



# LIBERTY UNION HIGH SCHOOL DISTRICT STUDENT REGISTRATION

GRADE

Liberty HS  Freedom HS  Heritage HS  La Paloma HS  Independence HS  Gateway

Student Last Name:

- PLEASE PRINT -

▶ **Has student attended a school within Liberty Union High School District before?**  Yes  No  
If Yes, which school: \_\_\_\_\_ Date(s) attended: \_\_\_\_\_

### STUDENT'S LEGAL NAME:

Legal First Name | Legal Middle Name | Legal Last Name | Other Legal Name (if applicable)

Male  Female  
 Non-Binary

Birth date:  
(mm/dd/yy)

Month | Day | Year

Nickname(s):

### PARENT(S)/GUARDIAN(S) WITH WHOM THE STUDENT LIVES

Are you the student's LEGAL guardian?  Yes  No If No, please complete a "Caregiver Affidavit".  
If there is a legal custody agreement regarding this student, please check one:  Joint Custody  Sole Custody  Guardian

First Name | Last Name | Home Phone | Work Phone | Cell Phone

Email  
**Relationship:**  Father  Mother  Step-Father  Step-Mother  Guardian  Authorized Caregiver  Other

First Name | Last Name | Home Phone | Work Phone | Cell Phone

Email  
**Relationship:**  Father  Mother  Step-Father  Step-Mother  Guardian  Foster/Group Home  Other

Residence Address – House # & Street Name | Apt# | City | State | Zip

Mailing Address (IF DIFFERENT) – PO Box or House # & Street Name | Apt # | City | State | Zip

### Current Living Situation (please check all boxes that apply)

Homeless-"doubling up" (living with another family)\*  Homeless-sheltered\*  Homeless-unsheltered\*  
 Homeless-hotel/motel\*  Unaccompanied Youth  Foster Family Home  Foster Group Home  
*\*Temporarily living situation due to financial hardship*

### Has the student ever received special education services? (if so, please check all the following boxes that apply):

Special Education:  Resource (RSP)  Special Day Class (SDC)  Speech/Language  504  
Other:  Gifted (GATE)  Other (Specify) \_\_\_\_\_

Military (check if applicable):  Active Duty  Dept of Defense

First Name:

Permanent ID:

In accordance with California Department of Education and Federal guidelines, collection of the following information is required.

**WHAT IS YOUR CHILD'S ETHNICITY?** – Please check one:

- Hispanic or Latino  
 (Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- Not Hispanic or Latino

**WHAT IS YOUR CHILD'S RACE?** – Please check up to five racial categories:

*The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native (100)<br>(Persons having origins in any of the original people of North, Central, or South America) | <input type="checkbox"/> Asian Indian (205) | <input type="checkbox"/> Samoan (303)  |
| <input type="checkbox"/> Chinese (201)   | <input type="checkbox"/> Laotian (206)      | <input type="checkbox"/> Tahitian (304)  |
| <input type="checkbox"/> Japanese (202)  | <input type="checkbox"/> Cambodian (207)    | <input type="checkbox"/> Other Pacific Islander (399)  |
| <input type="checkbox"/> Korean (203)  | <input type="checkbox"/> Hmong (208)        | <input type="checkbox"/> Filipino/Filipino American (400)  |
| <input type="checkbox"/> Vietnamese (204)  | <input type="checkbox"/> Other Asian (299)  | <input type="checkbox"/> African American or Black (600)   |
|  | <input type="checkbox"/> Hawaiian (301)     | <input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
|  | <input type="checkbox"/> Guamanian (302)    |  |

**BIRTHPLACE:** City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**PARENT EDUCATION –**

Please check the response that describes the highest level of education obtained by any parent/guardian:

- Graduate Degree or Higher (10)  
 College Graduate (11)  
 Some College or Associate's Degree (12)  
 High School Graduate (13)  
 Not a High School Graduate (14)

**Date your child first attended school in the U.S.**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Date your child first attended school in California**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**LAST SCHOOLS ATTENDED:**

\_\_\_\_\_  
 School Name \_\_\_\_\_ Grade Level(s) \_\_\_\_\_ / \_\_\_\_\_  
 Date Student Left \_\_\_\_\_

\_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
 School Name \_\_\_\_\_ Grade Level(s) \_\_\_\_\_ / \_\_\_\_\_  
 Date Student Left \_\_\_\_\_

\_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has your child been suspended?  Yes  No Has your child ever been expelled?  Yes  No

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student Last Name:

First Name:

Permanent ID:

# LIBERTY UNION HIGH SCHOOL DISTRICT

## HOME LANGUAGE SURVEY - English Version

Name of Student \_\_\_\_\_

Surname/Last Name

First Given Name

Second Given Name

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Birth Date \_\_\_\_\_

### Directions to Parents/Guardians:

The California Education Code contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents/guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. (If you are not sure of your child's language status, the State of California has a data base which will provide us with your child's status from the time he/she entered school.)

1. Which language did your child learn when he/she first began to talk? \_\_\_\_\_
2. Which language does your child most frequently speak at home? \_\_\_\_\_
3. Which language do you (the parents/guardians) most frequently use when speaking with your child: \_\_\_\_\_
4. Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adult.) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Liberty Union High School District**

To assure each school attendance area serves its area residents, the District needs a verification of each student’s home address. The District may deem it necessary to further verify a child’s legal residence with a home visit by school officials. If a child is determined not to reside at the address claimed, parents will be required to register the child immediately at the school/district that corresponds with the actual address of the child.

