the back of the child’s Blue Card; it must be signed by the parent or guardian and kept in the student’s official record. If the child has had some immunizations, record those dates as usual, if available.

¹ Health and Safety Code, Division 105, Part 2, Chapter 1, Section 120365
Although the California Department of Health Services strongly encourages that children be immunized, the ultimate decision to immunize or not is that of the parent or guardian. If a family is opposed to some or all immunizations, refer to the Exemptions Information Sheet in Appendix C (page C-61). The handout What If... You Don’t Immunize Your Child in Appendix C (page C-67) can be copied and given to parents who request exemption. It covers long-term implications of exemptions. If a parent takes an exemption, his or her child may be excluded if a case or an outbreak of a vaccine-preventable disease occurs in the school or child care facility.

Although California’s law does not require parents/guardians taking the personal beliefs exemption (PBE) to state the reason(s) for their belief or the specific vaccines involved in their belief, the clear intent of the law is that the PBE option be used for deeply held personal beliefs, not for convenience, such as a parent misplacing an immunization record.

Medical Exemptions

A temporary or permanent medical exemption to one or more of the immunizations may be granted under certain circumstances with a signed note from a physician. This is also discussed in the Exemptions Information Sheet (page C-61). The note from the physician should be stapled to the student’s Blue Card. Temporary medical exemptions must be followed up with an extension of the deadline date or receipt of the needed vaccine doses when the temporary medical exemption expires.
Admitting Children
“On Condition”

There are several situations in which children can be admitted conditionally. If children currently are up-to-date (next doses are not yet due), they may be admitted on the condition that they will receive still-needed doses as they become due in the future. The school or child care provider must follow up (see Following Up with Parents, page 12) by notifying parents, checking documentation that the needed immunizations were received (usually by reviewing the child’s updated personal immunization record), and adding the new dates to the Blue Card.

In 2001, federal legislation, the McKinney-Vento Homeless Education Act, was passed to ensure education protection for homeless children. One of the provisions is that local educational agencies can immediately enroll homeless students. This means homeless students may be admitted conditionally without the required immunization documentation. At the time this handbook went to print, the California Department of Education had not yet issued the guidelines on the McKinney-Vento Homeless Education Act. It appears that such children will be allowed up to 30 school days of attendance. If their immunization records have not been produced by that time, they will have to receive required immunizations to continue in attendance.

Establishing Deadlines for the Next Dose

Most of the vaccines given to children require a series of several doses. Certain time intervals must elapse between doses. You do not need to consider intervals between doses that have already been received. Only the interval for the next needed immunization(s) due should be taken into consideration.

On Table 2: Conditional Admission Immunization Schedule on page D-80 of Appendix D, time intervals are given for the next dose of the vaccine series. The day after the interval elapses is the deadline or due date. Up until that deadline, the child may be admitted “on condition” that the next and remaining doses are received when due. If the next and remaining doses are not received when due, the child should be excluded.

When you admit a child conditionally, the parent should be advised of the time limit and deadline for completing the next dose in the vaccine series. Here is an example based on the intervals shown in Table 2 (page D-80): A student needs hepatitis B #3. The table shows the time interval is 2-6 months. This means Hep B #3 can be given as soon as two months after dose #2. However, the maximum time allowed is six months. Use the six-month deadline date as your deadline. Advise parents that their child will be excluded after the deadline date unless they provide documentation that the third dose was received.
Child Care: Children Under Age 15-18 Months

Children under age 15-18 months will still be in the process of completing their basic immunization series. The child care provider must follow up on each of these children until all shots are finished. If they currently are up-to-date, they can be admitted “on condition” that they receive the next shots due by the deadline date shown on the guide for California Immunization Requirements for Child Care (page B-43).

Temporary Medical Exemptions

A child whose physician decides to postpone one or more immunizations because of a medical condition may be admitted “on condition” that the needed dose(s) be obtained after the exemption expires. The physician must indicate in writing which immunization(s) must be postponed and when the child can be immunized. See the Exemptions Information Sheet (page C-61) for details.

