

**2008-2009 School Year
Indiana State Department of Health (ISDH)
School Immunization Requirements
Quick Reference Guide[^]**

	3-5 Year Olds	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT/Td*	4	5	5	3	3	3	3	3	3	3	3	3	3	3
Polio**	3	4	4	4	4	4	4	4	4	4	4	4	4	4
Measles	1	2	2	2	2	2	2	2	2	2	2	2	2	2
Mumps	1	2	2	2	2	2	2	2	2	2	2	2	2	2
Rubella	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Hepatitis B~	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Varicella ∞	1	1	1	1	1	1	1	1	1	1	1	1	1	1

[^] Shaded areas represent grades for which immunization reports are required to be submitted to the Indiana State Department of Health.

*Four doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's fourth birthday.

**Three doses of polio vaccine are acceptable if 3rd dose administered on or after child's fourth birthday and the three doses are all IPV or all OPV.

~ Two dose alternative adolescent schedule (Recombivax HB given at age 11-15 years x 2 doses) is acceptable if properly documented.

∞ Parental written report of disease history is proof of immunity. A signed statement from the parent/guardian indicating date(s) of disease is required. A physician statement is NOT necessary.

Required educational materials to be distributed:

All Grades: Meningococcal Disease Information

6th Grade (Parents of 6th grade girls): HPV letter/response form and FAQ sheet. Completed response forms should be returned to the school. The school will supply a summary of responses to ISDH.