

# Blue Card Report (California) [.2211 and previous]

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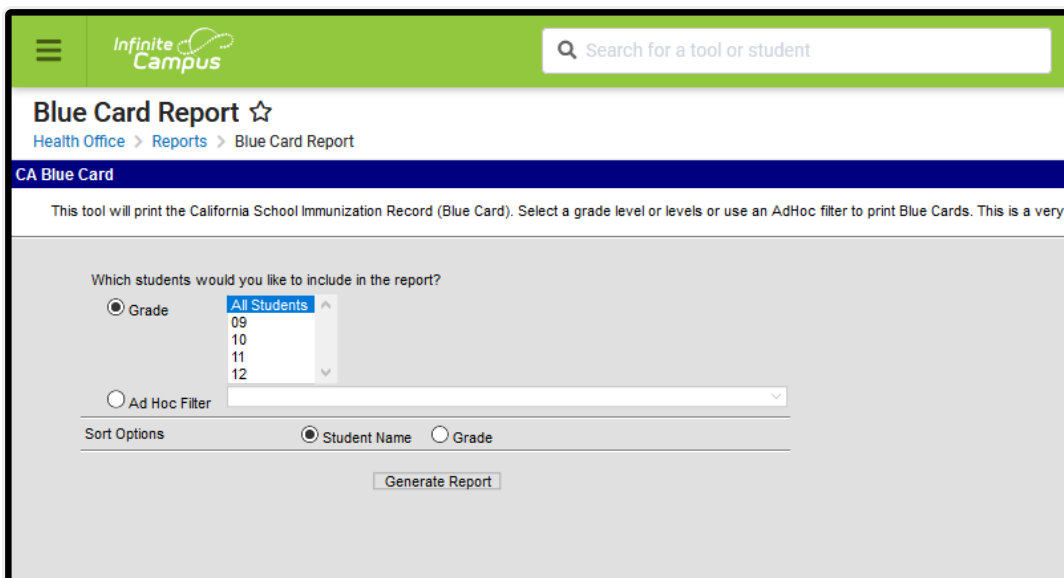
You are viewing a previous version of this article. See [Blue Card Report \(California\)](#) for the most current information.

[Report Logic](#) | [Report Setup](#) | [Report Format](#) | [Generate the Blue Card Report](#)

**Classic View:** Health > Reports > Blue Card Report

**Search Terms:** Blue Card Report

The **Blue Card Report** provides a view of students' immunizations. This report uses data entered on a student's [Immunization](#) tool and [Screening](#) tool, in addition to the [Blue Card Requirements \(California\)](#) tool. Data should be up-to-date on the Blue Card Requirements tab for the report to appear correctly.



*Blue Card Report*

See the [Blue Card 2019 report](#) documentation for the updated version of the Blue Card report. This report can be used for historical purposes.

This is a very complex report, so try to limit the number of students run per batch.

# Report Logic

The Blue Card Report uses information from other data entered in Campus.

- Immunization dates for state-required immunizations are entered in the [Immunizations](#) editor (Student Information > Health > Immunizations)
- Tuberculosis test data is entered on the [Screenings](#) editor (Student Information > Health > Screenings)
- Blue Card Documentation information is entered on the [Blue Card Requirements \(California\)](#) tool (Student Information > Health > Blue Card)

The report is generated for one calendar at a time, based on the Calendar selected in the Campus toolbar. Any student who is enrolled or has been enrolled in the selected calendar during the selected school year will be included, including those students who do not have any immunizations/vaccines recorded.

Information (checkbox selection) is reported for **Person is Free of Communicable TB** only when an x-ray date is entered. If there is no date, the checkbox selection will not display.

# Report Setup

The following codes must be entered in areas listed below . These values can be edited by the user if desired. Information listed below is the default name of the element, which will display if there are no modifications.

For additional information on Attribute/Dictionary values see the documentation for [Custom Attribute/Dictionary](#). For additional information on exemption values for immunizations, see the documentation for [Vaccine Exemptions](#).

