



# VACCINES REQUIRED FOR SCHOOL ATTENDANCE, GRADES K-12<sup>1</sup>

**July 1, 2009 – June 30, 2010**

Month, Day & Year are required documentation of all vaccines.

VACCINE <sup>2</sup>	Kindergarten	1 <sup>st</sup> Grade	2 <sup>nd</sup> -3 <sup>rd</sup> Grades	4 <sup>th</sup> -5 <sup>th</sup> Grades	6 <sup>th</sup> Grade	7 <sup>th</sup> -8 <sup>th</sup> Grades	9 <sup>th</sup> -12 <sup>th</sup> Grades
<b>HEPATITIS B</b> <ul style="list-style-type: none"> <li>Series must <b>NOT</b> be completed in less than 4 months. Series should be completed within 9 months of starting school.</li> </ul>	<p style="text-align: center;"><b>3 doses</b></p> <p style="text-align: center;">2<sup>nd</sup> dose can be given at least 1 month (24 days) after the 1<sup>st</sup> dose.            3<sup>rd</sup> dose must be given at or after 6 months (24 weeks) of age.            3<sup>rd</sup> dose must be given at least 2 months after the 2<sup>nd</sup> dose.            3<sup>rd</sup> dose must be given at least 4 months after the 1<sup>st</sup> dose.</p> <p style="text-align: center;">If the student receives 2 doses of an adolescent formulation of Recombivax HB between ages 11 and 15, separated by 4 months, the student's immunization status is "complete."</p>						
<b>DTaP/DT/Td/Tdap</b> <ul style="list-style-type: none"> <li>Those older than 7 should not receive DTaP.</li> <li>After the 7<sup>th</sup> birthday, children should receive Td or Tdap.</li> </ul>	<b>4 doses DTaP</b> <b>IF</b> the last dose is given on or after the 4 <sup>th</sup> birthday.	<b>3 doses DTaP, DT or Td</b> <b>IF</b> the last dose is given on or after the 4 <sup>th</sup> birthday.			<b>3 doses DTaP, DT or Td</b> <b>IF</b> the last dose is given on or after the 4 <sup>th</sup> birthday <b>AND</b> <b>1 dose Tdap</b> <b>IF</b> student is 11 years old and <b>IF</b> it has been at least 5 years since the last DTaP, DT or Td.	<b>3 doses DTaP, DT or Td</b> <b>IF</b> the last dose is given on or after the 4 <sup>th</sup> birthday. <b>Tdap</b> may substitute for 1 of the 3 doses.	
<b>POLIO (IPV or OPV)</b> <ul style="list-style-type: none"> <li>Students 18 years and older are not required to have IPV or OPV.</li> </ul>	<p style="text-align: center;"><b>4 doses</b> <b>IF</b> all doses are given before the 4<sup>th</sup> birthday.  <b>3 doses</b> <b>IF</b> the last dose is given on or after the 4<sup>th</sup> birthday.</p>						
<b>MMR</b> <ul style="list-style-type: none"> <li>Blood test (titer) showing immunity to measles, mumps or rubella is acceptable.</li> </ul>	<p style="text-align: center;"><b>2 doses</b></p> <p style="text-align: center;">1<sup>st</sup> dose must be given on or after the 1<sup>st</sup> birthday (4 day grace applies).            2<sup>nd</sup> dose must be given at least 28 days after the 1<sup>st</sup> dose (4 day grace <b>DOES NOT</b> apply).</p>						
<b>VARICELLA</b> <ul style="list-style-type: none"> <li>Varicella must be received the same day as MMR <b>OR</b> at least 28 days apart (4 day grace <b>DOES NOT</b> apply).</li> <li>The minimum interval between varicella doses for children &lt; 13 years of age is 28 days (recommended interval is 3 mos).</li> <li>Blood test (titer) showing immunity to varicella and/or provider diagnosis/verification of disease is acceptable.</li> </ul>	<p style="text-align: center;"><b>2 doses</b></p> <p style="text-align: center;">Must be given on or after the 1<sup>st</sup> birthday (4 day grace applies).            Parent-reported history of disease <b>NOT</b> acceptable.</p>	<p style="text-align: center;"><b>1 dose</b></p> <p style="text-align: center;">Must be given on or after the 1<sup>st</sup> birthday (4 day grace applies). Parent reported history of disease is acceptable.</p>	<p><b>Recommended, but not required</b></p>		<p style="text-align: center;"><b>1 dose</b></p> <p style="text-align: center;">Must be given on or after the 1<sup>st</sup> birthday (4 day grace applies).            Parent reported history of disease is acceptable.</p>	<p><b>Recommended, but not required</b></p>	

<sup>1</sup> To attend public/private school or licensed child care in WA State, each child must present a signed **Certificate of Immunization Status form** showing proof of 1) full immunization per the 2007 Recommended Childhood Immunization Schedule (see <http://www.doh.wa.gov/cfh/Immunize/schools/vaccine.htm>), 2) an initiation of a schedule of immunization, 3) a medical exemption (with health care provider signature), **OR** 4) personal or religious exemption (with a parent/guardian signature).

<sup>2</sup> There is no maximum interval between doses. Even if the recommended interval is not met, the series does not need to be restarted. Vaccine doses given ≤ 4 days before the minimum interval or age are valid, except for the intervals between MMR doses, varicella doses and MMR and varicella doses.