

IRVINE UNIFIED SCHOOL DISTRICT

California Immunization Requirements for 7th through 12th Grade

School Grade or equivalent age	Polio	DTP/DTaP Diphtheria, Tetanus, Pertussis	Tdap Diphtheria, Tetanus, Pertussis	MMR Measles, Mumps, Rubella	Hep B Hepatitis B	Varicella Chickenpox
7th grade (age 11 – 12 yrs)	4 doses required <i>3 is OK if one was given on or after 2nd birthday</i>	4 doses <i>3 is OK if one was given on or after 2nd birthday</i>	1 Tdap <i>Tdap booster given on or after the 7th birthday</i>	2 doses required <i>Both given on or after 1st birthday</i>	3 doses required	*1 dose required <i>*1 dose required for ages 11 – 12 years.</i> If had disease, vaccine is not required, must be verified by MD.
School Grade or equivalent age	Polio	DTP/DTaP Diphtheria, Tetanus, Pertussis	Tdap Diphtheria, Tetanus, Pertussis	MMR Measles, Mumps, Rubella	Hep B Hepatitis B	Varicella Chickenpox
8th through 12th Grades (age 13 – 17 yrs)	4 doses required <i>3 is OK if one was given on or after 2nd birthday</i>	4 doses <i>3 is OK if one was given on or after 2nd birthday</i>	1 Tdap <i>Tdap booster given on or after the 7th birthday</i>	2 doses required <i>Both given on or after 1st Birthday</i>	3 doses required	*2 doses required <i>*2 doses required for ages 13 – 17 years.</i> 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