California Scottish Rite Foundation

2100 North Broadway, Suite 350 Santa Ana, CA 92706

PROOF OF IMMUNIZATION FORM

I.		. certify that	
,	(print medical doctor's name)		(client's name)
is up	to date on <u>ALL</u> required immunizat	ions (as indicat	ted in the attached 2 page policy)
unti	(date of next required immunization	<u></u> . on)	
(Med	ical Doctor's signature)		(Date)
Plea Cent	se retain a copy of this form and suber.	mit the original	l to Sacramento Scottish Rite
615	tish Rite Childhood Language Center I H Street amento, CA 95819		

FAX: 916-731-4359 PHONE: 916-731-4357

CALIFORNIA SCOTTISH RITE FOUNDATION RITECARE® CHILD IMMUNIZATION POLICY

Please refer to the following guidelines: Any "pupil" (person under 18 years of age) seeking admission to a given public or private elementary or secondary school, child care center, day nursery, nursery school, family day care home, or development center is required to demonstrate vaccinations as follows:

2–3 months	1 each of Polio, DTaP, Hib, Hep B
4–5 months	2 each of Polio, DTaP, Hib, Hep B
6-14 months	3 DTaP
	2 each of Polio, Hib, Hep B
15–17 months	3 each of Polio, DTaP
	2 Hep B
	1 MMR, on or after the first birthday (1)
	1 Hib, on or after the first birthday (1, 3)
18 months-5 years	3 Polio
	4 DTaP
	3 Нер В
	1 MMR, on or after the first birthday (1)
	1 Hib, on or after the first birthday (1,3)
	1 Varicella (chickenpox) (2)

Abbreviations:

- -DTaP: Diphtheria, tetanus, and pertussis combined vaccine.
- -Hib: Haemophilus influenzae type b vaccine; required only for children up to age 4 years, 6 months.
- -MMR: Measles, mumps, and rubella combined vaccine.
- -Hep B: Hepatitis B vaccine.
- -Varicella: Chickenpox vaccine.
- (1) Receipt of the dose up to (and including) 4 days before the birthday will satisfy the child care entry immunization requirement.
- (2) If a child had chickenpox disease and this is indicated on the Immunization Record by the child's physician, they meet the requirement. Write "disease" in the chickenpox date box on the blue card.
- (3) Required only for children who have not reached the age of 4 years 6 months

Students Admitted between the ages of 4 and 6 years need the following immunizations:

- <u>Diphtheria, Tetanus</u>, and <u>Pertussis</u> (DTaP, DTP, or DT) —5 doses
 (4 doses OK if one was given on or after 4th birthday)
- <u>Polio</u> (OPV or IPV)—4 doses
 (3 doses OK if one was given on or after 4th birthday)
- Hepatitis B—3 doses

- Measles, Mumps, and Rubella (MMR)—2 doses (Both given on or after 1st birthday)
- <u>Varicella</u> (Chickenpox)—1 dose

Students admitted between the ages of 7 and 17 need the following immunizations:

- Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT, Tdap, or Td)—3 doses (4 doses required if last one was given before 2nd birthday)
- Polio (OPV or IPV)—4 doses
 (3 doses OK if one was given on or after 2nd birthday)
- Measles, Mumps, and Rubella (MMR)—1 dose (2 doses required at 7th grade)
- Varicella (chickenpox)
 (Admission at ages 7-12 years need 1 dose; ages 13-17 years need 2 doses)
- Tetanus, Diphtheria, and Pertussis (Tdap) —1 dose at 7th grade or out-of-state transfer admission at 8th-12th grades
 (1 dose on or after the 7th birthday)

A child can be admitted who is lacking one or more required vaccine doses if the dose(s) is not currently due on the condition that they receive the remaining dose(s) when due, according to the schedule above. If the maximum time interval between doses has passed, the child cannot be admitted until the next immunization is obtained.