# Certificate Type

**Classic View:** System Administration > Custom > Attribute/Dictionary > Health Immunization > Record Type

**Search Terms:** Attribute/Dictionary

- Attribute Dictionary Object = HealthImmunization,
- Display Name = Record Type

Code	Name	Value	Active
YC	Yellow California Immunization Record	YC	Yes

Code	Name	Value	Active
OS	Out-of-State School	OS	Yes
OT	Other	OT	Yes

Any other code can be added with the name of Other. The description will print after *Specify*.

*Health Immunization Record Type Codes*

## TB Test Type

**Classic View:** System Administration > Custom > Attribute/Dictionary > Health Screening > TB Test Type

**Search Terms:** Attribute/Dictionary

- Attribute Dictionary Object = Health Screening
- Display Name = TB Test Type

Code	Name	Value	Active
PM	PPD Mantoux	PM	Yes
O	Other	O	Yes

**Core Attribute/Dictionary** ☆  
 System Settings > Custom Data and Links > Core Attribute/Dictionary

Save

- Status
- Stereo Vision
- TB Impression
- TB Test Type
- Test
- Test Type

Dictionary (2 Entries)

TB SKIN TESTS	Type*	Date Given	Date Read	mm indur	Impression
	<input type="checkbox"/> PPD-Mantoux				<input type="checkbox"/> Pos
	<input type="checkbox"/> Other				<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux				<input type="checkbox"/> Pos
	<input type="checkbox"/> Other				<input type="checkbox"/> Neg

If required for school entry, must be Mantoux unless exception granted by local health department.  
 CHEST X-RAY Film date: \_\_\_\_\_ Impression:  normal  abnormal  
 (Necessary if skin test positive) Person is free of communicable tuberculosis:  yes  no  
 STATE OF CALIFORNIA - DEPARTMENT OF HEALTH SERVICES  
 IMMUNIZATION BRANCH

Code	Name	Seq	Value	Standard Code	Active
X 0	Other	0			X
X PM	PPD-Mantoux	0			X

TB Test Type Codes

## TB Impression

**Classic View:** System Administration > Custom > Attribute/Dictionary > Health Screening > TB Impression

**Search Terms:** Attribute/Dictionary

- Attribute Dictionary Object = Health Screening
- Display Name = Impression (or TB Impression)

Code	Name	Value	Active
N	Negative	N	Yes
P	Positive	P	Yes

**Core Attribute/Dictionary** ☆  
 System Settings > Custom Data and Links > Core Attribute/Dictionary

Save

- Status
- Stereo Vision
- TB Impression
- Test
- Test Type

Dictionary (2 Entries)

TB SKIN TESTS	Type*	Date Given	Date Read	mm indur	Impression
	<input type="checkbox"/> PPD-Mantoux				<input type="checkbox"/> Pos
	<input type="checkbox"/> Other				<input type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux				<input type="checkbox"/> Pos
	<input type="checkbox"/> Other				<input type="checkbox"/> Neg

If required for school entry, must be Mantoux unless exception granted by local health department.  
 CHEST X-RAY Film date: \_\_\_\_\_ Impression:  normal  abnormal  
 (Necessary if skin test positive) Person is free of communicable tuberculosis:  yes  no  
 STATE OF CALIFORNIA - DEPARTMENT OF HEALTH SERVICES  
 IMMUNIZATION BRANCH

Code	Name	Seq	Value	Standard Code	Active
X N	Negative	0			X
X P	Positive	0			X

TB Impression Values

## TB Status (X-Ray Results)

**Classic View:** System Administration > Custom > Attribute/Dictionary > Health Screening > TB Status

## Search Terms: Attribute/Dictionary

- Attribute Dictionary Object = Health Screening
- Display Name = TB Status (or X-Ray Results)

Code	Name	Value	Active
N	Normal	N	Yes
A	Abnormal	P	Yes

Code	Name	Seq	Value	Standard Code	Active
A	Abnormal	1			X
N	Normal	2			X

TB Xray Result

## Exemption Types

**Classic View:** System Administration > Health > Vaccine Exemptions

**Search Terms:** Vaccine Exemptions

Vaccine exemptions can be created using any code and name, but they must be mapped to one of the following State Exemptions to report accurately on the Blue Card.

Code	Name
P	Medical Permanent
T	Medical Temporary
B	Personal Beliefs
D	Had Disease

The code D: Had Disease does not need to be mapped to a State Exemption code. It is used only for reporting Varicella exemptions.

