# School Immunizations Reporting Webinar

San Francisco Childcare and Preschools
January 12, 2022

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DISEASE PREVENTION & CONTROL

1

## Introductions

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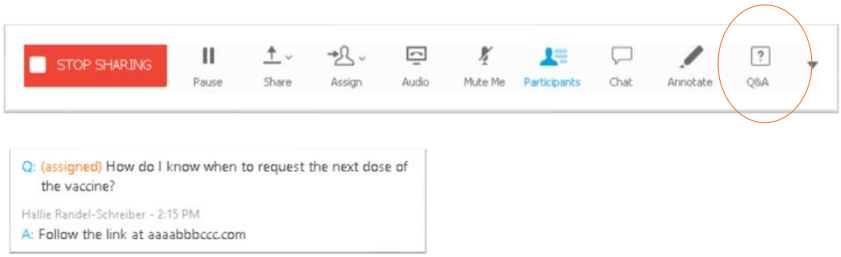
2

# Quick Orientation to Webex

- Please mute yourself if not already muted.
- We are going to answer questions verbally at the end.
  - However, if questions come up as we're going through the presentation, please ask them by using the "Q&A" function
  - We will either responds in the text box or answer them more fully at the end of the presentation
  - Please direct questions to "All panelists"




3

# Goals for this webinar

**01**
Identify state resources for immunization reporting

**02**
Demonstrate how to categorize students who are not up-to-date with their vaccination status, focusing on most common statuses you will encounter

**03**
Demonstrate how to use the shotsforschool.org website for reporting

**04**
Answer remaining questions about the reporting process

4

## California School Immunization Requirements and Instructions for Reporting

- Schools and childcare centers in California report students' immunization status to www.shotsforschool.org
- Reporting instructions are available on the website arranged by:
  - Pre-K (childcare)
  - TK/K and 1st grade
  - 7th and 8th grade
- Reporting is required for ages **2-5 years old,** but you should check the status of all students

5

## California School Immunization Requirements and Instructions for Reporting

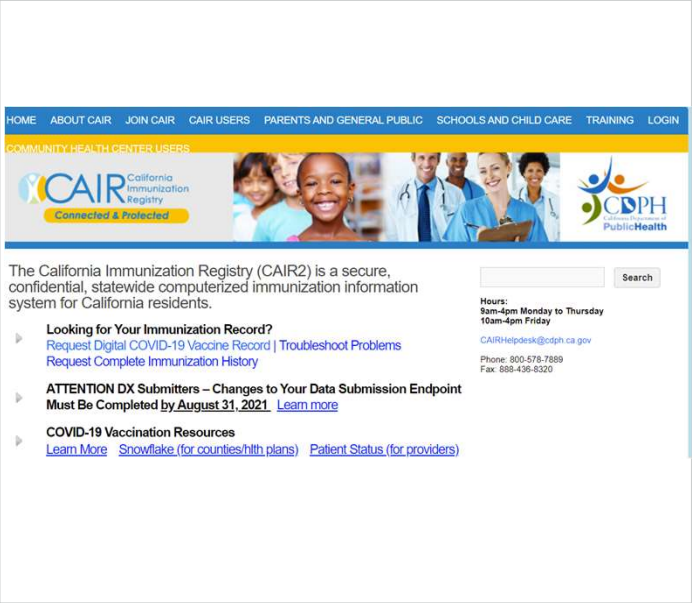
- Website contains resources on immunization requirements, determining status and submitting report
  - Instructions (online and in printable form)
  - Worksheet for tallying the number of students that are up-to-date and not up-to-date (in a spreadsheet or printable form)
  - Guide to which immunizations are required in childcare/preschool

https://www.shotsforschool.org/reporting/childcare/

6

## California Immunization Registry (CAIR/CAIR2)

- CAIR is a FREE internet-based database of immunizations administered in California
- Large medical systems like KP, community clinics like Mission Neighborhood Health Center and NEMS, and even small private practice pediatricians record immunizations in CAIR




https://cairweb.org/

7

## California Immunization Registry (CAIR/CAIR2)

- Schools and childcare centers can get FREE accounts to access immunization histories for kids vaccinated in California!
- To register for an account, visit https://cairweb.org/join-cair/
- CAIR has a number of resources and training videos on how to use CAIR
- We will talk about some of the ways you can use CAIR to make immunization reporting easier

https://cairweb.org/how-cair-helps-schools-and-child-care/

8

## California requirements are based on CDC recommended schedule, but they are not the same!

- Not all vaccines that are recommended for children are required for entry into pre-K
- If parents have questions about what the recommended CDC schedule for vaccination is, you can direct them to the CDC schedule for children 18 and under

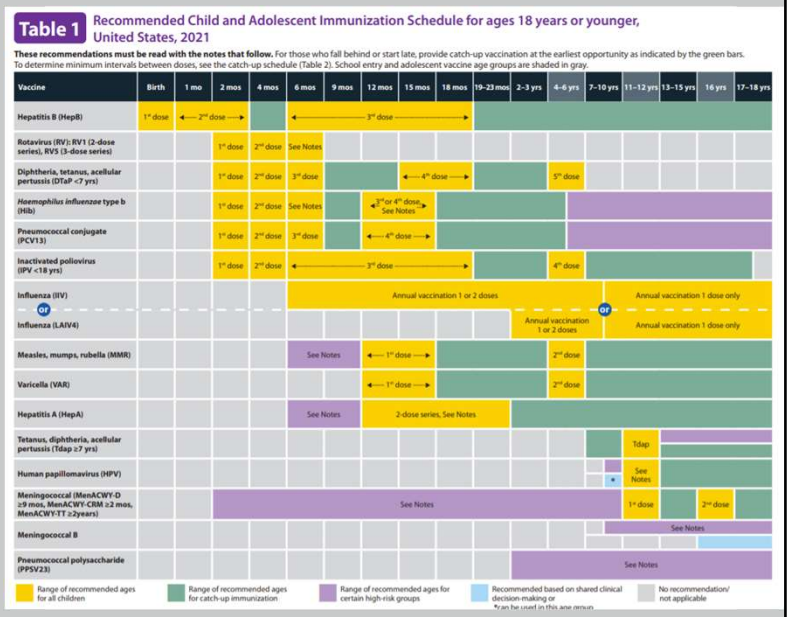


**Table 1** Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

**These recommendations must be read with the notes that follow.** For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

| Vaccine | Birth | 1 mo | 2 mos | 4 mos | 6 mos | 9 mos | 12 mos | 15 mos | 18 mos | 19–23 mos | 2–3 yrs | 4–6 yrs | 7–10 yrs | 11–12 yrs | 13–15 yrs | 16 yrs | 17–18 yrs |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hepatitis B (HepB) | 1st dose | ←— 2nd dose —→ | | | ←— 3rd dose —→ | | | | | | | | | | | | |
| Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series) | | | 1st dose | 2nd dose | See Notes | | | | | | | | | | | | |
| Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs) | | | 1st dose | 2nd dose | 3rd dose | | | ←— 4th dose —→ | | | | 5th dose | | | | | |
| *Haemophilus influenzae* type b (Hib) | | | 1st dose | 2nd dose | See Notes | | ←3rd or 4th dose, See Notes→ | | | | | | | | | | |
| Pneumococcal conjugate (PCV13) | | | 1st dose | 2nd dose | 3rd dose | | ←— 4th dose —→ | | | | | | | | | | |
| Inactivated poliovirus (IPV <18 yrs) | | | 1st dose | 2nd dose | ←— 3rd dose —→ | | | | | | | 4th dose | | | | | |
| Influenza (IIV) | | | | | Annual vaccination 1 or 2 doses | | | | | | | | Annual vaccination 1 dose only | | | | |
| OR | | | | | | | | | | | | | OR | | | | |
| Influenza (LAIV4) | | | | | | | | | | | Annual vaccination 1 or 2 doses | | Annual vaccination 1 dose only | | | | |
| Measles, mumps, rubella (MMR) | | | | | See Notes | | ←— 1st dose —→ | | | | | 2nd dose | | | | | |
| Varicella (VAR) | | | | | | | ←— 1st dose —→ | | | | | 2nd dose | | | | | |
| Hepatitis A (HepA) | | | | | See Notes | | 2-dose series, See Notes | | | | | | | | | | |
| Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs) | | | | | | | | | | | | | | Tdap | | | |
| Human papillomavirus (HPV) | | | | | | | | | | | | | * | See Notes | | | |
| Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years) | | | See Notes | | | | | | | | | | | 1st dose | | 2nd dose | |
| Meningococcal B | | | | | | | | | | | | | | See Notes | | | |
| Pneumococcal polysaccharide (PPSV23) | | | | | | | | | | | See Notes | | | | | | |

