



2017-2018 Immunization Requirements ELEMENTARY

3 -4 YEARS OF AGE, PRE-KINDERGARTEN:

DPT	4 Doses
Polio	3 Doses
Measles	1 Dose (given after the 1 st birthday) and may be listed as MMR
Mumps/Rubella	1 Dose (given after the 1 st birthday) and may be listed as MMR
Hib	3 or 4 Doses (with at least one given on/after 1 st birthday) <u>OR</u> 1 Dose (given on/after 15 months of age) Not required after 5 yrs. old
Hep B	3 Doses, <u>OR</u> serologic confirmation of immunity
Varicella	1 Dose (given after 1 st birthday), <u>OR</u> written validation from parent or doctor of approximate date of disease, <u>OR</u> serologic confirmation of immunity.
Hepatitis A	2 Doses (given after 1 st birthday) <u>OR</u> serologic confirmation of immunity
Pneumococcal	1 Dose after 24 months of age, <u>OR</u> completed series before 24 months <i>Completed Pneumococcal [Prevnar, PCV7, PCV13] series includes: 2-3 doses before 12 months of age, and an additional 1 dose after 12 months; or 0-1dose before 12 months, and an additional 2 doses after 12 months</i>
Influenza	Not required after 5 yrs. old Not required but <i>highly recommended annually</i>

KINDERGARTEN – 6th GRADE:

DPT	4 Doses if younger than 7 yrs. of age (at least one dose after 4 th birthday) 3 Doses if 7 yrs. of age or older (at least one dose after 4 th birthday);
Polio	3 or 4 Doses (at least one dose after 4 th birthday) <ul style="list-style-type: none">• If a combination of OPV and IPV was given, required to have minimum 4 doses but do not have to have dose on/after 4th birthday.
Measles	2 Doses (given after 1 st birthday) and may be listed as MMR
Mumps/Rubella	2 Doses (given after 1 st birthday) and may be listed as MMR
Hep B	3 Doses, <u>OR</u> serologic confirmation of immunity
Varicella	2 Doses (given after 1 st birthday), <u>OR</u> written validation from parent or doctor of approximate date of disease, <u>OR</u> serologic confirmation of immunity.
Hepatitis A	2 Doses (given after 1 st birthday) <u>OR</u> serologic confirmation of immunity
Influenza	Not required but <i>highly recommended annually</i>
Hib	Not required after 5 years of age
Pneumococcal	Not required after 5 years of age



2017-2018 Immunization Requirements SECONDARY

7TH GRADE:

DPT	3 Doses (at least one dose after 4 th birthday); A booster (Tdap) is required if 5 or more years have passed since the last dose of tetanus containing vaccine. If five years has not elapsed since the last dose of tetanus containing vaccine, then it will become due as soon as the 5 year interval passes.
Polio	3 or 4 Doses (at least one dose after 4 th birthday) *If a combination of OPV and IPV was given, required to have minimum 4 doses but do not have to have dose on/after 4 th birthday.
Measles	2 Doses (given after 1 st birthday) and may be listed as MMR
Mumps/Rubella	2 Doses (given after 1 st birthday) and may be listed as MMR
Hep B	3 Doses, <u>OR</u> serologic confirmation of immunity
Varicella	2 Doses (given after 1 st birthday), <u>OR</u> written validation from parent or doctor of approximate date of disease, <u>OR</u> serologic confirmation of immunity.
Quadrivalent Meningococcal	1 Dose on/after 11 th birthday (a dose received on/after 10 th birthday will be accepted).
Meningococcal B	Not required but <i>highly recommended</i>
Hepatitis A	2 Doses (given after 1 st birthday) <u>OR</u> serologic confirmation of immunity
Influenza	Not required but <i>highly recommended annually</i>

8th GRADE:

DPT	3 Doses (at least one dose after 4 th birthday); A booster is required every 10 years (Tdap)
Polio	3 or 4 Doses (at least one dose after 4 th birthday) *If a combination of OPV and IPV was given, required to have minimum 4 doses but do not have to have dose on/after 4 th birthday.
Measles	2 Doses (given after 1 st birthday) and may be listed as MMR
Mumps/Rubella	2 Doses (given after 1 st birthday) and may be listed as MMR
Hep B	3 Doses, <u>OR</u> serologic confirmation of immunity
Varicella	2 Doses (given after 1 st birthday), <u>OR</u> written validation from parent or doctor of approximate date of disease, <u>OR</u> serologic confirmation of immunity.
Quadrivalent Meningococcal	1 Dose on/after 11 th birthday (a dose received on/after 10 th birthday will be accepted). <i>Booster dose between 16-18 yrs. recommended</i>
Meningococcal B	Not required but <i>highly recommended</i>
Hepatitis A	2 Doses (given after 1 st birthday) <u>OR</u> serologic confirmation of immunity
Influenza	Not required but <i>highly recommended annually</i>

9th – 12th GRADE:

DPT	3 Doses (at least one dose after 4 th birthday); A booster is required every 10 years (Tdap)
Polio	3 or 4 Doses (at least one dose after 4 th birthday)*If a combination of OPV and IPV was given, required to have minimum 4 doses but do not have to have dose on/after 4 th birthday.
Measles	2 Doses (given after 1 st birthday) and may be listed as MMR
Mumps/Rubella	1 Dose (given after 1 st birthday) and may be listed as MMR; <i>second dose highly recommended</i>
Hep B	3 Doses, <u>OR</u> serologic confirmation of immunity
Varicella	2 Doses (given after 1 st birthday), <u>OR</u> written validation from parent or doctor of approximate date of disease, <u>OR</u> serologic confirmation of immunity.
Quadrivalent Meningococcal	1 Dose on/after 11 th birthday (a dose received on/after 10 th birthday will be accepted). <i>Booster dose between 16-18 yrs. recommended</i>
Meningococcal B	Not required but <i>highly recommended</i>
Hepatitis A	Not required but 2 doses <i>highly recommended</i>
Influenza	Not required but <i>highly recommended annually</i>