



**LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETIN**

TITLE: Immunization Guidelines for School Admission

NUMBER: BUL-1660.9

ISSUER: Pia V. Escudero, Executive Director
Student Health and Human Services

DATE: August 11, 2020

ROUTING
 LD Superintendents
 Administrators of Operations
 Special Education
 Administrators
 Principals
 School Nurses
 Pupil Services
 School Administrative
 Assistants

POLICY: In California, immunization records and/or current, valid medical exemption documentation must be presented as a condition of admission to school. Conditional admission shall be granted in specific circumstances and for identified student populations. The purpose of this policy is to provide guidance to schools to align District procedures with legal requirements and to protect all students from serious, preventable childhood diseases.

MAJOR CHANGES: This bulletin replaces BUL-1660.8 of the same title dated January 11, 2016. The content reflects changes in Health and Safety Code section 120325, only allowing exemption from immunization requirements for school admission for medical reasons and eliminating the Personal Belief Exemption option.

This bulletin further reflects changes in California Code of Regulations Title 17, Division 1, Chapter 4 Subchapter 8, which requires immunization against poliomyelitis (polio), diphtheria, pertussis, tetanus, measles, mumps, rubella (MMR), hepatitis B, varicella (chickenpox) and haemophilus influenzae type B (Hib). This law went into effect July 1, 2019.

GUIDELINES: The following guidelines apply:

- I. REQUIREMENTS FOR SCHOOL ENTRY
 - A. The California Health and Safety Code Section, Division 105, Part 2, Chapter 1, Sections 120325-120380 and the California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075 require the following immunizations prior to school entry (also refer to Attachments D and E; current information regarding requirements are always available at shotsforschool.org):
 - 1. Kindergarten (ETK/TK/K) and Pre-school - All children entering a California school at pre-school or kindergarten level (or 1st grade if kindergarten was skipped) require immunizations against poliomyelitis (polio), diphtheria, pertussis, tetanus, measles, mumps, rubella (MMR), hepatitis B and varicella (chickenpox). Students with a history of varicella disease require a written Medical Exemption for the varicella vaccine



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written by an Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) licensed in the State of California.

2. Pre-school - In addition to the above immunizations, all children below the age of four years and six months require haemophilus influenza type B (HIB) immunization (see Attachment E).
3. Kindergarten (ETK/TK/K) -12th grade - Children seven years of age and older require the same immunizations as those required for kindergarten. In addition, all students entering grades 7-12 must show proof of a Tdap vaccine on or after seven years of age and a second dose of varicella.
4. Seventh (7th) Grade
 - a. Beginning July 1, 2019, and thereafter, all students entering and advancing to the 7th grade will need proof of a second dose of varicella vaccine and a Tdap (pertussis containing) booster vaccine on or after their 7th birthday. The Td vaccine does *not* meet the requirement; however, DTaP/DTP *will* meet the requirement if administered after the 7th birthday.
 - b. For data entry purposes:
 - 1) Tdap must be entered in the Tdap field in MiSiS
 - 2) DTaP/DTP must be entered in the DTaP/DTP field only
 - 3) Although both immunizations meet the requirement, they are NOT interchangeable in MiSiS and must be entered in the correct field.

Refer to Attachments D and E for specific requirements. These Attachments may be photocopied and used as quick reference during registration.

Current MiSiS job aides are available at
<https://misis.lausd.net/Training/Health>

- B. Exemptions to the immunization requirements are provided for medical reasons only. Health and Safety Code section 120325(g) allows pupils who, prior to January 1, 2016, have a personal beliefs exemption letter or affidavit on file at a private or public elementary or secondary school, child day care center, nursery school, or development center stating beliefs opposed to immunization, to be enrolled in any private or public elementary or secondary school, child day care center, nursery school, or development center within the state until the pupil enrolls in the next "grade span," as defined (see Attachment C, sample Personal Beliefs Affidavits).
 1. Grade span is defined as each of the following: birth to preschool; Extended Transitional Kindergarten/ Transitional Kindergarten/Kindergarten through grade 6, inclusive; and grades 7 through 12, inclusive.
 2. The following types of health care practitioners are authorized by law to sign a medical exemption letter ONLY if they are licensed in California:
 - a. Medical Doctor (MD)
 - b. Doctor of Osteopathic Medicine (DO)



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- c. The California Licensed MD or DO must specify the term of the Medical Exemption:
 - 1) Temporary Medical Exemptions have a maximum time limit of one year.
 - 2) Permanent Medical Exemptions do not need to be renewed.
 - 3) Medical Exemptions must state:
 - a) The specific nature of the physical condition or medical circumstance for which the licensed physician does not recommend immunization;
 - b) The probable duration of the physical condition or medical circumstance;
 - c) Each specified required immunization from which the pupil is exempt; and
 - d) An expiration date no more than 12 calendar months from the date of signing, if the exemption is temporary.
- C. The California Code of Regulations charges the administrator of each school with enforcing these immunization requirements. The school nurse is available to assist with this responsibility. Since verification of immunization and/or valid medical exemption are required for school admission, office personnel who register new students must be familiar with these requirements.
- D. Parents/Guardians who do not have a written immunization record for their child are to be referred to their health care provider, a school-based clinic or the health department, as appropriate, to obtain the required immunizations and/or written immunization verification for their child prior to school entry. Schools shall not admit or enroll students unless immunization requirements are met, except in circumstances when Conditional admission must be granted as outlined below.
- E. Students who are in foster care, experiencing homelessness, migrant, military family, or who have an Individual Education Plan (IEP) are to be granted Conditional Admission and enrolled immediately, regardless of the availability of immunization records or whether or not immunizations are up to date or complete.
- F. For children admitted conditionally, the school nurse will review records at least every 30 days and may exclude students if immunization requirements are not met within required timelines.