The Liberty Union High School District requires three forms of documentation to verify residency within the school district. This also includes address changes, since new addresses must be verified as being within district attendance boundaries. To verify proof of residence, the following must be provided from each column:

| <i>Picture ID (One required)</i>              | <i>TWO of the following ORIGINAL DOCUMENTS with parent/guardian’s name and CURRENT address</i>   |
|---|--|
| Current California State Driver’s License     | Property tax payment receipts  |
| Current California ID Card                    | Rental/Lease Agreement with parent/guardian’s name, student’s name, and address, as well as manager or owner’s name and phone number   |
| Valid Passport or Consulate-Issued Picture ID | Utility service contract statement or payment receipts   |
| Credencial Para Votar                         | Payroll stubs/checks   |
| Military ID                                   | Voter registration   |
| Other Picture ID                              | Other forms of communication from a government agency  |
|   | Valid vehicle registration with current address  |
|   | For new homeowners, close of escrow documents may be provided as evidence of residency. However, within 30 calendar days of registration with the district, two (2) of the documents listed above must be provided for continued enrollment. |

For unusual residency situations, District and site staff are prepared to review documents and answer all questions that may arise during the residency verification process.

**DECLARATION OF RESIDENCE**

I understand that I am required by California State Law to send any person between the ages of 6 and 18 for whom I am parent or legal guardian to the full time day school or continuation school or classes provided by the school district where I reside, unless otherwise exempted. (Ed. Code 48200)

I further understand that under state law every person has only one residence which is the place where one remains when not called elsewhere for work or other special or temporary purposes and to which one returns at times of repose. (Ed Code 68062)

In light of these facts, I state that :

I am the parent or legal guardian of \_\_\_\_\_.

I am a resident of \_\_\_\_\_, CA, and my street address is

\_\_\_\_\_. I have been informed that my residence is within the

\_\_\_\_\_ High School boundaries within the District.

**I declare under penalty of perjury that the foregoing is true and correct.** Executed this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed: \_\_\_\_\_

**FREEDOM HIGH SCHOOL**  
**EMERGENCY CARD**  
**PLEASE COMPLETE BLANK AREAS**

**PLEASE TURN FORM OVER – YOUR SIGNATURE IS REQUIRED**

|   |                        |                                  |   |  |
|---|------------------------|----------------------------------|---|--|
| Student Last Name:  |                        | Student First Name:              |   | Middle Initial:  |
| Address: Is this a change of address from last school year?<br>Yes No   |                        | City                             | Zip   | Phone  |
| School  | Year<br>2022-2023      | Grade                            | Birth Date  | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Guardian, if not parent   | Address (if different) |                                  | City/Zip  | Relationship   |
| Mother's / Guardian's Name<br>Address (if different)  |                        | Mother's / Guardian's Occupation | Mother's / Guardian's Employer  | Work # ( )<br>Cell # ( )   |
| Father's / Guardian's Name<br>Address (if different)  |                        | Father's / Guardian's Occupation | Father's / Guardian's Employer  | Work # ( )<br>Cell # ( )   |
| Physician/Practitioner _____ Phone ( ) _____<br><br>Medical Card # _____<br><br>Dr. Address: _____<br><br>Hospital: _____ |                        |                                  | Special Health Considerations<br><br>1. _____<br><br>2. _____<br><br>3. _____ |  |

**CONTACTS**

IF YOU CANNOT BE REACHED, LIST TWO PERSONS WHO WILL BE AVAILABLE IN CASE OF AN EMERGENCY OR DISASTER

| Name | Relationship | Address/City | Work # ( )<br>Cell # ( ) |
|------|--------------|--------------|--------------------------|
| 1.   |              |              | Work # ( )<br>Cell # ( ) |
| 2.   |              |              | Work # ( )<br>Cell # ( ) |

\_\_\_\_\_  
Parent E-Mail Address

\_\_\_\_\_  
Student E-mail Address

**EMERGENCY INFORMATION**

**Dear Parent/Guardian:**

The following information is desired for use in the event that your child becomes ill or is injured while at school or in case of an impending or actual disaster and you cannot be reached. In cases of minor nature, first aid will be administered. It is understood that the instructions given on this card will remain in force until revoked by the parent or guardian.

Indicate the action you want the school to take if the injury or illness is of a serious nature:

- 1. Child should be placed in care of personal physician (as shown on reverse side). **Yes**  **No**
- Child should be placed in care of Christian Science practitioner (as shown on reverse side.) **Yes**  **No**
- 2. If physician/practitioner cannot be reached immediately, what action should be taken? \_\_\_\_\_
- 3. In the event of injury to the mouth or teeth. List family dentist. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PHYSICAL EDUCATION REQUIREMENT**

The State of California (E.C. 51222) states that every school child is required to take physical education unless legally exempt under E.C. 51241 or E.C. 51246. When there is a legitimate reason for a student to be excused from physical education for one week or less, please send a note by the student to the health office. Any time an excuse will exceed one week, a form must be completed and signed by a physician.

