

# VERIFYING IMMUNIZATION RECORDS

*Schools, childcare centers, and healthcare providers must only accept valid immunization records prior to transcription and/or enrollment. Immunization records that do not meet the California Department of Public Health (CDPH) requirements, or are determined to be altered or falsified, may not be accepted.*

## ACCEPTABLE IMMUNIZATION RECORDS

- ✓ Original immunization record(s) (from the U.S. or foreign nation)
- ✓ California Immunization Registry (CAIR2) record, or record from an immunization registry in another state
- ✓ Report from Immigration Medical Examination and Vaccination Record
- ✓ U.S. Department of State Vaccination Documentation Worksheet
- ✓ Electronic health record where all documentary proof is met
- ✓ School records (e.g., Blue Card or equivalent, valid from school to school only)

Name (nombre): LUZA LOU  
 Birth Date (fecha de nacimiento): 10/18/2016  
 Gender (género): Female  
 Vaccine Reactions (reacciones a la vacuna):  
 Age (edad): 7 years, 10 months, 30 days  
 Printed by (impresa por): CAIR Clinic 16  
 Allergies (alergias):  
 Date Printed (fecha impresa): 09/17/2024

GROUP	SERIES	DATE GIVEN	AGE GIVEN	VACCINE	CLINIC THAT ADMINISTERED OR TRANSCRIBED	NEXT DOSE DATE
DTaP	1 of 4	11/02/2017	1y 15d	DTaP-Hib-HepB	Transcribed By (CAIR Clinic 16)	
DTaP	2 of 4	12/16/2017	1y 1m 28d	DTaP-HepB-IPV	Transcribed By (CAIR Clinic 16)	
DTaP	3 of 4	07/15/2021	4y 8m 27d	DTaP-IPV/Hib/HepB	CAIR Clinic 1	Aged Out
Hep A	(SP)	04/04/2019	2y 5m 17d	HepA-Plus 2 Dose	CAIR Clinic 1	Immunity
HEPB	1 of 3	11/02/2017	1y 15d	DTP-Hib-HepB	Transcribed By (CAIR Clinic 16)	
HEPB	2 of 3	12/16/2017	1y 1m 28d	DTaP-HepB-IPV	Transcribed By (CAIR Clinic 16)	
HEPB	3 of 3	07/15/2021	4y 8m 27d	DTP-IPV/Hib/HepB	CAIR Clinic 1	Complete
HB	1 of 2	11/02/2017	1y 15d	DTP-Hib-HepB	Transcribed By (CAIR Clinic 16)	
HB	2 of 2	07/15/2021	4y 8m 27d	DTaP-IPV/Hib/HepB	CAIR Clinic 1	Complete
MMR	Initial	12/16/2016	1m 28d	MMR	CAIR Clinic 11	10/18/2017
Polio	1 of 3	12/16/2017	1y 1m 28d	DTaP-HepB-IPV	Transcribed By (CAIR Clinic 16)	
Polio	2 of 3	07/15/2021	4y 8m 27d	DTaP-IPV/Hib/HepB	CAIR Clinic 1	01/15/2022
VAR						Continued

## IDENTIFYING COMMON CONCERNS

### Atypical documentation of vaccines administered by:

- ❗ Provider/clinic who does not typically administer routine childhood immunizations (e.g., holistic or homeopathic practices).
- ❗ Provider/clinic that is no longer operating or not seeing patients.

### Unusual documentation patterns, such as:

- ❗ Records where all vaccination entries are in the same handwriting over time.
- ❗ Paper-only vaccine records dated after April 2022 for doses received in California.
- ❗ Foreign records with U.S. vaccines not following the schedule of the source country or notarized translations of foreign records without the original.

### Unusual vaccination patterns, such as:

- ❗ Vaccines administered outside of the recommended age or schedule.
- ❗ Vaccines that would routinely be given at the same visit have different or random dates.
- ❗ Patients/students who have a known history of submitting fraudulent or invalid records, came into compliance very quickly, or after previously having no immunization history or raised objections about immunizations.

# VERIFYING IMMUNIZATION RECORDS



**IMMUNIZATION RECORD**  
Comprobante de Inmunización

Name nombre  
Birthdate fecha de nacimiento

Allergies alergias

Vaccine Reactions reacciones a cualquier vacuna

Parents: Your child must meet California's immunization requirements to be enrolled in school and child care. Keep this Record as proof of

Padres: **Vaccine information should be clearly documented.** Datos de vacunación de escuela y la guardería, fecha de vacunación.

PROVIDERS: If using combination vaccines, remember to record dose in all appropriate spaces.

VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clínica	NEXT DOSE DUE próxima vacuna
HUMAN PAPILLOMAVIRUS (HPV) Gardasil® (HPV4) Cervarix® (HPV2)	3	<input type="checkbox"/> HPV4 <input type="checkbox"/> HPV2	
MENINGOCOCCAL CONJUGATE (MenACWY/MCV4) [meningocócica conjugada]	1 2		
SEROGROUP B MENINGOCOCCAL (MEN B) [meningocócica del grupo B]	1 2		
Trivalent Inactivated Influenza (TIV3) [trivalente inactivada contra la influenza]		<input type="checkbox"/> IIV3 <input type="checkbox"/> IIV4 <input type="checkbox"/> LAIV	
Quadrivalent Inactivated Influenza (QIV4) [cuadrivalente inactivada contra la influenza]		<input type="checkbox"/> IIV3 <input type="checkbox"/> IIV4 <input type="checkbox"/> LAIV	
Nasal Spray Influenza (NSV) [intranasal viva contra la influenza]		<input type="checkbox"/> IIV3 <input type="checkbox"/> IIV4 <input type="checkbox"/> LAIV	

Records should have patient's full name and date of birth.

Records should have provider's office information.

IMM-75 (3/20)

## RECORDS THAT DO NOT MEET REQUIREMENTS

### Recommended Actions:

- Obtain a copy of the immunization record and/or supporting documentation.
- Check CAIR2 records for verification. Do not enter record(s) in question into any electronic health records or immunization registry.
- Confirm that listed provider is currently in practice. Contact provider to verify if the student was a patient and what services were rendered.
- Consult with your organization's leadership if a record cannot be verified. Organizations have the authority to accept or reject immunization records based upon California laws, requirements, and codes.



To request a consultation, or report confirmed or highly suspicious records, email [PHS-IZPHN.HHSA@sdcounty.ca.gov](mailto:PHS-IZPHN.HHSA@sdcounty.ca.gov).



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