II. FIRST ADMISSION TO SCHOOL

Children entering school for the first time must possess a written immunization record showing receipt of each required dose of vaccine (see samples, Attachments A and B). This record must show the date (at least the month and year) of each dose. Measles, mumps, and rubella (MMR) records must have the month, day, and year if administered in the month of the first birthday. In order to



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confirm that the vaccine is valid, it must have been administered four or fewer days prior to the minimum required age (one year old).

- A. Unconditional Admission (ETK/TK/K-12) is granted to students who have:
 - 1. Met all immunization requirements.
 - 2. Filed a medical exemption signed by a California Licensed MD or DO provider (students with an expired medical exemption must then meet immunization requirements).
 - 3. Reached 18 years of age or older.

- B. Conditional Admission (Pre-school) is granted to students who have:
 - 1. Completed all age-appropriate immunizations required to date (see Attachments D and E). All pre-school students are admitted *conditionally* since immunization schedules cannot be completed due to age.
 - 2. Haemophilus influenza type B (HIB) immunization is required for first school entry for all students below the age of four years and six months.

- C. Conditional Admission (ETK/TK/K-12) is granted to students who have been partially immunized and succeeding vaccine doses are not yet due (See Attachments D and E).

Note: If the maximum time interval between doses has already been exceeded, the next required doses must be received before admission. Remaining required doses must be received according to the vaccine schedule. A primary immunization series *does not* have to be restarted if the interval between doses is prolonged.

- D. Conditional Admission is also to be granted to students who are in foster care, experiencing homelessness, migrant, military family, or who have an Individual Education Plan (IEP). These students should be enrolled immediately, regardless of the availability of immunization records or whether or not immunizations are up to date or complete.

- E. Required Follow-up on Conditional Admission:
 - 1. For children admitted conditionally, the school nurse will review records at least every 30 days and may exclude students if immunization requirements are not met within required timelines.
 - 2. Parents/guardians are to be notified of the date the immunization is due. At this time, they are also to be notified of the date the student must be excluded if the immunization is not received within ten school days.

School Nurses have access to the Welligent system to generate letters and mailing labels. The letters are marked with missing immunizations based upon the information entered into MiSiS/Welligent and include the date student is to be excluded (see sample letter, Attachment F).



III. ADMISSION OF TRANSFERRING STUDENTS

- A. Students transferring within Los Angeles Unified School District (LAUSD) must meet the new regulations starting July 1, 2019. Parents or guardians of students shall provide immunization records and may present one of the following documents at the time of enrollment:
 - 1. Official written immunization record
 - 2. Copy of the California School Immunization Record Card (CSIR)
 - 3. If records are not available or not presented at the time of transfer, school personnel may determine in MiSiS if all immunizations are complete.
- B. Students transferring from another district (i.e., outside of L.A. Unified, from another state, or independent charter schools) who do not present a written immunization record or valid medical exemption will not be admitted or enrolled until they meet California immunization requirements, with the exception of students in foster care, experiencing homelessness, migrant, military family, or who have an Individual Education Plan (IEP). These students are to be granted Conditional Admission and enrolled immediately, regardless of the availability of immunization records or whether or not immunizations are up to date or complete. School personnel shall make every effort to obtain records from previous schools and/or agency contacts (e.g., children's social workers) to determine immunization status but shall not delay in conditionally admitting these students.
- C. A student enrolling or transferring from another country must meet the same requirements as any student entering school for the first time. School personnel shall refer any family without an immunization record or with a foreign record, which the school cannot translate, to their health care provider, local health department, school-based clinic, as appropriate or Student Health and Human Services by telephone at 213-241-3840. The only exception is for students in foster care, experiencing homelessness, migrant, military family, or who have an Individual Education Plan (IEP). These students are to be granted Conditional Admission and enrolled immediately, regardless of the availability of immunization records or whether or not immunizations are up to date or complete.

IV. COPIES OF IMMUNIZATION RECORDS

- A. Upon request, LAUSD schools should provide parent/guardian a copy of the CSIR card.
- B. Parents/guardians who request copies of immunization records from California Immunization Registry (CAIR) may be referred to the school nurse or a school-based clinic.

V. EXCLUSION AND EXPOSURE TO DISEASE



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- A. A student who was admitted conditionally and fails to obtain the required immunizations within the time periods specified in Attachment D, (Conditional Admission) may be excluded by the school nurse until they receive another dose of each vaccine required at that time.

The school administrator is charged by the California Code of Regulations and Board Rule 2313 to exclude a student who does not meet the immunization requirements within the specified time periods when the following conditions are met:

1. Parent/Guardian has been informed of public sources of immunization administration.
 2. Parent/Guardian has been notified at least ten school days before the date of exclusion.
- B. When a student who has not been completely immunized against a particular communicable disease is believed to have been exposed to that disease, the school administrator must report this information immediately by telephone to District Nursing Services at 213-202-7580.
- C. Student Medical Services, District Nursing Services and the County Health Officer will determine whether the student is at risk of developing the disease, and if so, may require exclusion of the student until the completion of the incubation period and the period of communicability of the disease. The legal authorization for temporary exclusion from a school or other institution is applicable only to a child who has been exposed to a specified disease and whose documentary proof of immunization status does not show proof of immunization.

VI. RECORD-KEEPING

- A. Written personal immunization record
1. The health care provider or health agency performing the immunizations must give a written record to the student or parent/guardian containing the following information:
 - a. Full legal name of child
 - b. Birth date of child
 - c. Type of vaccine(s) administered
 - d. Date of each immunization (month/day/year)
 - e. Name of health care provider or health agency administering vaccine(s)
 2. While the Immunization Record is the most common used (Attachment A), a variety of written records such as the Student Transfer Form, CSIR or PM 171A "Report of Health Examination for School Entry" may be used for this purpose.
 3. At the time of enrollment, school personnel should make a photocopy of the written immunization record. The copy should be kept with the student's health card.