Admitting Transfer Students

Before Cumulative Folders Arrive

When a child transfers from another school, we encourage schools to ask parents to bring to registration their child’s personal immunization record from the doctor or clinic rather than waiting for the cumulative file (containing the immunization record) from the former school. This means that only those children whose parents could not present an adequate record at the time of entry will need to be followed up. Alternatively, transfer students whose records have not yet been received from the previous school may be admitted and allowed up to 30 school days of attendance while waiting for their school cumulative file (and immunization record) to arrive. Your school or district may set a shorter grace period or have no grace period at all. If at the end of the grace period the transfer record has not been received from the forwarding school, you will have to contact the parents. The parents must present their child’s personal immunization record to verify immunizations are up-to-date or the child must be excluded. Once the record arrives, the child may be allowed no more than 10 school days to get any needed immunizations currently due or overdue or else be excluded from attendance.

For children entering school from another country, you will need to obtain immunization records from the parents. Do not wait for a record from the previous country. Do not allow any grace period, but refer families without personal records or with foreign records which you cannot understand to their physician or local health department. A list of foreign vaccine names is included in Appendix B (page B-34).

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1 The California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Article 3, Section 6070(d)
2 The California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Article 3, Section 6040
For homeless children, the federal McKinney-Vento Homeless Education Act requires educational agencies to immediately enroll children even if no immunization documentation is available. Department of Education guidelines have not yet been issued, but there are indications that these conditional admissions of homeless children can continue and will be allowed to continue no longer than 30 school days if their shot records cannot be produced. To continue in school after that, these pupils will have to receive the required immunizations.

**If an Unmet Requirement is Found After Admission**

If, after a child is admitted, he or she is discovered to lack one or more immunizations, the parent should be notified. In this circumstance, State regulations\(^1\) allow no more than 10 school days for the child to present a record of the immunization after the parent has been notified. The school or child care provider can set an earlier deadline. After 10 school days, the child must be excluded from further attendance if he or she has not come into compliance with the requirements.

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\(^1\) The California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Article 3, Section 6040
Following Up with Parents

It is the responsibility of school and child care staff to follow up on all children admitted while still needing required immunizations in the future. Schools also need to follow up on transfer students when awaiting arrival of records from prior schools. This means that each school, center, or family child care home must develop a follow-up system for these children and employ it consistently.

The first key to success is being very clear with parents or guardians that you must enforce the law and the basic rule of "No shots, no records, no school."

Your follow-up system should include:

1. Keeping a list of exempt children to refer to in case of disease outbreak.

2. Reviewing your records monthly (see Systems 1-3 on the following pages).

3. Helping other schools by making sure you forward cumulative folders to the new schools in a timely manner, within 30 days.

4. Using the shortest interval to complete immunizations is encouraged (see Table 2 page D-80). For example, when a conditionally admitted child is in the 6 to 12 month interval between doses of DTaP, target the six months date as your deadline. Notify the parents of the deadline six months after the previous dose, rather than waiting for the maximum 12 months to elapse.

5. Keeping in contact with the parents. Provide parents with the Guide to the Requirements of the California School Immunization Law for Parents (page C-59). If immunizations are needed, parents should be sent a Notice of Immunizations Needed (page C-63) letter at the beginning of the month in which shots or records are due. An exclusion date of no more than 10 school days after the deadline date should be assigned and noted on the letter. If schools miss the deadline date, the deadline date is reset with the notice date. If the parent does not come in with a record from a physician or other health provider, the law requires that the child (unless exempt) be excluded from further school/child care attendance until proof of adequate immunization is presented.

6. Excluding children who do not meet requirements by your deadline. Almost all parents comply with requirements when they know their child must be excluded. It is unlikely that you will ever need to actually exclude a child. If you need to exclude a child, experience across California has shown that in nearly every case, the student’s family quickly comes into compliance with the requirements and the child is back in school as a result. However, the Notice of Immunizations Needed and the documentation of your follow-up efforts will provide the information you need for due process.
Follow-Up Systems

Described below are three systems currently in use in various California schools and child care facilities. Choose whichever system is best for you.

