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Section VII - Immunizations

IMMUNIZATIONS

The state of California requires that students be up-to-date on their immunizations before school entry. Only the presentation of a record of immunizations from a provider (physician, nurse practitioner, nurse, health department) is acceptable for transmission of immunization dates to the California School Immunization Record (CSIR) forms. Type of vaccine and date (month/year) each dose was administered (C.A.C. Title 17, 6070) is recorded.

If the nurse or the health clerk is not at the school when the student is being enrolled, it is the responsibility of the secretary or whoever is enrolling the student to determine if immunizations are up-to-date. (See Immunization requirements page).

A. REGISTRATION OF STUDENTS FOR IMMUNIZATION STATUS

1. Ask for the immunization record before registering child
2. Complete CSIR Card
3. Evaluate record for up-to-date status and complete documentation box
4. Admit students with completed immunizations
5. Admit students with current, but not complete immunization status (i.e. conditional). Advise parent that documented evidence of completed immunizations must be completed within the time period designated by California regulations.
6. Out-of-state transfers without any record:
   a. Place phone call to school and request record, OR
   b. Request parent call school to mail or fax record immediately
7. Do Not admit students whose immunizations are not current: The immunizations may be obtained from:
   a. PUSD Health Clinics (Call for Hours: 626/396-3600 ext 88180)
   b. Pasadena Health Department (Call for Hours: 626/744-6000, ext. 4 Nursing Division)
   c. Child's physician/HMO
   d. School based clinics.
8. Complete registration process upon return of parent with up-to-date record.

B. STUDENTS WHO HAVE CONDITIONAL STATUS AND ARE CURRENTLY DUE FOR IMMUNIZATIONS.

1. Letter #1 (Notice of Inadequate Immunization): This notification of vaccine due should be sent to parents two weeks prior to exclusion
2. Letter #2 (Immunization Exclusion Notice) is sent to parents one week prior to exclusion if there is no response from letter #1.

The exclusion letter is sent out with the principal's signature, giving the parent a specific date the child cannot attend. **On the day of exclusion, the students' attendance must be monitored to be certain that they have been kept out of school**. Up to five days of absence for exclusion for this purpose is allowed by C.E.C. 46010.5. The student may return to school when a legal record of updated immunizations is presented. Dates must be transcribed onto the blue CSIR card by school personnel and entered into the district computer database.

GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY

GRADES TK/K–12

Requirements by Age and Grade Before Entering:

Vaccine	4-6 Years Old Elementary School at Transitional-Kindergarten/ Kindergarten and Above	7-17 Years Old Elementary or Secondary School	7th Grade*
Polio (OPV or IPV)	**4 doses** (3 doses OK if one was given on or after 4th birthday)	**4 doses** (3 doses OK if one was given on or after 2nd birthday)	
Diphtheria, Tetanus, and Pertussis	**5 doses of DTaP, DTP, or DT** (4 doses OK if one was given on or after 4th birthday)	**4 doses of DTaP, DTP, DT, Tdap, or Td** (3 doses OK if last dose was given on or after 2nd birthday. At least one dose must be Tdap or DTaP/DTP given on or after 7th birthday for all 7th-12th graders.)	**1 dose of Tdap** (Or DTP/DTaP given on or after the 7th birthday.)
Measles, Mumps, and Rubella (MMR or MMR-V)	**2 doses** (Both given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)	**1 dose** (Dose given on or after 1st birthday. Mumps vaccine is not required if given separately.)	**2 doses of MMR** or any measles-contain- ing vaccine (Both doses given on or after 1st birthday.)
Hepatitis B (Hep B or HBV)	**3 doses**		
Varicella (chickenpox, VAR, MMR-V,	**1 dose**	**1 dose** for ages 7-12 years. **2 doses** for ages 13-17 years.	

*New admissions to 7th grade should also meet the requirements for ages 7-17 years.

INSTRUCTIONS:

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.

1. Notify parents of required immunizations and collect immunization records.
2. Copy the date of each vaccine from the child's immunization record to the California School Immunization Record (Blue Card, CDPH-286) and/or supplemental Tdap sticker [PM 286 S (01/11)] or enter into an approved electronic system that prints a Blue Card.
3. Compare number of doses on the Blue Card to the requirements above.
4. Determine whether child can be admitted.

Questions?

Visit

ShotsForSchool.org or

Contact your local health department

(bit.do/immunization)

Continued on next page.

ADMIT A CHILD UNCONDITIONALLY WHO:

- Has all immunizations required for their age or grade, or
- Entered Transitional Kindergarten with
  - a valid personal beliefs exemption (PBE) for missing shot(s) that was signed within 6 months prior to entry and filed before January 1, 2016 and
  - immunization records with dates for all required shots not exempted, or
- Is entering 1st-6th grade or 8th -12th grade and submits a valid PBE **filed at a prior California school** for missing shot(s) and immunization records with dates for all required shots not exempted. **The PBE must have been filed before January 1, 2016 and is only valid for the current grade span (TK/K through 6th or 7th through 12th grade).** For complete details, visit ShotsforSchool.org, or
- Submits a licensed physician's written statement of a permanent **medical exemption** for missing shot(s) and immunization records with dates for all required shots not exempted.

The immunization requirements do not prohibit pupils from accessing special education and related services required by their individualized education programs.

A CHILD WHO IS MISSING REQUIRED SHOTS MAY BE ADMITTED CONDITIONALLY IF HE/SHE:

- Is missing a dose(s) in a series, but the next dose is not due yet. This means the child has received at least one dose in a series and the deadline for the next dose has **not** passed, according to the table below.
- Has a temporary medical exemption to certain vaccine(s) and has submitted immunization records for vaccines not exempted. The statement must indicate which immunization(s) must be postponed and when the child can be immunized.

SCHOOLS NEED TO FOLLOW UP AFTER ADMISSION IF:

- Child was admitted conditionally. Notify parents of the deadline for missing doses. Review records every 30 days until all required doses are received.
- Awaiting records for transfers from within California or another state. School may allow up to 30 school days before exclusion.

When Missing Doses Can Be Given:

Vaccine	Age (Years)	Missing Dose	Earliest Date After Previous Dose	Deadline After Previous Dose
Polio		2nd	6 weeks	10 weeks
		3rd	6 weeks	12 months
	4–6	4th	If the 3rd dose was given before the 4th birthday, one more dose is required before admission.	
	7–17	4th	If the 3rd dose was given before the 2nd birthday, one more dose is required before admission.	
DTaP, DTP, or DT	Under 7	2nd or 3rd	4 weeks	8 weeks
		4th	6 months	12 months
		5th	If the 4th dose was given before the 4th birthday, one more dose is required before admission.	
DTaP, DTP, DT, Tdap, or Td	7 & Older	2nd	4 weeks	8 weeks
		3rd	6 months	12 months
		4th	If the 3rd dose was given before the 2nd birthday, one more dose is required before admission.	
MMR		2nd	1 month	3 months
Hep B	4–6	2nd	1 month	2 months
		3rd	2 months after 2nd dose and at least 4 months after 1st dose	6 months after 2nd dose
Varicella	13–17	2nd	4 weeks	3 months

DO NOT ADMIT A CHILD WHO: Does not fit one of the previous categories. Refer parents to their physician with a written notice indicating which doses are needed. Maintain a list of unimmunized children (exempted or admitted conditionally), so they can be excluded quickly if an outbreak occurs.

GUIDE TO IMMUNIZATIONS REQUIRED FOR CHILD CARE OR PRESCHOOL

Requirements by Age at Entry and Later (Follow-up is required at every age checkpoint after entry.)

Vaccine	2–3 Months	4–5 Months	6–14 Months	15–17 Months	18 Months–5 Years
Polio (OPV or IPV)	**1 dose**	**2 doses**	**2 doses**	**3 doses**	**3 doses**
Diphtheria, Tetanus, and Pertussis (DTaP or DTP)	**1 dose**	**2 doses**	**3 doses**	**3 doses**	**4 doses**
Measles, Mumps, and Rubella (MMR)				**1 dose** on or after the 1st birthday	**1 dose** on or after the 1st birthday
Hib	**1 dose**	**2 doses**	**2 doses**	**1 dose** on or after the 1st birthday	**1 dose** on or after the 1st birthday (only required for children less than 4 years, 6 months)
Hepatitis B (Hep B or HBV)	**1 dose**	**2 doses**	**2 doses**	**2 doses**	**3 doses**
Varicella (chickenpox, VAR or VZV)					**1 dose**

INSTRUCTIONS:

To enter a child care center, day nursery, nursery school, family day care home, or development center, children must have received immunizations required by California law.

1. Parents must submit their child's immunization record as proof.
2. Copy the date of each vaccine onto the California School Immunization Record (Blue Card, CDPH-286).
3. Determine whether children meet requirements above.

ADMIT A CHILD UNCONDITIONALLY WHO:

- Is 18 months and older and has all immunizations required for their age, or
- Submits a personal beliefs exemption (PBE) **filed at a prior California child-care facility** for missing shots(s) and immunization records with dates for all required shots not exempted. **The PBE must have been filed before January 1, 2016 and is only valid until entry to transitional kindergarten/ kindergarten.** For complete details, see ShotsforSchool.org.
- Submits a **licensed** physician's written statement of a **permanent** medical exemption for missing shot(s) and immunization records with dates for all required shots not exempted.

ADMIT A CHILD CONDITIONALLY IF THE CHILD:

- Is under age 18 months, has received all immunizations required for age, but will have more required at next age checkpoint.
- Is missing a dose(s) in a series, but the next dose is not due yet (This means the child has received at least one dose in a series and the deadline for the next dose has not passed.) The child may not be admitted if the deadline has passed or the child has not yet received the 1st dose.
- Has a temporary medical exemption to certain vaccine(s) and has submitted an immunization record for vaccines not exempted. The statement must indicate which immunization(s) must be postponed and when the child can be immunized.