Range of recommended ages for all children; Range of recommended ages for catch-up immunization; Range of recommended ages for certain high-risk groups; Recommended based on shared clinical decision-making or; No recommendation/ not applicable

https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

9

## Steps for determining immunization statuses for school report on Shotsforschool.org

- We are going to walk through the steps that we recommend for reporting immunization history together and then summarize those steps at the end
- As we go, we will recommend some helpful resources and include links directly in this PowerPoint so that you can use this document as a tool

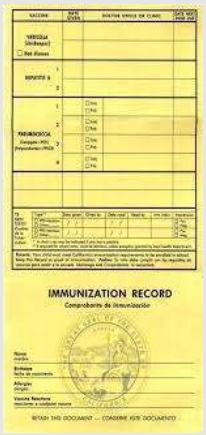
10

# 1. Gather immunization records for all enrolled students

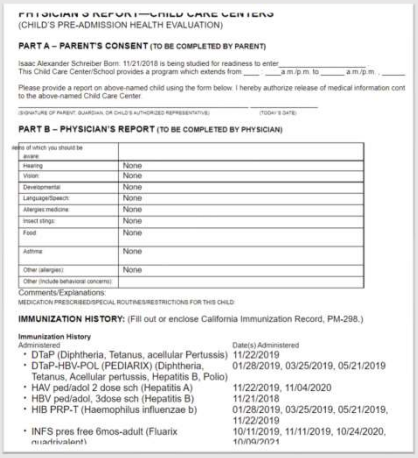
- Confirm that each student has an immunization document. This can be:
  - A copy of the yellow immunization card
  - A print-out from the child's medical record or a letter from the health care provider
  - A print-out from the California Immunization Registry (CAIR or CAIR2) or from another state's immunization registry

11

# *Examples of Immunization Records*



IMMUNIZATION RECORD
Comprobante de Inmunización



(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

**PART A – PARENT'S CONSENT** (TO BE COMPLETED BY PARENT)

Isaac Alexander Schreiber Born: 11/21/2018 is being studied for readiness to enter_____
This Child Care Center/School provides a program which extends from ____ ____a.m./p.m. to _____a.m./p.m. _____

Please provide a report on above-named child using the form below. I hereby authorize release of medical information cont to the above-named Child Care Center

_____ _____
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

**PART B – PHYSICIAN'S REPORT** (TO BE COMPLETED BY PHYSICIAN)

| areas of which you should be aware | |
|---|---|
| Hearing | None |
| Vision | None |
| Developmental | None |
| Language/Speech | None |
| Allergies medicine | None |
| Insect stings | None |
| Food | None |
| Asthma | None |
| Other (allergies) | None |
| Other (include behavioral concerns) | |

Comments/Explanations:
MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

**IMMUNIZATION HISTORY:** (Fill out or enclose California Immunization Record, PM-298.)

| Immunization History Administered | Date(s) Administered |
|---|---|
| • DTaP (Diphtheria, Tetanus, acellular Pertussis) | 11/22/2019 |
| • DTaP-HBV-POL (PEDIARIX) (Diphtheria, Tetanus, Acellular pertussis, Hepatitis B, Polio) | 01/28/2019, 03/25/2019, 05/21/2019 |
| • HAV ped/adol 2 dose sch (Hepatitis A) | 11/22/2019, 11/04/2020 |
| • HBV ped/adol, 3dose sch (Hepatitis B) | 11/21/2018 |
| • HIB PRP-T (Haemophilus influenzae b) | 01/28/2019, 03/25/2019, 05/21/2019, 11/22/2019 |
| • INFS pres free 6mos-adult (Fluarix quadrivalent) | 10/11/2019, 11/11/2019, 10/24/2020, 10/09/2021 |

**TIP: If you have a CAIR account, you can search for student immunization records there as well!**

**Immunization Record**

| Vaccine Group | Date Admin | Series | Vaccine [Trade Name] | Dose |
|---|---|---|---|---|
| DTP/aP | 03/25/2019 | 1 of 5 | DTaP-HepB-IPV | Full |
| | 05/21/2019 | 2 of 5 | DTaP-HepB-IPV | Full |
| | 11/22/2019 | 3 of 5 | DTaP | Full |
| HepA | 11/22/2019 | 1 of 2 | HepA-Ped 2 Dose | Full |
| | 11/04/2020 | 2 of 2 | HepA-Ped 2 Dose | Full |
| HepB | 03/25/2019 | 1 of 3 | DTaP-HepB-IPV | Full |
| | 05/21/2019 | 2 of 3 | DTaP-HepB-IPV | Full |
| Hib | 03/25/2019 | 1 of 3 | Hib-PRP-T | Full |
| | 05/21/2019 | 2 of 3 | Hib-PRP-T | Full |
| | 11/22/2019 | 3 of 3 | Hib-PRP-T | Full |
| Influenza-seasnl | 10/11/2019 | 1 of 2 | Flu quadrivalent injectable pfree | Full |
| | 11/11/2019 | 2 of 2 | Flu quadrivalent injectable pfree | Full |
| | 10/24/2020 | Booster | Flu quadrivalent injectable pfree | Full |
| | 10/09/2021 | Booster | Flu quadrivalent injectable pfree | Full |
| MMR | 11/22/2019 | 1 of 2 | MMR | Full |
| PneumoConjugate | 03/25/2019 | 1 of 3 | PCV13 | Full |
| | 05/21/2019 | 2 of 3 | PCV13 | Full |
| | 11/22/2019 | 3 of 3 | PCV13 | Full |
| Polio | 03/25/2019 | 1 of 4 | DTaP-HepB-IPV | Full |
| | 05/21/2019 | 2 of 4 | DTaP-HepB-IPV | Full |
| Rotavirus | 03/25/2019 | 1 of 2 | Rotavirus, Monovalent | Full |
| Varicella | 11/22/2019 | 1 of 2 | Varicella | Full |

**Vaccines Recommended by Selected Tracking Schedule**

12

# 2. Transcribe student records onto “blue cards” (manual option)

- If you are filling out the California Pre-K and School immunization record (known as “blue cards”) manually, here is the link: https://eziz.org/assets/docs/shotsforschool/CDPH-286.pdf
- If you would like to get printed paper copies of the blue card, you can request them for free from the San Francisco Immunization Program: https://www.sfcdcp.org/immunizations/immunization-resources-materials/materials/

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 | RACE |
|---|---|---|---|
| NAME OF PARENT/GUARDIAN (LAST, FIRST) | BIRTHDATE (MONTH/DAY/YEAR) | SEX | |

| REQUIRED VACCINE | DATE EACH DOSE WAS GIVEN (MM/DD/YY) 1st | 2nd | 3rd | 4th | 5th | Permanent Medical Exemption | Notes for School Requirements |
|---|---|---|---|---|---|---|---|
| **IPV / OPV** (Polio) | | | Age:_____ years | | | ☐ | 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 | | ☐ | 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 7th Grade requirement. |
| **MMR** (Measles, Mumps, Rubella) | Age:_____ months | | | | | ☐ | 2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year. |
| **Hib** (Haemophilus influenzae type b) | | | | | | ☐ | Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year. |
| **Hep B** (Hepatitis B) | | | | | | ☐ | 3 doses meet TK/K-12 requirement. |
| **VAR / VZV** (Varicella or Chickenpox) | | | | | | ☐ | 2 doses meet TK/K-12 requirement. |
| **Tdap** – 7th Grade (Tetanus, Diphtheria, Pertussis) | Age:_____ years | | | | | ☐ | 1 dose given at age ≥7 years meets requirement for 7th grade advancement and 7th–12th grade admission. |

| STATUS OF REQUIREMENTS | Staff initials / reviewed pupil's Immunization record | Has All Required Vaccine Doses | Requires Follow-up: Temporary Medical Exemption | Missing Doses Not Currently Due—Conditional | Missing Doses Are Overdue—Needs Doses Now | Follow-up Date(s) (See conditional admission schedule or exemption end date) | Other See codes on reverse side | Date Requirements Met |
|---|---|---|---|---|---|---|---|---|
| **Pre-Kindergarten** (Child care or preschool) | | ☐ | ☐ | ☐ | ☐ | | ☐ IEP ☐ PBE (pre-2016) | |
| **TK/K-12** | | ☐ | ☐ | ☐ | ☐ | | ☐ IEP ☐ IND ☐ Home ☐ PBE (pre-2016) | |
| **7th Grade** (Advancement or admission) | | ☐ | ☐ | ☐ | ☐ | | ☐ IEP ☐ IND ☐ 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)

13

# 2. Transcribe student records onto “blue cards” (CAIR option)

- **CAIR can automatically transcribe immunization history information onto blue cards for you!** We strongly recommend this option to reduce your workload and reduce the likelihood of errors
- Step-by-step instruction for using CAIR to look up children and transcribe their records onto blue cards are available at https://cairweb.org/docs/CAIR2SchoolUserGuide.pdf

The **Student Search Criteria** screen will display.