System 1 – Blue Card Folder

• Keep a separate file of the Blue Cards of children needing follow-up. For schools, however, because the Blue Card is part of the child’s permanent scholastic record, make sure that it is transferred with the cumulative file if the child changes schools.

• Clip a note with the due date onto the Blue Card.

• At the beginning of each month, call or send parents a letter (see Notice of Immunizations Needed, page C-63) to remind them that shots are due and of the deadline date. Assign an exclusion date of no more than 10 school days after your deadline date.

• Enter immunization dates on the Blue Card when the doctor or clinic record is presented by parents to verify the child’s immunization status.

• Repeat the steps above if additional immunizations will be needed in the future, until all requirements are met.

• Exclude students who do not provide evidence of up-to-date immunizations by the exclusion date.

• When no more vaccine doses are needed, remove the Blue Card from the follow-up file and return it to the student’s cumulative file or the child care file for that child.

• When waiting for another school to send a cumulative folder and immunization record or Blue Card, include in the follow-up file a blank Blue Card with a note with the child’s name attached to it. Identify on the note the deadline date for receipt of the record from the prior school (within the student’s first 30 days at your school). When the cumulative record arrives from the sending school, review the Blue Card to make sure all required immunizations have been received. Below the Documentation Box, indicate this review was done. If the transfer student is from out-of-state, complete a new Blue Card. (Note: When students leave your school, forward the cumulative folder with the Blue Card to the new school in a timely manner.)
System 2 – Index Card File

- A card file requires 3”x 5” index cards, a box to hold them, and a set of month index cards (January-December).

- For a child needing future immunizations, enter his or her name on an index card and list all doses which will be needed. Using the Guide to Immunizations Required for School Entry Grades K-12 on page B-41 (or California Immunization Requirements for Child Care on page B-43), determine when the next dose is due and note the deadline date on the upper right-hand corner of the follow-up card.

- For a child whose immunization record is in transit from another school, enter the child’s name and the 30-day deadline date in the upper right-hand corner of the follow-up card.

- File each follow-up card by the month the immunization or transfer record is due.

- At the beginning of each month, call or send parents a letter (see Notice of Immunizations Needed, page C-63) to remind them that shots are due and of the deadline date. Assign an exclusion date of no more than 10 school days after the due date. Be sure to document on the index card the date the notice was sent.

- Enter immunization dates on the Blue Card when the doctor or clinic record is presented by parents to verify the child’s immunization status.

- Repeat the steps above if additional immunizations will be needed in the future until all requirements are met.

- Exclude children who do not provide evidence of up-to-date immunizations by the exclusion date.

- When no more immunizations are needed, remove the card from the file box.

System 3 – Calendar

A calendar system may work well in a family child care home or in a small school or center. Use a calendar with large spaces for each day to note the name of the child on the day an immunization is due. To preserve confidentiality, the calendar should not be hung where it is visible to parents or the public.
Transferring and Storing Immunization Records

For school children, the Blue Card is part of the mandatory permanent pupil record as defined in Section 430, Title 5, California Code of Regulations. Whenever a student leaves your school, you will need to send the original Blue Card in the cumulative record to the new school. If the transfer is from one public school district to another or to a private school, the sending district must make and retain permanently a copy of the mandatory permanent record including the Blue Card. See the next page for information about computerizing school immunization records if desired.

When the student graduates from high school or terminates schooling earlier, the Blue Card should be kept with the student’s mandatory permanent record in perpetuity. It can be archived, computerized, or microfilmed with the scholastic record, depending on the procedure for record retention used by the school.

For child care providers and centers, the California School Immunization Record or a copy of it must be kept with the child’s file during the period of enrollment and for three years after the child leaves your care, as required by the California Department of Social Services’ regulations.

