To: **CAHAN San Diego Participants**
Date: **August 18, 2026**
From: **Public Health Services**

Health Advisory: Verifying Immunization Records

Key Messages

- The Public Health Department and local healthcare professionals have observed an increase in suspicious and invalid immunization records in San Diego County.
- According to California Health and Safety Code, Section 120325-120375, children in California are required to receive certain immunizations before attending public or private schools and childcare facilities. Schools and childcare facilities are required to enforce these requirements, maintain records, and submit reports.
- Schools, childcare centers, and healthcare professionals can only accept valid immunization records for transcription into the California Immunization Registry or school/daycare enrollment.
- Guidance is available for local healthcare professionals, schools, and childcare staff on how to verify acceptable records including the accompanying flyer.

Actions Requested

1. ***Review*** all immunization records received for proper documentation, including:
   - Full name
   - Date of birth
   - Date of vaccine administration
   - Type of vaccine (Manufacturer and lot # preferred)
   - Provider information
2. ***Verify*** that immunizations are documented on acceptable records, such as:
   - 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 to school valid records (e.g., Blue Card or equivalent, child's personal immunization record)
3. ***Assess*** documented immunization history:
   - Ensure that the individual has been vaccinated with the correct number of doses for each required or recommended vaccine for their age.
     - CDPH recommended immunization schedules
     - IMM-231 California Immunization Requirements for K-12th Grade
     - California Immunization Requirements for Pre-Kindergarten
4. ***Identify*** common concerns:
   - Atypical documentation administered by a provider or clinic
   - Unusual documentation patterns
   - Unusual vaccination patterns

5. ***Request*** additional documentation for records that do not meet requirements. Immunization records that do not meet the California Department of Public Health (CDPH) requirements, or are determined to be altered or falsified, will not be accepted. **Do not transcribe** the immunization record into CAIR2 or another electronic health record until requirements are met.
    - School staff shall not admit students who are not up to date with required vaccines, cannot provide a verifiable receipt of immunization or valid medical exemption, or who do not follow the conditional admission schedule on the IMM-231 California Immunization Requirements for K-12th Grade and Pre-Kindergarten.
6. ***Report*** confirmed or highly suspicious immunization records to the County of San Diego Immunization Program at PHS-IZPHN.HHSA@sdcounty.ca.gov. **Do not include** any private health information in unencrypted emails.

Resources

- Public Health for All Vaccine Recommendations | CDPH
- Shots for School | CDPH
- California Immunization Registry – Medical Exemptions (CAIR-ME) | CDPH
- Immunization Unit | COSD
- Verifying Immunization Records | COSD
- Immunization Requirements for Child Care/Preschool and TK/K-12 Schools | COSD
- Request Immunization Materials | COSD

Thank you for your participation.

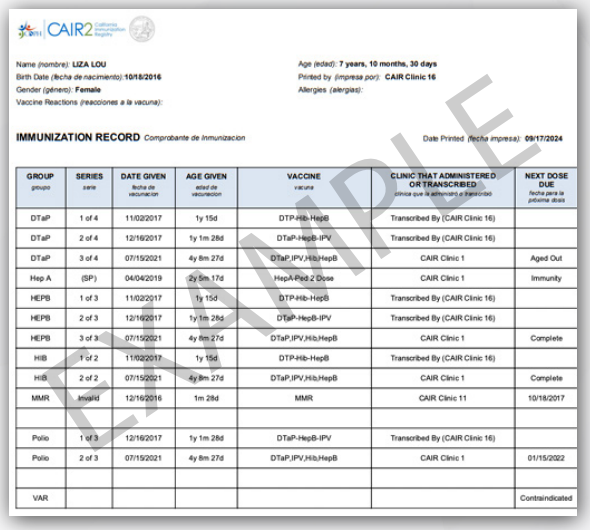
CAHAN San Diego
County of San Diego Health & Human Services Agency
Epidemiology and Immunization Services Branch
Phone: (619) 692-8499; Fax: (858) 715-6458
Urgent Phone for pm/weekends/holidays: (858) 565-5255
E-mail: cahan@sdcounty.ca.gov
Public Website: http://sandiegocounty.gov/cahan
Secure Website: http://cahan.ca.gov

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)



CAIR2 California Immunization Registry

Name (nombre): **LIZA 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):

IMMUNIZATION RECORD *Comprobante de Inmunizacion*

Date Printed (fecha impresa): **09/17/2024**

GROUP grupo	SERIES serie	DATE GIVEN fecha de vacunacion	AGE GIVEN edad de vacunacion	VACCINE vacuna	CLINIC THAT ADMINISTERED OR TRANSCRIBED clinica que la administro o transcribio	NEXT DOSE DUE fecha para la proxima dosis
DTaP	1 of 4	11/02/2017	1y 15d	DTP-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-Ped 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	DTaP,IPV,Hib,HepB	CAIR Clinic 1	Complete
HIB	1 of 2	11/02/2017	1y 15d	DTP-Hib-HepB	Transcribed By (CAIR Clinic 16)	
HIB	2 of 2	07/15/2021	4y 8m 27d	DTaP,IPV,Hib,HepB	CAIR Clinic 1	Complete
MMR	Invalid	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						Contraindicated

EXAMPLE

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.

