

Shots for School

Tdap Requirement for 7th Graders

www.ShotsForSchool.org

The screenshot shows the website interface with the following elements:

- Navigation Menu (Left):** Home, 7th Grade Tdap Law, Tools for Schools, Provider Info, Parent Info, Immunization Laws, Información para padres.
- Header:** Shots for School logo, Google Custom Search bar.
- Banner:** "Welcome! Find all the info you need to know about immunizations required for school entry in California." with images of children.
- Video Player:** "7th Grade Tdap Requirement PSA (English)" with a play button and logos for ShotsForSchool.org and CDPH.
- Text Content:**
 - School & Child Care Immunization Assessment Reporting Log-In:** [Child Care / Preschool](#) | [Kindergarten](#) | [7-12th Grade Pertussis \(Tdap\)](#) | [Tools for Reporting](#)
For all questions about assessments, email reporting-help@shotsforschool.org
 - Ongoing Tdap Requirement for 7th Graders:** [7th graders](#) need a [whooping cough \(pertussis\)](#) shot before starting the school year.
 - Frequently Asked Tdap Requirement Questions for:** [Parents](#) | [Schools and Providers](#) | [Finding Vaccine](#)
 - Featured Question:**
Do ALL 7th grade students need to meet the pertussis immunization requirement?
Yes. All students going into 7th grade must have proof of having had the Tdap booster shot unless they have a documented exemption. This includes current students, new students and transfer students in both public and private schools. Many students have already received the vaccine and simply need to supply proof to the school, so check with your doctor or provider.

(Version - March 2012)



Shots for School

Tdap Requirement for 7th Graders

- **Pertussis and pertussis vaccines**
- Tdap requirement
- Documenting the Tdap requirement
- Planning and implementing the requirement

Pertussis: An Ongoing Risk to Students

- Also known as *whooping cough*
- Bacterial respiratory infection
- Can last from weeks to months
- Very contagious! Easily spread at school or home by coughing and sneezing
- More cases reported in California during 2010 than in any year since 1947

Pertussis Immunization

- ‘DTaP’ – Childhood vaccine effective but protection wears off by adolescence
- ‘Tdap’ – Booster vaccine available in U.S. since 2005
 - ▶ Recommended for all adolescents and adults since 2006
 - ▶ Many receive first dose around age 11 years during check-ups

Vaccine Alphabet Soup

- 7 years or older:

- ▶ Tdap
- ▶ (Td)

- Younger than 7:

- ▶ DTaP

Tdap or DTaP
Pertussis is widespread—are your patients protected?

Tdap: Tetanus toxoid, Reduced Diphtheria and Acellular Pertussis vaccine
7 Years of Age or Older

ADACEL™ (sanofi pasteur)
Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine
ADACEL™

Boostrix® (GlaxoSmithKline)
Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adjuvanted
BOOSTRIX®

DTaP: Diphtheria and Tetanus toxoid, Acellular Pertussis vaccine
6 Weeks to <7 Years Old

DTaP only

DAPTACEL® (sanofi pasteur)
Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine, Adjuvanted
DAPTACEL®

Infanrix® (GlaxoSmithKline)
Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine, Adjuvanted
INFANRIX®

TRIPEDIA® (sanofi pasteur)
Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine, Adjuvanted
TRIPEDIA®

Combination: DTaP + Polio ± Others

Pediatrix® (GlaxoSmithKline)
Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine, Adjuvanted
POLIO
POLIO

Pentacel® (sanofi pasteur)
Ages 6 weeks up to 5 years
Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine, Adjuvanted
POLIO
POLIO

Kinrix® (GlaxoSmithKline)
Ages 4 years through 6 years
Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine, Adjuvanted
POLIO
POLIO
Booster Dose Only

Use Tdap or DTaP to stop pertussis. For more info, visit EZIZ.org

California Department of Public Health, Immunization Branch 0808-108 (8/10)

Shots for **S**chool

Tdap Requirement for 7th Graders

- Pertussis and pertussis vaccines
- **Tdap requirement**
- Documenting the Tdap requirement
- Planning and implementing the requirement