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4. School office staff shall enter immunization data along with other enrollment information into MiSiS.
- B. California School Immunization Record (CSIR) PM 286 (1/19)
1. The CSIR is part of the student's permanent record (see Attachment B). Once the immunizations are entered into MiSiS, the record may be printed from Welligent either by student ID or by grade level. The CSIR card is also required for each new admission at other grade levels through grade 12 for whom no previous permanent record exists.
 2. The requirement for immunization records on a CSIR card refers also to students in the Early Education Program and pre-school age children participating in school-based programs.
 3. LAUSD policy requires that school personnel review the CSIR card and certify the accuracy of the documented information at school entrance, transfers and before entrance to 7th grade.
 4. All records of immunization and/or medical exemption from immunization shall be reviewed and entered into MiSiS immediately at the time of admission and enrollment. Additional immunization information for students who are conditionally admitted shall be entered into MiSiS upon receipt.
 5. Health and Safety Code Section 120325 eliminated the option of Personal Beliefs Exemptions (PBE). Parents or guardians of students in any school or pre-kindergarten facility, whether public or private, are no longer allowed to submit a PBE to a currently required vaccine. However, valid PBEs filed at a California school or pre-kindergarten facility before January 1, 2016 remain valid until the student enrolls in the next grade span, typically at ETK/TK/K or 7th grade. PBEs filed in 2014 and 2015 are only valid when signed by both an authorized health care practitioner and a parent/guardian no more than 6 months prior to the child's first entry into school or childcare or a new grade span (Attachment C). If the PBE documentation is no longer available, students must meet immunization requirements based on their age or grade.
 6. When a medical exemption is claimed, a signed California licensed MD or DO statement to this effect is required and must be attached to the CSIR card, placed in the student's cumulative record, and documented in MiSiS. The following information must be included:
 - a. The specific nature of the physical condition or medical circumstance for which the licensed physician does not recommend immunization;
 - b. The probable duration of the physical condition or medical circumstance;
 - c. Each specific required immunization from which pupil is exempt; and
 - d. An expiration date no more than 12 calendar months from the date of signing, if the exemption is temporary.

VII. REPORTING TO THE STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH



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The school administrator at each school with the support of District Nursing Services must ensure that specific required health reports are submitted annually by the indicated deadlines set by the State of California Department of Public Health:

- A. Kindergarten Immunization Assessment Report
- B. Child Care/Preschool Immunization Assessment Report
- C. 7th Grade Immunization Assessment Report

Additional health reports may be requested at any time by the Department of Public Health. Instructions for completing required health reports are sent to schools through LAUSD District Nursing Services.

RELATED RESOURCES:

- Department of Public Health, Shots for School website: <https://www.shotsforschool.org/>
- [California Immunization Handbook for School and Child Care Programs, 10th Edition, July 2019](#)
- [Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380 \(formerly Sections 3380-3390\)](#)
- [AB 2109 \(Pan\), Chapter 821, Statutes of 2012, amending Health & Safety Code, Section 120365](#)
- [California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075](#)
- [LAUSD Board Rule 2313](#)
- [SB 277, Chapter 35, amending Health & Safety Code, Sections 120325, 120335, 120370, and 120375 of, to add Section 120338 to, and to repeal Section 120365](#)
- [BUL-6718, Educational Rights and Guidelines for Youth in Foster Care, Experiencing Homelessness and/or Involved in the Juvenile Justice System](#)

ASSISTANCE: For assistance or further information, please contact:

Communicable Disease Unit, District Nursing Services	213-202-7575
District Nursing Services, Administrative Office	213-202-7580
Student Medical Services, Administrative Office	213-202-7584
Division of Student Health and Human Services	213-241-3840



-Sample- Blank Immunization Record

IMMUNIZATION RECORD

Comprobante de Inmunización



Name
nombre

Birthdate
fecha de nacimiento **Sex**
sexo

Allergies
alergias

Vaccine Reactions
reacciones a cualquier vacuna

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO

VACCINE <i>vacuna</i>	DATE GIVEN <i>fecha de vacunación</i>	DOCTOR OFFICE OR CLINIC <i>médico o clínica</i>	DATE NEXT DOSE DUE <i>próxima vacuna</i>

VACCINE <i>vacuna</i>	DATE GIVEN <i>fecha de vacunación</i>	DOCTOR OFFICE OR CLINIC <i>médico o clínica</i>	DATE NEXT DOSE DUE <i>próxima vacuna</i>

Parents: Your child must meet California's immunization requirements to be enrolled in school and child care. Keep this Record as proof of immunization.
Padres: Su niño debe cumplir con los requisitos de vacunas para asistir a la escuela y a la guardería. Mantenga este Comprobante: lo necesitará.

DTaP/d = diphtheria, tetanus [difteria, tétano]
DTaP/Tdap = diphtheria, tetanus, and pertussis (whooping cough) [difteria, tétano, y tos ferina]
HIB = Hib meningitis (Haemophilus influenzae type b) [meningitis Hib]
IPV = Inactivated polio vaccine [vacuna antipoliomielítica inactivada]
MCV = meningococcal conjugate vaccine [vacuna meningocócica conjugada]
MMR = measles, mumps, rubella [sarampión, paperas y rubéola (sarampión alemán)]
MPV = meningococcal polysaccharide vaccine [vacuna meningocócica polisacárida]
LAIV = live attenuated influenza vaccine [vacuna intranasal viva contra la influenza]
OPV = oral polio vaccine [vacuna oral contra la polio]
PCV = pneumococcal conjugate vaccine [vacuna neumocócica conjugada]
PPV = pneumococcal polysaccharide vaccine [vacuna polisacárida contra el neumococo]
TIV = trivalent inactivated influenza vaccine [vacuna desactivada contra la influenza]
VZV = varicella (chickenpox) [varicela]

TB SKIN TESTS*	Type**	Date given	Given by	Date read	Read by	mm indur.	Interpretation
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other_____						
<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other_____							<input type="checkbox"/> Pos <input type="checkbox"/> Neg
<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other_____							<input type="checkbox"/> Pos <input type="checkbox"/> Neg

