



2011 Pertussis (Whooping Cough) Immunization Requirements for Students Assembly Bill 354

Whooping cough (pertussis) has been widespread in California during 2010. The California Department of Public Health (CDPH) recommends that all Californians 10 years or older receive a booster shot against pertussis (also known as "Tdap"). Moreover, Assembly Bill 354, now chaptered into California law, requires students to be immunized against pertussis.

All student information must be updated prior to registration for the 2011-2012 school year. Please bring a copy of your child's immunization card or this completed form to Edison High School between the hours of 7:00 a.m. and 4:00 p.m. during the months of March through June. Please note that our school offices will be closed the month of July. In the event that your child has already received this immunization, please bring a copy of your immunization record to Edison High School so that we may update your student's records.

For the 2011-12 School Year

All students entering 7th—12th grades will need proof of a Tdap booster shot before starting school.

This requirement:

- Begins July 1, 2011
- Can be met by the CDPH recommendation to receive one dose of Tdap vaccine on or after the 10th birthday.
- Applies to all public and private schools.
- Does not affect students enrolled in summer school.

Acceptable abbreviation or trade name on Tdap Requirement Form

Meets Requirement

Tdap

Adacel

Boostrix

DTaP or DTP

Does Not Meet Requirement

Td

DECAVAC

TENIVAC

DT

DTaP or DTP given before the 7th birthday (usual age limit)

History of pertussis disease

Return this completed form or a copy of your student's immunization record, prior to July 2011, between the hours of 7:00 a.m to 4:00 p.m., Monday-Friday. Return documentation to the Guidance Department at Edison High School, 21400 Magnolia St., Huntington Beach, CA 92646.

NOTE: The school offices will be closed the month of July.

Student Name: _____

Student ID: _____

Last Name

First Name

Physician's Authentic Office Stamp or Seal:

Vaccination Type:

- ☐ Tdap
☐ Adacel
☐ Boostrix
☐ DTaP
☐ DTP

Physician's Address:

Vaccination Date:

Month

Day

Year

Student's Birthday:

Month

Day

Year

Physician's Name:

Physician's Signature

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