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1 The California Code of Regulations, Title 5, Division 1, Chapter 2, Subchapter 2, Article 3, Section 430
2 The California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Article 3, Section 6070(c)
3 The California Code of Regulations, Title 5, Division 1, Chapter 2, Subchapter 2, Article 3, Section 438(a)
4 The California Code of Regulations, Title 5, Division 1, Chapter 2, Subchapter 2, Article 3, Section 437
Preparing High School Seniors for College Requirements

Colleges and universities have various immunization recommendations or requirements for their students. To assist students preparing for college, high schools can provide them with a photocopy of the Blue Card to use as proof of their immunization status. A chart showing a summary of immunization recommendations for college is in Appendix C (page C-66).

The California State University and University of California systems require three doses of hepatitis B vaccine for entrants aged 18 years (up to the 19th birthday) and younger. The three vaccine doses may have been received at any time during the student’s life. Note that students who received two doses of the special 2-dose vaccine formulation (see page 6) meet the college requirement provided both doses were received between ages 11 and 15 years (i.e., before the 16th birthday). Students who have not completed the series but are not currently due for a dose can be admitted on condition that they subsequently complete the series. Exemptions to the requirement are allowed for medical reasons or personal beliefs.

Since September 2001, California’s degree-granting postsecondary educational institutions providing on-campus housing must provide information on meningococcal disease to incoming freshmen who will be living in dorms. Studies have shown that this population has a modestly increased risk of getting the disease. About 100 cases occur on college campuses in the U.S. each year, with 5–15 deaths. Vaccine protection lasts 3–5 years and can prevent 50–70% of cases on college campuses. Although high schools are not mandated to provide this information to college-bound seniors, they can copy a flyer discussing this vaccine (see page C-71) and give to seniors. The flyer can also be viewed and downloaded from the California Department of Health Services, Immunization Branch’s website at:

http://www.dhs.ca.gov/ps/dcdc/izgroup

1 Health and Safety Code, Division 105, Part 2, Chapter 1.5, Sections 120390-120390.5
2 Health and Safety Code, Division 105, Part 2, Chapter 1.7, Sections 120395-120398
Computerizing School Immunization Records

With special permission from the Immunization Branch, schools, school districts, or Head Start programs may computerize their immunization record-keeping system. Please request permission for and supplies of the blue computer paper version of the California School Immunization Record (Blue Card) in a written letter. Send this letter to:

Immunization Branch  
California Department of Health Services  
850 Marina Bay Pkwy  
Richmond, CA 94804

In the letter, please indicate that you can meet the following requirements:

1. At least the following information must be included in the computer record:
   
   a. Personal identification of the child;  
   b. Child’s birthday (month, day, year);  
   c. Full date that each required vaccine dose was received (month, day, year for each dose is preferred). If the day of month is not given, use the 15th of the month.

2. A back-up computer file or a manual printout of this file for all records must be maintained so that the records are not lost if the first file is inadvertently lost or destroyed.

3. A complete hard copy of the Blue Card must be prepared and sent with the mandatory permanent record folders of all out-of-district transfer students if the school to which they are transferring is in California. That copy must be either a computer-formatted Blue Card version or a manually filled out Blue Card.

4. A hard copy of the Blue Card must be kept on file for children with personal beliefs exemptions to the immunization requirements. The personal beliefs exemption affidavit on the back of the Blue Card must be signed by the parent or guardian.

5. A hard copy of the Blue Card must be maintained for children with medical exemptions to the requirements. The physician’s letter or statement regarding the exemption(s) must be attached to the Blue Card.

6. Hard copies of the Blue Cards or other comparable printouts of each child’s immunization record (i.e., birthdate, all immunization dates) must be made available to health department personnel as needed for auditing purposes. Health and Safety Code Section 120375(c), (d) grants local health departments access to these records.
When the Immunization Branch receives your written letter specifying that your system meets these requirements, someone will contact you to review your system. Once the Immunization Branch is satisfied that your system meets these basic requirements, you will be given permission to computerize. You will be able to order a supply of either the pinfeed or laser printer version of the Blue Card, depending on your system. Supplies can be reordered from the address on the previous page. Please indicate quantity and version needed when you order.

