

Ancient Mandatory (Compulsory) Immunization Law in California

- First laws ~100 years ago
- Smallpox
- Personal belief exemption allowed

Modern History of California School Law

1972 Diphtheria, Tetanus, Pertussis
1961 Polio
1967 Measles
1980 Mumps, Rubella

Broad regulatory
authority to DHS

1991

Hib

1994

Hep b,
Measles
7th Gr

1999

1977

Enforcement,
implementation
strengthened;
Day care added

1992-6

Family
Childcare

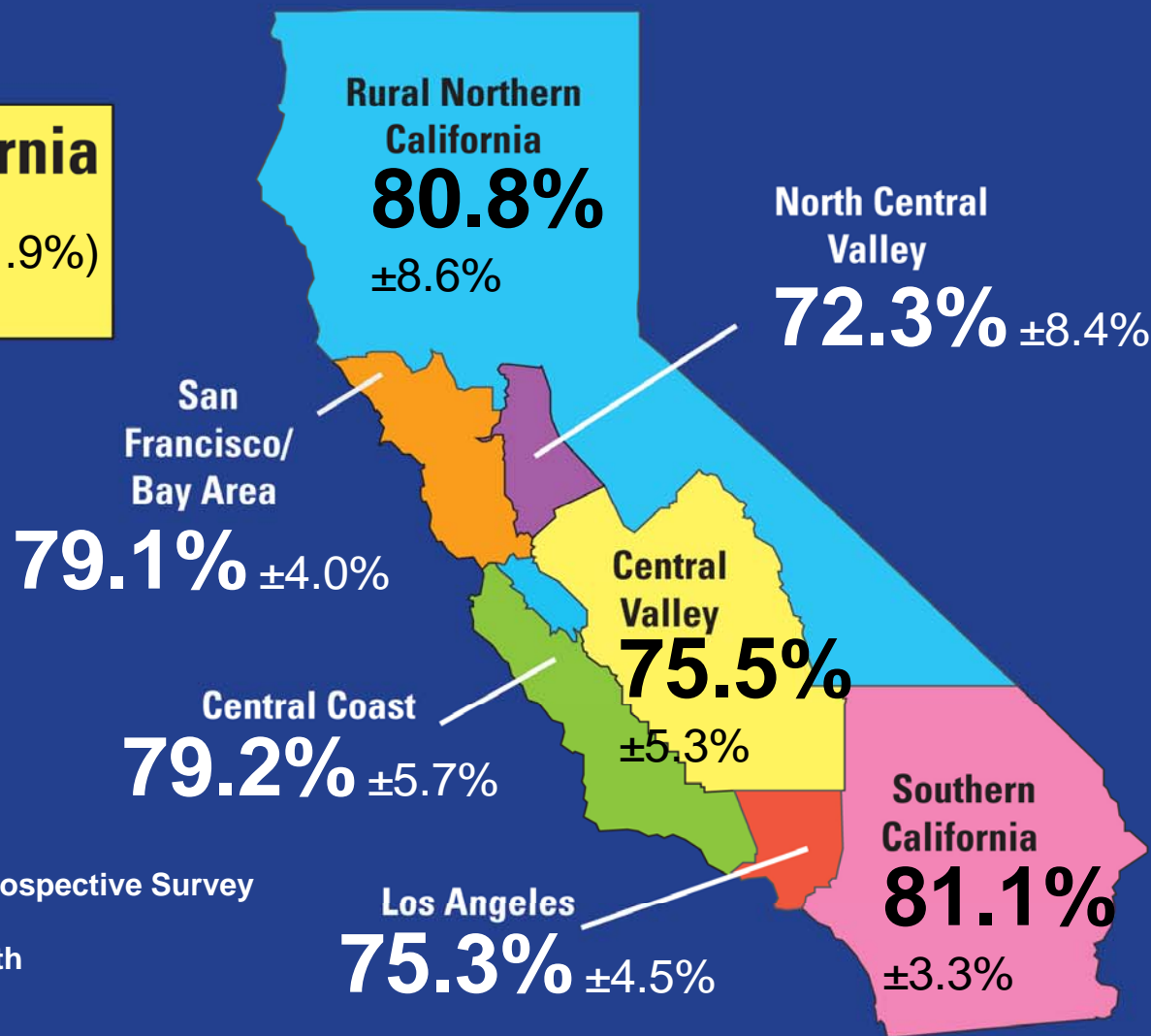
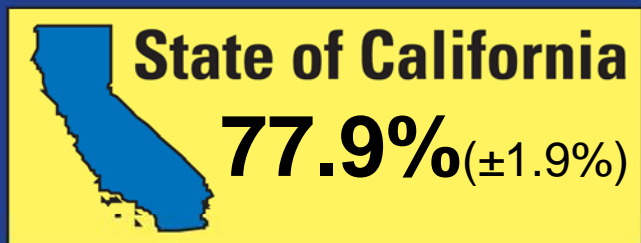
1997