WHEN MISSING DOSES CAN BE GIVEN:

Missing Dose	Earliest Date After Previous Dose	Deadline After Previous Dose
Polio #2	6 weeks	10 weeks
Polio #3	6 weeks	12 months
DTP/DTaP #2, #3	4 weeks	8 weeks
DTP or DTaP #4	6 months	12 months
Hib #2	2 months	3 months
Hep B #2	1 month	2 months
Hep B #3 (under age 18 months)	2 months after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose and at least 4 months after 1st dose
Hep B #3 (age 18 months and older)	2 months after 2nd dose and at least 4 months after 1st dose	6 months after 2nd dose and at least 4 months after 1st dose

DO NOT ADMIT A CHILD WHO:

Does not fit one of the prior categories. Refer parents to their physician with a written notice indicating which doses are needed.

FOLLOW-UP IS REQUIRED AFTER ADMISSION:

- At every age checkpoint above until all doses are received.
- If child was behind schedule and admitted **conditionally**.
- If child has a temporary medical exemption.

Maintain a list of unimmunized children (exempted or admitted conditionally), so they can be excluded quickly if an outbreak occurs. Notify parents of the deadline for missing doses. Review records every 30 days until all required doses are received.

Questions? Visit ShotsForSchool.org or contact your local health department.

Immunizations

Students BP 5141.31

To protect the health of all students and staff and to curtail the spread of infectious diseases, the Governing Board shall cooperate with state and local public health agencies to encourage and facilitate immunization of all district students against preventable diseases.

(cf. 1400 - Relations between Other Governmental Agencies and the Schools) (cf. 5141.22 - Infectious Diseases)
(cf. 5141.26 - Tuberculosis Testing)
(cf. 6142.8 - Comprehensive Health Education)

Each student enrolling for the first time in a district elementary or secondary school, preschool, or child care and development program or, after July 1, 2016, enrolling in or advancing to grade 7 shall present an immunization record from any authorized private or public health care provider certifying that he/she has received all required immunizations in accordance with law. Students shall be excluded from school or exempted from immunization requirements only as allowed by law.

(cf. 5112.1 - Exemptions from Attendance) (cf. 5112.2 - Exclusions from Attendance)
(cf. 5141.32 - Health Screening for School Entry)
(cf. 5148 - Child Care and Development)
(cf. 5148.3 - Preschool/Early Childhood Education)

Each transfer student shall be requested to present his/her immunization record, if possible, upon registration at a district school.

(cf. 6173 - Education for Homeless Children)
(cf. 6173.1 - Education for Foster Youth)
(cf. 6173.2 - Education of Children of Military Families)

The Superintendent or designee may arrange for an authorized health care provider to administer immunizations at school to any student whose parent/guardian has consented in writing. At the beginning of the school year, parents/guardians shall be notified of their right to provide consent for the administration of an immunization to their child at school. (Education Code 49403)

(cf. 5141.3 - Health Examinations)
(cf. 5141.6 - School Health Services) (cf. 5145.6 - Parental Notifications)

Legal Reference:
EDUCATION CODE
44871 - Qualifications of supervisor of health 46010 - Total days of attendance
48216 - Immunization
48853.5 - Immediate enrollment of foster youth 48980 - Required notification of rights
49403 - Cooperation in control of communicable disease and immunizations 49426 - Duties of school nurses
49701 - Flexibility in enrollment of children of military families 51745-

51749.6 - Independent study
HEALTH AND SAFETY CODE
120325-120380 - Immunization against communicable disease, especially: 120335 - Immunization requirement for admission
120395 - Information about meningococcal disease, including recommendation for vaccination
120440 - Disclosure of immunization information
CODE OF REGULATIONS, TITLE 5
430 - Student records
CODE OF REGULATIONS, TITLE 17
6000-6075 - School attendance immunization requirements UNITED STATES CODE, TITLE 20
1232g - Family Educational Rights and Privacy Act UNITED STATES CODE, TITLE 42
11432 - Immediate enrollment of homeless children CODE OF FEDERAL REGULATIONS, TITLE 34
99.1-99.67 - Family Educational Rights and Privacy
Management Resources:
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
California Immunization Handbook for Child Care Programs and Schools, August 2015
Guide to Immunizations Required for Child Care Guide to Immunizations Required for School Entry
Parents' Guide to Immunizations Required for Child Care Parents' Guide to Immunizations Required for School Entry
EDUCATION AUDIT APPEALS PANEL PUBLICATIONS
Guide for Annual Audits of Local Education Agencies and State Compliance Reporting, July 2015
U.S. DEPARTMENT OF EDUCATION GUIDANCE
Family Educational Rights and Privacy Act (FERPA) and H1N1, October 2009 WEB SITES
California Department of Education: http://www.cde.ca.gov California Department of Public Health, Immunization Branch
http://www.cdph.ca.gov/programs/immunize
California Department of Public Health, Shots for Schools: http://shotsforschools.org
Centers for Disease Control and Prevention: http://www.cdc.gov
Education Audit Appeals Panel: http://www.eaap.ca.gov
U.S. Department of Education: http://www.ed.gov

Students
IMMUNIZATIONS **AR 5141.31**

Required Immunizations

The Superintendent or designee shall provide parents/guardians, upon school registration, a written notice summarizing the state's immunization requirements.

The Superintendent or designee shall not unconditionally admit any student to a district elementary or secondary school, preschool, or child care and development program for the first time, nor after July 1, 2016, admit or advance any student to grade 7 unless the student has been fully immunized. The student shall present documentation of full immunization, in accordance with the age/grade and dose required by the California Department of Public Health (CDPH), against the following diseases: (Health and Safety Code 120335; 17 CCR 6020)

1. Measles, mumps, and rubella (MMR)

2. Diphtheria, tetanus, and pertussis (whooping cough) (DTP, DTaP, or Tdap)

3. Poliomyelitis (polio)

4. Hepatitis B

5. Varicella (chickenpox)

6. Haemophilus influenza type b (Hib meningitis)

7. Any other disease designated by the CDPH

(cf. 5141.22 - Infectious Diseases)
(cf. 5148 - Child Care and Development)
(cf. 5148.3 - Preschool/Early Childhood Education) (cf. 6170.1 - Transitional Kindergarten)

However, full immunization against hepatitis B shall not be a condition by which the Superintendent or designee shall admit or advance any student to grade 7. (Health and Safety Code 120335)

A student who qualifies for an individualized education program (IEP), unless otherwise exempt, shall be fully immunized in accordance with Health and Safety Code 120335 and this regulation. However, the district shall continue to implement the student's IEP and shall not prohibit the student from accessing any special education and related service required by his/her IEP regardless of whether the student is fully immunized. (Health and Safety Code 120335)
(cf. 6159 - Individualized Education Program)

The student's immunization record shall be provided by the student's health care provider or from the student's previous school immunization record. The record must show at least the month and year for each dose, except that the day, month, and year must be shown for the MMR doses given during the month of the first birthday and for the Tdap dose given during the month of the 7th birthday. (17 CCR 6070)

Exemptions

Exemption from one or more immunization requirements shall be granted under any of the following circumstances:

1. The parent/guardian files with the district a written statement by a licensed physician to the effect that the physical condition of the child is such, or medical circumstances relating to the child are such, that immunization is not considered safe. The statement shall indicate the specific nature and probable duration of the medical condition or circumstances, including, but not limited to, family medical history, for which the physician does not recommend immunization. (Health and Safety Code 120370; 17 CCR 6051)

2. The student's parent/guardian files with the district, before January 1, 2016, a letter or written affidavit stating that an immunization is contrary to his/her personal beliefs, in which case the student shall be exempted from the immunization until he/she enrolls in the next applicable grade span requiring immunization (birth to preschool, grades K-6, grades 7-12). (Health and Safety Code 120335)

(cf. 6141.2 - Recognition of Religious Beliefs and Customs)

When a student transfers to a different school within the district or transfers into the district from another school district in California, his/her personal beliefs exemption filed before January 1, 2016, shall remain in effect until the next applicable grade span. A student transferring from a school outside the district shall present a copy of the personal beliefs exemption upon enrollment. When a student transfers into the district from outside California and presents a personal beliefs exemption issued by another state or country prior to January 1, 2016, the Superintendent or designee may consult with legal counsel regarding the applicable immunization requirements.

3. The student is enrolled in an independent study program pursuant to Education Code 51745-51749.6 and does not receive classroom-based instruction.

(cf. 6158 - Independent Study)

Conditional Enrollment

The Superintendent or designee may conditionally admit a student with documentation from an authorized health care provider that: (Health and Safety Code 120340; 17 CCR 6000, 6035)

1. The student has not received all the immunizations required for his/her age group, but has commenced receiving doses of all required vaccines and is not due for any other doses at the time of admission.

2. The student has a temporary exemption from immunization for medical reasons pursuant to item #1 in the section "Exemptions" above.

The Superintendent or designee shall notify the student's parents/guardians of the date by which the student must complete all the remaining doses as specified in 17 CCR 6035.

(cf. 5145.6 - Parental Notifications)

In addition, a transfer student may be conditionally admitted for up to 30 school days while his/her immunization records are being transferred from the previous school. If such documentation is not presented within 30 days, the student shall be excluded from school until the required immunizations have been administered. (17 CCR 6070)

The Superintendent or designee shall review the immunization record of each student admitted conditionally every 30 days until that student has received all the required immunizations. If the student does not receive the required immunizations within the specified time limits, he/she shall be excluded from further attendance until the immunizations are received. (Health and Safety Code 120375; 17 CCR 6070)

The Superintendent or designee shall immediately enroll homeless students, foster youth, and students of military families even if their immunization records are missing or unavailable at the time of enrollment. School or district staff shall work with the student's prior school to obtain the student's immunization records or shall ensure that he/she is properly immunized. (Education Code 48853.5, 49701; Health and Safety Code 120341; 42 USC 11432)

(cf. 6173 - Education for Homeless Children) (cf. 6173.1 - Education for Foster Youth)
(cf. 6173.2 - Education of Children of Military Families)

Exclusions Due to Lack of Immunizations

Any student without the required evidence of immunization may be excluded from school until the immunization is obtained or an exemption is granted in accordance with the section "Exemptions" above.

