Student full name \_\_\_\_\_ Student date of birth\_\_\_\_\_



52500 Temecula Road

Idyllwild, CA 92549

951.659.2171 idyllwildarts.org

**IMMUNIZATION RECORD** 

To the practitioner: please fill in the following immunization dates or attach an office copy that includes the up-to-date immunizations listed here. Please include the month/day/year for each vaccine administered. (See page 2 for more information on all requirements)

**Required Vaccinations** Vaccine Date Vaccine Date administered administered DTaP/DTP/DT1 HepB₁ DTaP/DTP/DT<sub>2</sub>  $HepB_2$ DTaP/DTP/DT<sub>3</sub>  $HepB_3$ DTaP/DTP/DT<sub>4</sub> Polio<sub>1</sub> DTaP/DTP/DT/ Tdap<sub>5</sub> Polio<sub>2</sub> Meningococcal (ACWY)<sub>1</sub> Polio<sub>3</sub> Meningococcal (ACWY)<sub>2</sub> Polio₄ (after 16th birthday) Varicella<sub>1</sub> HepA<sub>1</sub> Varicella<sub>2</sub> HepA<sub>2</sub> Or: disease date of TB skin test (negative test within one Varicella/Chicken Pox year of entry to IAA) MMR₁ Or: BCG vaccine  $MMR_2$ Other: Recommended/Optional vaccines COVID-19<sub>1</sub> (Type\_\_\_\_\_)  $HPV_1$ COVID-19<sub>2</sub> (Type\_\_\_\_\_) HPV<sub>2</sub>  $HPV_3$ COVID-19<sub>3</sub> (Type\_\_\_\_\_) Influenza (current year) Other:

Practitioner's Name Practitioner's Address Practitioner's Phone Number & Fax Number

Signature of Examining Practitioner \_\_\_\_\_ Date\_\_\_\_\_



IAHC – immunization record Page 2 of 2



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The following immunizations are required by law in the State of California. No student is permitted to participate in our programs without a completed immunization record per California law. Exceptions are made only with a state-approved physician-signed waiver of immunization. California does not accept exemptions for religious or personal beliefs.

- Diphtheria, Tetanus, and Pertussis (DTap, DTP, Tdap, or Td)- 5 doses
  - (4 doses ok if one was given after the 4th birthday)
  - (3 doses ok if one was given after the 7th birthday)
- Polio- 4 doses

   (3 doses ok if one was given on or after the 4th birthday)
- Hepatitis B- 3 doses
- Hepatitis A- two doses
- Measles, Mumps, and Rubella (MMR)- 2 doses

   (Both given on or after the 1st birthday)
- Varicella (Chickenpox)- 2 doses
- Meningococcal (ACWY)- 1-2 doses
  - (Two doses if one is before the age of 16, additional dose is required after the 16th birthday)
- TB Skin Test (PPD) or BCG vaccination:
  - BCG: Bacille Calmette-Guerin, is a vaccine for tuberculosis (TB) disease. Many foreign-born persons have been BCG-vaccinated. BCG is used in many countries with a high prevalence of TB to prevent childhood tuberculous meningitis and miliary disease.
  - (TB skin test is required upon entry, needs to be done within one year of admission <u>or</u> proof of BCG vaccine can be submitted instead of a TB skin test