**Student Search Criteria**

**Search by Patient**

** Minimum search criteria includes any two fields.*

Last Name | Mother's First Name | Find

First Name | Home Phone | Clear

Middle Name | Cell Phone

Birth Date

**Search by Medical Record Number**

* Medical Record Number

**Search by CAIR ID**

* CAIR ID

2. **Enter Search Information:**
   Search by Patient: Enter two pieces of information (e.g., Last Name and First Name). If you don't find the student, try searching by Last Name and Birth Date and then by First Name and Birth Date.

   A wildcard search can also be used in the name fields – enter at least the first 3 letters of the last name or at least the first 2 letters of the first name with a second field (e.g. Birth Date). This is good for finding students with unique and hard-to-spell names.

   **Note:** When searching using first and last names, CAIR2 ignores spaces, apostrophes and hyphens.

   You can also search using the student's full unique CAIR2 ID# (CAIR ID) if you have it.
3. **Click the 'Find' button.** Results that match your search criteria will display.
4. **Look at all of the information closely to find the correct student.**
5. **Click on the student's Last Name to view the student's record.**

**Possible Matches: 3**

| Last Name | First Name | Middle Name | Birth Date | Gender |
|---|---|---|---|---|
| CARTER | SARAH | | 03/04/2016 | F |
| CARTER | SARA | CASSIEL | 05/13/2018 | F |
| CARTER | SARAT | KUSH | 07/27/2013 | M |

14

# 2. Transcribe student records onto "blue cards" (CAIR option)

- Once you locate a student in CAIR, you can look at their immunization record and transcribe the record onto the blue card https://cairweb.org/docs/CAIR2SchoolUserGuide.pdf

**V. Viewing a Student's Immunization Record**

Once you open a student's record, their History/Recommendations screen will appear. It has 4 sections:

1. Student Information
2. Reports
3. Immunization Record
4. Vaccines Recommended by Selected Tracking Schedule

Each section is described on the next page.

**Student Information** | Yellow Card | CSIR Blue Card | Print Confidential | Cancel

| Student Name (First - MI - Last) | DOB | Gender | Tracking Schedule |
|---|---|---|---|
| SARAH CARTER | 03/04/2016 | F | ACIP |

Current Age: 4 years, 5 months, 23 days

**Reports**

Add this Student to a Report List | Please Pick a Report List

**Immunization Record**

| Vaccine Group | Date Admin | Series | Vaccine [Trade Name] | Dose | Reaction |
|---|---|---|---|---|---|
| DTP/aP | 04/15/2016 | 1 of 4 | DTaP-HepB-IPV [Pediarix ©] | Full | |
| | 07/04/2016 | 2 of 4 | DTaP-HepB-IPV [Pediarix ©] | Full | |
| | 09/05/2016 | 3 of 4 | DTaP-HepB-IPV [Pediarix ©] | Full | |
| HepA | 06/04/2017 | 1 of 2 | HepA-Ped 2 Dose [Havrix-Peds 2 Dose ©] | Full | |
| | 04/14/2018 | 2 of 2 | HepA-Ped 2 Dose [Havrix-Peds 2 Dose ©] | Full | |
| HepB | 04/15/2016 | 1 of 3 | DTaP-HepB-IPV [Pediarix ©] | Full | |
| | 07/04/2016 | 2 of 3 | DTaP-HepB-IPV [Pediarix ©] | Full | |
| | 09/05/2016 | 3 of 3 | DTaP-HepB-IPV [Pediarix ©] | Full | |
| Hib | 06/04/2017 | 1 of 1 | Hib-PRP-T [ActHib ©] | Full | |
| MMR | 03/05/2017 | 1 of 2 | MMRV [Proquad ©] | Full | |
| PneumoConjugate | 03/20/2018 | 1 of 1 | PCV13 [Prevnar13 ©] | Full | |
| Polio | 04/15/2016 | 1 of 4 | DTaP-HepB-IPV [Pediarix ©] | Full | |
| | 07/04/2016 | 2 of 4 | DTaP-HepB-IPV [Pediarix ©] | Full | |
| | 09/05/2016 | 3 of 4 | DTaP-HepB-IPV [Pediarix ©] | Full | |
| Varicella | 03/05/2017 | 1 of 2 | MMRV [Proquad ©] | Full | |

**Vaccines Recommended by Selected Tracking Schedule**

| Vaccine Group | Vaccine | Earliest Date | Recommended Date | Past Due Date |
|---|---|---|---|---|
| DTP/aP | DTaP, NOS | 03/04/2020 | 03/04/2020 | 03/04/2022 |
| HepA | HepA, NOS | | Complete | |
| HepB | HepB, NOS | | Complete | |
| Hib | Hib, NOS | | Complete | |
| Influenza-seasnl | Flu NOS | 09/04/2019 | 08/01/2020 | 10/04/2020 |
| MMR | MMR | 04/02/2017 | 03/04/2020 | 03/04/2022 |
| PneumoConjugate | PCV13 | | Complete | |
| Polio | Polio-Inject | 03/04/2020 | 03/04/2020 | 03/04/2022 |
| Varicella | Varicella | | Contraindicated | |

15

# 2. Transcribe student records onto "blue cards" (CAIR option)

- Click on the button "CSIR Blue Card" https://cairweb.org/docs/CAIR2SchoolUserGuide.pdf

**1. Student Information**

This section contains basic demographic information about the student.

**Student Information** | Yellow Card | CSIR Blue Card | Print Confidential | Cancel

| Student Name (First - MI - Last) | DOB | Gender | Tracking Schedule |
|---|---|---|---|
| SARAH CARTER | 03/04/2016 | F | ACIP |

Current Age: 4 years, 6 months, 13 days

There are 4 options at the top of the Student Information section:

- Yellow Card: Allows you to view/print the student's yellow card record.
- CSIR Blue Card: Allows you to view/print the student's school immunization record (see Section IX for an example).
- Print Confidential: Allows you to print a copy of this screen.
- Cancel: Takes you back to the Student Search Criteria screen.

16

# *Example of CAIR-generated blue card*

***California State Immunization Record (CSIR) Blue Card*** *(described on Page 7)*

State of California-Health and Human Services Agency

California Department of Public Health

CDPH

## 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.*

CAIR PATIENT ID: 5271855

| PUPIL NAME (LAST, FIRST, MIDDLE) | STATEWIDE STUDENT IDENTIFIER (SSID) | ETHNICITY | RACE |
|---|---|---|---|
| GUTIERREZ, JORDAN | | ☐ Hispanic/Latino<br>☐ Non-Hispanic/Non-Latino | ☐ African-American/Black<br>☐ American Indian/Alaska Native<br>☐ Asian<br>☐ Native Hawaiian/Other Pacific Islander<br>☐ White<br>☐ Other |
| NAME OF PARENT/GUARDIAN (LAST, FIRST) | BIRTHDATE (MONTH/DAY/YEAR): 04/22/2017 | SEX: Male | |

| REQUIRED VACCINE | DATE EACH DOSE WAS GIVEN (MM/DD/YY) 1ST | 2ND | 3RD | 4TH | 5TH | Permanent Medical Exemption | Notes for School Requirements |
|---|---|---|---|---|---|---|---|
| **IPV / OPV** (Polio) | 04/22/2018 | 07/22/2018 | 10/01/2018 Age : 1 years | 06/01/2019 | | ☐ | 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<br>**Tdap / Td** — Age 7+ years<br>(Diphtheria, Tetanus, Pertussis) | 04/22/2018 | 07/22/2018 | 10/01/2018 Age : 1 years | 06/01/2019 Age : 2 years | | ☐ | 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 7th Grade requirement. |
| **MMR** (Measles, Mumps, and Rubella) | 04/22/2018 Age : > 12 months | | | | | ☐ | 2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year. |
| **HIB** (*Haemophilus influenzae* type b) | 07/22/2018 | | | | | ☐ | Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year. |
| **Hep B** (Hepatitis B) | 04/22/2018 | 07/22/2018 | 10/01/2018 | | | ☐ | 3 doses meet TK/K-12 requirement. |
| **VAR / VZV** (Varicella or Chickenpox) | 04/22/2018 | | | | | ☐ | 2 doses meet TK/K-12 requirement. |
| **Tdap** — 7th Grade<br>(Tetanus, Diphtheria, Pertussis) | Age : ___years | | | | | ☐ | 1 dose given at age ≥7 years meets requirement for 7th grade advancement and 7th-12th grade admission. |

| STATUS OF REQUIREMENTS | Staff Initials *I reviewed pupil's immunization record* | Has All Required Vaccine Doses | Requires Follow-up: Temporary Medical Exemption | Missing Doses Not Currently Due—Conditional | Missing Doses Are Overdue—Needs Doses Now | Follow-up Date(s) (See conditional admission schedule or exemption end date) | Other *See codes on reverse side* | Date Requirements Met |
|---|---|---|---|---|---|---|---|---|
| **Pre-Kindergarten** (Child care or preschool) | | ☐ | ☐ | ☐ | ☐ | | ☐ IEP<br>☐ PBE (pre-2016) | |
| **TK/K-12** | | ☐ | ☐ | ☐ | ☐ | | ☐ IEP<br>☐ IND<br>☐ Home<br>☐ PBE (pre-2016) | |
| **7th Grade** (Advancement or admission) | | ☐ | ☐ | ☐ | ☐ | | ☐ IEP<br>☐ IND<br>☐ Home | |