A pdf fill-in form of the California School Immunization Record is also available online at:

http://www.dhs.ca.gov/publications/forms/immunization.htm

This form requires Adobe Acrobat Reader (which can be downloaded for free at http://www.adobe.com) to open and view the file. However, it is not linked to a database, so any information entered into the form cannot be saved. Once the data is entered, please print the front and back of the form on blue paper.
Annual Reports and Special Surveys

Annual Assessments

Each year the California Department of Health Services or local health departments distribute report forms to all schools with kindergartens, all schools with 7th grades, all child care centers, and selected family child care providers in California to assess the immunization status of children enrolled. Instructions for completing the forms and deadlines for their submission are included in the annual mailings.

Special On-Site Surveys

Each year, usually in the spring, the California Department of Health Services and local health department staff visit a random sample of schools and child care facilities to check understanding of and compliance with immunization requirements and effectiveness of follow-up. Other visits may be made or reports may be required if disease outbreaks or other problems relating to immunizations occur. Health and Safety Code Section 120375(c), (d) grants local health departments access to school or child care immunization records.
Disease Reporting Requirements

Reporting Communicable Diseases

Page D-74 lists diseases that must be reported by school or child care personnel to the local health department. Note that some of these diseases must be reported by phone. We specifically request that schools and child care providers report all cases of measles, any rumors of measles, and any illness with both rash and fever to the health department by telephone. Please do not wait until the child returns to child care or school before making the telephone report.

Tuberculosis (TB) Screening Requirements

Tuberculosis (TB) screening is not part of the California School Immunization Law. If you have questions regarding TB or TB screening requirements, please contact your local health department’s TB control program. For child care providers, please check with your local child care licensing agency.
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Appendix A:

Frequently Asked Questions
Frequently Asked Questions About Varicella

1. Q: What is the school and child care varicella (chickenpox) requirement?
   
   A: The requirement is for one dose of varicella (chickenpox) vaccine or evidence of past chickenpox disease for children 18 months and older, except that two doses are required if an unimmunized child is aged 13 years or older. It went into effect July 1, 2001.

2. Q: Who is subject to the varicella immunization requirement?
   
   A: For schools, the requirement covers all children entering a California school at kindergarten level (or first grade if kindergarten was skipped). All children who attended California schools before July 1, 2001, at the kindergarten level or above, are exempt from the requirement. In other words, this law affects (a) all children entering kindergarten (or entering first grade, if kindergarten was skipped) in California, and (b) older children under age 18 years from out-of-state or out-of-country who enter (or transfer to) a California school at a higher grade level for the first time on or after July 1, 2001.

   For licensed child care facilities, the requirement covers all children aged 18 months and older who are in or who enter these facilities. (Actual receipt of varicella immunization received before age 18 months is acceptable for these children; see Question #3.)

3. Q: Is the varicella vaccine dose required on or after the first birthday?
   
   A: No. Unlike the MMR vaccine requirement, where schools and child care facilities must require that the immunization be received on or after the first birthday (with a grace period of up to 4 days before the first birthday), there is no minimum immunization age criterion in order to satisfy the school and child care facility entry varicella immunization requirement.

4. Q: If the child has had varicella (chickenpox) disease, what do we do?
   
   A: The regulations allow a physician to determine that a child meets the varicella requirement based on a clinical history of varicella (chickenpox) disease. Physicians can document this on a child’s yellow California
Immunization Record by checking the “Had disease” box in the varicella section and signing or stamping the physician’s office or clinic name in the space next to it. (If no such box is on the child’s card, the physician can write in “Varicella, had disease.”) Indicate the physician determination by writing “Disease” (no disease date needed) over the varicella immunization date section on the child’s blue California School Immunization Record card. Alternatively, the physician may document that a child is seropositive for varicella antibody by lab test. This means that the child had chickenpox and satisfies the requirement. If no physician is available to make a determination on a child’s history of clinical varicella or there is uncertainty about that history, the child should receive varicella vaccine.