Fall 2010: AB 354 Signed into Law

2011-12 school year

- All students in 7th through 12th grades needed proof of having met Tdap requirement before starting school.
- Largest school immunization campaign in California history
 - ▶ More than 3 million students affected by law
- Modified for 2011 only - an optional brief extension period granted

AB 354: 2012-13 and Beyond

- Students needing proof of having met the Tdap requirement before starting school:
 - ▶ All entering or advancing into 7th grade
 - ▶ All transferring from out-of-state or country into 8th through 12th grades
 - ▶ Exclusion if requirement not met
- Applies to all public and private schools
 - ▶ About 500,000 students affected
 - ▶ Many haven't had Tdap yet (but many have)

AB 354: 2012-13 and Beyond

- As of March 2012 - no extension period
- Students need to meet requirement by start of school
 - ▶ Subject to legislative change
 - ▶ Current laws linked to:
www.shotsforschool.org

Immunization that Fulfills AB 354

- 1 dose pertussis vaccine (Tdap, DTaP)
- Given on or after the 7th birthday
 - ▶ Do **not** meet requirement:
 - ✓ Td
 - ✓ History of pertussis disease
- Tdap vaccine can be given if recently had Td vaccine or if pregnant

Shots for School

Tdap Requirement for 7th Graders

- Pertussis and pertussis vaccines
- Tdap requirement
- **Documenting the Tdap requirement**
- Planning and implementing the requirement

Tdap Sticker (PM 286 S)

Tdap (Pertussis Booster) Requirement

Date of Tdap
Immunization _____ / _____ / 20 _____
MM DD YYYY

Birthdate _____ / _____ / _____
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 _____

Student Name or ID _____

PM 286 S (01/11)

Schools Apply Tdap Sticker to Blue Card

Tdap (Pertussis Booster) Requirement

Date of Tdap Immunization / / 20
MM DD YYYY

Birthdate / /
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: _____

Student Name or ID: _____

PH 265 07110

CALIFORNIA SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 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.

Student Name _____ Sex: M F Birthdate _____ Place of Birth _____

Name of Parent or Guardian _____ Race/Ethnicity: Address _____

Telephone _____ Daytime _____ Nighttime _____

- White, not Hispanic
- Hispanic
- Black
- Other: _____

City _____ ZIP _____

VACCINE	DATE EACH DOSE WAS GIVEN					
	1st	2nd	3rd	4th	5th	Booster
POLIO (OPV or IPV)	/ /	/ /	/ /	/ /	/ /	
DTP/DTaP/DT/Td <small>(Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)</small>	/ /	/ /	/ /	/ /	/ /	/ /
MMR (Measles, mumps, and rubella)	/ /	/ /				
HIB (Required only for child care and preschool)	/ /	/ /	/ /	/ /		
HEPATITIS B	/ /	/ /	/ /			
VARICELLA (Chickenpox)	/ /	/ /				
HEPATITIS A (Not required)	/ /	/ /				

I. DOCUMENTATION

I certify that I reviewed a record of this child's immunizations and transcribed it accurately:

Date: _____ / _____ / _____

Staff Signature: _____

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: _____ / _____ / _____
- B. Currently up-to-date, but more doses are due later. Needs 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 follow-up.

Name _____ Date _____

TB SKIN TESTS	Type*	Date given	Date read	mm indur	Impression	CHEST X-RAY (Necessary if skin test positive)
	<input type="checkbox"/> PPD-Mantoux		/ /	/ /		<input type="checkbox"/> Pos <input type="checkbox"/> Neg
<input type="checkbox"/> Other		/ /	/ /		<input type="checkbox"/> Pos <input type="checkbox"/> Neg	

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

School Staff Transcribing Records

If using combination vaccines, remember to rec DIPHTHERIA TETANUS PERTUSSIS	3			
	1	11/20/01	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	Verified by <i>[Signature]</i> Kern County Public Health
	2	3/5/02	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	
	3	07/02/02	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	Verified by <i>[Signature]</i> Kern County Public Health
	4	06/18/03	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	
	5	03/01/06	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	
	6	12/06/08	<input type="checkbox"/> Tdap <input type="checkbox"/> Td	

School Staff Transcribing Records

One example:
Transcribed directly from
student's immunization
record (yellow card)

Tdap (Pertussis Booster) Requirement

Date of Tdap Immunization ___ / ___ / 20__

Birthdate ___ / ___ / ___

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 _____

Student Name or ID _____

PH 286.5 (07/11)

CALIFORNIA

This record is part of the student's health record and shall transfer with that record. Local health officials may require additional information.