Is there any reason why this student should not participate in the regular physical education program? **Yes**  **No**   
If "Yes", please provide doctor's excuse and state reason: \_\_\_\_\_

**VERIFICATION OF RIGHTS**

Governing boards of school districts are required to notify parents or guardians of their rights. Will you please sign and return this form acknowledging that you have been notified of your rights as listed on the bottom portion of this card. Your signature does not indicate consent to participate in any particular program.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**NOTIFICATION OF RIGHTS OF PARENTS AND STUDENTS**

**Dear Parent/Guardian:**

The "Family Educational Rights and Privacy Act of 1974" (PL 93-380) requires that parents, legal guardians and eligible 18 years old students have the right to inspect and review any and all official records, files and data directly related to the student. These include all material that is incorporated into each student's cumulative record folder; specifically including, but not necessarily limited to, identifying data, academic work completed, level of achievement, attendance data, scores on standardized and psychological tests, interest inventory results, health data, family background information, teacher or counselor ratings and observation and verified reports of serious or recurrent behavior patterns. Alleged violations of this act may be reported to the United States Department of Health, Education and Welfare.

**Maintenance of Records (E.C. 49064)**

A log shall be maintained for each pupil's record, which lists all persons or organizations requesting, or receiving information from said record. Requests for access to the log should be directed to the school principal.

**Change for Records (E.C. 49065)**

The school district may make a reasonable charge in an amount not to exceed the actual cost of furnishing copies of any pupil record.

**Grades (E.C. 49066)**

The grade given to each pupil shall be the grade determined by the teacher and, in the absence of mistake, fraud, bad faith or incompetence, shall be final. Failure to wear standardized physical education apparel, which arises from circumstances beyond the control of the pupil, shall not adversely affect said pupil's grade.

**Pupil's Progress (E.C. 49067)**

Each school district shall prescribe regulations requiring the evaluation of each pupil's achievement for each marking period and requiring a conference with, or a written report to the parent of each pupil whenever it becomes evident to the teacher that the pupil is in danger of failing a course. The refusal of the parent to attend the conference, or to respond to the written report, shall not preclude failing the pupil at the end of the grading period.

**Transfer of Records (E.C. 49058)**

Any school district requesting transfer of a pupil record for purposes of enrollment shall notify the parent of his/her right to receive a copy of the record and to challenge the content of the record.

**Inspection of Records (E.C. 49059)**

Pupil records are available for review during regular school hours. Requests for access should be directed to the school principal and must be granted within five days following the date of the request.

**Written Request for Removal of Records (E.C. 49070)**

Following inspection and review of a pupil's record, a parent may file a written request with the superintendent of the district to correct or remove any information, which the parent alleges to be inaccurate, misleading or inappropriate.

**Hearing on Request to Remove Information (E.C. 49071)**

A log shall be maintained for each pupil's record, which lists all persons or organizations requesting, or receiving information from said record. Requests for access to the log should be directed to the school principal.

**Parents Statement Regarding Disciplinary Action (E.C. 49072)**

Whenever information concerning any disciplinary action is included in a pupil's record, the school district shall allow the pupil's parents to include a written statement or response concerning the disciplinary action.

**Directory Information (E.C. 49073)**

Directory information, which includes one or more of the following items: student's name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sport, weight and height of members of athletic teams, dates of attendance, degrees and awards received and the most recent previous public or private school attended by the student may be released according to local policy for any pupil or former pupil, provided that notice is given annually of the categories of information to be released and of the recipients of said information. No directory information shall be released regarding any student when a parent has notified the school district that such information shall not be released.

**Release of Statistical Data (E.C. 49074)**

A school district may release statistical data to certain agencies, colleges, and universities when such action would be in the best educational interests of pupils and provided that no pupil may be identified.

**Release of Records (E.C. 49075)**

A school district may permit access to pupil records to any person for whom the parent of the pupil has executed written consent specifying the records to be released and identifying the party to whom the records may be released. The recipient must be notified that the transmission of the information to others is prohibited. The consent notice shall be permanently kept with the pupil's record file.

**Access Without Written Consent (E.C. 49076, 49077, 49078)**

School personnel with legitimate educational interest, schools of intended enrollment, specified federal and state educational administrators and those who provide financial aid are entitled access to pupil records without parental consent. Access may also be obtained without parental consent pursuant to court order.

# Health History

Student's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_  
Street
City
Zip
Phone#: \_\_\_\_\_

**My Child has no health issues and does not carry medications at school.**

***PLEASE COMPLETE IF YOUR CHILD HAS ANY OF THE FOLLOWING:***

***Allergies:***

Seasonal     \* If this requires medication to be taken at school please see the health clerk for a medication administration form.

Food / Nut     My Child is allergic to \_\_\_\_\_.  
 His/her reaction to this is \_\_\_\_\_.  
 My child has a history of anaphylaxis:    Yes     No   
 My child requires an Epi-pen per MD order: Yes     No

Bees / insect     My child is allergic to \_\_\_\_\_.  
 This requires an Epi-pen per MD order:    Yes     No   
 \*If the reaction requires medication, other than an Epi-pen, that will be kept at school please see health clerk for a medication administration form.

Other     Please describe \_\_\_\_\_.  
 Does this require an Epi-pen?    Yes     No

***Asthma:***

Seasonal     \* Please see the health clerk for a medication administration form if an inhaler **will be** carried.