5. Q: Why are older children up to their 18th birthday who are transferring from out of state or country into a California school for the first time required to document varicella immunization or immunity, while students of the same ages who were already in attendance at a California school at kindergarten level or above before July 1, 2001, do not have to meet the varicella requirement?

A: The varicella requirement statute specifically exempts children enrolled in California schools before July 1, 2001 from the varicella requirement but does not allow this exemption for out-of-state transfer students entering into a California school for the first time. If a student had previously been enrolled in a California school before this date, leaves California and attends school elsewhere and then returns to the state, he or she is not subject to the varicella requirement.

6. Q: What if a child who entered kindergarten on or after July 1, 2001, never met the varicella requirement, and this lack of compliance was not discovered until a higher grade level? Is such a child still subject to the varicella requirement?

A: Yes.1

7. Q: Why are children in child care facilities not required to meet the varicella requirement until they have reached age 18 months?

A: California’s school entry and child care facility attendance varicella requirement is not more stringent than standard recommendations of the national Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP). Since their recommendations are that varicella vaccine be given any time from age 12 through 18 months, the child care varicella requirement will not cover children under age 18 months.

1 The California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Article 3, Section 6040
8. **Q:** Why are two doses of varicella vaccine required for students aged 13 years and older?

**A:** The ACIP and AAP recommend varicella immunization as a two-dose series for previously unimmunized persons aged 13 years and older. Children this age can be conditionally admitted after receipt of the first dose but should receive the second dose between 4 weeks and 3 months after the first dose. If 3 months have passed and the student still has not received the second dose, he/she should be excluded from school until he/she comes into compliance with the requirement.

9. **Q:** Are medical and personal beliefs exemptions to the varicella requirement allowed, as they are for California’s other school/child care immunization requirements?

**A:** Yes.
Additional Frequently Asked Questions

1. **Q:** Why must the 2 doses of MMR be on or after the first birthday?

   **A:** The first birthday is recommended by two medical organizations because the “take” rate (or effectiveness of the vaccine) is approximately 90% when given at this age.

2. **Q:** What immunizations are 7th grade entrants required to have?

   **A:** California regulations (effective July 1, 1999) require 3 doses of hepatitis B vaccine and a second dose of measles-containing vaccine (usually given as MMR). However, two doses of the 2-dose hepatitis B vaccine formulation given at age 11-15 years, along with provider documentation that the 2-dose hepatitis B vaccine formulation was used for both doses, also fulfills the hepatitis B immunization requirement. The regulations also include a recommendation for a tetanus-diphtheria (Td) booster at or before 7th grade entry. These are in addition to the present requirements of 4 polio, 3 DTP (or Td), and first dose of MMR.

3. **Q:** What is the “fourth birthday” change and what should we be telling parents at kindergarten round up and registration?

   **A:** Most medical providers and laws in other states use the fourth birthday cutoff for polio and DTP because this matches the nationally recommended immunization schedule for school boosters at ages 4 to 6 years. Prior to July 1, 1999, the second birthday was used as the cutoff in California, but this confused health care providers because it did not match the standard immunization schedule. Also, requiring the last dose of DTaP/ DTP after the fourth birthday leads to longer protection against pertussis. Surveys indicate that most children presently get their school boosters after the fourth birthday, so the change should mean that only a small number of children need an additional DTP or polio vaccine dose. The requirement “after the fourth birthday” instead of “the second birthday” applies only to kindergarten entrants.1

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1 While receipt of the dose on/after the birthday indicated remains the standard, receipt of the dose up to (and including) 4 days before the birthday will satisfy the school and child care entry immunization requirement.
4. Q: If a child has had 4 doses of polio or 5 doses of DTP before 4 years, does he or she need additional doses?

