

IRVINE UNIFIED SCHOOL DISTRICT

California Immunization Requirements for Transitional Kindergarten, Kindergarten and Grades 1 through 6

School Grade or equivalent age	Polio	DTP/DTaP Diphtheria, Tetanus, Pertussis	MMR Measles, Mumps, Rubella	Hep B Hepatitis B	Varicella Chickenpox
TK, Kindergarten & 1ST Grade Entry (age 4 to 6 yrs old)	4 doses required 3 is OK if one was given on or after 4 th birthday	5 doses required 4 is OK if one was given on or after 4 th birthday	2 doses required Both given on or after 1 st Birthday	3 doses required	1 dose required If had disease, vaccine is not required, must be verified by MD.
School Grade or equivalent age	Polio	DTP/DTaP Diphtheria, Tetanus, Pertussis	MMR Measles, Mumps, Rubella	Hep B Hepatitis B	Varicella Chickenpox
2nd through 6th Grade (7 – 11 yrs old)	4 doses required 3 is OK if one was given on or after 2 nd birthday	4 doses required 3 is OK if one was given on or after 2 nd birthday	2 doses required Both given on or after 1 st Birthday	3 doses required	1 dose required If had disease, vaccine is not required, must be verified by MD.

DOCUMENTATION

California immunization laws and Irvine Unified School District Policy 5141.31 require that upon school entry, ***all pupils must show written proof of immunizations.*** A personal immunization record completed by a physician or clinic **or** the blue California School Immunization Record from a former school **or** another state's school record serves as documented proof. The document must be in English and must include:

- Child's name
- Child's birthdate
- Type and date of each dose of vaccine, including month and year as a minimum. (For measles, rubella and/or mumps vaccine given in the month of the first birthday, month, day and year are required.)
- Name of physician or clinic who administered the vaccine
- If immunizations are transcribed from previous records by the attending physician/clinic "TRANSCRIBED" must be written next to each immunization or diagonally across all lines for a vaccine series. The attending physician/clinic stamp must be stamped on the front of the immunization record to confirm who verified the immunizations.

Immunization records are reviewed by school staff to verify compliance. Resources are provided to assist families in obtaining needed immunizations.

CONDITIONAL ADMISSIONS

VACCINE	AGE (YEARS)	MISSING DOSE	TIME INTERVALS BETWEEN DOSES	
Polio		2 nd	6 weeks	10 Weeks
		3 rd	6 weeks	12 months
	4 – 6	4 th	If the 3 rd dose was given before the 4 th birthday, one more dose is required before admission.	
	7 – 17	4 th	If the 3 rd dose was given before the 2 nd birthday, one more dose is required before admission.	
DTap, DTP, DT, Tdap, or Td	Under 7	2 nd or 3 rd	1 month	2 months
		4 th	6 months	12 months
		5 th	If the 4 th dose was given before the 4 th birthday, one more dose is required before admission.	
DTap, DTP, DT, Tdap, or Td	7 & Older	2 nd	1 month	2 months
		3 rd	6 months	12 months
		4 th	If the 3 rd dose was given before the 2 nd birthday, one more dose is required before admission.	
MMR		2 nd	1 month	3 months
Hep B		2 nd	1 month	2 months
		3 rd	2 months	12 months
Varicella	13 – 17	2 nd	1 month	3 months