(cf. 5112.2 - Exclusions from Attendance) (cf. 6183 - Home and Hospital Instruction)

Before an already admitted student is excluded from school attendance because of lack of immunization, the Superintendent or designee shall notify the parent/guardian that he/she has 10 school days to supply evidence of proper immunization or an appropriate exemption. This notice shall refer the parent/guardian to the student's usual source of medical care or, if the student has no usual source of medical care, then to the county health department or school immunization program, if any. (Education Code 48216; 17 CCR 6040)

(cf. 5141.6 - School Health Services)

The Superintendent or designee shall exclude from further attendance any already admitted student who fails to obtain the required immunization within 10 school days following the parent/guardian's receipt of the notice specified above. The student shall remain excluded from school until he/she provides written evidence that he/she has received a dose of each required vaccine due at that time. The student shall also be reported to the attendance supervisor or principal. (17 CCR 6055)

Exclusion Due to Exposure to Disease

If the district has good cause to believe that a student has been exposed to a disease listed in the section "Required Immunizations" above and his/her documentation of immunization does not show proof of immunization against that disease, that student may be temporarily excluded from

the school until the local health officer informs the district in writing that he/she is satisfied that the student is no longer at risk of developing or transmitting the disease. (Health and Safety Code 120370)

Records

The Superintendent or designee shall record each new entrant's immunizations in the California School Immunization Record and retain it as part of the student's mandatory permanent student record. District staff shall maintain the confidentiality of immunization records and may disclose such information to state and local health departments only in accordance with law. (Health and Safety Code 120375, 120440; 17 CCR 6070)

(cf. 5125 - Student Records)

The district shall also retain in the mandatory student record any physician or health officer statement, personal beliefs letter or affidavit, reason for conditional enrollment, or any other documentation related to the student's immunization record or exemptions.

Audits

If an audit reveals deficiencies in the district's reporting procedures, the Superintendent or designee shall present the Board with a plan to remedy such deficiencies.

PASADENA UNIFIED SCHOOL DISTRICT
EDUCATION CENTER, **HEALTH** PROGRAMS

Date_____

Dear Parent:

Our records indicate your child _____will not be able to attend kindergarten as he/she does not meet California State law for immunizations. Your child will need to complete the following:

DPT _____

Polio_____

MMR (Measles, Mumps, Rubella)_____

Mantoux/TB Skin Test_____(TB test must have been given within one year prior to entering kindergarten)

Hepatitis B_____

Your child will not be allowed to attend kindergarten when school starts unless proof of adequate immunizations is presented. Please contact your school nurse if you have any questions.

Sincerely,

Ann Rector
Director of Health Programs

APPROVED:

Dr. Sean Bird
Chief Academic Officer

351 South Hudson Avenue ·Pasadena, CA 91101
(626) 396-3600 Ext.88240 . Fax (626) 584- 1540
www.pusd.us

PASADENA UNIFIED SCHOOL DISTRICT
EDUCATION CENTER . **HEALTH** PROGRAMS

Fecha _____

Estimado Padre/Tutor:

Nuestros registros indican que su niño/a_____no podra asistir a kindergarten porque el/ella no satisface la ley de vacunacion de California. Su niño/a necesita completar lo siguiente:

DPT _____

Polio_____

MMR (Sarampion, Paperas, Rebeola)_____

Prueba cutanea de TB/Mantoux(La prueba de TB debe haberse dado dentro de un ano antes de entrar en kindergarten)_____

Hepatitis B_____

Su niño/a no sera entrado en kindergarten quando comencar la escuela a menos que se presente prueba de vacunacion adecuada. Si tiene preguntas, por favor comuniquese con la enfermera de su escuela.

A tentamente.

Ann Rector
La Directora de los Programas de Salud

APROBADO:

Dr. Sean Bird
Superintendente Asistente

351 South Hudson Avenue ·Pasadena, CA 91101
(626) 396-3600 Ext.88240. Fax (626) 584- 1540
www.pusd.us

PASADENA UNIFIED SCHOOL DISTRICT
EDUCATION CENTER . HEALTH PROGRAMS

Dear Parents/Guardians of Kindergarten and First Grade Students:

Welcome to our school. When you enroll your child in kindergarten or first grade in a California school, you will be asked for information regarding immunizations, health history, and a current physical examination.

Your child will need the following immunizations before he/she can be enrolled in our school:

Polio	4 doses, *but* 3 doses are enough if last one was given after the 4th birthday.
DTP/DTaP/DT/Td	5 doses, *but* 4 doses are enough if last one was given after the 4th pbirthday.
MMR	2 doses for kindergarten entry. MMR doses must be on or after the first birthday. For first grade 1dose, *but* one more dose is recommended.
Hepatitis B	3 doses.
Varicella	1 dose for kindergarten entry or documented varicella disease.
TB Test	Students entering school for the first time (1st grade/preschool) and kindergarten entrants are required to have a TB risk assessment completed.

PLEASE BRING AN OFFICIAL RECORD OF YOUR CHILD'S IMMUNIZATIONS for verification by our school staff.

You will be asked to provide information about your child's health history. For example, this information might include communicable diseases he/she has had and any health conditions, like asthma, diabetes, allergies and a known vision or hearing loss. It is also important for the school to be aware of any hospitalizations or surgeries your child has experienced.

The Child Health and Disability Prevention Program (CHOP) of the State of California requires that every child have a complete physical examination within 18 months of first grade enrollment. You will be encouraged to complete this requirement during your child's kindergarten year. The physical examination is available through the Pasadena Unified School District. You will be asked to fill out a form when your child enrolls, indicating how you will meet this requirement.

IMPORTANT NOTE: You MUST also show the child's BIRTH CERTIFICATE before he/she can be enrolled in school.

Sincerely,

Ann Rector
Director of Health Programs

APPROVED:
Dr. Sean Bird
Chief Academic Officer

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PASADENA UNIFIED SCHOOL DISTRICT

EDUCATION CENTER . HEALTH PROGRAMS

Estimados Padres/Tutores de los Alumnos del Kindergarten y del Primer Grado:

Bienvenido a nuestra escuela. Cuando se inscribe a su hijo en kindergarten o primer grado en una escuela de California, se le pide información sobre las vacunas, el historial médico y un examen físico actual.

Su hijo/a necesitar las siguientes inmunizaciones antes de que sea matriculado en nuestra escuela.

Polio	4 dosis, *pero* 3 dosis son suff cientes, si se recibió una despues del 4°. cumpleaños.
DTP/DTaP/DT/Td	4 o mas dosis, (difteria-tetano-tos ferina), pera se necesita una dosis miis si la ultima dosis se recibio antes del 4°. cumpleaños.
MMR	2 dosis para entrar al kindergarten, MMR (sarampion-paperas-rubeola), la dosis debe haberse recibido cuando cumplio un ano o despues de haberlo cumplido 1dosis para el primer grado, *pero* se recomienda otra dosis miis.
Hepatitis B	3 dosis.
Varicella	1dosis para entrar a kindergarten, o docnmentacion para qnienes ya hayan tenido la varicella. No se requiere para I r grado.
Prueba de la TB	Los alumnos que estiin entrando a la escuela por la primera vez (primer grado/preescuela) y los que estiin entrando al kindergarten, se les requiere que tengan al corriente una PPD prueba de la pie! (Mantoux), dentro de I año de la entrada a la escuela. Debe mostrar la fecha en que se dio la prueba, fecha cuando se revis6, y el resultado.

POR FAVOR TRAIGAN UN RECORD OFICIAL DE LAS INMUNIZACIONES DE SU NINO para ser verificado por nestro personal escolar.

Se le pedirá que proporcione información sobre la historia médica de su hijo. Por ejemplo, esta información podría incluir enfermedades transmisibles que él / ella ha tenido y las condiciones de salud, como asma, diabetes, alergias y una visión conocida o pérdida de la audición. También es importante que la escuela sea consciente de cualquier hospitalizaciones o cirugías su hijo ha experimentado.

El Programa de Salud y Prevencion de Incapacidad del Nino (CHDP) del Estado de California, requiere que cada uno de los niños tenga un examen fisico completo dentro de los 18 meses de ser matriculado en el primer grado. Se le pedirá que completen este requisito durante el año escolar de su niño en el Kindergarten. El examen sico se puede obtener en el Distrito Escolar Unificado de Pasadena. Se le pedirá que llenen una forma cuando matriculen a su nifio, indicando como va a cumplir con este requerimiento.

AVISO IMPORTANTE: Tambien DEBEN mostrar el CERTIFICADO DE NACIMIENTO de su niño/a antes de que sea matriculado/a en la escuela.

Cordialmente,
Ann Rector
La Directora de los Programas de Salud

APROBADO:
Dr. Sean Bird
Chief Academic Officer

351 South Hudson Avenue ·Pasadena, CA 91101
(626) 396-3600 Ext.88240. Fax (626) 584-1540
www.pusd.us

PASADENA UNIFIED SCHOOL DISTRICT
HEALTH PROGRAMS

INADEQUATE IMMUNIZATION NOTICE

NAME OF CHILD/STUDENT _____

SCHOOL/CHILD CARE CENTER _____

DEAR PARENT/GUARDIAN:

OUR RECORDS INDICATE THAT YOUR CHILD HAS NOT PROVIDED EVIDENCE THAT HE/SHE HAS RECEIVED ALL CURRENTLY DUE IMMUNIZATIONS REQUIRED BY CALIFORNIA STATE LAW (Health and Safety Code 120325-120375).