A: If a child has 4 doses of polio or 5 doses of DTP, he or she has met the requirement, regardless of the age at which they were given, even if they were given prior to the fourth birthday.

5. Q: Why do the kindergarten and 7th grade requirements specify “measles-containing vaccine” instead of MMR?

A: Because measles-only vaccine is rarely used in the United States, most children will receive a second dose of MMR. With 2 doses of measles vaccine, 99% of children are protected. A measles-only vaccine is frequently used in other countries, and a child who already has a measles-only immunization on or after the first birthday, plus an MMR on or after the first birthday, meets the requirement. An advantage of 2 doses of MMR is almost certain immunity of all children to mumps and rubella as well as measles.

6. Q: Are children who skip kindergarten and enter the 1st grade subject to the hepatitis B and second MMR requirements?

A: Yes. A 1st grader who skipped kindergarten and enters 1st grade IS subject to all the requirements.

7. Q: A student entered a California kindergarten after August 1, 1997 and/or entered or progressed to a California 7th grade after July 1, 1999. The student was thus subject to the hepatitis B and second dose measles-containing vaccine requirements. However, at a later time, after the student progressed to a higher grade level, he/she is discovered not to be in compliance with these requirements. Is the student still required to come into compliance?

A: Yes. These students are still subject to these requirements even though they have moved on to higher grade levels. (This is true regardless of whether such a student’s admission into kindergarten or 7th grade was conditional or unconditional.)

8. Q: If a student entering 7th grade had 3 hepatitis B shots in the past, e.g. before entering kindergarten, does he or she need more shots now?

A: No. Three shots of the hepatitis B vaccine confer long-term immunity, so no further shots are needed to protect against the disease. Three shots received at any age before 7th grade entry fulfill the requirement.

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1 While receipt of the dose on/after the birthday indicated remains the standard, receipt of the dose up to (and including) 4 days before the birthday will satisfy the school and child care entry immunization requirement.
9. Q: Are children who transfer from another school subject to the hepatitis B and second MMR requirements?

A: A child who transfers from another school into kindergarten, 1st grade (if kindergarten is skipped), or 7th grade IS subject to the hepatitis B and second dose measles requirements, but a child who transfers into other grades IS NOT subject to the hepatitis B and second dose measles requirements.

10. Q: Does the hepatitis B requirement apply to students in other grades?

A: The answer can be complicated due to the language of the two statutes that created the kindergarten and 7th grade immunization requirements. Per California statute, the hepatitis B immunization requirement applies to children who first entered kindergarten (1st grade if kindergarten was skipped) at a California school on or after August 1, 1997. Also per California statute, the hepatitis B immunization requirement applies to children who first entered 7th grade at a California school on or after July 1, 1999.

One way to approach individual situations is to first ask two questions: (a) Did this pupil enter a California kindergarten on or after August 1, 1997? And, (b) Did this pupil enter a California 7th grade on or after July 1, 1999? If the answer to either question is yes, the student is (or will be) subject to the hepatitis B immunization requirement, regardless of current grade level.

11. Q: Are school staff expected to review immunization records of continuing students in grades 1-6 and 8-12 in addition to students in kindergarten and 7th grade and transfer students?

A: No. It is not required that immunization records of continuing students in grades other than kindergarten, 1st grade (who skipped kindergarten) and 7th grade be reviewed. However, staff are still expected to follow up on any deficiencies if and when they are found, even if it is not during a routine review of records. Also, a school may decide to go beyond the required record review and institute a routine record review of other grades.

12. Q: Why is it so important that the children in family child care are fully immunized?

A: Any time that you bring children into a group setting, there is the risk of spreading infectious diseases. Infants and toddlers are most vulnerable to the dangers of these diseases. A key to preventing disease spread is to make sure every child is immunized on time. This will protect both the children you care for and your own family. Preventing diseases like chickenpox and measles also protects you from weeks of absent children as it spreads from one child to another. It also saves parents from having to stay home from work to care for a child ill with a preventable disease.