



**STUDENT IMMUNIZATION LAW
 AGE/GRADE REQUIREMENTS
 2009-2010 SCHOOL YEAR**

The following are the minimum required immunizations for each age/grade level. It is not a recommended immunization schedule for infants and preschoolers. For that schedule, contact your doctor or local health department.

Age/Grade	Number of Doses					
Pre K (2 yrs through 4 yrs)	4 DTP/DTaP/DT		3 Polio	3 Hep B	1 MMR ⁵	1 Var ⁶
Grade K and 1 ¹	4 DTP/DTaP/DT/Td ¹		4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶
Grade 2 through 5	4 DTP/DTaP/DT/Td ²		4 Polio ⁴	3 Hep B	2 MMR ⁵	1 Var ⁶
Grade 6 and 7	4 DTP/DTaP/DT/Td ²	1 Tdap ³	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶
Grade 8	4 DTP/DTaP/DT/Td ²		4 Polio ⁴	3 Hep B	2 MMR ⁵	1 Var ⁶
Grade 9 and 10	4 DTP/DTaP/DT/Td ²	1 Tdap ³	4 Polio ⁴	3 Hep B	2 MMR ⁵	1 Var ⁶
Grade 11	4 DTP/DTaP/DT/Td ²		4 Polio ⁴	3 Hep B	2 MMR ⁵	1 Var ⁶
Grade 12	4 DTP/DTaP/DT/Td ²	1 Tdap ³	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶

1. DTP/DTaP/DT vaccine for children entering Kindergarten: Your child must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th) to be compliant. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
2. DTP/DTaP/DT/Td vaccine for students entering grades 1 through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
3. Tdap means adolescent tetanus, diphtheria and acellular pertussis vaccine. If your child received a dose of a tetanus-containing vaccine, such as Td, within 5 years of entering the grade in which Tdap is required, your child is compliant and a dose of Tdap vaccine is not required.
4. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
5. The first dose of MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).
6. Var means Varicella (chickenpox) vaccine. A history of chickenpox disease is also acceptable.

HEALTH ALERT

Novel H1N1 Flu

Look for these symptoms:

FEVER AND

- Cough
- Sore throat
- Runny or stuffy nose

Other symptoms may include:

- Body aches
- Headache
- Fatigue
- Chills
- Diarrhea
- Vomiting

People with certain chronic medical conditions, adults 65 years or older, children younger than 5 years old, and pregnant women may be at higher risk for severe illness.

IF YOU THINK YOU HAVE H1N1 FLU:

- **Stay at home** or in your hotel room if traveling, except to seek medical care. Do not travel or go to work or school.
- **Avoid close contact** with others for 7 days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer.

EVERYONE SHOULD:

- **Cover your mouth and nose** with a tissue when you cough or sneeze.
- **Wash your hands often** with soap and water or use an alcohol-based hand gel.
- **Avoid touching your eyes, nose or mouth.**
- **Avoid contact with ill persons.**



For more information:

- Visit <http://www.cdc.gov/h1n1flu>
- Contact CDC 24 Hours/Every Day
 - > 1-800-CDC-INFO (232-4636)
 - > TTY: (888) 232-6348
 - > cdcinfo@cdc.gov
- Contact your local or state health department

H1N1 Travel Health Alert Notice, 05-09



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