Chronic     My child was diagnosed at age \_\_\_\_\_.  
 My child requires & carries medications and/or inhalers year round, and during the school day:    Yes     No

***Diabetes:***    My child has had a diabetic healthcare plan:    Yes     No   
 \* Please, complete new forms annually (required)

***Epilepsy/Seizure Disorder***    My child's last seizure was when he/she was \_\_\_\_\_ years old  
 His/her seizures are controlled with meds:    Yes     No   
 My child has been on a seizure action plan:    Yes     No

Hearing/Vision loss:    Corrected with \_\_\_\_\_ Last exam \_\_\_\_\_

A physical condition or recent injury that would alter/limit mobility on campus:  
 Please explain \_\_\_\_\_

Heart disease / congenital heart defect: Please explain \_\_\_\_\_

Operation(s): Type: \_\_\_\_\_ How long ago \_\_\_\_\_

Does your child take any other medications **at school**?    Yes     No     If yes, list medications\*:

List anything else we should know about his/her health: \_\_\_\_\_

Does your child have any limitations in Physical Education?    Yes     No

- If yes, please provide a doctor's note. This needs to specify what activities he/she MAY participate in.
- If your child is ill or injured and cannot participate in P.E. for more than 1-week a doctor's note is required.

\_\_\_\_\_  
 Parent or Guardian Signature

\_\_\_\_\_  
 Date

# PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

**\*\*NO EXCEPTIONS DURING DISTANCE LEARNING!!**

## Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**  
(4 doses OK if one was given on or after 4th birthday.  
3 doses OK if one was given on or after 7th birthday.)  
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**  
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**  
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**  
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

## Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**  
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**  
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

## Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.



**CONTRA COSTA COUNTY COMMUNITY PROVIDERS FOR  
IMMUNIZATIONS & TB TESTING**

*Please contact these providers directly for additional information.  
This list is for informational purposes only and its contents are subject to change.*

| CENTRAL COUNTY   |  |                |                 |                           |                             |   |
|--|--|----------------|-----------------|---------------------------|-----------------------------|---|
| Provider Name & Address  | Ph. Number   | Child Vaccines | Adult Vaccines  | Travel Vaccines           | TB Test (PPD)/TB Blood Test | Appointment Needed                                    |
| Concord Public Health Clinic<br>2355 Stanwell Cr, Concord<br><a href="http://cchealth.org/immunization/clinics.php#simpleContained2">http://cchealth.org/immunization/clinics.php#simpleContained2</a> | 925-313-6767   | Yes            | Yes             | No                        | No/No                       | Walk-in<br>Thursday 1 - 4:30 pm                       |
| CCHS Occupational Medicine<br>10 Douglas Dr, Martinez<br><a href="http://cchealth.org/immunization/travel.php">http://cchealth.org/immunization/travel.php</a>   | 925-464-8575   | No             | No              | Yes<br>No Yellow<br>Fever | No/No                       | Yes<br>Accepts CCHP                                   |
| Planned Parenthood<br>2185 Pacheco Blvd, Concord   | 925-676-0300   | No             | Some            | No                        | Adults<br>Only              | Yes   |
| La Clinica – Concord<br>2000 Sierra Road   | 925-363-2000   | Yes            | Yes             | No                        | Yes/Yes                     | Yes   |
| Concentra<br>1855 Gateway Blvd. Ste. 100<br>Concord<br><a href="https://www.ushealthworks.com">https://www.ushealthworks.com</a>   | 925-685-7744   | No             | No              | No                        | Yes/Yes                     | Walk-In M-F 8am-7pm<br>Sat 9am-2pm                    |
| Concentra<br>1981 N. Broadway, Suite 190<br>Walnut Creek<br><a href="https://www.ushealthworks.com">https://www.ushealthworks.com</a>  | 925-932-7715   | No             | No              | No                        | Yes/Yes                     | Walk-In M-F 8am-7pm<br>Sat 9am-2pm                    |
| Stat Med Urgent Care<br>901 Sun Valley Blvd, Ste. 100<br>Pleasant Hill/Concord<br><a href="http://statmed1-px.rtrk.com">http://statmed1-px.rtrk.com</a>  | 925-234-4447<br>Can also<br>check in<br>online                               | No             | Yes             | Yes                       | Yes/Yes                     | Walk-In<br>M-F 8am-8pm<br>Weekend 9am-5pm             |
| Stat Med Urgent Care<br>970 Dewing Avenue<br>Lafayette<br><a href="http://statmed1-px.rtrk.com">http://statmed1-px.rtrk.com</a>  | 925-297-6396<br>Can also<br>check in<br>online                               | No             | Yes             | Yes                       | Yes/Yes                     | Walk-In<br>M-F 8am-8pm<br>Weekend 9am-5pm             |
| American Industrial Care<br>2477 Pacheco St., Concord  | 925-674-8080   | Some           | Yes             | No                        | Yes/Yes                     | Walk-In M-F<br>9am – 5pm                              |
| John Muir Urgent Care<br>1450 Treat Blvd<br>Walnut Creek   | 925-939-4444   | Yes            | Yes             | Yes<br>No Yellow<br>Fever | Yes/Yes                     | Walk-in M-F<br>2 – 4 pm<br>Need MD order for TB test  |
| International Travelers Medical Cli<br>5601 Norris Canyon Rd #220<br>San Ramon   | 925-232-0170   | Some           | Yes             | Yes                       | Yes/Yes                     | Yes<br>Tues & Thurs                                   |
| Stephen Sommer J. MD<br>911 Moraga Rd, Lafayette   | 925-962-9120   | No             | Yes             | Yes                       | Yes/Yes                     | Yes<br>Mon - Fri                                      |
| Bay Valley Medical Group<br>319 Diablo Rd, Danville  | 925-314-0260   | Yes            | Yes             | Yes                       | Yes/Yes                     | Not for PPD<br>Mon – Fri 8am – 430pm<br>Sat 9am - 4pm |
| Passport Health<br>3478 Buskirk Avenue, Ste. 1000<br>Pleasant Hill   | 925-239-8794   | Yes            | Yes             | Yes                       | Yes/No                      | Yes<br>Does not bill insurance.                       |
| Rite-Aid Pharmacy<br>CVS   | Call your local<br>stores for details  | Varies         | Flu &<br>Others | No                        | No/No                       | riteaid.com<br>cvs.com                                |
| Walgreens Pharmacy   | Call your local<br>Store   | 7 & Older      | Yes             | Yes                       | No/No                       | walgreens.com   |
| Safeway Pharmacy<br>Lafayette -----<br>Danville -----<br>Martinez -----<br>San Ramon -----<br>San Ramon -----  | 925-284-1550<br>925-736-0346<br>925-933-0822<br>925-831-9502<br>925-359-2005 | 8 & Older      | Yes             | Yes                       | No/No                       | Yes<br>Web access needed<br>safeway.com               |