REQUIRED IMMUNIZATION (Dates of doses already documented are written in. Needed doses are checked).

POLIO 1_____ 2_____ 3_____ 4_____ 5 _____

DPT/Td 1_____ 2_____ 3_____ 4_____ 5 _____

Measles_____ MMR 1_____ 2 _____

Hepatitis B 1 _____ 2 _____ 3 _____

HIB 1 _____ 2 _____ 3 _____

TB Skin Test _____

IT IS NECESSARY THAT YOU DO ONE OF THE FOLLOWING IMMEDIATELY:

1. Take this form to your health care provider or the local health department to obtain required immunization(s) and/or records. Then bring the immunization record to school/child care center.
2. If your child already received the needed immunization(s), bring his/her immunization record to school/child care center. RECORDS MUST SHOW THAT MEASLES, MUMPS AND RUBELLA VACCINES WERE RECEIVED ON OR AFTER THE FIRST BIRTHDAY. THE RECORD OF ALL VACCINE DOSES MUST INCLUDE AT LEAST THE MONTH AND YEAR RECEIVED.
3. If any immunizations should be omitted for medical reasons, you must submit a written statement from a licensed physician (M.D. or D.O.) which states:
   - That the physical condition or medical circumstances of the child are such that the required immunization(s) is not indicated.
   - Which vaccines are being exempted.
   - Whether the medical exemption is permanent or temporary.
   - The expiration date, if the exemption is temporary.

Please comply with this legal requirement so that your child will not miss any school time. More importantly, your child needs to be fully protected from these diseases. If you have any questions, please feel free to telephone at_____.

_____ _____

School Nurse Date

DISTRITO ESCOLAR UNIFICADO DE PASADENA
PROGRAMAS DE SALUD

AVISO DE INMUNIZACIONES INSUFICIENTES

Nombre del Alumno _____

Escuela/Guardería _____

Estimado Padre/Tutor:

Nuestros récords indican que no nos ha dado la información completa indicando que el niño ya recibió todas las inmunizaciones requeridas por la Ley del Estado de California (Código de Salud y Seguridad 120325-120375).

INMUNIZACIONES REQUERIDAS (Las fechas de las inmunizaciones que tenemos en nuestros archivos están anotadas abajo. Las dósis que le faltan están marcadas con una)

POLIO 1_____ 2_____ 3_____ 4_____ 5 _____

DPT/Td 1_____ 2_____ 3_____ 4_____ 5 _____

Sarampión_____ MMR 1_____ 2 _____

Hepatitis B 1 _____ 2 _____ 3 _____

HIB 1 _____ 2 _____ 3 _____

Prueba de TB _____

ES NECESARIO QUE USTED HAGA INMEDIATAMENTE UNO DE LOS SIGUIENTES:

1. Lleve esta forma consigo al médico o departamento de salud local para que obtenga la(s) vacuna(s) requerida(s) y/o los récords. Luego lleve los récords de inmunizaciones a la escuela o al centro de cuidado de niños.
2. Si su niño ya recibió las vacunas necesarias, lleve los récords de inmunizaciones a la escuela o al centro de cuidado de niños. LOS RÉCORDS DEBEN DE MOSTRAR QUE LE DIERON LAS VACUNAS DEL SARAMPION, PAPERAS Y ALFOMBRILLA CUANDO CUMPLIO UN AÑO O DESPUÉS. LOS RÉCORDS DE TODAS LAS DOSIS DEBEN INCLUIR POR LO MENOS EL MES Y EL AÑO EN QUE SE LE DIERON.
3. Si las vacunas que deben ser omitidos por razones médicas, debe debe presentar una declaración escrita de un médico con licencia (o Doctor de D.O.) que establece:
   - Que la condición física o circunstancias médicas del niño son tales que la inmunización (s) requerida no está indicado.
   - Las vacunas que se están exentos.
   - Si la exención médica es permanente o temporal.
   - La fecha de caducidad, si la exención es temporal.

Por favor cumpla con estos requerimientos legales para que su niño no pierda ningún tiempo fuera de la escuela. Aún más importante, su niño necesita estar completamente protegido contra estas enfermedades. Si tiene alguna pregunta, por favor llame con toda confianza al_____.

_____ _____

Enfermera de la Escuela Fecha

PASADENA UNIFIED SCHOOL DISTRICT
EDUCATION CENTER - HEALTH PROGRAMS

Date:_____

Dear Parent/Guardian:

The State of California requires all students entering the 7th grade have the following immunizations.

Hepatitis B - 3 doses (this series takes 6 months to complete, so it is imperative to begin the Hepatitis B vaccinations as soon as possible)

Measles, Mumps, and Rubella (MMR) - 2 doses

Tetanus, Diphtheria, and Pertussis (Tdap)

Please provide the Middle School with a current copy of your child's immunization record reflecting that the above vaccines are completed. This is necessary before a class program can be issued.

Immunizations can be obtained through your family doctor, the Pasadena Unified School District Health Clinic, the Pasadena Health Department, or the Monrovia Health Department. Please call your school health office if you have any questions.

Sincerely,

Ann Rector
Coordinator of Health Programs

APPROVED:

Dr. Sean Bird
Chief Academic Officer

_____ Enclosed is an updated copy of my child's immunizations. (If needed, we can make the copies for you at the school).

_____ _____

Name of Student Parent Signature Date

351 South Hudson Avenue · Pasadena, CA 91101
(626) 396-3600 Ext. 88240 · Fax (626) 584-1540
www.pusd.us

PASADENA UNIFIED SCHOOL DISTRICT
EDUCATION CENTER , HEALTH PROGRAMS

Fecha: _____

Estimados Padres/Tutores:

El Estado de California requiere que todos las estudiantes que estan entrando al septimo grado tengan las siguientes inmunizaciones.

Hepatitis B – 3 dosis (coma esta serie se completa en 6 meses, es imperativo comenzar las vacunas de Hepatitis B lo mas pronto posible)

Measles, Mumps, and Rubella (MMR) – 2 dosis
(Sarampi6n, Paperas y Rubeo la)

Tetanus, Diphtheria, and Pertussis (Tdap)
(El Tetanos, la Difteria y la Tos Ferina)

Por favor entregue a la Escuela Intermedia una copia reciente del record de inmunizaciones de su hijo/a que indique que ya tiene todas las vacunas arriba mencionadas. Esto es necesario antes de que se le pueda dar un programa de clases.

Puede obtener las inmunizaciones (vacunas) con su medico, o en la Clinica de Salud del Distrito Escolar Unificado de Pasadena, el Departamento de Salud de Pasadena, o el Departamento de Salud de Monrovia. Par favor llame a la oficina de salud de la escuela, si es que tiene alguna pregunta.

Cordialmente,

Ann Rector
Coordinadora de las Programas de Salud

APROBADO

Dr. Sean Bird
Chief Academic Officer

_____ Adjunto esta la copia de las vacunas que mi hijo/a ha obtenido hasta la fecha.
(Si es necesario nosotros haremos las copias en la escuela)

Nombre del Alumna _____ Finna del Padre /Tutor _____ Fecha

351South Hudson Avenue ·Pasadena, CA 91101
(626) 396-3600 Ext. 88240 ·Fax (626) 584-1540
www.pusd.us

PASADENAUNIFIED SCHOOL DISTRICT
HEALTH PROGRAMS

IMMUNIZATION NOTICE/SECONDARY SCHOOLS

Name of Child/Student_____

School/Child Care Center _____

DEAR PARENT/GUARDIAN:
Our records indicate that your child may need additional immunizations:

RECOMMENDED IMMUNIZATION (Dates of doses already documented are written in. Needed doses are checked.)

POLIO 1_____ 2_____ 3_____ 4_____ 5 _____

DPT/Td 1_____ 2_____ 3_____ 4_____ 5 _____

Measles_____ MMR 1_____ 2 _____

Hepatitis B 1 _____ 2 _____ 3 _____

HIB 1 _____ 2 _____ 3 _____

IT IS NECESSARY THAT YOU DO ONE OF THE FOLLOWING IMMEDIATELY:

1. Take this form to your health care provider or the local health department to obtain required immunization(s) and/or records. Then bring the immunization record to school/child care center.
2. If your child already received the needed immunization(s), bring his/her immunization record to school/child care center. THE RECORD OF ALL VACCINE DOSES MUST INCLUDE AT LEAST THE MONTH AND YEAR RECEIVED.

If you have any questions, please feel free to telephone at_____.

_____ _____

School Nurse Date

DISTRITO ESCOLAR UNIFICADO DE PASADENA
PROGRAMAS DE SALUD

AVISO DE INMUNIZACIONES/ESCUELAS SECUNDARIAS

Nombre del Alumno _____

Escuela/Guardería _____

Estimado Padre/Tutor:

Nuestros récords indican que es posible que su niño/a necesite inmunizaciones adicionales.

INMUNIZACIONES RECOMENDADAS (Las fechas de las inmunizaciones que tenemos en nuestros archivos están anotadas abajo. Las dósis que le faltan están marcadas con una √)

POLIO 1_____ 2_____ 3_____ 4_____ 5 _____

DPT/Td 1_____ 2_____ 3_____ 4_____ 5 _____

Sarampión_____ MMR 1_____ 2 _____

Hepatitis B 1 _____ 2 _____ 3 _____

HIB 1 _____ 2 _____ 3 _____

RECOMENDAMOS QUE USTED HAGA UNO DE LOS SIGUIENTES:

1. Lleve esta forma consigo al médico o departamento de salud local para que obtenga la(s) vacuna(s) requerida(s) y/o los récords. Luego lleve los récords de inmunizaciones a la escuela o al centro de cuidado de niños.
2. Si su niño ya recibió las vacunas necesarias, lleve los récords de inmunizaciones a la escuela o al centro de cuidado de niños. LOS RÉCORDS DE TODAS LAS DOSIS DEBEN INCLUIR POR LO MENOS EL MES Y EL AÑO EN QUE SE LE DIERON.