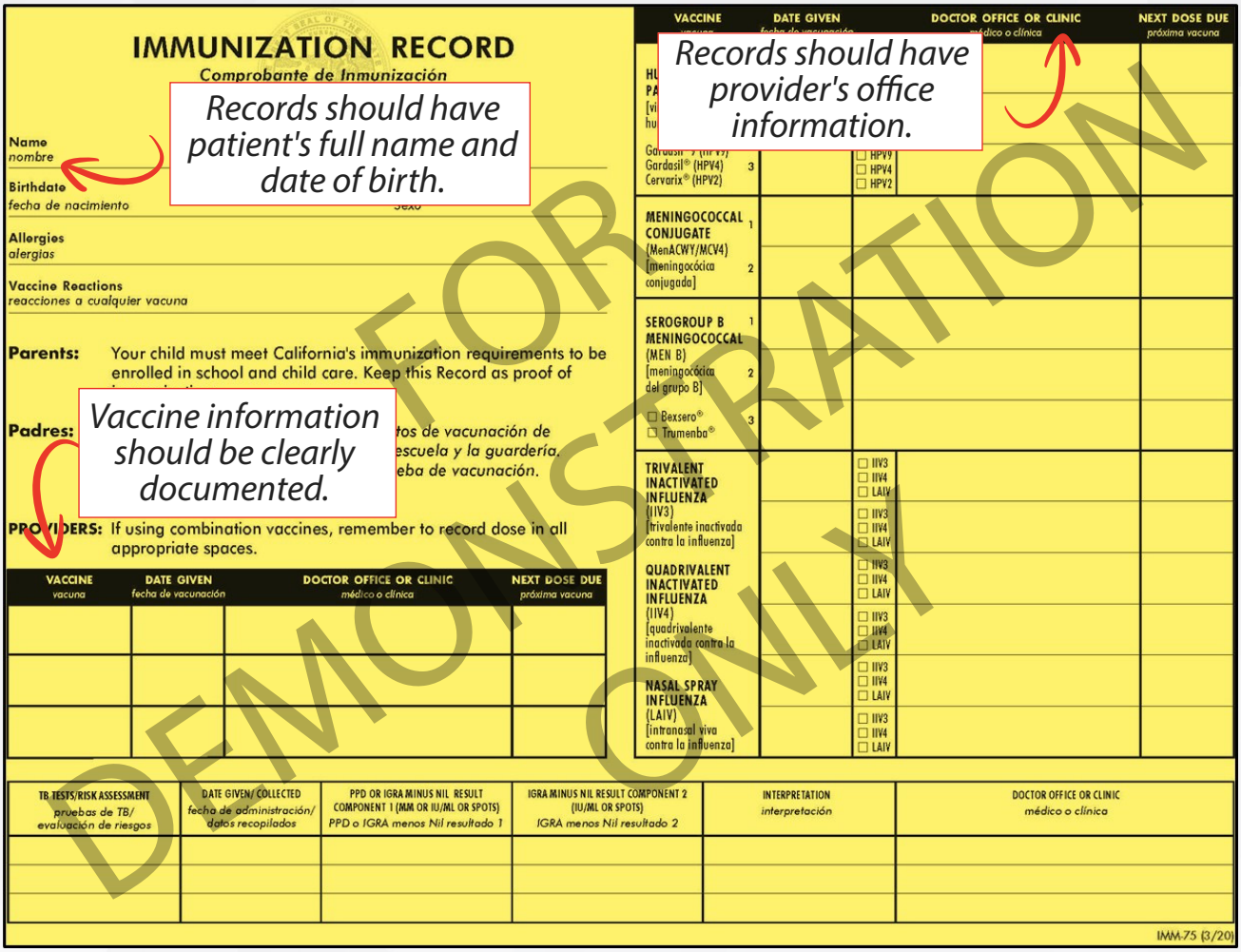
Unusual documentation patterns, such as:

- 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

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

Records should have provider's office information.

Vaccine information should be clearly documented.

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: tos de vacunación de escuela y la guardería. eba 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

VACCINE	DATE GIVEN	DOCTOR OFFICE OR CLINIC médico o clínica	NEXT DOSE DUE próxima vacuna
HU PA [vi hu Gardasil® 9 (HPV9) Gardasil® (HPV4) 3 Cervarix® (HPV2)		☐ HPV9 ☐ HPV4 ☐ HPV2	
MENINGOCOCCAL CONJUGATE (MenACWY/MCV4) [meningocócica conjugada] 1 2			
SEROGROUP B MENINGOCOCCAL (MEN B) [meningocócica del grupo B] 1 2 ☐ Bexsero® ☐ Trumenba® 3			
TRIVALENT INACTIVATED INFLUENZA (IIV3) [trivalente inactivada contra la influenza]		☐ IIV3 ☐ IIV4 ☐ LAIV ☐ IIV3 ☐ IIV4 ☐ LAIV	
QUADRIVALENT INACTIVATED INFLUENZA (IIV4) [quadrivalente inactivada contra la influenza]		☐ IIV3 ☐ IIV4 ☐ LAIV ☐ IIV3 ☐ IIV4 ☐ LAIV	
NASAL SPRAY INFLUENZA (LAIV) [intranasal viva contra la influenza]		☐ IIV3 ☐ IIV4 ☐ LAIV ☐ IIV3 ☐ IIV4 ☐ LAIV	

TB TESTS/RISK ASSESSMENT pruebas de TB/ evaluación de riesgos	DATE GIVEN/ COLLECTED fecha de administración/ datos recopilados	PPD OR IGRA MINUS NIL RESULT COMPONENT 1 (MM OR IU/ML OR SPOTS) PPD o IGRA menos Nil resultado 1	IGRA MINUS NIL RESULT COMPONENT 2 (IU/ML OR SPOTS) IGRA menos Nil resultado 2	INTERPRETATION interpretación	DOCTOR OFFICE OR CLINIC médico o clínica

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.

www.sdiz.org

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

6/2/2026