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CDPH 286 (1/19)

17

# 3. Review immunization requirements for school entry

CALIFORNIA IMMUNIZATION REQUIREMENTS FOR

## PRE-KINDERGARTEN

CDPH

(any private or public child care center, day nursery, nursery school, family day care home, or development center)

**Doses required by age when admitted and at each age checkpoint after entry[1]:**

| AGE WHEN ADMITTED | TOTAL NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION[2,3] | | | | |
|---|---|---|---|---|---|
| 2 through 3 months | 1 Polio | 1 DTaP | 1 Hep B | 1 Hib | |
| 4 through 5 months | 2 Polio | 2 DTaP | 2 Hep B | 2 Hib | |
| 6 through 14 months | 2 Polio | 3 DTaP | 2 Hep B | 2 Hib | |
| 15 through 17 months | 3 Polio | 3 DTaP | 2 Hep B | | 1 Varicella |
| | | On or after the 1st birthday: | | 1 Hib[4] | 1 MMR |
| 18 months through 5 years | 3 Polio | 4 DTaP | 3 Hep B | | 1 Varicella |
| | | On or after the 1st birthday: | | 1 Hib[4] | 1 MMR |

https://eziz.org/assets/docs/IMM-230.pdf

18

# 3. Review immunization requirements for school entry

CALIFORNIA IMMUNIZATION REQUIREMENTS FOR PRE-KINDERGARTEN (continued)

## CONDITIONAL ADMISSION SCHEDULE FOR PRE-KINDERGARTEN

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

| DOSE | EARLIEST DOSE MAY BE GIVEN | EXCLUDE IF NOT GIVEN BY |
|---|---|---|
| **Polio #2** | 4 weeks after 1st dose | 8 weeks after 1st dose |
| **Polio #3** | 4 weeks after 2nd dose | 12 months after 2nd dose |
| **DTaP #2, #3** | 4 weeks after previous dose | 8 weeks after previous dose |
| **DTaP #4** | 6 months after 3rd dose | 12 months after 3rd dose |
| **Hib #2** | 4 weeks after 1st dose | 8 weeks after 1st dose |
| **Hep B #2** | 4 weeks after 1st dose | 8 weeks after 1st dose |
| **Hep B #3** | 8 weeks after 2nd dose and at least 4 months after 1st dose | 12 months after 2nd dose |

**CONDITIONALLY ADMIT** any pupil who lacks documentation for unconditional admission if the pupil:

- has commenced receiving doses of all the vaccines required for the pupil's age (table on page 1) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- is younger than 18 months and has received all the immunizations required for the pupil's age (table on page 1) but will require additional vaccine doses at an older age (i.e., at next age checkpoint), or
- has a temporary medical exemption from some or all required immunizations.*

https://eziz.org/assets/docs/IMM-230.pdf

19

# 4. Review and sort student records to classify students by immunization history status

1. All required doses (Up-to-date)
2. Missing doses (Not up-to-date)
   - Conditional, missing doses not currently due
   - Overdue, needs doses now
   - Other not up-to-date
     - Today we will only be reviewing Permanent Medical Exemption in detail, please see the state instructions for details on other categories or contact us for help with these categories

https://eziz.org/SA/CCOnlineInstructions.pdf

20

# Let's practice: Do these children have all required doses? If not, how should they be categorized?

CALIFORNIA IMMUNIZATION REQUIREMENTS FOR

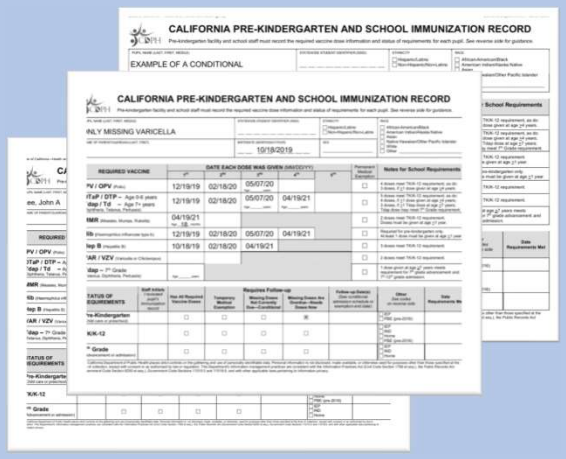
**PRE-KINDERGARTEN**

(any private or public child care center, day nursery, nursery school, family day care home, or development center)

**Doses required by age when admitted and at each age checkpoint after entry[1]:**

| AGE WHEN ADMITTED | TOTAL NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION[2,3] | | | | |
|---|---|---|---|---|---|
| 2 through 3 months | 1 Polio | 1 DTaP | 1 Hep B | 1 Hib | |
| 4 through 5 months | 2 Polio | 2 DTaP | 2 Hep B | 2 Hib | |
| 6 through 14 months | 2 Polio | 3 DTaP | 2 Hep B | 2 Hib | |
| 15 through 17 months | 3 Polio | 3 DTaP | 2 Hep B | | 1 Varicella |
| | On or after the 1st birthday: | | | 1 Hib[4] | 1 MMR |
| 18 months through 5 years | 3 Polio | 4 DTaP | 3 Hep B | | 1 Varicella |
| | On or after the 1st birthday: | | | 1 Hib[4] | 1 MMR |

*For these examples, we will only look at children 18 months and over*




21

IZ Requirements

| | | | | | |
|---|---|---|---|---|---|
| 18 months through 5 years | 3 Polio | 4 DTaP | 3 Hep B | | 1 Varicella |
| | On or after the 1st birthday: | | | 1 Hib[4] | 1 MMR |

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): Lee, John A
STATEWIDE STUDENT IDENTIFIER (SSID):
ETHNICITY: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino
RACE: ☐ African-American/Black ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Other
NAME OF PARENT/GUARDIAN (LAST, FIRST):
BIRTHDATE (MONTH/DAY/YEAR): 03/01/2017
SEX:

| REQUIRED VACCINE | DATE EACH DOSE WAS GIVEN (MM/DD/YY) 1st | 2nd | 3rd | 4th | 5th | Permanent Medical Exemption | Notes for School Requirements |
|---|---|---|---|---|---|---|---|
| IPV / OPV (Polio) | 05/01/17 | 06/30/17 | 06/06/18 Age ____ years | 03/16/21 | | ☐ | 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) | 05/01/17 | 06/30/17 | 09/01/17 Age ____ years | 09/05/18 Age ____ years | 03/16/21 | ☐ | 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 7th Grade requirement. |
| MMR (Measles, Mumps, Rubella) | 06/06/18 Age: 15 months | 03/16/21 | | | | ☐ | 2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year. |
| Hib (*Haemophilus influenzae* type b) | 05/01/17 | 06/30/17 | 06/06/18 | 09/05/18 | | ☐ | Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year. |
| Hep B (Hepatitis B) | 03/01/17 | 04/03/17 | 09/01/17 | | | ☐ | 3 doses meet TK/K-12 requirement. |
| VAR / VZV (Varicella or Chickenpox) | 03/07/18 | 03/16/21 | | | | ☐ | 2 doses meet TK/K-12 requirement. |
| Tdap – 7th Grade (Tetanus, Diphtheria, Pertussis) | Age ____ years | | | | | ☐ | 1 dose given at age ≥7 years meets requirement for 7th grade advancement and 7th-12th grade admission. |

| STATUS OF REQUIREMENTS | Staff Initials *I reviewed pupil's immunization record* | Has All Required Vaccine Doses | Requires Follow-up: Temporary Medical Exemption | Missing Doses Not Currently Due—Conditional | Missing Doses Are Overdue—Needs Doses Now | Follow-up Date(s) (See conditional admission schedule or exemption end date) | Other *See codes on reverse side* | Date Requirements Met |
|---|---|---|---|---|---|---|---|---|
| Pre-Kindergarten (Child care or preschool) | | ☒ | ☐ | ☐ | ☐ | | ☐ IEP ☐ PBE (pre-2016) | |
| TK/K-12 | | ☐ | ☐ | ☐ | ☐ | | ☐ IEP ☐ IND ☐ Home ☐ PBE (pre-2016) | |
| 7th Grade (Advancement or admission) | | ☐ | ☐ | ☐ | ☐ | | ☐ IEP ☐ IND ☐ Home | |

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CDPH 286 (1/18)

