

Student full name _____ Student date of birth _____

IMMUNIZATION RECORD

To the practitioner: please fill in the following immunization dates or attach an office copy that includes the up-to-date immunizations listed here. Please include the month/day/year for each vaccine administered. (See page 2 for more information on all requirements)

REQUIRED VACCINATIONS

Vaccine	Date administered	Vaccine	Date administered
Tetanus DTaP/DTP/DT ₁		HepB ₁	
Tetanus DTaP/DTP/DT ₂		HepB ₂	
Tetanus DTaP/DTP/DT ₃		HepB ₃	
Tetanus DTaP/DTP/DT ₄		Polio ₁	
Tetanus DTaP/ Tdap/ DT ₅ (last dose must be after age 12)		Polio ₂	
Meningococcal (ACWY) ₁		Polio ₃	
Meningococcal (ACWY) ₂ (One Dose after 16th birthday)		Polio ₄	
Varicella ₁		HepA ₁	
Varicella ₂		HepA ₂ (second dose at least 6 months after first dose)	
Or: disease date of Varicella/Chicken Pox		TB skin test (negative test within one year of entry to IAA)	
MMR ₁		Or: BCG vaccine	
MMR ₂		Other: _____	

RECOMMENDED/OPTIONAL VACCINES

HPV ₁		COVID-19 ₁ (Type_____)	
HPV ₂		COVID-19 ₁ (Type_____)	
HPV ₃		COVID-19 ₁ (Type_____)	
Influenza (current year)		Other: _____	

Practitioner's Name _____

Practitioner's Address _____

Practitioner's Phone Number & Fax Number _____

Signature of Examining Practitioner _____ Date _____



IMMUNIZATION REQUIREMENT NOTES

The following immunizations are required by law in the State of California, plus additional requirements since we are an international boarding school. No student is permitted to participate in our programs without a completed immunization record per California law. Exceptions are made only with a state-approved physician-signed waiver of immunization. California does not accept exemptions for religious or personal beliefs.

- **Diphtheria, Tetanus, and Pertussis (DTap, DTP, Tdap, or Td)- 5 doses**
 - (4 doses ok if one was given after the 4th birthday)
 - (3 doses ok if one was given after the 7th birthday)
 - Last dose must be within the last ten years, and after 12th birthday
- **Polio- 4 doses**
 - (3 doses ok if one was given on or after the 4th birthday)
- **Hepatitis B- 3 doses**
- **Hepatitis A- two doses, must be at least 6 months apart**
- **Measles, Mumps, and Rubella (MMR)- 2 doses**
 - (Both given on or after the 1st birthday)
- **Varicella (Chickenpox)- 2 doses, must be at least 4 weeks apart**
- **Meningococcal (ACWY)- 1-2 doses**
 - (Two doses if one is before the age of 16, additional dose is required after the 16th birthday)
- **TB Skin Test (PPD) or BCG vaccination:**
 - BCG: Bacille Calmette-Guerin, is a vaccine for tuberculosis (TB) disease. Many foreign-born persons have been BCG-vaccinated. BCG is used in many countries with a high prevalence of TB to prevent childhood tuberculous meningitis and miliary disease.
 - (TB skin test is required upon entry, needs to be done within one year of admission or proof of BCG vaccine can be submitted instead of a TB skin test)

TO FAX THIS RECORD TO IDYLLWILD ARTS ACADEMY HEALTH CENTER: (951) 468-7281