Hep b
2nd Measles

2001

Varicella

Immunization Coverage Among Kindergarteners at 24 months of Age 4:3:1 Series (4 DTaP, 3 polio, 1 MMR)



Based on the 2009 Kindergarten Retrospective Survey
sample of 2,659 California Kids
California Department of Public Health
Immunization Branch • August 2009
IMM-424

HEALTH AND SAFETY CODE

SECTION 120325-120380

...it is the intent of the Legislature to provide: (a) A means for the eventual achievement of total immunization of appropriate age groups against the following childhood diseases:

- | | |
|------------------------------------|---------------------------------|
| (1) Diphtheria. | (5) Mumps. |
| (2) Hepatitis B. | (6) Pertussis (whooping cough). |
| (3) Haemophilus influenzae type b. | (7) Poliomyelitis. |
| (4) Measles. | (8) Rubella. |
| | (9) Tetanus. |

Any other disease that is consistent with the most current recommendations of the United States Public Health Services' Centers for Disease Control Immunization Practices Advisory Committee and the American Academy of Pediatrics Committee of Infectious Diseases, and deemed appropriate by the department.

Vaccine doses required by regulations (CCR, Title 17, §6020)

- Definitions, like what is a pupil, school entry
- Vaccine doses specifically required in regulations (table on page D-78 of blue book)
- CA law is based on number of doses; interval is intentionally not required except in very specific cases.

Vaccines Required

- Vaccines required specifically in California H&S Code, Section 120325-120380
- Authority to department (public health) to implement via regulations
- Code restrictions must be accommodated in regulations
 - Pertussis, Mumps specifically not required in code over the age of 7
 - Varicella required only for certain kids

California School Immunization Law

- **§120365 Health and Safety Code**
 - Immunization of a person shall not be required for admission to a school or other institution listed in 120335 if the parent or guardian or adult who has assumed custody in the case of a minor, files with the governing authority a letter or affidavit stating that immunization is contrary to his or her belief

CALIFORNIA SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.

Student Name _____ Sex: M F Birthdate _____ Place of Birth _____

Name of Parent or Guardian _____ Race/Ethnicity: _____ Address _____

Telephone _____ Daytime _____ Nighttime _____ City _____ ZIP _____

- Race/Ethnicity:
 White, not Hispanic
 Hispanic
 Black
 Other: _____

VACCINE	DATE EACH DOSE WAS GIVEN					
	1st	2nd	3rd	4th	5th	Booster
POLIO (OPV or IPV)						
DTP/DTaP/DT/Td (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)						
MMR (Measles, mumps, and rubella)						
HIB (Required only for child care and preschool)						
HEPATITIS B						
VARICELLA (Chickenpox)						
HEPATITIS A (Not required)						

I. DOCUMENTATION

I certify that I reviewed a record of this child's immunizations and transcribed it accurately:

Date _____

Staff Signature _____

Record Presented was:

- Yellow California Immunization Record
 Out-of-state school record
 Other immunization record
 Specify: _____

II. STATUS OF REQUIREMENTS

- A. All Requirements are met.
 Date _____ / _____ / _____
 B. Currently up-to-date, but more doses are due later. Needs follow-up.