- ✓ Child has 3 doses of polio
- ✓ Child has 4 doses of DTaP
- ✓ Child has 1 dose of MMR administered after age 1
- ✓ Child has 1 dose of Hib administered after age 1
- ✓ Child has 3 doses of Hep B
- ✓ Child has 1 dose of Varicella

- ✓ YES! Child has all required vaccine doses

22

IZ Requirements

| | | | | | |
|---|---|---|---|---|---|
| 18 months through 5 years | 3 Polio | 4 DTaP | 3 Hep B | | 1 Varicella |
| | On or after the 1st birthday: | | | 1 Hib[4] | 1 MMR |

State of California—Health and Human Services Agency

California Department of Public Health

CDPH

**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 | RACE |
|---|---|---|---|
| Jimenez, Mathew | | ☐ Hispanic/Latino<br>☐ Non-Hispanic/Non-Latino | ☐ African-American/Black<br>☐ American Indian/Alaska Native<br>☐ Asian<br>☐ Native Hawaiian/Other Pacific Islander<br>☐ White<br>☐ Other |
| NAME OF PARENT/GUARDIAN (LAST, FIRST) | BIRTHDATE (MONTH/DAY/YEAR) | SEX | |
| | 09/24/2017 | | |

| REQUIRED VACCINE | DATE EACH DOSE WAS GIVEN (MM/DD/YY) 1ST | 2ND | 3RD | 4TH | 5TH | Permanent Medical Exemption | Notes for School Requirements |
|---|---|---|---|---|---|---|---|
| **IPV / OPV** (Polio) | 11/16/17 | 01/18/18 | 03/14/18 | | | ☐ | 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<br>**Tdap / Td** – Age 7+ years<br>(Diphtheria, Tetanus, Pertussis) | 11/16/17 | 01/18/18 | 03/14/18 | 01/07/19 | | ☐ | 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 7th Grade requirement. |
| **MMR** (Measles, Mumps, Rubella) | 10/14/18 | | | | | ☐ | 2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year. |
| **Hib** (*Haemophilus influenzae* type b) | 11/16/17 | 01/18/18 | 03/14/18 | 01/07/19 | | ☐ | Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year. |
| **Hep B** (Hepatitis B) | 01/11/22 | | | | | ☐ | 3 doses meet TK/K-12 requirement. |
| **VAR / VZV** (Varicella or Chickenpox) | 03/07/18 | | | | | ☐ | 2 doses meet TK/K-12 requirement. |
| **Tdap** – 7th Grade<br>(Tetanus, Diphtheria, Pertussis) | | | | | | ☐ | 1 dose given at age ≥7 years meets requirement for 7th grade advancement and 7th-12th grade admission. |

| STATUS OF REQUIREMENTS | Staff Initials *I reviewed pupil's Immunization record* | Has All Required Vaccine Doses | Requires Follow-up: Temporary Medical Exemption | Missing Doses Not Currently Due—Conditional | Missing Doses Are Overdue—Needs Doses Now | Follow-up Date(s) (See conditional admission schedule or exemption end date) | Other *See codes on reverse side* | Date Requirements Met |
|---|---|---|---|---|---|---|---|---|
| **Pre-Kindergarten** (Child care or preschool) | | ☐ | ☐ | ☒ | ☐ | 2/8/22 | ☐ IEP<br>☐ PBE (pre-2016) | |
| **TK/K-12** | | ☐ | ☐ | ☐ | ☐ | | ☐ IEP<br>☐ IND<br>☐ Home<br>☐ PBE (pre-2016) | |
| **7th Grade** (Advancement or admission) | | ☐ | ☐ | ☐ | ☐ | | ☐ IEP<br>☐ IND<br>☐ Home | |

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CDPH 286 (1/19)

- ✓ Child has 3 doses of polio
- ✓ Child has 4 doses of DTaP
- ✓ Child has 1 dose of MMR administered after age 1
- ✓ Child has 1 dose of Hib administered after age 1
- ❑ **Child has 1 dose of 3-dose Hep B series administered on 1/11/2022**
- ✓ Child has 1 dose of Varicella
- ❑ **This child is missing doses, but since 1 dose of vaccine was given recently, can child be conditionally admitted or is child overdue and cannot start school?**

23

Mathew Jimenez received a dose of hepatitis B vaccine on 1/11/22 and today is 1/12/22

CALIFORNIA IMMUNIZATION REQUIREMENTS FOR PRE-KINDERGARTEN (continued)

**CONDITIONAL ADMISSION SCHEDULE FOR PRE-KINDERGARTEN**

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

| DOSE | EARLIEST DOSE MAY BE GIVEN | EXCLUDE IF NOT GIVEN BY |
|---|---|---|
| **Polio #2** | 4 weeks after 1st dose | 8 weeks after 1st dose |
| **Polio #3** | 4 weeks after 2nd dose | 12 months after 2nd dose |
| **DTaP #2, #3** | 4 weeks after previous dose | 8 weeks after previous dose |
| **DTaP #4** | 6 months after 3rd dose | 12 months after 3rd dose |
| **Hib #2** | 4 weeks after 1st dose | 8 weeks after 1st dose |
| **Hep B #2** | 4 weeks after 1st dose | 8 weeks after 1st dose |
| **Hep B #3** | 8 weeks after 2nd dose and at least 4 months after 1st dose | 12 months after 2nd dose |

**CONDITIONALLY ADMIT** any pupil who lacks documentation for unconditional admission if the pupil:

- has commenced receiving doses of all the vaccines required for the pupil's age (table on page 1) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- is younger than 18 months and has received all the immunizations required for the pupil's age (table on page 1) but will require additional vaccine doses at an older age (i.e., at next age checkpoint), or
- has a temporary medical exemption from some or all required immunizations.*

https://eziz.org/assets/docs/IMM-230.pdf

- ✓ Looking at the conditional admission schedule, the 2nd dose of hepatitis must be given 4-8 weeks after the 1st dose. Child ***can*** be admitted conditionally, and family should be reminded to schedule appointment for the 2nd dose

24

IZ Requirements →

| 18 months through 5 years | 3 Polio | 4 DTaP | 3 Hep B | | 1 Varicella |
|---|---|---|---|---|---|
| | | On or after the 1st birthday: | | 1 Hib[4] | 1 MMR |

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): Williams, Hannah

STATEWIDE STUDENT IDENTIFIER (SSID): ___

ETHNICITY: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

RACE: ☐ African-American/Black ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Other ___

NAME OF PARENT/GUARDIAN (LAST, FIRST): ___

BIRTHDATE (MONTH/DAY/YEAR): 10/18/2019

SEX: ___

| REQUIRED VACCINE | DATE EACH DOSE WAS GIVEN (MM/DD/YY) 1st | 2nd | 3rd | 4th | 5th | Permanent Medical Exemption | Notes for School Requirements |
|---|---|---|---|---|---|---|---|
| IPV / OPV (Polio) | 12/19/19 | 02/18/20 | 05/07/20 Age___ years | | | ☐ | 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<br>Tdap / Td – Age 7+ years<br>(Diphtheria, Tetanus, Pertussis) | 12/19/19 | 02/18/20 | 05/07/20 Age___ years | 04/19/21 Age___ years | | ☐ | 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 7th Grade requirement. |
| MMR (Measles, Mumps, Rubella) | 04/19/21 Age 18 months | | | | | ☐ | 2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year. |
| Hib (Haemophilus influenzae type b) | 12/19/19 | 02/18/20 | 05/07/20 | 04/19/21 | | ☐ | Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year. |
| Hep B (Hepatitis B) | 10/18/19 | 02/18/20 | 04/19/21 | | | ☐ | 3 doses meet TK/K-12 requirement. |
| VAR / VZV (Varicella or Chickenpox) | | | | | | ☐ | 2 doses meet TK/K-12 requirement. |
| Tdap – 7th Grade (Tetanus, Diphtheria, Pertussis) | Age___ years | | | | | ☐ | 1 dose given at age ≥7 years meets requirement for 7th grade advancement and 7th-12th grade admission. |

| STATUS OF REQUIREMENTS | Staff Initials (I reviewed pupil's immunization record) | Has All Required Vaccine Doses | Requires Follow-up: Temporary Medical Exemption | Missing Doses Not Currently Due—Conditional | Missing Doses Are Overdue—Needs Doses Now | Follow-up Date(s) (See conditional admission schedule or exemption end date) | Other (See codes on reverse side) | Date Requirements Met |
|---|---|---|---|---|---|---|---|---|
| Pre-Kindergarten (Child care or preschool) | | ☐ | ☐ | ☐ | ☒ | | ☐ IEP ☐ PBE (pre-2016) | |
| TK/K-12 | | ☐ | ☐ | ☐ | ☐ | | ☐ IEP ☐ IND ☐ Home ☐ PBE (pre-2016) | |
| 7th Grade (Advancement or admission) | | ☐ | ☐ | ☐ | ☐ | | ☐ IEP ☐ IND ☐ Home | |