**CONTRA COSTA COUNTY COMMUNITY PROVIDERS FOR  
IMMUNIZATIONS & TB TESTING**

*Please contact these providers directly for additional information.  
This list is for informational purposes only and its contents are subject to change.*

| <b>EAST COUNTY</b>  |                                       |                       |                         |                        |                                    |                                       |
|---|---------------------------------------|-----------------------|-------------------------|------------------------|------------------------------------|---------------------------------------|
| <b>Provider Name &amp; Address</b>  | <b>Ph. Number</b>                     | <b>Child Vaccines</b> | <b>Adult Vaccines</b>   | <b>Travel Vaccines</b> | <b>TB Test (PPD)/TB Blood Test</b> | <b>Appointment Needed</b>             |
| Brentwood Public Health Clinic<br>171 Sand Creek Rd, Ste. A<br>Brentwood  | 925-313-6767                          | Yes                   | Yes                     | <b>No</b>              | <b>No/No</b>                       | Walk-in Monday<br>1 – 4:30 pm         |
| Pittsburg Public Health Clinic<br>2311 Loveridge Rd<br>Pittsburg  | 925-313-6767                          | Yes                   | Yes                     | <b>No</b>              | <b>No/No</b>                       | Walk-in Tuesday<br>1 – 4:30 pm        |
| Concentra<br>3140 Balfour Rd.<br>Brentwood<br><a href="https://www.ushealthworks.com">https://www.ushealthworks.com</a> | 925-626-3801                          | No                    | No                      | <b>No</b>              | Yes/Yes                            | Walk-In M, T, W, F<br>8:30am-4:30pm   |
| La Clinica – Pittsburg<br>2240 Gladstone Dr.  | 925-431-2100                          | Yes                   | Some                    | <b>No</b>              | Yes/Yes                            | Yes                                   |
| La Clinica – Oakley<br>2021 Main Street   | 925-776-8200                          | Yes                   | Some                    | <b>No</b>              | Yes/Yes                            | Yes                                   |
| Yogesh K. Trehan, M.D.<br>100 Cortano Way, Ste. 140<br>Brentwood, CA 94513  | 925-516-4488                          | Some                  | Yes                     | <b>No</b>              | Yes/Yes                            | Yes<br>Mon, Tues, Wed                 |
| Rite-Aid Pharmacy<br>CVS  | Call your local<br>stores for details | Varies                | Flu & Others            | <b>No</b>              | <b>No/No</b>                       | riteaid.com<br>cvs.com                |
| Walgreens Pharmacy  | Call your<br>local Store              | 7 & Older             | Yes                     | Yes                    | <b>No/No</b>                       | walgreens.com                         |
| Safeway Pharmacy Antioch<br>3365 Deer Valley Road   | 925-706-4152<br>safeway.com           | 8 & older             | Yes                     | Yes                    | <b>No/No</b>                       | Yes<br>Need web access                |
| <b>WEST COUNTY</b>  |                                       |                       |                         |                        |                                    |                                       |
| West County Public Health Clinic<br>13601 San Pablo Avenue, 1 <sup>st</sup> Floor<br>San Pablo                          | 925-313-6767                          | Yes                   | Yes                     | <b>No</b>              | <b>No/No</b>                       | Walk-in Friday<br>1 – 4:30 pm         |
| LifeLong Brookside Community Hlth<br>2023 Vale Rd. #107<br>San Pablo  | 510-215-9092                          | Yes                   | Some                    | <b>No</b>              | Yes/Yes                            | Not for PPD<br>Mon – Wed<br>2pm – 4pm |
| LifeLong Brookside Community Hlth<br>1030 Nevin Avenue<br>Richmond  | 510-215-5001                          | Yes                   | Yes                     | <b>No</b>              | Yes/Yes                            | Not for PPD<br>Mon – Fri<br>7am – 4pm |
| Appian Medical Associates<br>1330 Tara Hills Dr. Ste. E<br>Pinole   | 510-724-9300                          | <b>No</b>             | Yes                     | <b>No</b>              | Yes/Yes                            | Yes                                   |
| Rite-Aid Pharmacy<br>CVS Pharmacy   | Call your local<br>stores for details | Varies                | Flu Vaccine<br>& Others | <b>No</b>              | <b>No/No</b>                       | riteaid.com cvs.com                   |
| Walgreens Pharmacy  | Call your local<br>stores for details | Yes, 7<br>& over      | Yes                     | Yes                    | <b>No/No</b>                       | walgreens.com                         |

**CONTRA COSTA COUNTY COMMUNITY PROVIDERS FOR  
IMMUNIZATIONS & TB TESTING**

*Please contact these providers directly for additional information.  
This list is for informational purposes only and its contents are subject to change.*