*A chest x-ray may be indicated if skin test is positive.
 ** If required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY <i>[Radiografía]</i>	Film date: ___/___/___ Interpretation: <input type="checkbox"/> normal <input type="checkbox"/> abnormal
<small>(Necessary if skin test positive)</small>	Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no
Signature/Agency: _____	



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ATTACHMENT A
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Sample Filled-in – Student Immunization Record

CAIR ID#:
Med Rec#:
Page: 1

IMMUNIZATION RECORD
Comprobante de Inmunización

Name *nombre*

Birthdate *fecha de nacimiento* Sex *sexo*

Allergies *alergias*

Vaccine Reactions *reacciones a la vacuna*

History of Chickenpox *historia de varicela* Date Printed

RETAIN THIS DOCUMENT - CONSERVE ESTE DOCUMENTO

VACCINE <i>vacuna</i>	DATE GIVEN <i>fecha de vacunación</i>	DOCTOR OFFICE OR CLINIC <i>médico o clínica</i>	DATE NEXT DOSE DUE <i>próxima vacuna</i>
POLIO			
(1) IPV	03/10/2000	TRANSCRIBED	
(2) IPV	05/12/2000	TRANSCRIBED	
(3) IPV	08/03/2001	TRANSCRIBED	
(4) IPV	03/23/2005	TRANSCRIBED	
DTP			
(1) DTaP	03/10/2000	TRANSCRIBED	
(2) DTaP	05/12/2000	TRANSCRIBED	
(3) DTaP	07/13/2000	TRANSCRIBED	
(4) DTaP	08/03/2001	TRANSCRIBED	
(5) DTaP	03/23/2005	TRANSCRIBED	
(B) Tdap	07/23/2012	TRANSCRIBED	07/23/2022
HIB			
(1) HIB	03/10/2000	TRANSCRIBED	
(2) HIB	05/12/2000	TRANSCRIBED	

VACCINE <i>vacuna</i>	DATE GIVEN <i>fecha de vacunación</i>	DOCTOR OFFICE OR CLINIC <i>médico o clínica</i>	DATE NEXT DOSE DUE <i>próxima vacuna</i>
(3) HIB	07/13/2000	TRANSCRIBED	
(4) HIB	08/03/2001	TRANSCRIBED	
MMR			
(1) MMR	02/13/2001	TRANSCRIBED	
(2) MMR	03/23/2005	TRANSCRIBED	
HEPB			
(1) HBV	03/10/2000	TRANSCRIBED	
(2) HBV	05/12/2000	TRANSCRIBED	
(3) HBV	02/13/2001	TRANSCRIBED	
PNUcon			
PNUps			
VZV			
(1) VZV	10/31/2003	TRANSCRIBED	
(2) VZV	07/25/2008	TRANSCRIBED	
HAV			
(1) HAV	04/10/2006	TRANSCRIBED	
(2) HAV	08/15/2008	TRANSCRIBED	
HAV	07/23/2012	TRANSCRIBED	

TB Tests <i>Prueba de TB</i>	Type*	Date Given	Given By	Date Read	Read By	Results	Interpretation

* Only the three most recent TB tests are shown.
 * if required for school entry, must be Mantoux unless exception granted by local health dept.
CHEST X-RAY Film date: ____/____/____ Interpretation: normal abnormal
 Person is free of communicable tuberculosis: yes no
 Signature/Agency: _____
 Parents: Your child must meet California's immunization requirements to be enrolled in school.
 Keep this Record as proof of immunization. Padres: Su niño debe cumplir con los requisitos de vacunas para asistir a la escuela. Mantenga este Comprobante: lo necesitará.
MMR = measles, mumps, rubella sarampión, paperas y sarampión alemán **VZV** = varicella (chickenpox) varicela
HEPB = hepatitis B () indicates a dose number in a series

98 10418

CAIR ID#:
Med Rec#:
Page: 2

IMMUNIZATION RECORD Continuation Form
Comprobante de Inmunización - Pagina de Continuación

Name *nombre*

VACCINE <i>vacuna</i>	DATE GIVEN <i>fecha de vacunación</i>	DOCTOR OFFICE OR CLINIC <i>médico o clínica</i>	DATE NEXT DOSE DUE <i>próxima vacuna</i>
FLU			08/01/2014
HPV			05/29/2014
(1) HPV	04/29/2014	MMF SJC RANCHO VIEJO	
MENING			
(1) MCV4	07/23/2012	TRANSCRIBED	01/13/2016
ROTAVIRUS			
Zoster			
H1N1			

VACCINE <i>vacuna</i>	DATE GIVEN <i>fecha de vacunación</i>	DOCTOR OFFICE OR CLINIC <i>médico o clínica</i>	DATE NEXT DOSE DUE <i>próxima vacuna</i>



SAMPLE CALIFORNIA SCHOOL IMMUNIZATION RECORD
(CSIR/Blue Card/286 [1/19])

State of California—Health and Human Services Agency

California Department of Public Health



CALIFORNIA PRE-KINDERGARTEN AND SCHOOL IMMUNIZATION RECORD

Pre-kindergarten facility and school 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 <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	RACE <input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
NAME OF PARENT/GUARDIAN (LAST, FIRST)	BIRTHDATE (MONTH/DAY/YEAR)	SEX	

