Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td)** — 5 doses
  (4 doses OK if one was given on or after 4th birthday. 3 doses OK if one was given on or after 7th birthday.)
  For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.

- **Polio (OPV or IPV)** — 4 doses
  (3 doses OK if one was given on or after 4th birthday)

- **Hepatitis B** — 3 doses
  (not required for 7th grade entry)

- **Measles, Mumps, and Rubella (MMR)** — 2 doses
  (Both given on or after 1st birthday)

- **Varicella (Chickenpox)** — 2 doses

These immunization requirements also apply to students entering transitional kindergarten.

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. Parents must show their child's Immunization Record as proof of immunization.

Website for additional resources is [https://www.shotsforschool.org/k-12/](https://www.shotsforschool.org/k-12/)
**Report of Health Examination for School Entry**

School: _______________  Date: _______________

**Department of Education—Health and Human Services Agency**

**Title VII A (9027) Form**

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 127) found at your child's school.

**Results and Recommendations**

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Age</th>
<th>Race</th>
<th>Sex</th>
<th>Grade</th>
<th>School Health Status</th>
</tr>
</thead>
</table>

**Release of Health Information by Parent or Guardian**

**Other**

- Tuberculosis (chest x-ray)
- Varicella (chickenpox)
- Hepatitis B
- HIV
- MMR
- Polio (Oppo, IPV)

**Vaccine**

- First
- Second
- Third
- Fourth
- Fifth

**Required Tests and Evaluations**

- Blood lead test
- Urine lead test
- Throat culture
- Titer for varicella
- Hepatitis B
- HIV
- MMR
- Polio (Oppo, IPV)
- tuberculosis (chest x-ray)
- Varicella

**Health Examination**

To be filled out by Health Examiner

**Immunization Record**

Please have the child seen by a health professional if not up to date. The child must be negative for typhoid fever and scarlet fever. The child must be up to date on all vaccinations. Please sign the form if the vaccinations are up to date.

**Address—Number of Street**

**City**

**Code**

**Zip**

**Child's Name**

**Birth Date**

**Gender**

**School**

**Health Examination**

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school.
<table>
<thead>
<tr>
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<tr>
<td>Date Given</td>
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**Resultado de la Prueba de Lengua**

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<th>Accesso</th>
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</table>

**Procedimientos Requeridos**

- **Vacunas**
  - DPT/TD/IPV (Inmunizaciones)
  - Polio (Ox 0 Y P)
  - Varicela (Varicela Inactiva)

**Registro de Inmunizaciones**

<table>
<thead>
<tr>
<th>Prueba</th>
<th>DPT/TD/IPV</th>
<th>Polio (Ox 0 Y P)</th>
<th>Varicela (Varicela Inactiva)</th>
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**Asesoría**

- **Preservación de la Higiene Personal**
  - **Vacunación**
  - **Educación en Higiene Personal**

**Forma de Salud**

<table>
<thead>
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