



**Faith Baptist Schools**  
 7644 Farralone Avenue  
 Canoga Park, CA 91304

## Verification of Boosters Five-Year-Old Kindergarten

### The Booster for students going into kindergarten is due July 1st.

**All immunizations must be up-to-date before your child may attend kindergarten.** Most children entering kindergarten need an additional booster for Polio, DTP, and MMR. If the last immunization your child received for Polio or DTP was **before his fourth birthday**, Los Angeles County does require another booster for school admission.

### \*\*\*NEW SCHOOL TB SCREENING POLICY\*\*\*

The LA County Department of Public Health recently changed their policy regarding mandatory TB testing requirements for students entering K5. Effective July 1, 2012, TB testing will no longer be required for students entering K5. TB screening, followed by testing only if indicated (e.g. high risk groups), will be incorporated into the required physical examination for students entering first grade.

Please have your doctor fill out and sign the form below, or submit an up-to-date copy of your child's immunization record.

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**PLEASE ADD THE FOLLOWING NEW IMMUNIZATIONS TO MY CHILD'S HEALTH FILE.**

| KINDERGARTEN IMMUNIZATION REQUIREMENTS |  |
|--|--|
| <b>POLIO</b>                           | <b>4 doses</b> at any age, but 3 doses meet the requirement if at least one was given on or after the 4th birthday |
| <b>DTP</b>                             | <b>5 doses</b> at any age, but 4 doses meet the requirement if at least one was given on or after 4th birthday     |
| <b>MMR</b>                             | <b>2 doses</b> both after the 1st birthday   |
| <b>HEP B</b>                           | <b>3 doses</b>   |
| <b>VARICELLA</b>                       | <b>2 dose</b> or doctor's verification that the child has had chickenpox, with month and year of disease           |
| <b>TB SKIN TEST</b>                    | <b>NOT REQUIRED</b>  |

\_\_\_\_\_  
 Child's Name (please print) Grade Entering

\_\_\_\_\_  
 Date of Polio Booster

\_\_\_\_\_  
 Date of DTP Booster

\_\_\_\_\_  
 Date of MMR Booster

\_\_\_\_\_  
 Date of Varicella Booster

\_\_\_\_\_  
 Doctor's Signature