### Vaccine Exemption Setup ☆

Student Information > Health Administration > Vaccine Exemption Setup

Save Delete New

Code	Name	Start Date	End Date	State Exemption
A	Antibody Reactive			P:Medical Permanent
P	Medical Permanent			P:Medical Permanent
T	Medical Temporary			T:Medical Temporary
I	IEP			B:Pers
B	Personal Belief			B:Pers
M	Medical			

*Code	*Name	Seq	Start Date	End Date
B	Personal Belief	3		

Vaccines

- Polio [IPV, OPV]
- Diphtheria-tetanus-pertussis, combined [DTaP, DTP]
- Tetanus, Diphtheria and Acellular Pertussis [Tdap]
- Haemophilus influenza, type B [Hib]
- Measles-Mumps Rubella [MMR]
- Hepatitis B [Hep B]
- Varicella
- Hib 3 dose series
- Hepatitis A [Hep A]
- Human Papillomavirus [HPV]
- Meningococcal
- Pneumococcal
- Tuberculosis [BCG]
- Influenza
- Rotavirus
- Polio [IPV]
- Polio [OPV]
- Diphtheria and Tetanus [DT]

**I. DOCUMENTATION**  
 I certify that I reviewed a record of this child's immunizations and transcribed it accurately.  
 Date: 05/27/2015  
 Staff: \_\_\_\_\_  
 Signature: W. McCormick

Record presented was:  
 Yellow California Immunization Record  
 Out-of-state school record  
 Other immunization record  
 Specify: Other

**II. STATUS OF REQUIREMENTS**  
 A. All requirements are met.  
 Date: 05/27/2015  
 B. Currently up-to-date, but more doses are due later.  
 Need follow-up.

Exemption was granted for:  
 C. Medical Reasons - Permanent  
 D. Medical Reasons - Temporary  
 E. Personal Beliefs

**III. 7TH GRADE ENTRY**  
 A. All Requirements are met.  
 Name: Wendy McCormick Date: 05/27/2015  
 B. Currently up-to-date, but more doses are due later.  
 Needs to follow up.  
 Name: \_\_\_\_\_ Date: \_\_\_\_\_

PM 286B (1/02)

Vaccine Exemptions

## Report Format

The following information details the individual sections of the Blue Card Report, listing any calculation or logic used.

## Tdap Booster Requirement

Data Element	Description	Campus Interface
<b>Date of Tdap</b>	Reports the date (MM/DD/YY) for any Tdap (Pertussis), DTP or Tdap vaccine given on or after the student's 7th birthday. If there is more than one vaccination, the earliest date will be reported. If there are no vaccine dates, this field will report blank.	Student Information > Health Immunizations > Tetanus, Diphtheria and Acellular Pertussis (Tdap)

Data Element	Description	Campus Interface
<b>Check One</b>	<p>Selection indicates the Tdap booster is considered one of the following.</p> <ul style="list-style-type: none"> <li>• Tdap was given on or after 7th birthday</li> <li>• Medical exemption from physician on file</li> <li>• Tdap personal belief exemption affidavit from parent/guardian on file</li> </ul> <p>Only one waiver type box may be selected (either Medical Exemption or Personal Belief). If there are multiple waivers for Tdap, waivers with Code P or T take priority over Code B.</p>	<p>Student Information &gt; Health Immunizations &gt; Tetanus, Diphtheria and Acellular Pertussis (Tdap)</p>
<b>School Staff Name</b>	<p>Displays the name entered in the Verified By field on the Blue Card Requirements Met tab. This is the name of the person or person's initials who verified the requirements.</p>	<p>Student Information &gt; Health &gt; Blue Card Requirements &gt; Tdap (Pertussis Booster) Requirement &gt; Verified By</p>
<b>Today's Date</b>	<p>Displays the date the Tdap Booster status was verified as entered on the Blue Card Requirements Met tab. If no date is entered but the Tdap booster was given on or after the 7th birthday, the current date will be reported.</p>	<p>Student Information &gt; Health &gt; Blue Card Requirements &gt; Tdap (Pertussis Booster) Requirement &gt; Date Requirements Verified</p>

