

State-Mandated Immunization Requirements

Parents and Guardians: Please remember that you **must submit complete immunization records** in order for your student to be **enrolled** in school. Please make sure that the following required immunizations by the California State Law are in your paperwork when registering at Da Vinci Schools:

VACCINE	REQUIRED DOSES
Polio	4 doses at any age, but... 3 doses meet requirement for ages 4–6 years if at least one was given on or after the 4th birthday ¹ ; 3 doses meet requirement for ages 7–17 years if at least one was given on or after the 2nd birthday. ¹
Diphtheria, Tetanus, and Pertussis	Age 6 years and under: DTP, DTaP or any combination of DTP or DTaP with DT (diphtheria and tetanus) 5 doses at any age, but... 4 doses meet requirements for ages 4–6 years if at least one was on or after the 4th birthday. ¹
	Age 7 years and older: Tdap, Td, or DTP, DTaP or any combination of these 4 doses at any age, but... 3 doses meet requirement for ages 7–17 years if at least one was on or after the 2nd birthday. ¹ If last dose was given before the 2nd birthday, one more (Tdap) dose is required.
Measles, Mumps, Rubella (MMR)	Kindergarten: 2 doses² both on or after 1st birthday. ¹
	7th grade: 2 doses² both on or after 1st birthday. ¹
	Grades 1–6 and 8–12: 1 dose on or after 1st birthday. ¹
Hepatitis B³	Kindergarten: 3 doses at any age
Varicella	1 dose^{4, 6}
Tdap Booster (Tetanus, reduced diphtheria, and pertussis)	7th grade: 1 dose on or after 7th birthday. ^{5, 7}

¹ Receipt of a dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.

² Two doses of measles-containing vaccine required. One dose of mumps and rubella-containing vaccine required; mumps vaccine is not required for children 7 years of age and older.

³ Not required for 7th grade.

⁴ Physician-documented varicella (chickenpox) disease history or immunity meets the varicella requirement.

⁵ Tdap, DTaP, or DTP given on or after 7th birthday will meet the requirement. Td does not meet the requirement.

⁶ 2 dose varicella requirement for ages 13–17 years applies to transfer students who were not admitted to a California school before July 1, 2001.

⁷ 8th–12th grade students transferring from outside of California must meet the requirement.

PERSONAL BELIEFS EXEMPTION

Effective January 1, 2014, parents who want to exempt their child from one or more required immunizations because of their personal beliefs must provide to the school or child care facility a statement/affidavit signed by the parent/guardian and health care practitioner.

- Parents/guardians and health care practitioners are encouraged to use the one-page form developed by the California Department of Public Health that requests an exemption and states that the required immunization(s) are contrary to their beliefs, and is to be **signed and dated by a health care practitioner** and parent/guardian indicating that the practitioner has provided, and the parent has received, information about the benefits and risks of immunizations and the risks of vaccine-preventable diseases.
- Most children with exemptions have received some of their required vaccines. In **addition to** the vaccines for which an exemption is being requested, parents must show the school or child care facility a valid record of which of the immunizations required for school or child care that their child has received. This will help schools know right away which students have and haven't been immunized when a vaccine-preventable disease may be spreading at school.

If you require this form you may pick one up prior to registration at any Da Vinci school or download the form from our website at www.davincischools.org



PERSONAL BELIEFS EXEMPTION TO REQUIRED IMMUNIZATIONS



STUDENT NAME (LAST, FIRST, MIDDLE)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE MONTH DAY YEAR ____/____/____	TELEPHONE NUMBER
PARENT/GUARDIAN – NAME		ADDRESS	

A. AUTHORIZED HEALTH CARE PRACTITIONER LICENSED IN CALIFORNIA – FILL OUT THIS SECTION

I am a (check one): M.D./D.O. Nurse Practitioner Physician Assistant Naturopathic Doctor Credentialed School Nurse

Provision of information: I have provided the parent or guardian of the student named above, the adult who has assumed responsibility for the care and custody of the student, or the student if an emancipated minor, with information regarding 1) the benefits and risks of immunization and 2) the health risks to the student and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).

Signature of authorized health care practitioner

Date - within 6 months before entry to child care or school

Practitioner name, address, telephone number:

B. PARENT OR GUARDIAN – FILL OUT THESE SECTIONS

I. Check one of the boxes below:

- Receipt of information:** I have received information provided by an authorized health care practitioner regarding 1) the benefits and risks of immunization and 2) the health risks to the student named above and to the community of the communicable diseases for which immunization is required in California (immunizations listed in Table below).
- Religious beliefs:** I am a member of a religion which prohibits me from seeking medical advice or treatment from authorized health care practitioners. (Signature of a health care practitioner not required in Part A.)

Signature of parent or guardian

Date - within 6 months before entry to child care or school

II. AFFIDAVIT

Immunizations already received: I have provided the child care or school with a record of all immunizations the student has received that are required for admission (California Health and Safety Code §120365).

Immunizations for which exemption is requested: An unimmunized student and the student's contacts at school and home are at greater risk of becoming ill with a vaccine-preventable disease. I understand that an unimmunized student may be excluded from attending school or child care during an outbreak of, or after exposure to, any of these diseases for the protection of the student and others (17 CCR §6060). I hereby request exemption of the student named above from the required immunizations checked below because such immunization is contrary to my beliefs.

School Category	Table of Required Immunizations – Check box(es) to request exemption.
Child Care Only	<input type="checkbox"/> Haemophilus influenzae type b (Hib meningitis)
Child Care and K-12 th Grade	<input type="checkbox"/> DTaP (Diphtheria, Tetanus, Pertussis [whooping cough]) <input type="checkbox"/> Hepatitis B <input type="checkbox"/> MMR (Measles, Mumps, Rubella) <input type="checkbox"/> Polio <input type="checkbox"/> Varicella (Chickenpox)
7 th Grade Advancement (or admission at 7-12 th Grade)	<input type="checkbox"/> Tdap (Tetanus, reduced Diphtheria, Pertussis [whooping cough])

Signature of parent or guardian

Date

The California Department of Public Health places strict controls on the gathering and use of personally identifiable data. Personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with consent or as authorized by law or regulation. The Department's information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy.