

If you have questions or need the help of an interpreter, please call your school office.  
Si tiene alguna pregunta o si necesita la ayuda de un interprete, favor de llamar a la oficina de su escuela.  
Yog koj muaj lus nug los yog xav tau neeg pab txhais lus, thov hu rau koj lub tsev kawm ntawv.

NS I-1

CLOVIS UNIFIED SCHOOL DISTRICT

Rev. 3/16

**ADDITIONAL IMMUNIZATIONS NEEDED TO ATTEND SCHOOL**

Dear Parent/Guardian:

The California Health and Safety Code requires that your child be completely immunized in order **to attend school**. Effective January 1, 2016, under a new California law known as SB 277, exemptions based on personal beliefs will no longer be an option for the vaccines that are currently required for entry into Transitional Kindergarten, Kindergarten or 7<sup>th</sup> Grade. We have not received evidence that your child has met the immunization requirements for entry to school.

Immunizations may be obtained from a Private Physician, Fresno County Public Health Department or if your child is eligible, from:

**CLOVIS UNIFIED CHILDREN’S HEALTH CENTERS**

**Sierra Vista Children’s Health Center – 327-7976**

510 Barstow - Clovis  
Monday through Thursday 8:30 AM to 4:00 PM  
Friday – Administrative day – no patients seen

**Health Center is closed for lunch between 12-1 pm daily** and closed during school holidays.

You must present **WRITTEN EVIDENCE** (month/year of each dose) from your doctor or clinic that your child has received the necessary immunizations **in order for your child to attend school**. Take this notice and your child’s immunization records to your doctor or clinic. Please have them give dates for the circled immunizations listed below.

Student’s Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School Site \_\_\_\_\_ Grade \_\_\_\_\_

**According to school records, your child needs the following immunization(s):**

DTP/DtaP/DT/Tdap #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_

Tdap #1 \_\_\_\_\_

POLIO (OPV or IPV) #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

HEPATITIS B #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

MEASLES, MUMPS, RUBELLA #1 \_\_\_\_\_ #2 \_\_\_\_\_

VARICELLA #1 \_\_\_\_\_ #2 \_\_\_\_\_

Please provide your child’s updated immunization record to our Health Office staff when the indicated immunization(s) are received. If you have any additional questions, please contact me at the phone number listed below.

\_\_\_\_\_  
School Nurse/Health Service Assistant

\_\_\_\_\_  
Health Office Phone Number

**\*STATE IMMUNIZATION REQUIREMENTS ARE LISTED ON THE BACKSIDE OF THIS LETTER\***

**California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry.**

**Parents must show their child's Immunization Record as proof of immunization.**

**CALIFORNIA IMMUNIZATION REQUIREMENTS, GRADES K-12**

**California Health and Safety Code, Sections 120325-120375:**

Under these statutes, children in California are required to receive certain immunizations in order to attend public and private elementary and secondary schools, child care centers, family day care homes, nursery schools, day nurseries, and

developmental centers. Schools, child care centers, and family child care homes are required to enforce immunization requirements, maintain immunization records of all children enrolled, and submit reports.

**California Code of Regulations Title 17 Division 1, Chapter 4, Subchapter 8.**

These regulations specify California school immunization requirements and provide additional clarifications of the law. Also available at [www.oal.ca.gov](http://www.oal.ca.gov)

**Students Admitted at Ages 4-6 years Need These Immunizations:**

- **Diphtheria, Tetanus, and Pertussis** (DTaP, DTP, or DT) —5 doses  
(4 doses OK if one was given on or after 4th birthday)
- **Polio** (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)
- **Varicella** (Chickenpox)—1 dose

**Students Admitted at Ages 7-17 Years Need These Immunizations:**

- **Diphtheria, Tetanus, and Pertussis** (DTaP, DTP, DT, Tdap, or Td)—4 doses  
(3 doses OK if last dose was given on or after 2<sup>nd</sup> birthday)
- **Polio** (OPV or IPV)—4 doses  
(3 doses OK if one was given on or after 2<sup>nd</sup> birthday)
- **Measles, Mumps, and Rubella** (MMR)—1 dose  
(2 doses required at 7<sup>th</sup> 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 7<sup>th</sup> grade or out-of-state transfer admission at 8<sup>th</sup>–12<sup>th</sup> grades (1 dose on or after the 7th birthday)

**MEDICAL EXEMPTION:** A parent or guardian must submit a written statement from a licensed physician (M.D. or D.O.) which states: that the physical condition or medical circumstances of the child are such that the required immunization(s) is not indicated; which vaccines are being exempted; whether the medical exemption is permanent or temporary; the expiration date, if the exemption is temporary.

**All Pupils With Exemptions:** In the event of a disease outbreak, the school district may be ordered by the Fresno County Department of Public Health to temporarily exclude the pupil for his/her protection for the duration of the contagious period. (Health and Safety Code 3386)

**Immunization dates should be written on California School Immunization Record (CSIR) form by school staff and the documentation section of the CSIR form must be completed by school staff.**