This record must be completed and provided to the school.

Student Name _____

Name of Parent or Guardian _____

Telephone _____

PERTUSSIS			
4	06/18/03	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	Verified by <u>AKK</u> Kern County Public Health
5	03/01/04	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td	
	12/06/08	<input checked="" type="checkbox"/> Tdap <input type="checkbox"/> Td	

School Staff Transcribing Records

Tdap (Pertussis Booster) Requirement

Date of Tdap
Immunization 11 / 06 / 2008
MM DD YYYY

Birthdate 08 / 08 / 2001
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 Mary Smith

Today's Date 12-1-2010

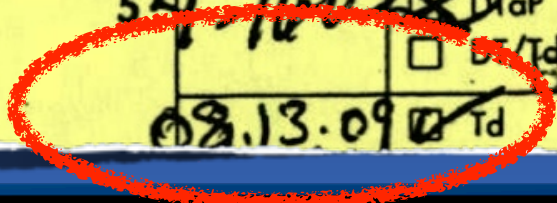
Student Name or ID Leanne Wiley

PM 286 S (01/11)

Td or Tdap Given???

DTP	Td	DT		
			<input checked="" type="checkbox"/> DTPHib <input type="checkbox"/> DTP <input type="checkbox"/> Td <input type="checkbox"/> DT	BAKERSFIELD, CA SAGEBRUSH MED 1111 COLUMBUS BAKERSFIELD, CA
			<input checked="" type="checkbox"/> DTPHib <input type="checkbox"/> DTP <input type="checkbox"/> Td <input type="checkbox"/> DT	<i>poly ch</i>
			<input type="checkbox"/> DTPHib <input type="checkbox"/> DTP <input type="checkbox"/> Td <input type="checkbox"/> DT	POLY CL 2145 NILES BAKERSFIELD, CA
			<input type="checkbox"/> DTPHib <input checked="" type="checkbox"/> DTaP <input type="checkbox"/> DT/Td	<i>poly ch</i>
			<input type="checkbox"/> DTPHib <input checked="" type="checkbox"/> DTaP <input type="checkbox"/> DT/Td	POLY CLINIC MEDICAL CL 2145 NILES STREET BAKERSFIELD, CALIFORNIA DR. D. MESS
			<input checked="" type="checkbox"/> Td	

1	7/20/97	<input type="checkbox"/> DTaP <input type="checkbox"/> DTP <input type="checkbox"/> DT/Td
2	10/16/97	<input type="checkbox"/> DTaP <input type="checkbox"/> DTP <input type="checkbox"/> DT/Td
3	02/11/98	<input type="checkbox"/> DTaP <input type="checkbox"/> DTP <input type="checkbox"/> DT/Td
4	12/21/98	<input type="checkbox"/> DTaP <input type="checkbox"/> DTP <input type="checkbox"/> DT/Td
5	6/6/02	<input checked="" type="checkbox"/> DTaP <input type="checkbox"/> DTP <input type="checkbox"/> DT/Td
	AUG 20 2009	Td



Clear documentation options for providers

Tdap? DTaP? Td? Clinicians: Keep it Clear for Schools

Schools working on the new Tdap requirement are faced with unclear student immunization records and similar vaccine names. Make it easy by giving parents documentation that clearly indicates when and where Tdap was given. You have many options for clear documentation, including but not limited to:

1. Blue Card from CAIR

If your patient's records are in the California Immunization Registry (CAIR), you may print out an official California School Immunization Record (Blue Card). Once the dose has been recorded in CAIR, the required Tdap dose will automatically be displayed in the printed CAIR Blue Card.