**ALAMEDA/SAN FRANCISCO COUNTY**

| <b>Provider Name &amp; Address</b>   | <b>Phone Number</b> | <b>Child Vaccines</b> | <b>Adult Vaccines</b> | <b>Travel Vaccines</b> | <b>TB Test (PPD)/TB Blood Test</b> | <b>Appointment Needed</b>  |
|--|---------------------|-----------------------|-----------------------|------------------------|------------------------------------|--|
| Pharmaca Integrative Pharmacy<br>1744 Solano Avenue<br>Berkeley  | 510-526-2452        | 12 & older            | Yes                   | Yes                    | No/No                              | Yes  |
| La Clinica<br>3451 East 12 <sup>th</sup><br>St Oakland   | 510-535-3500        | Yes                   | Yes                   | No                     | Yes/Yes                            | Yes  |
| Stephen Sommer J. MD<br>4333 Piedmont St<br>Oakland  | 510-654-2494        | Only Flu Vaccine      | Only Flu Vaccine      | No                     | Yes/Yes                            | Yes  |
| Pharmaca Integrative Pharmacy<br>5729 College Ave<br>Oakland   | 510-740-1468        | 12 & older            | Yes                   | Yes                    | No/No                              | Yes  |
| Pharmaca Integrative Pharmacy<br>925 Cole St.<br>San Francisco   | 415-661-3003        | 12 & older            | Yes                   | Yes                    | No/No                              | Yes  |
| SFO Medical Clinic Central Terminal<br>San Francisco   | 650-821-5601        | No                    | No                    | Yes                    | Yes/Yes                            | Yes<br>M-F 8:30am-5pm<br>Sat 9am – 1pm   |
| Concentra<br>333 Hegenberger<br>Rd. Ste. 100<br>Oakland<br><a href="https://www.ushealthworks.com">https://www.ushealthworks.com</a>   | 510-638-0701        | No                    | No                    | No                     | Yes/Yes                            | Walk-In M-F 7am-6pm  |
| Concentra<br>2850 Seventh Street, Ste. 100<br>Berkeley<br><a href="https://www.ushealthworks.com">https://www.ushealthworks.com</a>  | 510-845-5170        | No                    | No                    | No                     | Yes/Yes                            | Walk-In M-F 8am-5pm  |
| San Francisco Dept. Public Health<br>AITC Immunization & Travel Clinic<br>101 Grove Street, Room 102<br>San Francisco, CA 94102<br><a href="https://www.sfdcdp.org/aitc/contact-visit-aitc/">https://www.sfdcdp.org/aitc/contact-visit-aitc/</a> | 415-554-2625        | Yes                   | Yes                   | Yes                    | Yes/Yes                            | Yes<br>Monday 9:00am – 4:00pm<br>Tuesday 9:00am – 3:00pm<br>Weds, Thurs, Friday<br>9:00 am – 4:00 pm |
| Passport Health Oakland<br>333 Hegenberger Rd. #311<br>Oakland, CA<br><a href="https://www.passporthealthusa.com/locations/ca/oakland/551/">https://www.passporthealthusa.com/locations/ca/oakland/551/</a>                                      | 510-564-4251        | Yes                   | Yes                   | Yes                    | Yes/Yes                            | Yes  |

## PROVEEDORES DE VACUNAS Y PRUEBAS DE TUBERCULOSIS EN LA COMUNIDAD DEL CONDADO DE CONTRA COSTA

*Por favor comuníquese directamente con los proveedores para recibir información adicional.  
El propósito de esta lista es para información solamente y su contenido puede cambiar.*