REQUIRED VACCINE	DATE EACH DOSE WAS GIVEN (MM/DD/YY)					Permanent Medical Exemption	Notes for School Requirements
	1 ST	2 ND	3 RD	4 TH	5 TH		
IPV / OPV (Polio)			Age: _____ years			<input type="checkbox"/>	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)			Age: _____ years	Age: _____ years		<input type="checkbox"/>	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 7 th Grade requirement.
MMR (Measles, Mumps, Rubella)	Age: _____ months					<input type="checkbox"/>	2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year.
Hib (Haemophilus influenzae type b)						<input type="checkbox"/>	Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year.
Hep B (Hepatitis B)						<input type="checkbox"/>	3 doses meet TK/K-12 requirement.
VAR / VZV (Varicella or Chickenpox)						<input type="checkbox"/>	2 doses meet TK/K-12 requirement.
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussis)	Age: _____ years					<input type="checkbox"/>	1 dose given at age ≥7 years meets requirement for 7 th grade advancement and 7 th -12 th 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 date)	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)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> PBE (pre-2016)	
TK/K-12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home <input type="checkbox"/> PBE (pre-2016)	
7 th Grade (Advancement or admission)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> IEP <input type="checkbox"/> IND <input type="checkbox"/> Home	

The California Department of Public Health places strict controls on the gathering and use of personally identifiable data. Personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with consent or as authorized by law or regulation. The Department's information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy.

CDPH 286 (1/19)



GUIDANCE FOR COMPLETING FORM CDPH 286

Review the pupil's immunization record for admission to:

- Pre-kindergarten (child care or preschool);
- Transitional kindergarten/kindergarten through 12th grade (TK/K-12);
- (Or advancement to) 7th grade.

1. Complete the pupil's identification section. The Statewide Student Identifier (SSID) is a 10-digit number assigned to TK/K-12 public school pupils by the California Department of Education.
2. Complete the vaccine and dose section using information from the pupil's immunization record provided by a parent or guardian, prior school, or an immunization registry.
 - a. Record the date (month/day/year) of each dose the pupil has received, even if the pupil has an exemption to one or more required vaccines. Any vaccine given four or fewer days prior to the minimum required age is valid.
 - b. Check the Permanent Medical Exemption (PME) box(es) for vaccines that are permanently exempt for medical reasons. If all vaccines are exempted, then fill in the date for "Date Requirements Met" in the appropriate row in the Status of Requirements section. This date is usually the date records are determined to be complete. File the required physician's written statement specifying the exempted immunization(s) in the pupil's record.
3. Complete the appropriate row in the Status of Requirements section.
 - a. Enter the initials of the staff reviewing the pupil's record.
 - b. If the pupil meets admission requirements, check the designated box and enter the date under "Date Requirements Met." This date is usually the date records are determined to be complete.
 - c. If the pupil does not have all required doses but is not due for any doses at the time of admission, check the "Missing Doses Not Currently Due-Conditional" box and fill in the "Follow-up Date(s)" space. Review records at least every 30 days. Once the pupil meets all admission requirements, fill in the date for "Date Requirements Met."
 - d. If the pupil has a Temporary Medical Exemption, check the designated box and write the expiration date in the "Follow-up Date(s)" space. Once the pupil meets all admission requirements, fill in the date for the "Date Requirements Met."
 - e. If the pupil is due for doses and subject to exclusion, check the "Missing Doses Are Overdue-Needs Doses Now" box and fill in the "Follow-up Date(s)" space.

- f. If the pupil does not have all required immunizations and does not meet criteria for conditional admission (including a temporary medical exemption) and is:
 - **IEP:** Accessing special education services required by the pupil's individualized education program, or
 - **IND:** Enrolled in an independent study program and does not receive classroom-based instruction, or
 - **Home:** Enrolled in a home-based private school, or
 - **PBE (pre-2016):** Transferring from another school in California with a valid personal beliefs exemption filed before 2016,
 Then, using the codes above, check the appropriate box under "Other" and fill in the date for "Date Requirements Met."

Maintain a roster of all pupils who are unimmunized for immediate identification in case of disease outbreak or exposure in the community.

TRANSFER PUPILS

Transferring from a school in-state or another state: Review the immunization information and supporting documentation for exemptions included in the pupil's record or other immunization record, verifying the pupil has met immunization requirements for the pupil's age/grade. If the pupil has a personal beliefs exemption (PBE) filed in California prior to 2016 and has not reached the next grade span (in accordance with Health and Safety Code section 120335) or has a Permanent Medical Exemption (PME), then add the pupil's name to your facility's roster of unimmunized pupils.

Transferring from your school: Provide this form or an equivalent immunization record as specified in 17 CCR section 6070(b) and any exemption documentation as part of the pupil's record.

If a pupil transfers from one school to another within California, the pupil's record shall be transferred by the former school no later than 10 school days following the date of request from the school where the pupil intends to enroll (California Education Code section 49068).

Foster children: California law requires schools to immediately enroll foster children transferring to their school even if the child is unable to produce immunization records normally required for school entry. Within two business days of the foster child's request for enrollment, the educational liaison for the new school shall contact the school last attended to obtain all records. The educational liaison for the school last attended shall provide all records to the new school within two business days of receiving the request (California Education Code section 48853.5(e)(8)(C)).



CSIR – PERSONAL BELIEFS AFFIDAVIT
(CSIR/Blue Card/PM286B [3/01])

NOTE: Only permitted if signed and filed with school before January 1, 2016 and only valid until next grade span subject to immunization mandates. Grade span is defined as each of the following: birth to preschool; Extended Transitional Kindergarten/ Transitional Kindergarten/Kindergarten through grade 6, inclusive; and grades 7 through 12, inclusive.

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.
2. School or child care personnel then fill in date (month/day/year) of each immunization the student has received.
3. Determine if immunization requirements have been met, using the California "Immunization Requirements for Grades K-12," or "Immunization Requirements for Child Care."
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.
B. If the child has met all immunization requirements, check box A and enter date.
C. If the child has not met all requirements, check box B. Child may be admitted only if up-to-date, e.g., no immunizations due currently.
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.
E. If a child is to be exempted on basis of personal beliefs, the parent or guardian must sign and date the affidavit below.

