

GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY

Grades K-12

REFERENCE: Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

IMMUNIZATION REQUIREMENTS: To enter or transfer into public and private elementary and secondary schools (grades kindergarten through 12), children under age 18 years must have immunizations as outlined below.

VACCINE	REQUIRED DOSES
Polio	4 doses at any age, but... 3 doses meet requirement for ages 4–6 years if at least one was given on or after the 4th birthday; 3 doses meet requirement for ages 7–17 years if at least one was given on or after the 2nd birthday.
Diphtheria, Tetanus, and Pertussis <i>Age 6 years and under (Pertussis is required)</i> DTP, DTaP or any combination of DTP or DTaP with DT (diphtheria and tetanus) <i>Age 7 years and older (Pertussis is not required)</i> Td, DT, or DTP, DTaP or any combination of these <i>7th grade</i> Td booster	5 doses at any age, but... 4 doses meet requirements for ages 4–6 years if at least one was on or after the 4th birthday. 4 doses at any age, but... 3 doses meet requirement for ages 7–17 years if at least one was on or after the 2nd birthday. If last dose was given before the 2nd birthday, one more (Td) dose is required. 1 dose not required but recommended if more than 5 years have passed since last DTP, DTaP, DT, or Td dose.
Measles, Mumps, Rubella (MMR) <i>Kindergarten</i> <i>7th grade</i> <i>Grades 1–6 and 8–12</i>	2 doses both on or after 1st birthday. 2 doses both on or after 1st birthday. 1 dose must be on or after 1st birthday.
Hepatitis B <i>Kindergarten</i> <i>7th grade</i>	3 doses at any age 3 doses at any age or 2 doses of 2 dose formulation
Varicella <i>Kindergarten</i> <i>Out-of-state entrants (grades 1–12)</i>	1 dose 1 dose for children under 13 years; 2 doses are needed if immunized on or after 13th birthday.

EXEMPTIONS: The law allows (a) parents/guardians to choose an exemption from immunization requirements based on their personal beliefs, and (b) physicians of children to elect medical exemptions. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). See the back of the blue California School Immunization Record (PM 286) for instructions and the affidavit to be signed by parents/guardians electing the personal beliefs exemption. For children with medical exemptions, the physician's written statement should be stapled to the CSIR. Schools should maintain an up-to-date list of pupils with exemptions, so they can be excluded quickly if an outbreak occurs.

TB Skin Test (with result).....Given in the United States within 1 year before first admission to school in San Francisco

OR

Signature of examiner attesting to no risk factors for TB

Risk Factors for TB in Children

- Have a family member or contacts with history of confirmed or suspected TB
- Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America)
- Adopted from any high-risk area
- Travel to countries with high rate of TB
- Live in out-of-home placements
- Have, or are suspected to have, HIV infection♦
- Live with an adult with HIV seropositivity
- Live with an adult who has been incarcerated in the last five years
- Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents of nursing homes
- Have contact with individuals(s) with positive TB skin test(s)
- Have abnormalities on chest X-ray suggestive of TB
- Have clinical evidence of TB

♦ Screening should be performed by CXR in addition to skin test and symptom review in HIV infected or suspected HIV, other immunocompromised conditions or if child is taking immunosuppressive agents such as chronic prednisone or TNF blockers

THE KINDERGARTEN/FIRST GRADE HEALTH EXAMINATION A completed physical is required for children entering school. The physical examination of kindergarten must be done after March 1st for the same year that they entered school. First graders, the examination must be done not more than 18 months prior to entry. Lack of evidence of a physical examination will result in denial of enrollment.

San Francisco Unified School District - School Health Form

Completed by Parent or Caregiver:

Child's Name: _____ Birthdate: _____ Male Female School: _____
 Last, First month/day/year
 Address: _____ Phone: _____ / _____ / _____ Grade: _____
 Street Zip Home Cell Work

Release of Health Information: I give permission to share the results of this examination with the School _____
 Signature of Parent/Caregiver Date

NOTE: Kindergarten entrance physical examination to be done no earlier than March of the year the child enters Kindergarten

Completed by health provider:

IMMUNIZATION RECORD (EACH child should have a completed or updated official/ yellow Immunization Record)

Vaccine	Dose given Month / Day / Year					Tuberculin Skin Test (Mantoux/PPD) Date: _____
	1 st	2 nd	3 rd	4 th	5 th	
Polio:						Induration: _____ mm Impression: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
DPT/DTaP (Diphtheria, Pertussis, Tetanus)						Chest X-Ray/RX: required with Positive TB Skin Test
Td/DT (Tetanus, Diphtheria)						CXR Date: _____ Impression: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
Hib (Haemophilus influenza type B)						RX treatment & duration: _____
MMR (Measles, Mumps, Rubella)			Not to be given before the 1 st birthday			<input type="checkbox"/> Child has no risk factors for TB and does not require TB test
Hepatitis B						*see back for risk factors _____ Health Provider Signature
Varicella (Chickenpox)						Had Varicella disease - Approximate date _____

HEALTH EXAMINATION – Date of Exam _____

	Results:	Relevant findings:	Follow-up/Referral Needed :
Health/Developmental History			
Physical Examination	Ht: _____ BP: _____ Wt: _____ BMI: _____ %		
Dental Assessment			
Developmental Evaluation			
Vision Screening	R: 20/ _____ L: 20/ _____		
Audiometric (hearing) Screening	1000 2000 4000		
	Right: _____		
	Left: _____		
Nutritional Assessment			
Lab Tests	Urine _____ Lead _____ Blood test for anemia _____		
Other			

(If you do not want your child to have an exam, you may sign the waiver form, PM 171B, obtained from your child's school) See other side for more details.

- Examination revealed no condition relevant to the school program, e.g. allergies, asthma, cardiac condition, diabetes, epilepsy, etc.
- Medical condition identified – emergency care plan attached (emergency care plan template can be downloaded at http://portal.sfusd.edu/template/default.cfm?page=chief_dev.health.MedicalForms)
- Medication taken at school – Name of medication: _____ Medication taken at home – Name of medication: _____
 (If medication is taken at school, complete a medication form for each medication (medication form template can be downloaded at http://portal.sfusd.edu/template/default.cfm?page=chief_dev.health.MedicalForms)
- Restriction from physical activity – please specify _____

Name of Health Provider: _____	Child under my care since _____	
Address: _____	Signature of Health Provider: _____	Date: _____
Phone: _____		