| CONDADO CENTRAL  |  |                    |                         |                     |   |  |
|--|--|--------------------|-------------------------|---------------------|---|--|
| Nombre y Domicilio del Proveedor   | Numero Telefonico  | Vacunas Para Niños | Vacunas Para Adulto     | Vacunas Para Viajar | Prueba de Tuber-culosis/ Prueba de Sangre | Con/Sin Cita   |
| Concord Public Health Clinic<br>2355 Stanwell Cr, Concord  | 925-313-6767   | Si                 | Si                      | <b>No</b>           | <b>No/No</b>                              | (Sin Cita) Jueves<br>1 - 4:30 pm                         |
| CCHS Occupational Medicine<br>10 Douglas Dr, Martinez  | 925-464-8575   | <b>No</b>          | <b>No</b>               | Si                  | <b>No/No</b>                              | Con Cita   |
| Planned Parenthood<br>2185 Pacheco Blvd, Concord   | 925-676-0300   | <b>No</b>          | Algunas                 | <b>No</b>           | Solo Adultos                              | Con Cita   |
| La Clinica - Concord<br>2000 Sierra Road   | 925-363-2000   | Si                 | Si                      | <b>No</b>           | Si/Si                                     | Con Cita   |
| Concentra<br>1855 Gateway Blvd. Ste. 100<br>Concord  | 925-685-7744   | <b>No</b>          | <b>No</b>               | <b>No</b>           | Si/Si                                     | (Sin Cita)<br>Lunes - Viernes 8am-7pm<br>Sab 9am-2pm     |
| Concentra<br>1981 N. Broadway, Suite 190<br>Walnut Creek   | 925-932-7715   | <b>No</b>          | <b>No</b>               | <b>No</b>           | Si/Si                                     | (Sin Cita)<br>Lunes - Viernes 8am-7pm<br>Sab 9am-2pm     |
| Stat Med Urgent Care<br>901 Sun Valley Blvd, Ste. 100<br>Pleasant Hill/Concord<br><a href="http://statmed1-px.rtrk.com">http://statmed1-px.rtrk.com</a>  | 925-234-4447<br>Tambien en la internet.                                      | <b>No</b>          | Si                      | Si                  | Si/Si                                     | (Sin Cita)<br>Lunes - Viernes 8am-8pm<br>Sab-Dom 9am-5pm |
| Stat Med Urgent Care<br>970 Dewing Avenue<br>Lafayette<br><a href="http://statmed1-px.rtrk.com">http://statmed1-px.rtrk.com</a>  | 925-297-6396<br>Tambien en la internet.                                      | <b>No</b>          | Si                      | Si                  | Si/Si                                     | (Sin Cita)<br>Lunes- Viernes 8am-8pm<br>Sab-Dom 9am-5pm  |
| American Industrial Care<br>2477 Pacheco St., Concord  | 925-674-8080   | Algunas            | Si                      | <b>No</b>           | Si/Si                                     | (Sin Cita)<br>Lunes-Viernes 9am - 5pm                    |
| John Muir Urgent Care<br>1450 Treat Blvd, Walnut Creek   | 925-939-4444   | Si                 | Si                      | Si                  | Si/Si                                     | (Sin Cita)<br>Lunes-Viernes 2-4 pm                       |
| International Travelers Medical Clinic<br>5601 Norris Canyon Rd #220<br>San Ramon  | 925-232-0170   | Algunas            | Si                      | Si                  | Si/Si                                     | Con Cita<br>Martes, Jueves                               |
| Stephen Sommer J. MD<br>911 Moraga Rd, Lafayette   | 925-962-9120   | <b>No</b>          | Si                      | Si                  | Si/Si                                     | Con Cita<br>Lunes - Viernes                              |
| Bay Valley Medical Group<br>319 Diablo Rd, Danville  | 925-314-0260   | Si                 | Si                      | Si                  | Si/Si                                     | Prueba de TB/Sin Cita<br>Lunes-Viernes & Sabado-Domingo  |
| Passport Health<br>3478 Buskirk Avenue, Suite 1000<br>Pleasant Hill  | 925-239-8794   | Si                 | Si                      | Si                  | <b>Si/No</b>                              | Con Cita<br>No aceptan seguro medico.                    |
| Rite-Aid Pharmacy<br>CVS Pharmacy  | Llame a su tienda local para mas detalles                                    | Varea              | Vacuna de gripe y Otras | <b>No</b>           | <b>No/No</b>                              | riteaid.com<br>cvs.com                                   |
| Walgreens Pharmacy   | Llame a su tienda local para mas detalles                                    | 7 y mayor          | Si                      | Si                  | <b>No/No</b>                              | walgreens.com  |
| Safeway Pharmacy<br>Lafayette- 3540 Mt. Diablo Blvd<br>Danville-3496 Camino Tassajara Rd<br>Martinez-6688 Alhambra Avenue<br>San Ramon-2505 San Ramon Valley Blvd<br>San Ramon-11050 Bollinger Canyon Rd | 925-284-1550<br>925-736-0346<br>925-933-0822<br>925-831-9502<br>925-359-2005 | 8 y mayor          | Si                      | Si                  | <b>No/No</b>                              | Si-Necesita acceso a Internet<br>safeway.com             |

## PROVEEDORES DE VACUNAS Y PRUEBAS DE TUBERCULOSIS EN LA COMUNIDAD DEL CONDADO DE CONTRA COSTA

*Por favor comuníquese directamente con los proveedores para recibir información adicional.*

*El propósito de esta lista es para información solamente y su contenido puede cambiar.*