PERSONAL BELIEFS AFFIDAVIT TO BE SIGNED BY PARENT OR GUARDIAN—IMMUNIZATION
I hereby request exemption of the child named on the front of this affidavit from the immunization requirements for school/child care entry because all or some immunizations are contrary to my beliefs.
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, para la evaluación de la tuberculosis (tisis) de la entrada a la escuela ya que esta evaluación es opuesta a mis creencias.

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 of this affidavit from the tuberculosis assessment for school/child care center entry because this procedure(s) is contrary to my beliefs.

Creencia Personales: 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, para la evaluación de la tuberculosis (tisis) de la entrada a la escuela ya que esta evaluación es opuesta a mis creencias.

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.



--PERSONAL BELIEFS EXEMPTION TO REQUIRED IMMUNIZATIONS--

NOTE: Only permitted if signed and filed with school before January 1, 2016 and only valid until next grade span subject to immunization mandates. Grade span is defined as each of the following: birth to preschool; Extended Transitional Kindergarten/ Transitional Kindergarten/Kindergarten through grade 6, inclusive; and grades 7 through 12, inclusive.

State of California—Health and Human Services Agency California Department of Public Health

PERSONAL BELIEFS EXEMPTION TO REQUIRED IMMUNIZATIONS CDPH

STUDENT NAME (LAST, FIRST, MIDDLE)		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE MONTH / DAY / YEAR	TELEPHONE NUMBER
PARENT/GUARDIAN - NAME		ADDRESS		

A. AUTHORIZED HEALTH CARE PRACTITIONER LICENSED IN CALIFORNIA – FILL OUT THIS SECTION

I am a (check one): M.D./D.O. Nurse Practitioner Physician Assistant Naturopathic Doctor Credentialed School Nurse

Provision of information: I have provided the parent or guardian of the student named above, the adult who has assumed responsibility for the care and custody of the student, or the student if an emancipated minor, with information regarding 1) the benefits and risks of immunization and 2) the health risks to the student and to the community of the communicable diseases for which immunization is required in California (as listed in Table below).

Signature of authorized health care practitioner _____
Date - within 6 months before entry to child care or school _____

Practitioner name, address, telephone number: _____

B. PARENT/GUARDIAN – FILL OUT THESE SECTIONS

I. Check the boxes below:

Receipt of information: I have received information provided by an authorized health care practitioner regarding 1) the benefits and risks of immunization and 2) the health risks to the student and to the community of the communicable diseases for which immunization is required in California (as listed in Table below).

Religious beliefs: I am a member of a religion which prohibits or restricts the student from seeking medical advice or treatment from authorized health care practitioners. (Signature of a health care practitioner required in part A.)

Signature of parent or guardian _____
Date - within 6 months before entry to child care or school _____

II. AFFIDAVIT

Immunizations already received: I have provided the child care or school with a record of all immunizations the student has received that are required for admission (California Health and Safety Code Section 125035).

Immunizations for which exemption is requested: An unimmunized student is at greater risk of becoming ill with a vaccine-preventable disease and the student's contacts at school and home are at greater risk of becoming ill with a vaccine-preventable disease. I understand that an unimmunized student may be excluded from attending school or child care during an outbreak of, or after exposure to, any of these diseases for the protection of the student and others (17 CCR §6060). I hereby request the exemption of the student named above from the required immunizations checked below because such immunization is contrary to my beliefs.

School Category	Table of Required Immunizations – Check box(es) to request exemption.
Child Care Only	<input type="checkbox"/> Pertussis (whooping cough) <input type="checkbox"/> Hepatitis B
Child Care and K-12 th Grade	<input type="checkbox"/> MMR (Measles, Mumps, Rubella) <input type="checkbox"/> Polio <input type="checkbox"/> Varicella (Chickenpox)
7 th Grade Advancement (for admission at 7-12 th grade)	<input type="checkbox"/> Tdap (Tetanus, reduced Diphtheria, Pertussis [whooping cough])

Signature _____ Date _____

The California Department of Public Health places strict controls on the gathering and use of personally identifiable data. Personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with consent or as authorized by law or regulation. The Department's information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy.

CDPH 8282 (10/13)




**OFFICE GUIDE FOR IMMUNIZATIONS:
SCHOOL ADMISSION AND ENROLLMENT**

(for school office use)

Please refer to the California Department of Public Health website (ShotsForSchools.org) current information and updates.

1. A **written immunization record** from a licensed physician or the health department must be presented. Parent/Guardian signature is not acceptable for immunization verification of children enrolling in school.
2. The California School Immunization Record (CSIR) card is the official permanent immunization record. Immunizations shall be recorded in MiSiS at the time of enrollment and may be printed by school personnel, and kept with the cumulative record.
3. A student for whom a medical exemption is signed by a California Licensed physician ONLY and filed with the school is admitted unconditionally. Temporary Medical Exemptions expire one year after being written. Permanent Medical Exemptions are permanent (do not have to be renewed).
4. A student for whom a personal belief exemption is signed and filed with the school before January 1, 2016 (Attachment C) is admitted conditionally until the next grade span: ETK/TK/K or 7th grade.
 5. All pre-school and children's center students without a valid medical exemption must be immunized as per schedule at the time of admission (see page 2).
6. Children under the age of four years, six months require haemophilus influenza B (HIB) immunization on first school entry. If the student is partially immunized, they must follow the required immunization schedule and present written documentation of receiving the required vaccine(s).
7. Children in ETK/TK/K through 12th grade must comply with immunization requirements (see page 3). Students age 18 or older are exempt from immunizations.
8. All children entering a California school for the first time require immunization against varicella or a Medical Exemption signed by a California licensed MD or DO stating that the child is exempt from varicella (chickenpox) vaccine due to having had the disease.
 9. All students entering the 7th grade must have two doses of varicella containing vaccine. Students in ungraded classes must receive the second dose of varicella containing vaccine by age 12 years.
10. All students entering 7th grade will need proof of a Tdap booster on or after their 7th birthday. Td vaccine does not meet the requirement. All students in grades 7-12 must have proof of a Tdap booster on or after their 7th birthday.
11. Parents/Guardians who do not have a written immunization record for their child are to be referred to their health care provider, LAUSD school-based clinic or the health department to obtain the required immunizations and/or written immunization verification for their child prior to school entry. Do not allow the child to attend school or child care unless the requirements are met. See note under conditional admission (II, C).
12. Conditional admission shall be granted as required (refer to table below (page 2)).
13. For children admitted conditionally, the school nurse will review records at least every 30 days and may exclude students if immunization requirements are not met within 30 days of enrollment.
14. Parent/Guardian must be notified at least 10 school days in advance of immunizations that are due and the date the student is to be excluded (See Attachments E and E-1).