OR

2. Provider form

You may use the fillable documentation forms sponsored by AAP-CA and CAFP. The forms are available from AAP-CA, CAFP, Local Health Departments, and EZIZ.org (Forms page for VFC providers).

3. Letter from your practice

Your practice may send a letter that documents receipt of Tdap vaccination and date of birth. Electronic medical records and mail merge capability may be used when available.



4. Yellow Card

You may also provide a legible updated California Immunization Record (yellow card) that clearly has a space for a Tdap booster.

For more information on the new Tdap requirement, visit www.ShotsForSchool.org

CDPH, Immunization Branch, IMM-1043 (3/11)

California Immunization Registry (CAIR) Prints Blue Card - No Sticker Needed!

- 100,000's of students have Tdap doses recorded in CAIR
 - Prints Blue Cards with Tdap data
 - CAIR Help Desk: 800-578-7889 or CAIRHelpDesk@cdph.ca.gov or www.cairweb.org

Tdap (Pertussis Booster) Requirement	
Date of Tdap Immunization	10 / 20 / 2010 MM DD YYYY
Check one:	
<input checked="" type="checkbox"/>	Tdap was given on or after 7th birthday. (Td does not meet requirement.)
<input type="checkbox"/>	Medical exemption from physician on file.
<input type="checkbox"/>	Tdap personal belief exemption affidavit from parent/gurdian on file.
School Staff Name	_____
Today's Date	12/2/2010 PM 286S

CALIF
*This record is part of the stu
with that record. Local h*
**This record must b
pro**

Student Name: LEANNE WILEY

Name of Parent or Guardian: _____

Telephone: _____
Daytime Nighttime

VACCINE

School Information Systems (SISs)

- Similar to CAIR, some SISs can print a formatted Blue Card with Tdap information
- Check with SIS vendors for details

Provider Documentation Option



Palo Alto Medical Foundation

A Sutter Health Affiliate

January 2011

To the Parents of «FirstName» «LastName»:
«Street_Addr_L1» «Street_Addr_L2»
«City», «State» «Zip»

CERTIFICATION OF TDAP BOOSTER

You may have heard that pertussis (whooping cough) is now an epidemic in California. Late last year, our state enacted a law that requires all students entering the 7th through 12th grades in September 2011 to provide proof of having received a booster vaccination (called Tdap) against the disease.

The Palo Alto Medical Foundation (PAMF) is able to confirm that your child has received the Tdap booster:

Patient name: «FirstName» «LastName»

Patient date of birth:

Booster date: «Immunization_Date»

You can provide this letter to your child's school as proof of his or her immunization.

For more information about pertussis, visit our website:

<http://www.pamf.org/news/health/pertussis.html>

This information is also part of your child's electronic health record. If you have any questions, please contact your child's primary care doctor.

Sincerely,

Laurel Trujillo, M.D.
Medical Director of Quality
Palo Alto Medical Foundation

«SubDiv»

Legal Exemptions

Medical Exemption...*Rare!*

- ***Documentation from licensed physician***

Legal Exemptions

- **Personal Beliefs Exemption**

- ▶ Parent documents exemption for school
- ▶ Exemption not intended for convenience or procrastination

State of California—Health and Human Services Agency

California Department of Public Health

Personal Beliefs Exemption

Pertussis (Whooping Cough) Booster Immunization [Tdap] Requirement



STUDENT NAME (Last, First, Middle)	BIRTHDATE	
	MM / DD / YYYY	
NAME OF PARENT/GUARDIAN	PHONE NUMBER	
HOME ADDRESS: STREET	CITY	ZIP CODE

PERSONAL BELIEFS AFFIDAVIT TO BE SIGNED BY PARENT OR GUARDIAN—IMMUNIZATION.

The unimmunized child and the child's contacts at school and home are at greater risk of becoming sick with pertussis, which can be life-threatening for young infants and can cause prolonged illness at any age.