*Tdap Requirement*

## Identifying Information

Data Element	Description	Campus Interface
<b>Student Name</b>	Reports the student's Last Name and First Name.	Census > People > Demographics/Identities > Last Name, First Name
<b>Sex</b>	Reports the student's Gender.	Census > People > Demographics/Identities > Gender
<b>Birthdate</b>	Reports the birth date of the student.	Census > People > Demographics/Identities > Birth Date
<b>Place of Birth</b>	Displays the selected Birth Country, unless the Birth Country is NULL or USA. Then, this field will display the selected Birth City plus Birth State.	Census > People > Demographics/Identities > Birth Country, Birth State, Birth City
<b>Race/Ethnicity</b>	Indicates the student's Federal Race/Ethnicity value.	Census > People > Demographics/Identities > Race/Ethnicity




Data Element	Description	Campus Interface
<b>Name of Parent or Guardian</b>	Lists the Last Name, First Name of the student's parent or guardian. There is no state requirement for displaying multiple guardians; this report displays all guardians with whom the student has a relationship where the Guardian checkbox is selected.	Census > People Relationships
<b>Telephone</b>	Displays the Contact Work Phone for the guardian(s) for the Daytime Phone Number. Displays the Other Phone for the guardian(s) for Nighttime Phone Number if exists, If not, displays the Household Phone Number for the Nighttime Phone Number.	Census > People > Demographics > Personal Contact Information > Work Phone Census > Households > Household Info > Phone Number
<b>Address</b>	Displays the household mailing address of the student.	Census > People > Households > Address
<b>City</b>	Displays the household mailing city of the student.	Census > People > Households > Address
<b>Zip</b>	Displays the household mailing zip code of the student.	Census > People > Households > Address

## Vaccine Information

If a waiver exists for a vaccination, the report will not display a vaccination date. Dates represent the date the vaccine was given, as entered on the student's [Immunizations](#) tab.

Vaccine information displays for the following immunizations.

- Diphtheria-tetanus-pertussis, combined (DTap, DTP)
- Polio (IPV, OPV)
- Measles-Mumps, Rubella (MMR)
- Hepatitis B (Hep B)
- Hemophilus influenza, type B (Hib)
- Tetanus, Diphtheria and Acellular Pertussis (Tdap)



### CALIFORNIA SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49096 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.

**Tdap (Pertussis Booster) Requirement**  
 Date of Tdap Immunization: 07/09/2000  
 MM/DD/YYYY

Check One:  
 Tdap was given on or after 7th birthday. (Td does not meet requirement.)  
 Medical exemption from physician on file.  
 Tdap personal belief exemption affidavit from parent/guardian on file.

School Staff Name: one  
 Today's Date: 07/25/2011 PM 2:55

**Student Name:** Test, Nicholas      **Sex:** M  F   
**Name of Parent or Guardian:** Parent, Charlotte      **Race/Ethnicity:**  
 White, not Hispanic  
 Hispanic  
 Black  
 Other:  
**Birthdate:** 07/09/1993 **Place of Birth:**  
**Address:**  
**Telephone:** (555)555-9646      **City:** Moreno Valley      **ZIP:** 92557  
 DayTime      Nighttime

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
<b>POLIO (OPV or IPV)</b>	09/10/1993	11/09/1993	02/07/1995	02/19/1998	
<b>DTP/DTaP/DT/Td</b> (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)	09/10/1993 DTaP-DTP	11/09/1993 DTaP-DTP	01/11/1994 DTaP-DTP	02/07/1995 DTaP-DTP	02/19/1998 DTaP-DTP
<b>MMR</b> (Measles, mumps and rubella)	08/03/1994	02/19/1998			
<b>HIB</b> (Required only for child care and preschool.)	09/10/1993	11/09/1993	01/11/1994	07/25/1996	
<b>HEPATITIS B</b>	09/10/1993	11/09/1993	08/03/1994		
<b>VARICELLA</b> (Chickenpox)					
<b>HEPATITIS A</b> (Not Required)					

**Td Booster**  
07/09/2000  
Tdap

TB SKIN TESTS	Type*	Date Given	Date Read	mm indur	Impression
<input type="checkbox"/>	PPD-Mantoux	05/06/1997	05/09/1997	N	<input type="checkbox"/> Pos <input checked="" type="checkbox"/> Neg
	Other				
<input type="checkbox"/>	PPD-Mantoux	02/19/1998	02/21/1998	N	<input type="checkbox"/> Pos <input checked="" type="checkbox"/> Neg
	Other				

\*If required for school entry, must be Mantoux unless exception granted by local health department.