 -Immunization Status and School Admission Quick Reference-		
I. Immunization Status	School office action(s)	Additional actions / Considerations
<p>A. Child’s record shows for each required immunization, receipt of dose OR permanent medical exemption statement from a California licensed physician or Doctor of Osteopathic Medicine (DO).</p>	<ol style="list-style-type: none"> 1. Admit unconditionally and enroll 2. For medical exemption questions, contact your school nurse or Local District Nursing Office 	n/a
<p>B. Child’s record shows, for each dose not met unconditionally, either: a temporary medical exemption (TME) statement from a California licensed physician or DO</p> <p>OR at least 1 dose of every required vaccine, and no deadline for any missing dose has passed</p>	<ol style="list-style-type: none"> 1. Admit conditionally and enroll 2. Notify caregiver that admission is conditional, inform of upcoming doses and that child may be excluded from school if deadlines are missed 3. Provide caregiver with information about required vaccinations for school admission (Attachment D) and free/low cost resources to obtain needed vaccinations 4. Immediately inform school nurse 	For children admitted conditionally, school nurse will review records at least every 30 days and may exclude student if immunization requirements are not met within required timelines.
<p>C. Child is in foster care, homeless, migrant, military family, or has an Individual Education Plan (IEP)</p> <p>Child’s record shows no proof of immunization compliance, valid medical exemption</p> <p>OR shows missing doses without a valid temporary or permanent medical exemption</p> <p>OR no proof of at least 1 dose of every required vaccine, and/or deadlines for missing doses have passed</p>	<ol style="list-style-type: none"> 1. Admit conditionally and enroll 2. Contact prior school(s) and/or social worker in an effort to obtain copies of any available immunization records 3. If unable to obtain copies from prior school(s) and/or social worker, schools may contact Student Support Programs (213) 241-3840 and/or other contacts provided by caregiver 4. Immediately inform school nurse, who may access additional records, such as CAIR 5. Notify caregiver that admission is conditional, inform of upcoming doses and that child may be excluded from school if deadlines are missed 6. Provide caregiver with information about required vaccinations for school admission (Attachment D) and free/low cost resources to obtain needed vaccinations 	For children admitted conditionally, school nurse will review records at least every 30 days and may exclude student if immunization requirements are not met within required timelines.



I. Immunization Status	School office action(s)	Additional actions / Considerations
<p>D. Child not in foster care, homeless, migrant, military family, and does not have an IEP</p> <p>Child's record(s) show no proof of immunization compliance, valid medical exemption, OR shows missing doses without a valid temporary or permanent medical exemption</p> <p>OR no proof of at least 1 dose of every required vaccine, and/or deadlines for missing doses have passed</p>	<ol style="list-style-type: none"> 1. <u>Do not</u> admit or enroll 2. Inform caregiver that proof of immunization compliance is a condition of school admission 3. Provide caregiver with a copy of Parents' Guide to Immunization Records for School Entry (Attachment D) and free/low cost resources to obtain needed vaccinations 4. Return enrollment packet to caregiver until conditions of admission are met 	<p>Before returning enrollment packet to caregiver, consider copying the first sheet to maintain contact information for the family to support any needed follow up or outreach efforts</p>

Related Definitions:

<p><u>Admission:</u></p>	<p>the process for meeting the requirements that then allows a student to be enrolled in a school.</p> <p>Requirements for admission in California school districts include:</p> <ul style="list-style-type: none"> ✓ Proof of meeting the residency (attendance area) requirements or having a valid permit authorizing admission/enrollment (including affidavits, if needed) ✓ Proof of meeting the age requirements (including affidavits, if needed) ✓ Proof of meeting the immunization requirements defined by the State of California, Department of Health Services OR meeting the documented exceptions to these requirements (i.e., valid medical exemption) <p>Admission may be conditional, or unconditional, as defined below.</p> <p>Unconditional Admission: student fully meets all conditions of admission and may enroll in school without anything pending</p> <p>Conditional Admission: student conditionally meets conditions of admission and may enroll in school, but some follow-up is required</p>
<p><u>Enrollment:</u></p>	<p>the process of registering (acceptance of all necessary documentation), assignment to class(es) and the presence of the student in class (elementary) or into each scheduled class (secondary)</p>

Students who unconditionally or conditionally meet admission requirements shall be immediately enrolled.



Student Health and Human Services (SHHS)