I understand that, for the protection of the child and other students, the child may be excluded from attending school for prolonged periods during each outbreak of pertussis or after each exposure to someone with pertussis. (17 CCR §6060)

I hereby request exemption of the child named above from the pertussis (whooping cough) immunization requirement for school entry because such immunization is contrary to my beliefs.

Signature of parent or guardian: _____ Date: _____

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

Un niño no vacunado y así como sus contactos en la escuela y el hogar tienen mayor riesgo de enfermarse de la tos ferina, lo cual puede poner en peligro la vida de los bebés, y puede causar una enfermedad prolongada a cualquier edad.

Entiendo que, para la protección del niño y otros estudiantes, el niño puede quedar excluido de asistir a la escuela durante periodos prolongados durante cada brote de tos ferina, o después de quedar expuesto a alguien con tos ferina. (17 CCR §6060)

Por la presente solicito que el niño mencionado arriba quede exento del requisito de la vacuna contra la tos ferina para entrar a la escuela, porque dicha vacuna va en contra de mis creencias.

Firma del padre o la madre o el guardián: _____ Fecha: _____

The California Department of Public Health (CDPH) recognizes that your privacy is a personal and fundamental right. The CDPH values and protects your privacy and places strict controls on the gathering and use of personally identifiable data. Your personal information is not disclosed, made available, or otherwise used for purposes other than those specified at the time of collection, except with your consent or as authorized by law or regulation. The Department's information management practices are consistent with the Information Practices Act (Civil Code Section 1798 et seq.), the Public Records Act (Government Code Section 6250 et seq.), Government Code Sections 11015.5 and 11019.9, and with other applicable laws pertaining to information privacy.

CDPH 8261 (03/11)

IMM-101PBE



Legal Exemptions

Personal Beliefs Exemption

Pertussis (Whooping Cough) Booster Immunization [Tdap] Requirement



STUDENT NAME (Last, First, Middle) <i>Susan Student</i>	BIRTHDATE <i>09 / 14 / 1994</i> MM DD YYYY	
NAME OF PARENT/GUARDIAN <i>Joan Parent</i>	PHONE NUMBER <i>(213)999-6666</i>	
HOME ADDRESS: STREET <i>619 Lake Shore Drive</i>	CITY <i>L.A.</i>	ZIP CODE <i>90071</i>

PERSONAL BELIEFS AFFIDAVIT TO BE SIGNED BY PARENT OR GUARDIAN—IMMUNIZATION.

The unimmunized child and the child's contacts at school and home are at greater risk of becoming sick with pertussis, which can be life-threatening for young infants and can cause prolonged illness at any age.

I understand that, for the protection of the child and other students, the child may be excluded from attending school for prolonged periods during each outbreak of pertussis or after each exposure to someone with pertussis. (17 CCR §6060)

I hereby request exemption of the child named above from the pertussis (whooping cough) immunization requirement for school entry because such immunization is contrary to my beliefs.

Signature of parent or guardian: _____

Joan Student

Date: _____

9/2/2011

Consequences of Exemption

- Unimmunized students may be excluded from school for weeks after exposures to pertussis at school or community

Shots for **S**chool

Tdap Requirement for 7th Graders

- Pertussis and pertussis vaccines
- Tdap requirement
- Documenting the Tdap requirement
- **Planning and implementing the requirement**

Planning and Implementing Lessons Learned

CDPH School Survey: What worked well to meet Tdap requirement?

- Start early
- Frequent communications to families
- Persistence, hard work
- Use of CAIR, SISs, or clear provider records
- Organization, teamwork, support from administration
- Materials at www.ShotsForSchool.org

Planning and Implementing Tips from Other Schools

- Working with local partners
 - ▶ Vaccine providers
 - ▶ Health Department
 - ▶ County Office of Education
 - ▶ 6th Grade ‘feeder’ schools
 - ▶ Others
- Identifying vaccinators for students without regular medical care

Frequently Remind Families

Continue to alert parents and students:

- **“Got Tdap yet?”** - If you haven’t already, get your pertussis (Tdap) booster shot now.
 - ▶ Check in with your doctor
- Get a record of the Tdap booster shot from your doctor
- Bring your immunization record to school now!