| Nombre y Domicilio del Proveedor   | Numero Telefonico                         | Vacunas Para Niños | Vacunas Para Adulto     | Vacunas Para Viajar | Prueba de Tuberculosis/ Prueba de Sangre | Con/Sin Cita  |
|--|---|--------------------|-------------------------|---------------------|--|---|
| <b>CONDADO ESTE</b>  |   |                    |                         |                     |  |   |
| Brentwood Public Health Clinic<br>171 Sand Creek Rd, Ste. A<br>Brentwood                       | 925-313-6767                              | Si                 | Si                      | No                  | No/No                                    | (Sin Cita) Lunes<br>1– 4:30 pm  |
| Pittsburg Public Health Clinic<br>2311 Loveridge Rd<br>Pittsburg                               | 925-313-6767                              | Si                 | Si                      | No                  | No/No                                    | (Sin Cita) Martes<br>1– 4:30 pm                                       |
| Concentra<br>3140 Balfour Rd.<br>Brentwood   | 925-626-3801                              | No                 | No                      | No                  | Yes/Yes                                  | Walk-In M, T, W, F<br>8:30am-4:30pm                                   |
| La Clinica - Pittsburg<br>2240 Gladstone Dr #3   | 925-431-2100                              | Si                 | Algunas                 | No                  | Si/Si                                    | Con Cita  |
| La Clinica – Oakley<br>2021 Main Street  | 925-776-8200                              | Si                 | Algunas                 | No                  | Si/Si                                    | Con Cita  |
| Yogesh K. Trehan, M.D.<br>100 Cortano Way, Ste. 140<br>Brentwood, CA 94513                     | 925-516-4488                              | Algunas            | Si                      | No                  | Si/Si                                    | Con Cita<br>Lun, Mar, Mier  |
| Rite-Aid Pharmacy<br>CVS Pharmacy  | Llame a su tienda local para mas detalles | Varea              | Vacuna de gripe y Otras | No                  | No/No                                    | riteaid.com<br>cvs.com  |
| Walgreens Pharmacy   | Llame a su tienda local para mas detalles | 7 y mayor          | Si                      | Si                  | No/No                                    | walgreens.com   |
| Safeway Pharmacy<br>3365 Deer Valley Road<br>Antioch   | 925-706-4152                              | 8 y mayor          | Si                      | Si                  | No/No                                    | Si<br>Necesita acceso a Internet                                      |
| <b>CONDADO OESTE</b>   |   |                    |                         |                     |  |   |
| West County Public Health Clinic<br>13601 San Pablo Avenue, 1 <sup>st</sup> Floor<br>San Pablo | 800-246-2494                              | Si                 | Si                      | No                  | No/No                                    | (Sin Cita) Viernes<br>1– 4:30 pm                                      |
| LifeLong Brookside Community<br>Hlth Ctr<br>2023 Vale Rd. #107<br>San Pablo                    | 510-215-9092                              | Si                 | Algunas                 | No                  | Si/Si                                    | No cita para prueba de tuberculosis<br>Lunes - Miercoles<br>2pm – 4pm |
| LifeLong Brookside Community<br>Hlth Ctr<br>1030 Nevin Avenue<br>Richmond                      | 510-215-5001                              | Si                 | Si                      | No                  | Si/Si                                    | No cita para prueba de tuberculosis<br>Lunes - Viernes<br>7am – 4pm   |
| Appian Medical Associates<br>1330 Tara Hills Dr. Ste. E<br>Pinole                              | 510-724-9300                              | No                 | Si                      | No                  | Si/Si                                    | Con Cita  |
| Rite-Aid Pharmacy<br>CVS Pharmacy  | Llame a su tienda local para mas detalles | Varea              | Vacuna de gripe y Otras | No                  | No/No                                    | riteaid.com<br>cvs.com  |
| Walgreens Pharmacy   | Llame a su tienda local para detalles     | 7 y mayor          | Si                      | Si                  | No/No                                    | walgreens.com   |

## PROVEEDORES DE VACUNAS Y PRUEBAS DE TUBERCULOSIS EN LA COMUNIDAD DEL CONDADO DE CONTRA COSTA

*Por favor comuníquese directamente con los proveedores para recibir información adicional.  
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| Nombre y Domicilio del Proveedor   | Numero Telefonico | Vacunas Para Niños    | Vacunas Para Adulto   | Vacunas Para Viajar | Prueba de Tuberculosis/ Prueba de Sangre | Con/Sin Cita  |
|--|-------------------|-----------------------|-----------------------|---------------------|--|---|
| <b>CONDADO ALAMEDA/SAN FRANCISCO</b>   |                   |                       |                       |                     |  |   |
| Pharmaca Integrative Pharmacy<br>1744 Solano Avenue<br>Berkeley  | 510-526-2452      | 12 y mayor            | Si                    | Si                  | No/No                                    | Con Cita  |
| La Clinica<br>3451 East 12 <sup>th</sup> St<br>Oakland   | 510-535-3500      | Si                    | Si                    | No                  | Si/Si                                    | Con Cita  |
| Stephen Sommer J. MD<br>4333 Piedmont St.<br>Oakland   | 510-654-2494      | Solo Vacunas de Gripe | Solo Vacunas de Gripe | No                  | Si/Si                                    | Con Cita  |
| Pharmaca Integrative Pharmacy<br>5729 College Ave<br>Oakland   | 510-740-1468      | 12 y mayor            | Si                    | Si                  | No/No                                    | Con Cita  |
| Pharmaca Integrative Pharmacy<br>925 Cole St.<br>San Francisco   | 415-661-3003      | 12 y mayor            | Si                    | Si                  | No/No                                    | Con Cita  |
| SFO Medical Clinic<br>Central Terminal, San Francisco  | 650-821-5601      | No                    | No                    | Si                  | Si/Si                                    | Con Cita  |
| Concentra<br>333 Hegenberger Rd. Ste. 100<br>Oakland<br><a href="https://www.ushealthworks.com">https://www.ushealthworks.com</a>  | 510-638-0701      | No                    | No                    | No                  | Si/Si                                    | Sin Cita<br>Lunes - Viernes 7am-6pm   |
| Concentra<br>2850 Seventh Street, Ste. 100<br>Berkeley<br><a href="https://www.ushealthworks.com">https://www.ushealthworks.com</a>  | 510-845-5170      | No                    | No                    | No                  | Si/Si                                    | Sin Cita<br>Lunes - Viernes 8am-5pm   |
| San Francisco Dept. Public Health<br>AITC Immunization & Travel Clinic<br>101 Grove Street, Room 102<br>San Francisco, CA 94102<br><a href="https://www.sfcdep.org/aitc/contact-visit-aitc/">https://www.sfcdep.org/aitc/contact-visit-aitc/</a> | 415-554-2625      | Si                    | Si                    | Si                  | Si/Si                                    | Si<br>Lunes 9:00am – 4:00pm<br>Martes 9:00am – 3:00pm<br>Miercoles - Viernes<br>9:00 am – 4:00 pm |
| Passport Health Oakland<br>333 Hegenberger Rd. #311<br>Oakland, CA<br><a href="https://www.passporthealthusa.com/locations/ca/oakland/551/">https://www.passporthealthusa.com/locations/ca/oakland/551/</a>                                      | 510-564-4251      | Si                    | Si                    | Si                  | Si/Si                                    | Si  |