

MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY*
2008-2009

Grade	Minimum Immunization Requirements
Pre-Kindergarten	<ul style="list-style-type: none"> • 4 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), pediatric diphtheria-tetanus vaccine (DT), or any combination of the three are required. • 3 doses of either oral polio (OPV) or inactivated polio (IPV) vaccine in any combination. • 1 dose of measles vaccine on or after the first birthday. • 1 dose of mumps vaccine on or after the first birthday. • 1 dose of rubella vaccine on or after the first birthday. • 1 dose of varicella (chickenpox) vaccine on or after the first birthday <i>or</i> written history of disease. Parental history of chickenpox disease is acceptable as proof of immunity (no vaccine needed). A written statement from the parent/guardian indicating dates of disease and signed is sufficient. Documentation by a physician is not necessary.
Kindergarten Grade One	<ul style="list-style-type: none"> • 5 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus vaccine (DT). 4 doses are acceptable if the 4th dose was administered on or after the 4th birthday. [Under 7 years of age.] • 4 doses of any combination of IPV or OPV by age 4-6, or 3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday. • 3 doses of Hepatitis B vaccine. • 2 doses of measles vaccine on or after the first birthday. • 2 doses of mumps vaccine on or after the first birthday. • 1 doses of rubella vaccine on or after the first birthday. • 1 dose of varicella (chickenpox) vaccine on or after the first birthday <i>or</i> written history of disease. Parental history of chickenpox disease is acceptable as proof of immunity (no vaccine needed). A written statement from the parent/guardian indicating dates of disease and signed is sufficient. Documentation by a physician is not necessary.
Grades Two, Three, Four, and Five	<ul style="list-style-type: none"> • 3 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), pediatric diphtheria-tetanus vaccine (DT), or tetanus-diphtheria (Td) vaccine. [Age 7 or older.] • 4 doses of any combination of IPV or OPV by age 4-6, or 3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday. • 3 doses of Hepatitis B vaccine. • 2 doses of measles vaccine on or after the first birthday. • 2 doses of mumps vaccine on or after the first birthday. • 1 doses of rubella vaccine on or after the first birthday. • 1 dose of varicella (chickenpox) vaccine on or after the first birthday <i>or</i> written history of disease. Parental history of chickenpox disease is acceptable as proof of immunity (no vaccine needed). A written statement from the parent/guardian indicating dates of disease and signed is sufficient. Documentation by a physician is not necessary.

Grade Six	<ul style="list-style-type: none"> • 3 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), pediatric diphtheria-tetanus vaccine (DT), or tetanus-diphtheria (Td) vaccine. [Age 7 or older.] • 4 doses of any combination of IPV or OPV by age 4-6, or 3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday. • 3 doses of Hepatitis B vaccine. • 2 doses of measles vaccine on or after the first birthday. • 2 doses of mumps vaccine on or after the first birthday. • 1 doses of rubella vaccine on or after the first birthday. • 1 dose of varicella (chickenpox) vaccine on or after the first birthday <i>or</i> written history of disease. Parental history of chickenpox disease is acceptable as proof of immunity (no vaccine needed). A written statement from the parent/guardian indicating dates of disease and signed is sufficient. Documentation by a physician is not necessary.
Grades Seven, Eight, Nine, Ten, Eleven, and Twelve	<ul style="list-style-type: none"> • 3 doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), pediatric diphtheria-tetanus vaccine (DT), or tetanus-diphtheria (Td) vaccine. [Age 7 or older.] • 4 doses of any combination of IPV or OPV by age 4-6, or 3 doses of all OPV or all IPV are acceptable if the 3rd dose was administered on or after the 4th birthday. • 3 doses of Hepatitis B vaccine. • 2 doses of measles vaccine on or after the first birthday. • 2 doses of mumps vaccine on or after the first birthday. • 1 doses of rubella vaccine on or after the first birthday. • 1 dose of varicella (chickenpox) vaccine on or after the first birthday <i>or</i> written history of disease. Parental history of chickenpox disease is acceptable as proof of immunity (no vaccine needed). A written statement from the parent/guardian indicating dates of disease and signed is sufficient. Documentation by a physician is not necessary.

*Shaded areas represent grades for which immunization reports are required to be submitted to the Indiana State Department of Health (ISDH). While summary reports are only required to be submitted for students enrolled in kindergarten, first, and sixth grades, *all* students in *all* grades should be complete on *all* immunizations.