



BRIGHT BEGINNINGS PRESCHOOL IMMUNIZATION RECORD

Participating Parent/Guradian: _____ Adult TB Test: _____ PPD X-Ray Attached

Last Name First Name Date Tested

Childs Name: _____ Birthday: _____ Sex: _____

Last Name First Name (Month / Day / Year) M/F

PLEASE FILL IN THE DATES OF EACH VACINATION BELOW

VACCINE	Date Each Dose Was Given			
	1st	2nd	3rd	4th
DTP/DTaP/DT	/ /	/ /	/ /	/ /
Hib Meningitis	/ /	/ /	/ /	/ /
Polio (OPV or IPV)	/ /	/ /	/ /	
Hepatitis 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 Signature: _____ 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 requirents.
ALL NEW PRESCHOOL STUDENTS NEED TO BRING IMMUNIZATION RECORDS TO THE PARENTING OFFICE **BEFORE** THE START OF CLASS.

Adult Immunization Informtion

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

Please Submit either:

- A Mantoux (PPD) test*

or

- A chest X-Ray

Either test must be less than 4 years old.

*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 or at:

US Health Works of Cupertino

10050 Bubb Rd,

Cupertino, 95014

(408)-996-8656