

California Immunization Requirements

REQUIRED VACCINE	Pre-K/K – 12 th Grade ADMISSION	NOTES FOR SCHOOL REQUIREMENTS	7 TH GRADE ADVANCEMENT
IPV / OPV (Polio)	4 Polio	4 doses meet Pre-K/K – 12 requirement. 3 doses, if 1 dose was given at age >4 years.	Must meet ALL Pre-K/K through 12 gr requirements and will also need proof of Tdap given on or after 7th birthday.
DTap / DTP – Age 0-6 years Tdap – Age 7+ years (Diphtheria, Tetanus, Pertussis)	5 DTap	5 doses meet Pre-K/K – 12 requirement. 4 doses, if 1 dose given at age >4 years; 3 doses, if >1 Tdap dose at age >7 years; Tdap dose may meet 7 th grade requirement.	
MMR (Measles, Mumps, Rubella)	2 MMR	2 doses meet Pre-K/K – 12 requirement. Both doses must be given at age >1 year.	
Hep B / HBV (Hepatitis B)	3 Hep B	3 doses meet Pre-K/K – 12 requirement	
VAR / VZV (Varicella or Chickenpox)	2 Varicella	2 doses meet Pre-K/K – 12 requirement Note: Per the State of California, effective January 1, 2021 we can no longer accept a verbal “Had Disease” for Varicella. You will need to see your physician to obtain a CAIR Medical Exemption.	
Tdap – 7th – 12th Grade (Tetanus, Diphtheria, Pertussis)	1 Tdap 7 – 12 Grade Only	1 dose given at age >7 years meets requirement for 7 th grade advancement and 7 th – 12 th grade admission.	

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.** An 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.

Documents must be in a format that is easily understandable. If translation is needed it is the parents responsibility to have this completed prior to the registration process.

Documents must include:

- Child’s first and last name
- Child’s date of birth
- Type and date (month/day/year) of each dose of vaccine.
- 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.

PHYSICAL EXAM 1ST GR. ENTRY ONLY

- Exam must be given within 18 months prior to entering 1st grade.

CONDITIONAL ADMISSION SCHEDULE FOR GRADES Pre-Kinder/Kinder – 12th Grade

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 1 st dose	8 weeks after 1 st dose
Polio #3	4 weeks after 2 nd dose	12 months after 2 nd dose
Polio #4	6 months after 3 rd dose	12 months after 3 rd dose
DTaP #2	4 weeks after 1 st dose	8 weeks after 1 st dose
DTaP #3	4 weeks after 2 nd dose	8 weeks after 2 nd dose
DTaP #4	6 months after 3 rd dose	12 months after 3 rd dose
DTaP #5	6 months after 4 th dose	12 months after 4 th dose
Hep B #2	4 weeks after 1 st dose	8 weeks after 1 st dose
Hep B #3	8 weeks after 2 nd dose	12 months after 2 nd dose and at least 4 months after 1 st dose
MMR #2	4 weeks after 1 st dose	4 months after 1 st dose
Varicella #2	<i>Age less than 13 years:</i> 3 months after 1 st dose	4 months after 1 st dose
	<i>Age 13 years and older:</i> 4 weeks after 1 st dose	8 weeks after 1 st dose