Si tiene alguna pregunta, por favor llame con toda confianza al_____.

_____ _____

Enfermera de la Escuela Fecha

PASADENA UNIFIED SCHOOL DISTRICT
HEALTH PROGRAMS

IMMUNIZATION EXCLUSION NOTICE AND RESOURCES

To the Parents/Guardian of _____ Date _____

From: Assistant Superintendent

School _____

Teacher _____

Student's Date of Birth _

Dear Parent/Guardian:

California law (S.B. 942, September 28, 1977) requires that all children in public or private schools be adequately immunized against polio, tetanus, diphtheria and/or whooping cough, 10-day measles (Rubeola), German measles (Rubella), and mumps.

According to our records, your child's immunization record is incomplete. He/she needs the following immunizations:

DPT/Td _____ Measles, Mumps, Rubella _____
Polio _____ Hepatitis B _____

Therefore, effective _____ the above named student is excluded from school until the immunization requirement is met. We regret having to take this action.

IMMUNIZATION RESOURCES

1. YOUR PRIVATE PHYSICIAN
2. YOUR HEALTH PLAN (KAISER, BLUE CROSS, L.A. Care, etc.)
3. PASADENA HEALTH DEPARTMENT - Pasadena Community Health Center (626) 744-6136
   1845 N. FAIR OAKS, Second Floor
   PASADENA, CA 91103
   Mondays/Wednesdays 8:00-11:30 am and 1:00-4:00 p.m.
   T.B. SKIN TEST ONLY GIVEN ON MONDAYS
   ALL OTHER IMMUNIZATIONS - $26.00 EACH IMMUNIZATION.
4. MONROVIA HEALTH CENTER (626) 256-1600
   330 WEST MAPLE AVENUE
   MONROVIA, CA. 91016
   Monday through Friday 8:00 -4:30 p.m.
   Wednesday 10:00-6:00 p.m.
   T.B. SKIN TEST ONLY GIVEN ON MONDAYS
   IMMUNIZATIONS $15 PER PERSON
5. PASADENA UNIFIED SCHOOL DISTRICT - EDUCATION CENTER (626) 396-3600
   HEALTH CLINIC, Room 130, 1st floor Ext. 88180
   351 S. HUDSON AVENUE
   PASADENA, CA. 91109
   Monday 3:00 - 4:00 p.m. October - May
   TB SKIN TEST AND IMMUNIZATIONS –FREE IF MEET MEDI-CAL ELIGIBILITY CRITERIA.

Please bring previous record of immunizations.
Parents must accompany children under 18 years of age.

DISTRITO ESCOLAR UNIFICADO DE PASADENA
PROGRAMAS DE SALUD

AVISO DE EXCLUSION POR IMMUNIZACION Y RECURSOS

A los Padres/Tutores de:_____ Fecha _____

De Parte del Superintendente de Escuelas

Escuela: _____

Maestro: _____

Fecha de Nacimiento del Alumno: _____

Estimado Padre/Tutor:

La ley de California (S.B. 942, del 28 de sept. de 1977) requiere que todos los niños en las escuelas públicas o privadas sean vacunados adecuadamente en contra de la polio, tétano, difteria y/o tos ferina, el sarampión de 10 días (rubeola), sarampión alemán y paperas.

De acuerdo con nuestros registros, los registros de vacunación de su niño/a están incompletos. Necesita las siguientes vacunas:

DPT/Td_____ **Sarampión, Paperas, Sarampión Alemán _____**
Polio_____ **Hepatitis B _____**

Por lo tanto efectivo_____el/la alumno/a arriba mencionado/a será excluido/a de la escuela hasta que llene los requisitos de vacunación. Nos es muy penoso tener que tomar esta acción.

HORARIO Y LUGARES PARA LAS VACUNAS

1. SU MEDICO PRIVADO

2. SU PLAN DE SALUD (KAISER, BLUE CROSS, L.A. Care, etc.)

3. DEPARTAMENTO DE SALUD DE PASADENA
   Centro De Salud De La Communidad De Pasadena
   1845 N. FAIR OAKS, Segundo Piso (626) 744-6136
   PASADENA, CA. 91103
   Lunes/Miércoles *8:00-11:30 am and 1:00-4:00 p.m.*
   Prueba cutánea de la TB $10.00. **Todas las otras vacunas $26.00 CADA UNA.**

4. CENTRO DE SALUD DE MONROVIA (626) 256-1600
   330 WEST MAPLE AVENUE
   MONROVIA, CA. 91016
   De Lunes a Viernes 8:00 -4:30 p.m. *Miércoles 10:00-6:00 p.m.*
   Todas las vacunas $15.00 per person

5. DISTRITO ESCOLAR UNIFICADO DE PASADENA - CENTRO DE EDUCACION
   Clínica de Salud, Cuarto #130, Primer Piso (626) 396-3600 Ext.88180
   351 S. HUDSON AVENUE
   PASADENA, CA. 91109
   Lunes 3:00 - 4:00 p.m. *Octubre - Mayo*
   Gratis

Por favor traigan los registros de las vacunas anteriores.
Los padres deben de acompañar a los niños menores de 18 años de edad.

IMMUNIZATION RESOURCES SCHEDULE

IMMUNIZATION RESOURCES

1. YOUR PRIVATE PHYSICIAN

2. YOUR HEALTH PLAN (KAISER, BLUE CROSS, L.A. Care, etc.)

3. PASADENA HEALTH DEPARTMENT - Pasadena Community Health Center (626) 744-6136
1845 N. FAIR OAKS, Second Floor
PASADENA, CA 91103
Mondays/Wednesdays 8:00-11:30 am and 1:00-4:00 p.m.
T.B. SKIN TEST ONLY GIVEN ON MONDAYS
ALL OTHER IMMUNIZATIONS - $26.00 EACH IMMUNIZATION.

4. MONROVIA HEALTH CENTER (626) 256-1600
330 WEST MAPLE AVENUE
MONROVIA, CA. 91016
Monday through Friday 8:00 -4:30 p.m.
Wednesday 10:00-6:00 p.m.
T.B. SKIN TEST ONLY GIVEN ON MONDAYS
IMMUNIZATIONS $15 PER PERSON

5. PASADENA UNIFIED SCHOOL DISTRICT - EDUCATION CENTER (626) 396-3600
HEALTH CLINIC, Room 130, 1st floor Ext. 88180
351 S. HUDSON AVENUE
PASADENA, CA. 91109
Monday 3:00 - 4:00 p.m. October - May
TB SKIN TEST AND IMMUNIZATIONS –FREE IF MEET MEDI-CAL ELIGIBILITY CRITERIA.

Please bring previous record of immunizations.
Parents must accompany children under 18 years of age.

PASADENA UNIFIED SCHOOL DISTRICT
HEALTH HISTORY and IMMUNIZATION RECORD for K-12

To Parent/Guardian:

Please complete the HEALTH HISTORY and IMMUNIZATION RECORD at time of Registration. This information is required (by California Law) before enrollment.

Pupil _____ _____ _____
First Middle Last name
Birthdate Birthplace

Address _____ Phone
Number Street City ZIP

School _____ Grade _____ Male _____ Female _____

FAMILY INFORMATION

Father _____ lives in home Yes _____ No _____
Last name First Middle
Occupation

Mother _____ lives in home Yes _____ No _____
Last name First Middle
Occupation

Brothers (ages) _____ ___ ___ ___ Sisters (ages) _____ ___ ___ ___ Others _____

IMMUNIZATION RECORD			Date Given
DTP	Diphtheria	1st	
	Tetanus	2nd	
	Pertussis	3rd	
	after age 4 for Kdg	4th	
	after age 6 for 1-12	Booster	
Td	Tetanus	1st	
	Diphtheria	2nd	
		3rd	
	after age 6	Booster	
IPV/OPV	Polio	1st	
		2nd	
	after age 4 for Kdg	3rd	
	after age 6 for 1-12	Booster	
MMR	(Measles, Mumps, Rubella)	1st	
	2 doses for Kindergarten and 7th grade entry	2nd	
	1 dose grades 1-6, 8-12 given after first birthday		
Hepatitis B	*Kindergarten and 7th grade entry*	1st	
		2nd	
		3rd	
~~Varicella~~	~~*1 dose for Kindergarten entry*~~	1st	
Tb	PPD Mantoux Test		
	registration for Kindergarten entry		

MEDICAL HISTORY	No	Yes
Asthma	☐	☐
On Asthma Medication?	☐	☐
Chickenpox	☐	☐
Mononucleosis	☐	☐
Pneumonia	☐	☐
Convulsions	☐	☐
Heart Disease	☐	☐
Rheumatic Fever	☐	☐
Meningitis	☐	☐
Anemia	☐	☐
Ear Infection	☐	☐
Frequent Colds	☐	☐
Frequent Sore Throats	☐	☐
Diabetes	☐	☐
Kidney Disease	☐	☐
Allergy	☐	☐
Sickle Cell Disease		
Other Illnesses*		
Hospitalization*	☐	☐
Surgeries/Fractures*	☐	☐
Wears Glasses	☐	☐
Speech Defect	☐	☐
Hearing Difficulty	☐	☐

*Explain _____

Is your child taking prescription medicine for a chronic condition?
Yes _____

Does anyone in the family have:
Asthma _____ Seizures ____
Heart Disease ____ Diabetes ____
Sickle Cell Disease _____

Please bring an official record of your child's immunizations when you register.

Do you have Health Insurance? Yes ____ No _____
Do you have Medi-Cal? Yes ____ No _____

Parent/Guardian Signature _____

Date _____

DISTRITO ESCOLAR UNIFICADO DE PASADENA
HISTORIA DE SALUD y DE VACUNACION para los grades K - 12

Padre/Tutor:

Por favor complete la HISTORIA DE SALUD y REGISTRO DE VACUNACIÓN al tiempo de matricular a su niño/a. Esta información es requerida (por la Ley de California) antes de matricularse.