Exemption was granted for:

- C. Medical Reasons—Permanent
 D. Medical Reasons—Temporary
 E. Personal Beliefs

III. 7th GRADE ENTRY

- A. All Requirements are met.
 Name _____ Date _____
 B. Currently up-to-date, but more doses are due later. Needs follow-up.
 Name _____ Date _____

TB SKIN TESTS	Type*	Date given	Date read	mm indur	Impression	CHEST X-RAY (Necessary if skin test positive)
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other <input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other					<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Neg

*If required for school entry, must be Mantoux unless exception granted by local health department.

INSTRUCTIONS FOR SCHOOL OR CHILD CARE STAFF

1. Complete child's name and address information section, or ask parent or guardian to complete this section only. (This form is not to be sent home or given to parents to complete.)
2. School or child care personnel then fill in date (month/day/year) of each immunization the student has received from the Immunization Record presented by the parent or guardian. (If the date consists only of month and year for some doses, fill in month/xx/year; however, if either measles, rubella or mumps (or MMR) was received in the month of the first birthday, month/day/year is required.)
3. Determine if immunization requirements have been met, using the California "Immunization Requirements for Grades K-12," or "Immunization Requirements for Child Care," (available from Immunization Coordinators in local health departments), or other requirements guide.
4. Complete the Documentation and Status of Requirements box.
 - A. Fill in date and your signature as the staff member who reviewed and transcribed the immunization record presented by the parent or guardian. Check which type of record was presented.
 - B. If the child has met all immunization requirements, check box A and write in date.
 - C. If the child has not met all requirements, check box B. Child can be admitted only if up-to-date, e.g., no immunizations due currently. The child must be followed up as indicated in the "Guide to Immunization Requirements."
 - D. If a child is to be exempted for medical reasons, a doctor's written statement is required; the statement must include which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met: check box A and box C.* If the medical exemption is temporary, check box B and box D; this child must be followed up.*
 - E. If a child is to be exempted for reasons of personal beliefs, the parent or guardian must sign and date the affidavit below. No other parents should sign this affidavit. All requirements are met: check box A and box C.

PERSONAL BELIEFS AFFIDAVIT TO BE SIGNED BY PARENT OR GUARDIAN—IMMUNIZATION

I hereby request exemption of the child, named on the front, from the immunization requirements for school/child care entry because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her protection.

CREENCIAS PERSONALES: ESTA DECLARACIÓN JURADA DEBE SER FIRMADA POR EL PADRE O LA MADRE O EL GUARDIÁN

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para vacunas de la entrada a la escuela/guardería ya que algunas o todas de las vacunas son opuestas a mis creencias. Comprendo que en caso de un brote en la comunidad de alguna de estas enfermedades, mi hijo puede ser excluido temporalmente de la escuela/guardería por su propia protección.

Signature (Firma) _____ Date (Fecha) _____

Applicable only in those jurisdictions where the Tuberculosis Assessment is required for school entry

Personal Beliefs Affidavit to be Signed by Parent or Guardian—Tuberculosis

I hereby request exemption of the child named on the front from the tuberculosis assessment requirement for school/child care center entry because this procedure(s) is contrary to my beliefs. I understand that should there be cause to believe that my child is infected with active tuberculosis or should there be a tuberculosis outbreak, my child may be temporarily excluded from school.

Creencias Personales: Declaración Jurada Debe ser Firmada por el Padre o la Madre o el Guardián

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para la evaluación de la tuberculosis (tisis) de la entrada a la escuela ya que esta evaluación es opuesta a mis creencias. Comprendo que si hay razón para sospechar que mi hijo sufra de la tuberculosis activa o si hay un brote de la tuberculosis, mi hijo puede ser excluido de la escuela.

Signature (Firma) _____ Date (Fecha) _____

* Names of all children who are exempt should be maintained on an exempt roster for immediate identification in case of disease outbreak in the community.