**CHEST X-RAY** Film date: \_\_\_\_\_ Impression:  normal  abnormal  
 (Necessary if skin test positive.) Person is free of communicable tuberculosis:  yes  no

**I. DOCUMENTATION**  
 I certify that I reviewed a record of this child's immunizations and transcribed it accurately.  
 Date: 07/04/2011  
 Staff: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Record presented was:  
 Yellow California Immunization Record  
 Out-of-state school record  
 Other immunization record  
 Specify: \_\_\_\_\_

**II. STATUS OF REQUIREMENTS**  
 A. All requirements are met. Date: 07/12/2011  
 B. Currently up-to-date, but more doses are due later.  
 Need follow-up.

Exemption was granted for:  
 C. Medical Reasons - Permanent  
 D. Medical Reasons - Temporary  
 E. Personal Beliefs

**III. 7TH GRADE ENTRY**  
 A. All Requirements are met.  
 Name \_\_\_\_\_ Date \_\_\_\_\_  
 B. Currently up-to-date, but more doses are due later.  
 Needs to follow up.  
 Name \_\_\_\_\_ Date \_\_\_\_\_

Blue Card Report - Vaccinations

## TB Skin Tests

Tuberculosis skin tests are recorded on the student's Health Screening tool.

**Screenings** ☆  
 Student Information > Health > Screenings

Save Delete New Print All Print Selected Year Print Selected Screening

Dental 03/17/2010

Screening Detail

\*Date: 09/01/2020 \*Type: Tuberculosis

Comments

TB	Type*	Date Given	Date Read	Imm indur	Impression	TB Booster
SKIN TESTS	<input type="checkbox"/> PPD-Mantoux				<input type="checkbox"/> Pos	07/08/2015 Tdap
	<input type="checkbox"/> Other				<input type="checkbox"/> Neg	
	<input type="checkbox"/> PPD-Mantoux				<input type="checkbox"/> Pos	
	<input type="checkbox"/> Other				<input type="checkbox"/> Neg	

\*If required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY Film date: \_\_\_\_\_ Impression:  normal  abnormal

(Necessary if skin test positive.) Person is free of communicable tuberculosis:  yes  no

STATE OF CALIFORNIA - DEPARTMENT OF HEALTH SERVICES  
 IMMUNIZATION BRANCH

Tuberculosis

Skin Test Date: 09/01/2020 Place Given: \_\_\_\_\_ Date Read: \_\_\_\_\_ Results mm: \_\_\_\_\_

X-Ray Date: \_\_\_\_\_ X-Ray Result: \_\_\_\_\_ Med Start Date: \_\_\_\_\_ Med End Date: \_\_\_\_\_

Refused Date: \_\_\_\_\_

Free from Communicable TB:

TB Test Type: \_\_\_\_\_ TB Impression: \_\_\_\_\_

Comments

TB Screenings

## Blue Card Requirements - Documentation, Status of Requirements and 7th Grade Entry

Sections I. Documentation, II. Status of Requirements and III. 7th Grade Entry reports information from a student's [Blue Card Requirements](#) tool.

## Blue Card Requirements ☆

Student Information > Health > Blue Card Requirements

Save Delete Print

Measles	Compliant
Mumps	Compliant
Polio	Compliant
Rubella	Compliant
Tdap	Compliant
Varicella	Compliant

**Blue Card**

**Pre-Kindergarten**  
Requirements Status:

**TK/K-12**  
Requirements Status:

**7th Grade**  
Requirements Status:   
01: Has All Required Doses  
Date Requirements Met: 02/09/2017

**Former Blue Card (read-only)**

**II. Status of Requirements**  
Requirements Status: MET  
Date Requirements Met: 02/09/2017

**III. 7th Grade Entry**  
Requirements Status: MET  
Verified By: \_\_\_\_\_ Verified Date: 02/09/2017

**Tdap (Pertussis Booster) Requirement**  
Verified By: \_\_\_\_\_ Verified Date: 02/09/2017

**I. DOCUMENTATION**  
I certify that I reviewed a record of this child's immunizations and transcribed it accurately:  
Date: 07/14/2015  
Staff: \_\_\_\_\_  
Signature: B.Brager, RN