II. Definitions: Students with a Legal Right to Conditional Admission (regardless of Immunization Record status) and Immediate Enrollment	Identification	Contact for assistance:
<p>“Pupil in foster care” means a child who has been removed from their home pursuant to Section 309 of the Welfare and Institutions Code, is the subject of an open court case filed under Section 300 or 602 of the Welfare and Institutions Code, or has been removed from their home and is the subject of a petition filed under Section 300 or 602 of the Welfare and Institutions Code. These situations are typically case managed by the Department of Children and Family Services. Pupils under this definition may also be under Probation supervision if they meet the above criteria. Pupils in foster care may be enrolled without records normally required for enrollment (EC §48850).</p>	<p>DCFS 1399 form; “SP” alert <u>may</u> appear on student profile in MiSiS; additional information may be available under Census tab>Out of Home Care</p>	<p>SHHS/Student Support Services Programs (213) 241-3840</p>
<p>“Pupil who is a homeless child or youth” means a pupil who meets the definition of “homeless child or youth” in Section 11434a(2) of Title 42 of the United States Code, or individuals who lack a fixed, regular, and adequate nighttime residence. LAUSD uses the Student Housing Questionnaire (SHQ) to identify eligible students experiencing homelessness and provide support services. Pupils experiencing homelessness maybe be enrolled without records normally required for enrollment (EC §48850).</p>	<p>Student Housing Questionnaire (enrollment packet); “SP” alert <u>may</u> appear on student profile in MiSiS; additional information may be available under Census tab>Homeless</p>	<p>SHHS/Student Support Services Programs (213) 241-3840</p>
<p>“Pupil who is a child of a military family” means a school-aged child or children, enrolled in Kindergarten through Twelfth (12th) grade, in the “Active duty” means: full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Sections 1209 and 1211. Pupils who are children of military families may be enrolled without records normally required for enrollment (EC §48204.6, §49701).</p>	<p>Student Emergency Card (enrollment packet); information may appear under Enrollment tab> Military Family Members</p>	<p>SHHS (213) 241-3840</p>
<p>“Pupil who is a migratory child” is a “Currently migratory child,” or is a child who has moved with a parent, guardian, or other person having custody, from one school district to another, either within the State of California or from another state, within the 12-month period immediately preceding his or her identification as such a child, in order that the child, a parent, guardian, or other member of his or her immediate family might secure temporary or seasonal employment in an agricultural or fishing activity, and whose parents or guardians have been informed of the child’s eligibility for migrant education services. “Currently migratory child,” includes a child who, without parent or guardian, has continued to migrate annually to secure temporary or seasonal employment in an agricultural or fishing activity. Pupils who are migratory children may be enrolled without records normally required for enrollment (EC §48204.7). Includes students participating in the Migrant Education Program.</p>	<p>Migrant Education Form (enrollment packet); Migrant information may appear under Census tab > Migrant</p>	<p>Beyond the Bell/Migrant Education Program (213) 241-0510</p>
<p>Student with an Individual Education Plan is a student who qualifies for an Individual Education Plan (Health and Safety Code §120355 (h)).</p>	<p>Enrollment form and copy of IEP provided at the time of enrollment and/or IEP records received from prior school(s) and/or available in MiSiS under Services tab > Special Education</p>	<p>Local District Special Education Administrator</p>



NOTE: The most current version of this handout, in English and Spanish, is always available at: <https://www.shotsforschool.org/>

**PARENTS' GUIDE TO IMMUNIZATIONS
REQUIRED FOR PRE-KINDERGARTEN (CHILD CARE)** 

Starting July 1, 2019

Parents must show their child's Immunization Record as proof of immunizations (shots) before starting pre-kindergarten (child care) and at each age checkpoint after entry:

Age at Entry/checkpoint	Required Doses
2-3 Months	1 Polio 1 DTaP 1 Hep B 1 Hib
4-5 Months	2 Polio 2 DTaP 2 Hep B 2 Hib
6-14 Months	2 Polio 3 DTaP 2 Hep B 2 Hib
15-17 Months	3 Polio 3 DTaP 2 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)
18 Months-5 Years	3 Polio 4 DTaP 3 Hep B 1 Hib* (on or after 1st birthday) 1 Varicella 1 MMR (on or after 1st birthday)

* One Hib dose must be given on or after the 1st birthday regardless of previous doses.
Required only for children younger than 5 years old.

DTaP = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine
Hep B = hepatitis B vaccine
Varicella = chickenpox vaccine

Hib = Haemophilus influenzae, type B vaccine
MMR = measles, mumps, and rubella vaccine



NOTE: The most current version of this handout, in English and Spanish, is always available at:
<https://www.shotsforschool.org/>

PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**
(4 doses OK if one was given on or after 4th birthday.
3 doses OK if one was given on or after 7th birthday.)
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.



-SAMPLE EXCLUSION LETTER-

LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services

School Name

Date:

NOTIFICATION OF IMMUNIZATION(S) DUE

STUDENT'S NAME ROOM GRADE/TRACK

Dear Parent or Guardian:

As of July 1, 2019, all new or students transferring to another school at any grade level must meet the same immunization requirements. In addition, students entering or ... 7th grade must show evidence that they have received a pertussis-containing vaccine (e.g. Tdap) on or after their 7th birthday ... 2nd dose of Varicella. This notice is a reminder that your child's immunization series is incomplete per school records. Additional immunizations are now due. The California Health and Safety Code Section, Division 105, Part 2, Chapter 1, Sections 121 ... the California Code of Regulations, Division 17, Chapter 4, Sections 8, Sections 6070-6075 requires that you ... these immunizations ... in order to ... the purpose of this law is to protect ... students against serious ... diseases. If ... child has a personal religious belief exemption on file with the school, ... 277 these exemptions are ... 30 prior to entering 7th grade. ... may be given by a private physician or are available ... from the Los Angeles County Department of Health Services. For information, please call ... call 213 for ... of free immunizations.

The school-based immunization clinics throughout the school year during school hours are for ... without insurance, Medi-Cal recipients, Alaskan or Native American. To access the online clinic schedules, contact your school of visit the Nursing Services website Immunization Clinic page: http://achieve.lausd.net/immunization.

According to school records, your child needs the immunization checked below:

- Polio/IPV: #1 #2 #3 #4
DTaP/DT/Td: #1 #2 #3 #4 #5
Tdap: #1
Measles, Mumps, Rubella: #1 #2
Hepatitis B: #1 #2 #3
Hib (plies to children under 5 years of age): #1 #2 #3 #4
Varicella: #1 #2

Please bring your child's updated immunization record to school or he/she will be EXCLUDED FROM SCHOOL ATTENDANCE BEGINNING: _____.

If you have any questions, please contact the school nurse.

Principal
School Nurse, RN