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CDPH 286 (1/19)

- ✓ Child has 3 doses of polio
- ✓ Child has 4 doses of DTaP
- ✓ Child has 1 dose of MMR administered after age 1
- ✓ Child has 1 dose of Hib administered after age 1
- ✓ Child has 3 doses of Hep B
- ❑ **Child has 0/1 doses of Varicella**

- ❑ **This child is missing doses, can the child be admitted conditionally or is the child overdue?**

25

IZ Requirements →

| 18 months through 5 years | 3 Polio | 4 DTaP | 3 Hep B | | 1 Varicella |
|---|---|---|---|---|---|
| | | On or after the 1st birthday: | | 1 Hib[4] | 1 MMR |

CALIFORNIA IMMUNIZATION REQUIREMENTS FOR PRE-KINDERGARTEN (continued)

### CONDITIONAL ADMISSION SCHEDULE FOR PRE-KINDERGARTEN

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

| DOSE | EARLIEST DOSE MAY BE GIVEN | EXCLUDE IF NOT GIVEN BY |
|---|---|---|
| Polio #2 | 4 weeks after 1st dose | 8 weeks after 1st dose |
| Polio #3 | 4 weeks after 2nd dose | 12 months after 2nd dose |
| DTaP #2, #3 | 4 weeks after previous dose | 8 weeks after previous dose |
| DTaP #4 | 6 months after 3rd dose | 12 months after 3rd dose |
| Hib #2 | 4 weeks after 1st dose | 8 weeks after 1st dose |
| Hep B #2 | 4 weeks after 1st dose | 8 weeks after 1st dose |
| Hep B #3 | 8 weeks after 2nd dose and at least 4 months after 1st dose | 12 months after 2nd dose |

**CONDITIONALLY ADMIT** any pupil who lacks documentation for unconditional admission if the pupil:

- has commenced receiving doses of all the vaccines required for the pupil's age (table on page 1) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- is younger than 18 months and has received all the immunizations required for the pupil's age (table on page 1) but will require additional vaccine doses at an older age (i.e., at next age checkpoint), or
- has a temporary medical exemption from some or all required immunizations.*

- ✓ Varicella vaccination is complete with only one dose, so this child is "**overdue**" and cannot attend school without receiving a vaccination or providing proof of another exempting reason. Here is a template letter to inform parent of need for vaccination or additional documentation before school admission
- ✓ https://eziz.org/assets/docs/IMM-1140.pdf

26

IZ Requirements

| | | | | | |
|---|---|---|---|---|---|
| 18 months through 5 years | 3 Polio | 4 DTaP | 3 Hep B | | 1 Varicella |
| | On or after the 1st birthday: | | | 1 Hib[4] | 1 MMR |

State of California—Health and Human Services Agency

CDPH

**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 | RACE |
|---|---|---|---|
| PME EXAMPLE RECORD, FOR VARICELLA | | ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino | ☐ African-American/Black ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Other |
| NAME OF PARENT/GUARDIAN (LAST, FIRST) | BIRTHDATE (MONTH/DAY/YEAR) 10/18/2019 | SEX | |

| REQUIRED VACCINE | DATE EACH DOSE WAS GIVEN (MM/DD/YY) 1ST | 2ND | 3RD | 4TH | 5TH | Permanent Medical Exemption | Notes for School Requirements |
|---|---|---|---|---|---|---|---|
| IPV / OPV (Polio) | 12/19/19 | 02/18/20 | 05/07/20 | | | ☐ | 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<br>Tdap / Td – Age 7+ years<br>(Diphtheria, Tetanus, Pertussis) | 12/19/19 | 02/18/20 | 05/07/20 Age:_____ years | 04/19/21 Age:_____ years | | ☐ | 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 7th Grade requirement. |
| MMR (Measles, Mumps, Rubella) | 04/19/21 Age: 18 months | | | | | ☐ | 2 doses meet TK/K-12 requirement. Doses must be given at age ≥1 year. |
| Hib (*Haemophilus influenzae* type b) | 12/19/19 | 02/18/20 | 05/07/20 | 04/19/21 | | ☐ | Required for pre-kindergarten only. At least 1 dose must be given at age ≥1 year. |
| Hep B (Hepatitis B) | 10/18/19 | 02/18/20 | 04/19/21 | | | ☐ | 3 doses meet TK/K-12 requirement. |
| VAR / VZV (Varicella or Chickenpox) | | | | | | ☒ | 2 doses meet TK/K-12 requirement. |
| Tdap – 7th Grade (Tetanus, Diphtheria, Pertussis) | Age:_____ years | | | | | ☐ | 1 dose given at age ≥7 years meets requirement for 7th grade advancement and 7th-12th grade admission. |

| STATUS OF REQUIREMENTS | Staff Initials *I reviewed pupil's immunization record* | Requires Follow-up: Has All Required Vaccine Doses | Temporary Medical Exemption | Missing Doses Not Currently Due—Conditional | Missing Doses Are Overdue—Needs Doses Now | Follow-up Date(s) (See conditional admission schedule or exemption end date) | Other *See codes on reverse side* | Date Requirements Met |
|---|---|---|---|---|---|---|---|---|
| Pre-Kindergarten (Child care or preschool) | | ☐ | ☐ | ☐ | ☐ | | ☐ IEP ☐ PBE (pre-2016) | |
| TK/K-12 | | ☐ | ☐ | ☐ | ☐ | | ☐ IEP ☐ IND ☐ Home ☐ PBE (pre-2016) | |
| 7th Grade (Advancement or admission) | | ☐ | ☐ | ☐ | ☐ | | ☐ IEP ☐ IND ☐ Home | |

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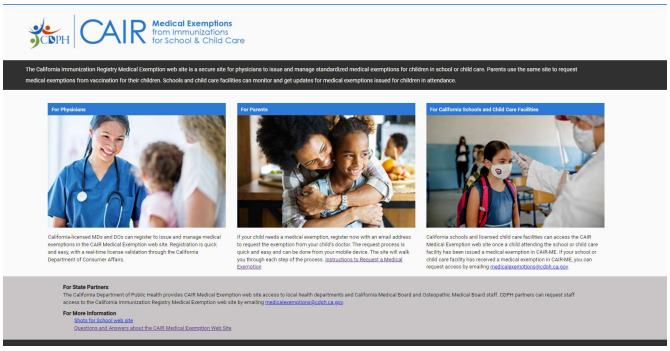
CDPH 286 (1/19)

- ✓ Child has 3 doses of polio
- ✓ Child has 4 doses of DTaP
- ✓ Child has 1 dose of MMR administered after age 1
- ✓ Child has 1 dose of Hib administered after age 1
- ✓ Child has 3 doses of Hep B
- ❑ **Child has 0/1 doses of Varicella and a Permanent Medical Exemption logged in the CAIR-ME website documenting previous chickenpox**
- ✓ Child is missing a dose of Varicella, but can be admitted unconditionally to school

27

# What is a medical exemption and who gives them?

- As of January 1, 2021 medical exemptions for childcare and school immunization requirements must be initiated by a parent or guardian and completed by a California physician in the CAIR-Medical exemption website.
- Both shotsforschool.org and CAIR offer unique trainings and information on this topic for parents and caregivers, physicians, and school and childcare facilities.
- "Permanent medical exemptions" are valid until the child enrolls in the next grade span (TK/K for childcare) and "temporary medical exemptions" are valid until the specified expiration date in the application, no more than a year




https://cair.cdph.ca.gov/exemptions/home

28

# What is a medical exemption and who gives them?

- The most important thing to know is that **caregivers who are seeking a medical exemption for their child must do so through the CAIR-ME website**. You can provide this documents to parents who are interested in medical exemptions: https://eziz.org/assets/docs/shotsforschool/IMM-1363.pdf
- Schools can access these approved exemptions by having the caregiver bring in the 2 page physician printout from the CAIR-ME website or by requesting access to the CAIR-ME website by emailing medicalexemptions@cdph.ca.gov to review medical exemptions for students attending your facility

https://cair.cdph.ca.gov/exemptions/home

29

# 5. Complete spreadsheet or tally list with counts of students by immunization status

PRE-KINDERGARTEN IMMUNIZATION ASSESSMENT WORK SHEET

For children ages 2- 5 years in child care/ preschool. Please refer to the reporting instructions for category definitions and details. List each student and check the designated box of their status. For students missing doses, tally which vaccine(s) are missing. If the student is not missing any vaccine(s) leave the vaccines missing blank. Total the columns for each reporting category and the total number of children missing each vaccine. Retain the worksheet for your records in case of audit and as a roster of students in the event of an outbreak.