Record presented was:  
 Yellow California Immunization Record  
 Out-of-state school record  
 Other immunization record  
Specify: Other

**II. STATUS OF REQUIREMENTS**  
 A. All requirements are met.  
Date: 07/14/2015  
 B. Currently up-to-date, but more doses are due later  
 Need follow-up.

Exemption was granted for:  
 C. Medical Reasons - Permanent  
 D. Medical Reasons - Temporary  
 E. Personal Beliefs

**III. 7TH GRADE ENTRY**  
 A. All Requirements are met.  
Name: B.Brager,RN Date: 07/14/2015  
 B. Currently up-to-date, but more doses are due later.  
 Needs to follow up.  
Name: \_\_\_\_\_ Date: \_\_\_\_\_

PM 2868 (1/02)

*Status of Requirements*

## Generate the Blue Card Report

1. Select the students to include in the report by selecting a **Grade Level** or an **Ad Hoc Filter** from the dropdown lists
2. Select the **Sort Options** for the report - by Student Name or by Grade Level.
3. Click the **Generate Report** button. The report will display the California School Immunization Record in a PDF (Adobe) document.

If no health information is recorded for a student, the generated PDF file displays "No Record Found" for that student.



### CALIFORNIA SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49005 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.

**Tdap (Pertussis Booster) Requirement**  
 Date of Tdap Immunization: MM DD YYYY  
 Check One:  
 Tdap was given on or after 7th birthday. (Td does not meet requirement.)  
 Medical exemption from physician on file.  
 Tdap personal belief exemption affidavit from parent/guardian on file.  
 School Staff Name: \_\_\_\_\_  
 Today's Date: 07/05/2011 PM 2:55

Student Name: Test, Nicholas Sex:  M  F  Birthdate: 07/09/1993 Place of Birth: \_\_\_\_\_  
 Name of Parent or Guardian: Parent, Charlotte Race/Ethnicity:  
 White, not Hispanic  
 Hispanic  
 Black  
 Other: \_\_\_\_\_ Address: 570 Gary Ct  
 Telephone: (555)555-9646 City: Moreno Valley ZIP: 92557  
 DayTime Nighttime

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV or IPV)	09/10/1993	11/09/1993	02/07/1995	02/19/1998	
DTP/DTaP/DT/d (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)	09/10/1993 DTaP-DTP	11/09/1993 DTaP-DTP	01/11/1994 DTaP-DTP	02/07/1995 DTaP-DTP	02/19/1998 DTaP-DTP
MMR (Measles, mumps and rubella)	08/03/1994	02/19/1998			
HIB (Required only for child care and preschool)	09/10/1993	11/09/1993	01/11/1994	07/25/1996	
HEPATITIS B	09/10/1993	11/09/1993	08/03/1994		
VARICELLA (Chickenpox)					
HEPATITIS A (Not Required)					

TB SKIN TESTS	Type*	Date Given	Date Read	mm indur	Impression	Td Booster
	<input type="checkbox"/> PPD-Mantoux	05/06/1997	05/09/1997	N	<input type="checkbox"/> Pos	
	<input type="checkbox"/> Other				<input type="checkbox"/> Neg	
	<input type="checkbox"/> PPD-Mantoux	02/19/1998	02/21/1998	N	<input type="checkbox"/> Pos	
	<input type="checkbox"/> Other				<input type="checkbox"/> Neg	

\*If required for school entry, must be Mantoux unless exception granted by local health department.  
 CHEST X-RAY Film date: \_\_\_\_\_ Impression:  normal  abnormal  
 (Necessary if skin test positive.) Person is free of communicable tuberculosis:  yes  no