Alumno/a _____ _____ _____
Apellido Nombre Segundo Nombre Fecha de Nacimiento Lugar de Nacimiento

Domicilio _____ _____
Número Calle Ciudad Zona Postal Teléfono

Escuela: _____ Grado _____ Masculino _____ Femenino _____

INFORMACIÓN DE LA FAMILIA

Padre _____ ¿Vive en casa? Sí ____ No _____
_____ Apellido Nombre Segundo Nombre
Ocupación

Madre _____ ¿Vive en casa? Sí ____ No _____
_____ Apellido Nombre Segundo Nombre
Ocupación

Hermanos (edades) _____ ____ ____ Hermanas (edades) __ __ __ __ __ Otros _____

REGISTRO DE VACUNACIÓN			Fecha
DTP	Difteria	1a	
	Tétano	2a	
	Tos Ferina	3a	
Para Kinder, después de 4 años de edad		4a	
Para 1º-12º., después de 6 años de edad		Refuerzo	
Td	Tétano	1a	
	Difteria	2a	
		3a	
	después de 6 años de edad	Refuerzo	
IPV/OPV	Polio	1a	
		2a	
Para Kinder, después de 4 años de edad		3a	
Para 1º-12º., después de 6 años de edad		Refuerzo	
MMR	(Sarampión, Paperas,	1a	
	Sarampión Alemán)	2a	
	2 dósis para Kinder y 7^0 grado		
	1 dósis para 1º-6º, 8º-12º grados		
	después del primer cumpleaños		
Hepatitis B	*para Kinder y 7^0 grado*	1a	
		2a	
		3a	
Varicella	*1 dósis para Kinder*	1a	
Tb	PPD Prueba Mantoux		
	de matricularse para Kinder		

HISTORIA MÉDICA	No	Sí
Asma -	☐	☐
¿Toma medicina para asma?	☐	☐
Viruelas	☐	☐
Mononucleosis	☐	☐
Pulmonía	☐	☐
Convulsiones	☐	☐
Enfermedad del Corazón	☐	☐
Fiebre Reumática	☐	☐
Meningitis	☐	☐
Anemia	☐	☐
Infección del Oído		
Resfriados Frecuentes		
Dolor de Garganta Frec.	☐	☐
Diabetes	☐	☐
Enfermedad de los Riñones	☐	☐
Alergia	☐	☐
Célula Falsiforme Otras	☐	☐
Enfermedades*	☐	☐
Hospitalización*	☐	☐
Operaciones/Fracturas*	☐	☐
Usa Lentes	☐	☐
Defecto del Habla	☐	☐
Sordera	☐	☐

*Explique _____

_____

_____

¿Está su niño tomando medicina prescrita por el médico para una enfermedad crónica?
Sí _____ No ___ Si la respuesta es afirmativa, diga cual.

_____

_____

Tiene alguien en la familia:
Asma _____ Convulsiones __
Célula Falsiforme ____ Diabetes _____
Enfermedad del Corazón _____

Por favor presente un registro oficial de las vacunas de su niño cuando lo matricule.

¿Tiene seguro médico? Sí _____ No _____
¿Tiene Medi-Cal? Sí _____ No _____

Firma del Padre/Tutor: _____

Fecha _____

IMMUNIZATION WORK SHEET LINE LISTING

CHILD’S NAME	GRADE	TEACHER	IMMUNIZATION STILL NEEDED	DATE LETTER SENT	DAT E DUE	ACTION PROMISE D	EXCLUSION WARNING SENT	DATE IMMUNIZATION COMPLETED	DATE CHILD EXCLUDED

CALIFORNIA SCHOOL IMMUNIZATION RECORD
FORM PM 286 B

Fill-in form available at:

http://www.dhs.cahwnet.gov/publications/forms/pdf/pm286b.pdf

INSTRUCTIONS FOR SCHOOL OR CHILD CARE STAFF

1. Complete child's name and address information section, or ask parent or guardian to complete this section only. (This form is not to be sent home or given to parents to complete.)
2. School or child care personnel then fill in date (month/day/year) of each immunization the student has received from the Immunization Record presented by the parent or guardian. (If the date consists only of month and year for some doses, fill in month/xx/year; however, if either measles, rubella or mumps (or MMR) was received in the month of the first birthday, month/day/year is required.)
3. Determine if immunization requirements have been met, using the California ''Immunization Requirements for Grades K–12,'' or ''Immunization Requirements for Child Care,'' (available from Immunization Coordinators in local health departments), or other requirements guide.
4. Complete the Documentation and Status of Requirements box.
   A. Fill in date and your signature as the staff member who reviewed and transcribed the immunization record presented by the parent or guardian. Check which type of record was presented.
   B. If the child has met all immunization requirements, check box A and write in date.
   C. If the child has not met all requirements, check box B. Child can be admitted only if up-to-date, e.g., no immunizations due currently. The child must be followed up as indicated in the ''Guide to Immunization Requirements.''
   D. If a child is to be exempted for medical reasons, a doctor's written statement is required; the statement must include which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met: check box A and box C.* If the medical exemption is temporary, check box B and box D; this child must be followed up.*
   E. If a child is to be exempted for reasons of personal beliefs, the parent or guardian must sign and date the affidavit below. No other parents should sign this affidavit. All requirements are met; check box A and box E.*

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

CREENCIAS PERSONALES: ESTA DECLARACIÓN JURADA DEBE SER FIRMADA POR EL PADRE O LA MADRE O EL GUARDIÁN
Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para vacunas de la entrada a la escuela/guardería ya que algunas o todas de las vacunas son opuestas a mis creencias. Comprendo que en caso de un brote en la communidad de alguna de estas enfermedades, mi hijo puede ser excluido temporalmente de la escuela/guardería por su propia protección.

Signature (Firma)_____ Date (Fecha)_____

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

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

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

Signature (Firma)_____ Date (Fecha)_____

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

PASADENA UNIFIED SCHOOL DISTRICT
HEALTH PROGRAMS

September 1, 2004

STANDING ORDERS FOR IMMUNIZATIONS

Pasadena Unified School District Nurse will:

Utilize the questionnaire for contraindications and side effects.

Give 0.5 ml I.M. of diphtheria and tetanus toxoids and acellular pertussis vaccine to students and children birth to seven years of age.

If there is a history of seizures, refer child to private physician for DPT.

If child younger than seven years of age has had a reaction to DPT, give DT 0.5 ml. IM.

Give 0.5 ml. I.M. of tetanus and diphtheria toxoid to children seven years of age and up.

Give rubeola, rubella, mumps (MMR), virus vaccine, live, attenuated, 0.5 ml. subcutaneously to all students beginning at 12 months of age.

After menarche caution student regarding pregnancy, when giving MMR.

Give polio virus vaccine, inactivated, IPV injectable 0.5 ml subcutaneously to all students 2 months of age to 18 years of age.

Give 0.5 ml I.M. Haemophilus influenza type B (HIB) immunization to all students under the age of 4 years, 6 months.

Give 0.5 ml I.M. of Hepatitis B vaccine to children birth to age 19.

Give 0.5 ml I.M. of Hepatitis A vaccine to children greater than 2 years of age.

Give varicella vaccine, live, attenuated, 0.5 ml subcutaneously to all students 12 months of age and older.

Record the date, manufacturer, and lot number of the vaccine on the record.

Give mantoux tuberculin skin test to students, preschool students, employees, and volunteers.

Give hemoglobin screening tests to students, preschool students, and employees.

Give influenza virus vaccine to employees according to Pasadena Health Department guidelines.

Give Hepatitis B vaccine to employees according to Pasadena Health Department guidelines.

P.U.S.D. nurses will document chicken pox disease on the CSIR. A clinical history determination of varicella will be based on taking a history from the parent/guardian to certify prior varicella disease.

School nurses will observe usual precautions regarding blood (needles), allergy, illnesses, and consent prior to above procedures.

Give epinephrine hydrocholoride 1:1000 dilution subcutaneously into opposite extremity for anaphalactic or other threatening emergency.

Dosage	0.01 ml./kg. (estimate approximate weight)
Max.	0.3 ml.

Give Benadryl 50 mg/ml I.M. once only as an adjunct, not a replacement to epinephrine.

Dosage	<2 yrs	0.25 ml	5-11 yrs	1.0 ml
	2-4 yrs	0.5 ml	≥12 yrs and adults	2.0 ml

Harold Wilson, M.D.	Ann Rector, MEd., CHES	Dr. Brian McDonald
Medical Consultant	Coordinator of Health Programs	Superintendent of Schools

QUESTIONNAIRE FOR CONTRAINDICATIONS FOR IMMUNIZATIONS

GENERAL QUESTIONS WHICH APPLY TO ALL VACCINES

1. Is your child sick today or does he/she have a high fever?
   (Look at the child. Does he/she appear ill?)

2. Is your child taking cortisone, prednisone, or other steroids or x-ray treatments? Does your child have cancer or leukemia or other diseases causing immune system problems, or was he/she born with immune system problems?

SPECIFIC QUESTIONS

1. **DTP**

   a. Has your child had convulsions seizures, or epilepsy?
   b. Did your child have a prior reaction to a dose of DTP?

2. **OPV or IPV**

   a. Is your child allergic to the antibiotics neomycin or streptomycin? If so, has it been so severe as to require your child to obtain medical treatment?
   b. Is any person in your household taking cortisone, prednisone, or other steroids or x-ray treatments? Does any person in your household have cancer or leukemia or other diseases causing immune system problems, or was he/she born with immune system problems?
   c. For females of childbearing age to receive OPV: Is it possible that you are pregnant now?