Total Number of Students* ____ ages 2-5

| ID | All Req Vac Doses | PBE (pre-2016) | PME | IEP / Other | Conditional | TME | Overdue | MISSING DOSES — vaccine(s) missing: Polio | DTaP | MMR | HepB | VAR | Hib |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | |

**TIP: This is available as downloadable PDF to complete manually or as an excel spreadsheet**

https://eziz.org/SA/cdph8342.pdf or https://eziz.org/SA/cdph8342.xls

30

# 5. Complete spreadsheet or tally list with counts of students by immunization status

**PBE/Personal Belief Exemptions** will not apply to your students, because they must have been filed before 2016

**"IEP"** is for students who have missing doses AND an IEP. If a student with an IEP has all required doses, do not mark

PRE-KINDERGARTEN IMMUNIZATION ASSESSMENT WORK SHEET

For children ages 2- 5 years in child care/ preschool. Please refer to the reporting instructions for category definitions and details. List each student and check the designated box of their status. For students missing doses, tally which vaccine(s) are missing. If the student is not missing any vaccine(s) leave the vaccines missing blank. Total the columns for each reporting category and the total number of children missing each vaccine. Retain the worksheet for your records in case of audit and as a roster of students in the event of an outbreak.

Total Number of Students* ____ ages 2-5

| ID | All Req Vac Doses | MISSING DOSES | | | | | | — vaccine(s) missing | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | PBE (pre-2016) | PME | IEP / Other | Conditional | TME | Overdue | Polio | DTaP | MMR | HepB | VAR | Hib |
| 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 23. | | | | | | | | | | | | | |
| 24. | | | | | | | | | | | | | |
| 25. | | | | | | | | | | | | | |
| *Total # Students ages 2-5 = A+ B+C+D+E+F+G | | A | E | C | F1 | B | D | G | Polio | DTaP | MMR | HepB | VAR | Hib |
| TOTAL | | | | | | | | | | | | | |

CDPH 8342

Log-in to www.shotsforschool.org/reporting to submit the immunization assessment summary online. Transfer the values in each respective category.

For definitions of all categories see https://eziz.org/SA/CCOnlineInstructions.pdf

31

# 5. Complete spreadsheet or tally list with counts of students by immunization status

- Complete one row for each child >2
- Place one "x" to match whether child has All Required Vaccine Doses, has a Permanent Medical Exemption (PME), conditional, temporary medical exemption, or is overdue.
- If child does not have all required doses for any reason, place one "x" under each missing vaccine
- (Manual option) if you are completing this by hand, add up the total for All Req Vac Doses (A), PME (C), Conditional (B) and Overdue (G) and types of vaccines missing
- (Excel option) If you are completing excel spreadsheet, totals will be automatic

PRE-KINDERGARTEN IMMUNIZATION ASSESSMENT WORK SHEET

For children ages 2- 5 years in child care/ preschool. Please refer to the reporting instructions for category definitions and details. List each student and check the designated box of their status. For students missing doses, tally which vaccine(s) are missing. If the student is not missing any vaccine(s) leave the vaccines missing blank. Total the columns for each reporting category and the total number of children missing each vaccine. Retain the worksheet for your records in case of audit and as a roster of students in the event of an outbreak.

Total Number of Students* 4 ages 2-5

| ID | All Req Vac Doses | MISSING DOSES | | | | | | — vaccine(s) missing | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | PBE (pre-2016) | PME | IEP / Other | Conditional | TME | Overdue | Polio | DTaP | MMR | HepB | VAR | Hib |
| 1. A Pre-K | x | | | | | | | | | | | | |
| 2. B Pre-K | | | | | x | | | | | | x | | |
| 3. C Pre-K | | | | | | | x | | | | | x | |
| 4. D Pre-K | | | x | | | | | | | | | x | |
| 5. | | | | | | | | | | | | | |
| *Total # Students ages 2-5 = A+ B+C+D+E+F+G | A | E | C | F1 | B | D | G | Polio | DTaP | MMR | HepB | VAR | Hib |
| TOTAL | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 2 | 0 |

CDPH 8342

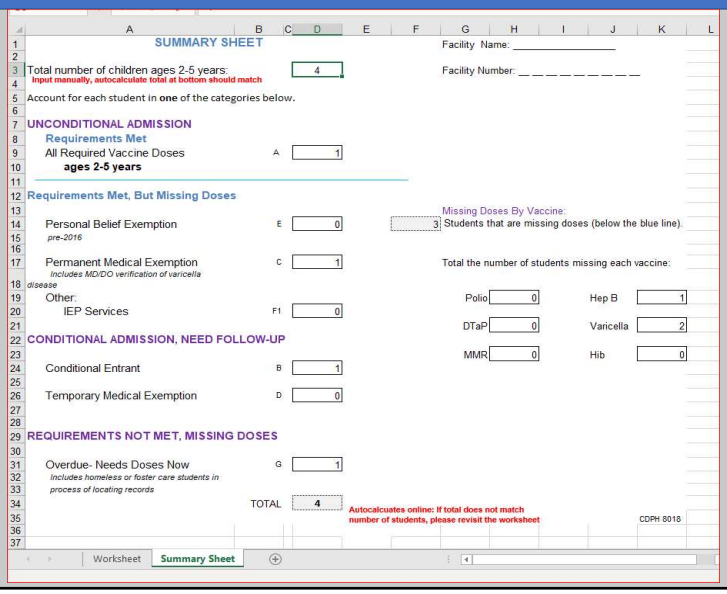
Log-in to www.shotsforschool.org/reporting to submit the immunization assessment summary online. Transfer the values in each respective category.

https://eziz.org/SA/cdph8342.xls

32

# 5. Complete spreadsheet or tally list with counts of students by immunization status

- (Excel option) If you are completing the work sheet in excel, this summary sheet will calculate automatically!
- (Manual option) If you are completing summary sheet by hand, carefully copy over the sums for each of the categories
  - Note: Follow the letter headings to ensure you are matching the status categories: All Req Vac Doses (A), PME (C), Conditional (B) and Overdue (G



SUMMARY SHEET

Facility Name: _____

Total number of children ages 2-5 years: 4

Input manually, autocalculate total at bottom should match

Facility Number: _ _ _ _ _ _ _ _ _

Account for each student in **one** of the categories below.

UNCONDITIONAL ADMISSION

Requirements Met

All Required Vaccine Doses (A) 1

**ages 2-5 years**

Requirements Met, But Missing Doses

Personal Belief Exemption (E) 0

*pre-2016*

Permanent Medical Exemption (C) 1

*Includes MD/DO verification of varicella disease*

Other:

IEP Services (F1) 0

Missing Doses By Vaccine:

3 Students that are missing doses (below the blue line).

Total the number of students missing each vaccine:

| | | | |
|---|---|---|---|
| Polio | 0 | Hep B | 1 |
| DTaP | 0 | Varicella | 2 |
| MMR | 0 | Hib | 0 |

CONDITIONAL ADMISSION, NEED FOLLOW-UP

Conditional Entrant (B) 1

Temporary Medical Exemption (D) 0

REQUIREMENTS NOT MET, MISSING DOSES

Overdue- Needs Doses Now (G) 1

*Includes homeless or foster care students in process of locating records*

TOTAL 4

Autocalcuates online: If total does not match number of students, please revisit the worksheet

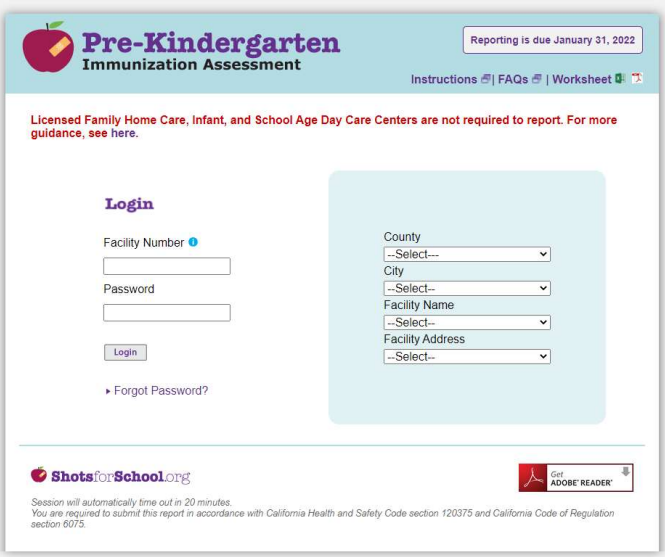
CDPH 8018

Worksheet | Summary Sheet

33

# 6. Report immunization statuses at https://reporting.shotsforschool.org/cc/Login.aspx

- Visit https://reporting.shotsforschool.org/cc/Login.aspx to begin your reporting, or you can navigate there from the shotsforschool.org homepage
- Note: your facility number is your license number. If you're not sure what it is, visit https://www.ccld.dss.ca.gov/carefacilitysearch/Search/ChildCare to look it up
  - Be sure to select the correct facility type



Pre-Kindergarten Immunization Assessment

Reporting is due January 31, 2022

Instructions | FAQs | Worksheet

Licensed Family Home Care, Infant, and School Age Day Care Centers are not required to report. For more guidance, see here.