STATE OF CALIFORNIA - DEPARTMENT OF HEALTH SERVICES IMMUNIZATION BRANCH

**I. DOCUMENTATION**  
 I certify that I reviewed a record of this child's immunizations and transcribed it accurately:  
 Date: 07/04/2011  
 Staff Signature: \_\_\_\_\_  
 Record presented was:  
 Yellow California Immunization Record  
 Out-of-state school record  
 Other immunization record  
 Specify: \_\_\_\_\_  
**II. STATUS OF REQUIREMENTS**  
 A. All requirements are met.  
 Date: 07/12/2011  
 B. Currently up-to-date, but more doses are due later.  
 Need follow-up.  
 Exemption was granted for:  
 C. Medical Reasons - Permanent  
 D. Medical Reasons - Temporary  
 E. Personal Beliefs  
**III. 7TH GRADE ENTRY**  
 A. All Requirements are met.  
 Name \_\_\_\_\_ Date \_\_\_\_\_  
 B. Currently up-to-date, but more doses are due later.  
 Needs to follow up.  
 Name \_\_\_\_\_ Date \_\_\_\_\_

PR 286B (1/02)

**INSTRUCTIONS FOR SCHOOL OR CHILD CARE STAFF**

1. Complete child's name and address information section, or ask parent or guardian to complete this section only. (This form is not to be sent home or given to parents to complete.)
2. School or child care personnel then fill in date (month/day/year) of each immunization the student has received from the Immunization Record presented by the parent or guardian. (If the date consists only of month and year for some doses, fill in month/xx/year; however, if either measles, rubella or mumps (or MMR) was received in the month of the first birthday, month/day/year is required.)
3. Determine if immunization requirements have been met, using the California "Immunization Requirements for Grades K-12," or "Immunization Requirements for Child Care," (available from Immunization Coordinators in local health departments), or other requirements guide.
4. Complete the Documentation and Status of Requirements box.
  - A. Fill in date and your signature as the staff member who reviewed and transcribed the immunization record presented by the parent or guardian. Check which type of record was presented.
  - B. If the child has met all immunization requirements, check box A and write in date.
  - C. If the child has not met all requirements, check box B. Child can be admitted only if up-to-date, e.g., no immunization due currently. The child must be followed up as indicated in the "Guide to Immunization Requirements."
  - D. If a child is to be exempted for medical reasons, a doctor's written statement is required; the statement must include which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met: check box A and box C.\* If the medical exemption is temporary, check box B and box D; this child must be followed up.\*
  - E. If a child is to be exempted for reasons of personal beliefs, the parent or guardian must sign and date the affidavit below. No other parents should sign this affidavit. All requirements are met, check box A and box E.\*

**PERSONAL BELIEFS AFFIDAVIT TO BE SIGNED BY PARENT OR GUARDIAN - IMMUNIZATION**

I hereby request exemption of the child, named on the front, from the immunization requirements for school/child care entry because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her protection.

**CREENCIAS PERSONALES: ESTA DECLARACIÓN JURADA DEBE SER FIRMADA POR EL PADRE O LA MADRE O EL GUARDIÁN**

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para vacunas de la entrada a la escuela/guardería ya que algunas o todas de las vacunas son opuestas a mis creencias. Comprendo que en caso de un brote en la comunidad de alguna de estas enfermedades, me hijo puede ser excluido temporalmente de la escuela/guardería por su propia protección.

Signature (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_

**Applicable only in those jurisdictions where the Tuberculosis Assessment is required for school entry**

**Personal Beliefs Affidavit to be Signed by Parent or Guardian - Tuberculosis**

I hereby request exemption of the child named on the front from the tuberculosis assessment requirement for school/child care center entry because this procedure(s) is contrary to my beliefs. I understand that should there be cause to believe that my child is infected with active tuberculosis or should there be a tuberculosis outbreak, my child may be temporarily excluded from school.

**Creencias Personales: Declaración Jurada Debe ser Firmada por el Padre o la Madre o el Guardián**

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para la evaluación de la tuberculosis (tisis) de la entrada a la escuela ya que esta evaluación es opuesta a mis creencias. Comprendo que si hay razón para sospechar que mi hijo sufra de la tuberculosis activa o si hay un brote de la tuberculosis, mi hijo puede ser excluido de la escuela.

Signature (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_

\* Names of all children who are exempt should be maintained on an exempt roster for immediate identification in case of disease outbreak in the community.

*Example Blue Card Report Page 2*