

BRIGHT BEGINNINGS PRESCHOOL IMMUNIZATION RECORD

Participating Parent/Guradian:	Last Name	First Name		Adult TB	Test:	Date Tested	PPD	X-Ray Attato] ched
Childs Name:	Last Name	First Name		Birthday:	(Month	/ Day / Year)	Sex:	M/F	
PLEASE FILL IN TH	E DATES OF	EACH VA	CINATION	BELOW					
VACCINE	Date Each Dose Was Given								
	18	1st		2nd		3rd		4th	
DTP/DTaP/DT	/	/	/	/	/	/	,	/ /	
Hib Meningitis	/	/	/	/	/	/	,	′ /	
Polio (OPV or IPV)	/	/	/	/	/	/			
Hepititis B	/	/	/	/	/	/			
MMR	/	/	/	/					
Varicella (chicken pox)	/	/	/	/					
For Office Staff Only									
I. Record Presented was: ☐ Yellow California Immunization Card. ☐ Out-of-State record. ☐ Other Immunization record. Specify:			 II. Status of Requirments: □ A. All Requirments are met. □ B. Currently up-to-date but more doses are due later. Needs Follow-up. 						
I certify that I reviewed a record of this childs immunization and recorded it accurately.			Staff Signat	ure:	Date:				

IMMUNIZATION INFORMATION

CHILD IMMUNIZATION INFORMATION

State law mandates that ALL CHILDREN in preschool have up-to-date immunizations on file.

NO CHILD CAN ATTEND UNLESS THIS REQUIRMENT IS MET - Please check your records and make sure you meet the current requirements. ALL NEW PRESCHOOL STUDENTS NEED TO BRING IMMUNIZATION RECORDS TO THE PARENTING OFFICE *BEFORE* THE START OF CLASS.

ADULT IMMUNIZATION INFORMATION

UNDER CALIFORNIA STATE LAW, ALL ADULTS PARTICIPATING IN A CLASSROOM MUST FURNISH PROOF THAT THEY DO NOT HAVE TB.

Please submit results from one of the tests listed below:

- Mantoux (PPD) test *
- Quantiferon (Tuberculosis Blood Screen) test
- Chest X-Ray

Either test must be less than 4 years old. Test results must be less than 4 years old and clearly show the date of the test and results

*If you test positive you will need a chest X-Ray or a note from your doctor stating that in the past you have had a positive skin test followed by a negative X-Ray. This form of verification is valid for 10 years.

TB tests may be taken at your doctor's office, most medical clinics or at:

US Health Works of Cupertino 1197 E. Arques Avenue Sunnyvale, Ca 94086 (408) 773-9000