How to Get the Word Out

- www.ShotsForSchool.org has messages and **electronic banners** for your school's...



- ▶ Websites, emails, newsletters, 'robo calls'

How to Get the Word Out

- ▶ Marquee or billboard
- ▶ Parent conferences, open houses, report cards, registration materials, other notices...
- ▶ Student newspapers, newsletters, videos, posters, stickers, banners...
- ▶ PTA, other community partners
- ▶ Local media

Collect Records

- Develop your record collection systems and begin collecting Tdap records as soon as possible.
- Repeatedly instruct parents about how and when to submit Tdap records
 - ▶ Summer vacation procedures?

Back-to-School Rush

- Reduce the number of students arriving on first day who haven't met Tdap requirement:
 - ▶ Early, ongoing communications
 - ✓ Remind families about benefits of immunization and risk of exclusion
 - ▶ Work with health departments to identify last minute local immunizers and direct students to them
 - ▶ Consider use of incentive programs

Back-to-School Rush

- Additional staffing needed before school starts?
- Continue record collection – modify systems as needed
 - *Have unreviewed records arrived during summer?*
- Procedures for students who haven't met requirement?

Fall Reporting

- Schools are required each fall to report a brief summary of the immunization and exemption status of their 7th grade students
 - ▶ Similar requirement for kindergartens
- Reporting and instructions are located at:
www.ShotsForSchool.org

Resources at www.ShotsForSchool.org www.shotsforschool.org/toolsforschools.html

The screenshot displays the website interface in a browser window. The left sidebar contains a navigation menu with the following items: Home, 7th Grade Tdap Law, Tools for Schools (highlighted with a red circle), Provider Info, Parent Info, Immunization Laws, and Información para padres. The main content area is titled 'Tools for Schools' and includes a sub-header 'Here are tools to assist schools with the education, implementation, and administration of immunization requirements in California.' Below this, there are sections for 'School Kit for Implementing the ongoing 7th Grade Tdap Requirement', 'A) Overview for School Staff', 'B) Implementation Tools', and 'C) Parent Informing Tools'. Each section contains a list of links to various resources, such as 'Suggested checklist for schools (Spring – Autumn 2012)', 'FAQs for Schools', and 'Archived Webinars for Schools'.

Shots for School

Welcome!
Find all the info you need to know about immunizations required for school entry in California.

Tools for Schools

Here are tools to assist schools with the education, implementation, and administration of immunization requirements in California.

School Kit for Implementing the ongoing 7th Grade Tdap Requirement

A) Overview for School Staff

- [Suggested checklist for schools \(Spring – Autumn 2012\)](#)
- [FAQs for Schools](#)
- [Archived Webinars for Schools](#)

B) Implementation Tools

- [Template PBE Follow-up of Students with Exemptions](#)
- [Tdap \(Pertussis Booster\) Requirement Sticker - Instructions for School Staff](#)
- [Keep it Clear for Schools – Options for Clear Tdap Documentation](#)
- [Personal Beliefs Form Instructions for School Staff](#)
- [CAIR can help schools](#) identify students that need Tdap boosters. Check out new [CAIR training modules](#) especially for schools.

C) Parent Informing Tools

- Script for Recorded Message from Schools to Parents (Template) [English / Spanish](#)
- Letter from Schools to Parents (Template) [English / Spanish](#)
- Message to Go Home with Unimmunized Student (Template) [English / Spanish](#)
- Educational Flyer for Parents & Students - 7th Grade Tdap Requirement [English | Spanish](#)
- Sample Parent Article [English](#)
- Web Banners (For Posting on School Website, Report Cards and/or Electronic Marquees) [Web Banners](#)

Questions?

1. Check FAQs and other materials at www.ShotsForSchool.org
2. Contact your local health department - Get contacts at ShotsforSchool.org, “Tools for Schools” page
3. Email your questions and suggestions to TdapLaw@cdph.ca.gov

Shots for **S**chool Tdap Requirement for 7th Graders

Thank you!