Login

Facility Number

Password

Login

Forgot Password?

County --Select--

City --Select--

Facility Name --Select--

Facility Address --Select--

ShotsforSchool.org

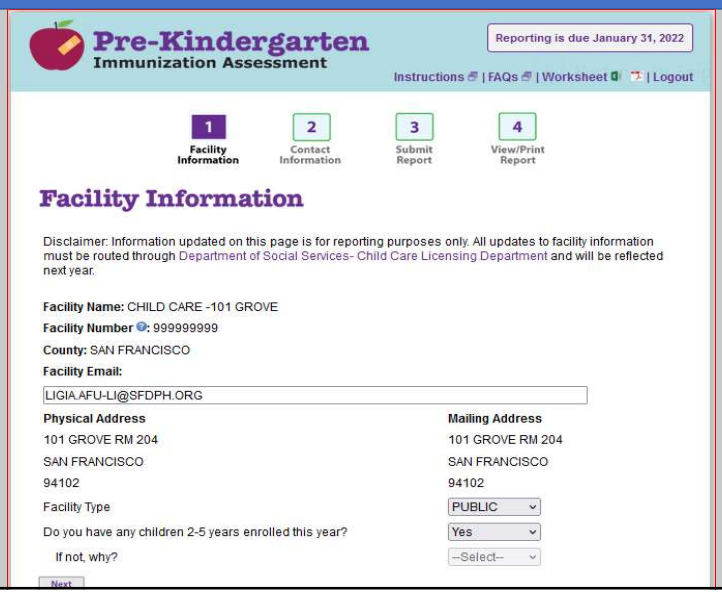
Get ADOBE READER

Session will automatically time out in 20 minutes.
You are required to submit this report in accordance with California Health and Safety Code section 120375 and California Code of Regulation section 6075.

34

# 6. Report immunization statuses at https://reporting.shotsforschool.org/cc/Login.aspx

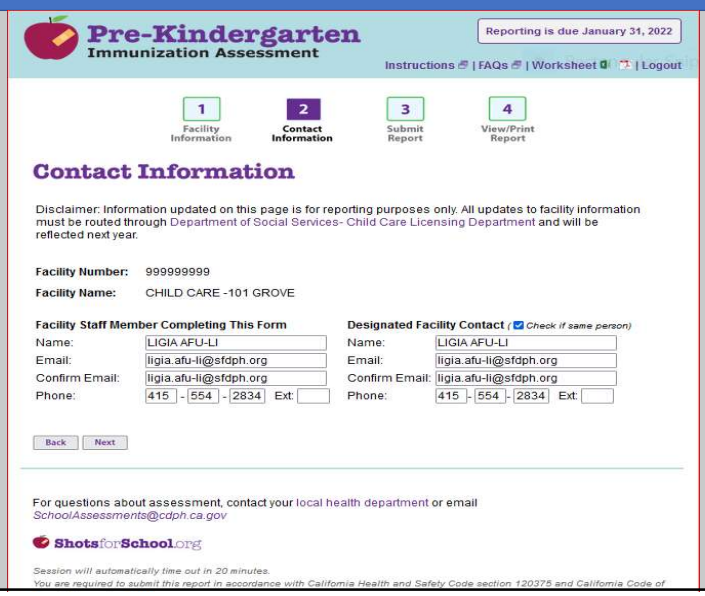
- Once you have logged-in, confirm your facility type, and answer whether you currently have any enrolled children between 2-5




35

# 6. Report immunization statuses at https://reporting.shotsforschool.org/cc/Login.aspx

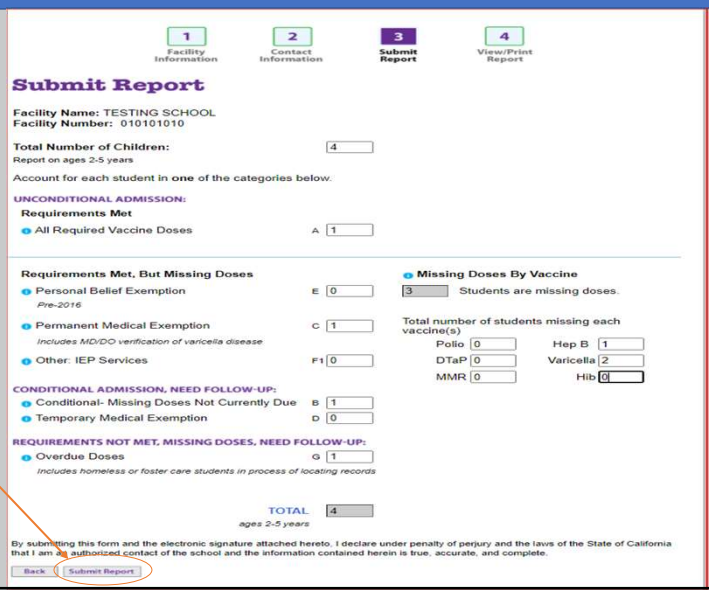
- Enter the contact information for the person completing this form and (if a different person) the facility contact
- NOTE: This contact information is only for immunization reporting. Please contact DSS if you need to change your facility information with them.




36

# 6. Report immunization statuses at https://reporting.shotsforschool.org/cc/Login.aspx

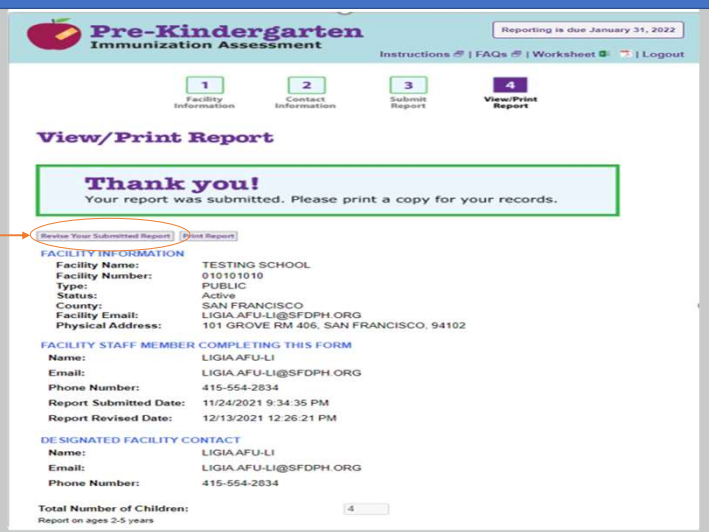
- Copy the information from the Summary Sheet of the Immunization Work Sheet
- Note that the order and the letter subheadings are the same
- When complete, hit the "submit report" button at the bottom of the page




37

# 6. Report immunization statuses at https://reporting.shotsforschool.org/cc/Login.aspx

- Review the report to ensure all the information is correct
- If you need to make changes at that point or later, you can log back in and click "Revise your submitting report" to go back to the editing screens




38

## REVIEW: Steps for determining immunization statuses for school report on Shotsforschool.org

1. Gather immunization records for all enrolled students
2. Transcribe individual records onto blue cards (manually or in CAIR)
3. Review immunization requirements for entry to childcare
4. Sort student records into **two** categories to classify students as having all required doses (up-to-date) or missing doses, using state materials to further classify students who are missing doses (most common categories include):
   - Overdue, needs doses now before admission to school
   - Conditional, missing doses not currently due
   - Permanent Medical Exemption (student who is admitted to school unconditionally but requires medical documents submitted to state medical exemption database, most common with previous chickenpox)
5. Complete reporting spreadsheets or tally list with each student's immunization status and sum up counts by category, **for students aged 2-5** *(although keep track of everyone!)*
6. Report statuses in the https://www.shotsforschool.org/ reporting portal

39

## What about COVID-19 vaccines in 5-11 year-olds, or even younger age groups?

- Safe and effective COVID-19 vaccines are currently available for children ages 5 and up!
- Vaccines for children under 5 are still being tested, but anticipated in the first half of 2022

Office of Governor GAVIN NEWSOM

Home | About | Newsroom | Appointments

California Becomes First State in Nation to Announce COVID-19 Vaccine Requirements for Schools

Published: Oct 01, 2021

*After implementing first-in-the-nation school masking and staff vaccination measures, California becomes the first state to announce plans to require student vaccinations – adding the COVID-19 vaccine to list of vaccinations required for school, such as the vaccines for measles, mumps, and rubella*

*Students will be required to be vaccinated for in person learning starting the term following FDA full approval of the vaccine for their grade span (7-12 and K-6).*

https://www.gov.ca.gov/2021/10/01/california-becomes-first-state-in-nation-to-announce-covid-19-vaccine-requirements-for-schools/

- The Pfizer Biontech COVID-19 vaccine currently has full FDA approval for ages 16 and up only

40

# Thank you for attending and for taking care of San Francisco's children! Any questions?

41