3. **MMR and VARICELLA**

   a. Is your child able to eat eggs without any adverse reaction? Does your child have a history of allergic response to the antibiotic neomycin?
   b. Has your child had a gamma globulin shot or a blood transfusion in the past 3 months?
   c. For females of childbearing age: Is it possible that you are pregnant now or that you may become pregnant in the next 3 months?
   d. Does your child have an impaired immune system? (leukemia, lymphoma, generalized malignancy, immune deficiency disease or on immunosuppressive therapy?).

4. **HIB**

   Did your child have an anaphylactic reaction following a prior dose of HIB?

5. **HEPATITIS B/HEPATITIS A**

   Have you had a severe allergic reaction to prior dose of Hepatitis B or Hepatitis A vaccine?

IMMUNIZATION ANAPHYLAXIS MANAGEMENT

Anaphylaxis usually begins several minutes after injection of an offending substance.

Initial symptoms typically include several of the following:

MILD: Sneezing, coughing, itching, "pins and needles sensation of skin," flushing, facial edema, urticaria (hives) and anxiety.

SEVERE: Dyspnea, violent cough, chest constriction, cyanosis, fever, skin eruption, pulse variations, convulsions, collapse.

KIT CONTENTS:
1 - Benadryl, 50 mg/ml 1cc amps
2 - Epinephrine, 1:1000, 1cc amps
3 - Tuberculin syringes 1cc - with 5/8" needle (assembled)
1 - Tourniquet

ANAPHYLAXIS PROCEDURE

1. **CALL FOR HELP**
2. **DIAL 911**
3. Obtain Emergency kit from refrigerator. Apply tourniquet lightly (dimple only) above injection site. (Do not stop arterial pulse)
4. Inject 1:1000 epinephrine (adrenalin) **subcutaneously** in deltoid (in opposite arm of injected site) according to the following approximate dosage:

<12 months	0.05	ml (cc)
1 - 4 years	0.15	ml (cc)
5 - 9 years	0.3	ml (cc)
≥10 years	0.5	ml (cc)

5. Inject 50 mg/ml Benadryl (diphenhydramine hydrochloride) **intramuscularly** (different site from epinephrine) **ONE TIME ONLY**.

   Follow approximate dosage:

under 2 years	0.25	ml
2 - 4 years	0.5	ml
5 - 11 years	1.0	ml
12 - adults	2.0	ml

6. If no improvement occurs within 3-4 minutes, repeat **INJECT Epinephrine**.
7. Monitor blood pressure, pulse, and respirations. Record results.
8. Record amounts and times of epinephrine injections and by whom.
9. If no improvement, repeat every 10-15 minutes **INJECT Epinephrine**.

Pasadena Unified School District
Health Programs
351 South Hudson Avenue • Pasadena, CA
91109

VACCINE ADMINISTRATION RECORD

I have been given and have read, or have had explained to me, the information contained in the "Vaccine Information Statement(s)" about the disease(s) and vaccine(s) indicated below. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) indicated below be given to me or to the person named below for whom I am authorized to make this request.

Me han dado una copia y he leido, o me han explicado la información contenida en el "Folleto de Información Sobre las Vacunas" sobre las enfermedades y vacunas indicadas abajo. He tenido oportunidad de hacer preguntas, las que me han sido contestadas a mi completa satisfación. Creo que entiendo los beneficios y los riesgos de las vacunas y pido que estas vacunas me sean aplicadas a mi o la persona cuyo nombre aparece abajo por quien estoy autorizado para hacer esta solicitud.

Vaccine	Date Given	Age	Manufacturer & Lot Number	Site/ Rout	Administered by	Authorized Signature	Date Signed	VIS Rev. Date
IPV □ OPV □	/ /						/ /	/ /
□ □	/ /						/ /	/ /
□ □	/ /						/ /	/ /
□ □	/ /						/ /	/ /
□ □	/ /						/ /	/ /
DTP □ DT □ Td □ DTaP □	/ /						/ /	/ /
□ □ □ □	/ /						/ /	/ /
□ □ □ □	/ /						/ /	/ /
□ □ □ □	/ /						/ /	/ /
□ □ □ □	/ /						/ /	/ /
□ □ □ □	/ /						/ /	/ /
HibT □ PedV □ ProH □	/ /						/ /	/ /
□ □ □	/ /						/ /	/ /
□ □ □	/ /						/ /	/ /
□ □ □	/ /						/ /	/ /
MMR □ MR □ M □	/ /						/ /	/ /
□ □ □	/ /						/ /	/ /
HBV	/ /						/ /	/ /
	/ /						/ /	/ /
	/ /						/ /	/ /
Varicella	/ /						/ /	/ /
	/ /						/ /	/ /
Hepatitis A	/ /						/ /	/ /
	/ /						/ /	/ /
PCV 7	/ /						/ /	/ /
	/ /						/ /	/ /
	/ /						/ /	/ /
	/ /						/ /	/ /
Other	/ /						/ /	/ /

TB Skin Tests	Date Given	Given by	Date Read	Read by	mm indur	Impression	Authorized Signature
PPD-Mantoux	/ /		/ /				
PPD-Mantoux	/ /		/ /				

VFC Status: This patient □ is □ is not qualified to receive VFC vaccine (check reason below if qualified).

□ CHDP/Medi-Cal □ No Insurance

□ Am. Indian/Alaskan Native □ Insurance does not cover vaccines

Patient's Name, Record Number and Date of Birth

Name: _____

Birth Date: _____ School: _____

Address: _____

Telephone #: (H) _____ (Cell) _____

School ID #: _____

H-519 (rev 4/2003) See Reverse Side for Instructions

Pasadena Unified School District
Health Programs
351 South Hudson Avenue • Pasadena, CA
91109

NAME (last) _____ (first) _____ DOB _____

VACCINE ADMINISTRATION RECORD

Screening Questionnaire for Child and Teen Immunization
Cuestionario de la Vacunación de Niño y Adolescentes

For parents/guardians: The following questions will help us determine which vaccines may be given today. If a question is not clear, please ask the nurse to explain it.

Destinado a los padres/tutores: Las siguientes preguntas nos ayudarán a determinar cuales vacunas pudieran ser dadas hoy. Si alguna pregunta no le quedara clara, faver de pedirle a la enfermera que se la explique.

	Date/Fecha	Date/Fecha	Date/Fecha	Date/Fecha
1. Is the child sick today? ¿Está enfermo(a) el niño(a) hoy?	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐
2. Does the child have allergies to medications, food, or any vaccine? ¿El niño(a) es alérgico(a) a medicamentos, alimentos o alguna vacuna?	Y ☐ N ? ☐	Y ☐ N ? ☐	Y ☐ N ? ☐	Y ☐ N ? ☐
3. Has the child had a serious reaction to a vaccine in the past? ¿El niño(a) ha tenido en el pasado una reacción grave a alguna vacuna?	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐
4. Has the child had a seizure or a brain problem? ¿El niño(a) ha sufrido algún ataque convulsivo o algún problema cerebral?	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐
5. Does the child have cancer, leukemia, AIDS, or any other immune system problem? ¿El niño(a) padece de cáncer, leucemia, SIDA, o alguna otra deficiencia del sistema inmunológico?	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐
6. Has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had x-ray treatments in the past 3 months? ¿Durante los últimos 3 meses, el niño(a) ha consumido cortisona, prednisona, otras esteroides o drogas contra el cáncer, o ha recibido tratamientos con radiografías?	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐
7. Has the child received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin in the past year? ¿Ha recibido el niño(a) una transfusión de sangre o plasma, o ha recibido un medicamento llamado "gamaglobulina inmunológica" durante el ultimo año?	Y ☐ N ? ☐	Y ☐ N ? ☐	Y ☐ N ? ☐	Y ☐ N ? ☐
8. Is the child/teen pregnant or is there a chance she could become pregnant in the next 3 months? ¿Su hija, o su adolescente, está embarazada o existe la posibilidad de que se embarace en los próximos 3 meses?	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐
9. Has the child received any vaccinations in the past 4 weeks? ¿En las últimas 4 semanas, el niño(a) ha sido vacunado(a)?	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐	Y ☐ N ☐ ? ☐

Adapted from Immunization Action Coalition (3/01)

Site of Administration		Routes of Administration:
LD = Left Deltoid	**LT** = Left Thigh	**IM** – Dtap, DT, Td, Hib, HBV, HBV/HIB, Hep A, PCV 7
RD = Right Deltoid	**RT** = Right Thigh	**SC** – MMR, MR, M, IPV, Varicella

I have read and understand the disclosure to parent/guardian on the **Los Angeles Regional Immunization Registry**.
I agree to permit my child's record to be shared through the Los Angeles Regional Immunization Registry computer system.

_____ _____
Signature Date

He leído, y entiendo la información para padres/apoderados del **Registro de Vacunas Regional de Los Angeles**. Estoy de acuerdo y doy mi consentimiento para que la información de vacunas de mi hijo/a sea compartida a través del sistema computarizado del registro de Vacunas Regional de Los Angeles.

_____ _____
Firma Fecha

TUBERCULOSIS

Mandatory Requirements For Students

The school personnel enrolling the student shall record each student's tuberculosis examination on the CSIR.

New (2016) TB Risk Assessment: (For providers considering screening adults not seeking TB testing as a requirement for work or school)

- **TB Risk Assessment Tool** Click here
- **TB Risk Assessment FACT sheet** Click here

Tuberculosis (TB) Screening Requirements for Public, Private, Parochial K-12 and Nursery School Employees, Volunteers, and Contractors

Assembly bill (AB) 1667 was recently enacted and became effective on January 1, 2015. It replaced universal tuberculosis (TB) testing with a TB risk assessment questionnaire therefore updating California law to reflect current federal Centers for Disease Control and Prevention (CDC) targeted testing recommendations.

The new law requires a pre-K and K-12 TB Risk Assessment Questionnaire and Certificate of Completion form, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA), to be used; this form is included below. Under this new law, TB testing will be based on the results of the TB risk assessment.

If risk factors are identified, the provisions of the bill would then require TB screening/testing (Tuberculin Skin Test [TST] or interferon gamma-release assay [IGRA] blood test). Anyone with a positive screening test must undergo an examination by a licensed MD or NP to determine that the person is free of infectious tuberculosis.

- Assembly Bill No. 1667
- Algorithm Tuberculosis Screening AB 1667
- AB 1667 - FREQUENTLY ASKED QUESTIONS
- Adult Tuberculosis (TB) Risk Assessment Questionnaire and Certificate of Completion

TB Screening for School Entry

Universal TB screening and risk-based testing was incorporated into the CA State physical examination requirement for children entering first grade in Los Angeles County in July 2012. Health providers should screen students using the pediatric risk assessment questionnaire below and test them for TB only if a risk factor is present and document this on the PM 171.

Report of Health Examination for School Entry (PM 171)

Risk Assessment Questionnaire
Chinese | Spanish | Tagalog | Vietnamese

AAP Periodicity Schedule **(rev. 2014)**

SCHOOL DISTRICT_____ GRADE _____

FIRST TIME ADMISSIONS ONLY WORKSHEET

SCHOOL_____ ROOM NUMBER _____

NAME		AGE	US	NON US	SKIN TEST		EXEMPTION	CONDIT	UNCONDIT
FIRST	LAST	EXCEPTION	BORN	BORN	<10mm	10mm or>	STATUS	ADMIT	ADMIT

SAMPLE

TUBERCULOSIS SKIN TEST REPORT FORM

SCHOOL MANDATE 2002-2003

PUBLIC SCHOOLS

SAMPLE

DISTRICT/SCHOOL CODE: 19-12345-1234567
School Name: Steinbeck Elementary School
Address: 123 N. Baldwin Avenue
City: Arcadia, CA 91007
Zip Code:

ADDRESS CORRECTIONS:
School Name:
Address:
City:
Zip Code:

INSTRUCTIONS: (Complete the table below to report the TB SKIN TEST results for your school)

1. For each grade level Kindergarten through grade 12 (indicated on the left column of the table below), please report the NUMBER of positive and negative skin test results for each category, U.S. born or Foreign born (columns A, B, C, and D). Please enter zeroes where appropriate.
2. Please report the NUMBER of waivers * (both medical waivers and personal/religious belief waivers) in the appropriate column in the table below (column E). Please enter zeroes where appropriate.
3. Please indicate the **TOTAL ENROLLMENT OF KINDERGARTENERS ONLY**(column F). The sum of the number of Kindergarteners tested or with waivers **MUST** equal the total Kindergarten enrollment. [A + B + C + D + E = F]
4. **REMEMBER:** Only the **Mantoux Skin Test** is acceptable. **Multiple Puncture Tests** are unacceptable for the School Mandate.
5. **Students covered under the Tuberculosis Skin Test School Mandate:**
   - ALL Kindergarten students must have a Mantoux TB Skin Test within one year prior to the first day of school. (Pre-school students should not be included on this table. Pre-school and day-care facilities have their own requirements.)
   - NEW students in grades 1-12 who have never previously attended a California school must show proof of a Mantoux TB Skin Test from any previous time. (Transfer students from within California or Los Angeles County are not required to have a TB Skin Test).
   - For students transferring into your school after the start of the school year, please include those who enroll in your school on or before October 31, 2002. Students who enroll after the cut-off date of October 31, 2002, should not be included on your school's Report Form, as they will be included on the previous school's Report Form.
6. Pending results require urgent follow-up and cannot be reported without a result.
7. If no students are eligible for the mandate, please check the appropriate box on the table and return the form.
8. If your school uses age groups instead of grade levels, estimate the grade level based on age and fill-in the appropriate row for that grade.
9. **Please list your name, title, telephone number, and e-mail address** below the table.

If no students are covered by the 2002-2003 TB Skin Test Mandate, check this box:						
Grade Level	U.S. Born Tested		Foreign Born Tested		Number of Waivers * (E)	Total K Enrolled (F)
	Positive Result (A)	Negative Result (B)	Positive Result (C)	Negative Result (D)		
K (all students)	2	28	3	7	0	40
1 (If new to CA)	0	12	2	6	0	N/A
2 (If new to CA)	0	0	0	0	0	N/A
3 (If new to CA)	0	3	0	2	0	N/A
4 (If new to CA)	1	4	2	3	0	N/A
5 (If new to CA)	3	9	4	2	2 *	N/A
6 (If new to CA)						N/A
7 (If new to CA)						N/A
8 (If new to CA)						N/A
9 (If new to CA)						N/A
10 (If new to CA)						N/A
11 (If new to CA)						N/A
12 (If new to CA)						N/A

* = 1 student w/ medical waiver; 1 student w/personal belief exemption (PBE).

Name of person completing form: Florence N. Gale, R.N. Title: School Nurse
Area Code & Telephone Number: (626) 555-1234 Title: fngale@ausd.k12.ca.us
Facsimile (Fax) Number: (626) 555-1235

- Attention school staff:
  Please send your school's completed report form by NOVEMBER 15, 2002 to the School District Nursing Coordinator.
- Attention School District Nursing Coordinator: **Please forward the completed report forms by DECEMBER 13, 2002 to:**
  Clovia Lee, M.P.H., School Mandate Coordinator
  Tuberculosis Control Program
  2615 S. Grand Avenue, Room 507
  Los Angeles, CA 90007-2608

→ For questions regarding extracting information from the school computer please contact your district office.
→ For questions regarding completing this form, please call the School Mandate Coordinator at TB Control: 213-744-6160
→ For questions regarding the TB skin Test, please call the TB Nurse at TB Control: 213-744-6160

TUBERCULOSIS TESTING
Students **AR 5141.26**

Any student with active tuberculosis shall be excluded from attendance at a district school in accordance with AR 5112.2-Exclusions from Attendance.
Students shall be screened or tested for tuberculosis under the following circumstances:

1. As part of the comprehensive health screening required for school entry, parents/guardians shall provide evidence within 90 days after their child's entry into first grade that their child has been screened for risk of tuberculosis within the preceding 18 months. (Health and Safety Code 124040, 124085)

2. Whenever ordered by the local health officer, students seeking admission for the first time to a district school at any grade level shall submit to tuberculosis testing. Any student subject to the order shall be admitted to school as follows:

   a. The Superintendent or designee shall unconditionally admit the student if he/she, prior to admission, submits a certificate, signed by any public or private medical provider, indicating that he/she has completed an approved tuberculosis examination and is free from active tuberculosis. (Health and Safety Code 121485, 121490, 121500; 22 CCR 41305, 41311, 41313)
   (cf. 5141.3-Health Examinations)
   (cf. 5141.6 School Health Services)
   (cf. 5148-Child Care and Development)
   (cf. 5148.3-Preschool/Early Childhood Education)

A student shall not be required to obtain the certificate if his/her parent/guardian or custodian provides the Superintendent or designee with an affidavit stating that the required examination is contrary to his/her beliefs. If there is probable cause to believe that such a student has active tuberculosis, he/she may be excluded from school until the Superintendent or designee is satisfied that he/she is not afflicted. (Health and Safety Code 121505).

   b. A student who has not submitted the certificate may be conditionally admitted provided that he/she receives an approved tuberculin skin test within 10 school days after admission. A student who had a positive skin test and has not subsequently obtained a chest x-ray may be conditionally admitted if he/she receives a chest x-ray within 20 school days after admission. Any student who fails to provide the certificate within those time periods shall be prohibited from further attendance until he/she provides the certificate. (Health and Safety Code 121495; 22 CCR 41315, 41327)

   c. Whenever the local health officer so orders, a student may be required to complete an additional examination and provide another certificate indicating that he/she is free of communicable tuberculosis. (Health and Safety Code 121485)

   d. At the discretion of the local health officer, the district may admit a student without a certificate if he/she is undergoing or has already undergone preventive treatment for tuberculosis infection or treatment for tuberculosis disease. (22 CCR 41319)

3. Whenever the Superintendent or designee suspects that a student who has not been examined for tuberculosis either has the disease or has been exposed, he/she shall immediately report by telephone to the local health officer. When required by the local health officer, the district shall exclude the student from school until he/she is certified to be free of communicable tuberculosis. (22 CCR 41329)

The Superintendent or designee shall maintain a record of any student's tuberculosis examination as part of the student's mandatory permanent student record. (22 CCR 41323)

(cf. 5125 - Student Records)

The Superintendent or designee shall annually file a report with the local health department on the results of tuberculosis examinations for all individuals required to complete such examinations in accordance with item #2 above, including, but not necessarily limited to, the number of individuals unconditionally and conditionally admitted and the number of

individuals exempted on the basis of their personal beliefs. (22 CCR 41325)

(cf. 4112.4/4212.4/4312.4 - Health Examinations)
(cf. 4119.43/4219.43/4319.43 - Universal Precautions)
(cf. 4131 - Staff Development)
(cf. 4231 - Staff Development)
(cf. 4331 - Staff Development)
(cf. 5141.22 - Infectious Diseases)

Legal Reference:
EDUCATION CODE:
48213-Prior parent notification of exclusion; exemption
49451-Parent's refusal to consent to health examination
HEALTH AND SAFETY CODE
120230-Exclusion of persons from school when residence is in isolation or quarantine
CODE OF REGUILATIONS, TITLE 5
202-Exclusion of students with contagious disease
432-Student records
3030-Eligibility for special education; tuberculosis that adversely effects educational performance
CODE OF REGULATIONS, TITLE 22
41301-41329-Tuberculosis tests for students

Management Resources:
WEBSITES:
American Lung Association: www.lungusa.org
California Department of Public Health, Tuberculosis Control: www.dph.ca.gov/programs/tb
Centers for Disease Control and Prevention, Tuberculosis: www.cdc.gov/tb
Health Officers Association of California: www.calhealthofficers.org