

What immunizations are required to enter public and private schools?

Minimum Vaccine Requirements for School Entry

| Vaccine | Total Doses | Age | Special Notes |
|---|--|---|---|
| Diphtheria, tetanus and pertussis DTP/DTaP | 5 doses | 3 doses by age 7 months 2 boosters – one by 19 months and the second dose on or after the fourth birthday and before enrolling in school (K-1) for the first time. | If the fourth dose was administered on or after the fourth birthday, the fifth dose is not required. A child who has reached age seven years without having been immunized against pertussis is not required to be immunized with pertussis vaccine. |
| Polio | 4 doses | Two doses by age five months. A third dose by 19 months of age. A booster dose before enrolling in school (K-1) for the first time. | If the third dose was administered on or after the fourth birthday, the fourth dose is not required. |
| Measles | 2 doses | One dose on or after 12 months of age and before 16 months of age. A second dose before enrolling in school (K-1) for the first time. | As long as the doses are separated by at least 28 days, the second dose may be given at any time before beginning school. |
| Mumps | 2 doses | One dose on or after 12 months of age and before 16 months of age. A second dose before enrolling in school for the first time. | |
| Rubella | 1 dose | One dose on or after 12 months of age and before 16 months of age. | |
| Haemophilus influenzae type b (Hib) | 3 or 4 doses depending on vaccine used | Three doses of HbOC or two doses of PRP-OMP by age seven months A final dose of any type on or after 12 months of age and by age 16 months. | Persons who receive the first dose of Hib on or after 12 months of age and before 15 months of age are required to have only two doses with one dose being after 15 months of age. Persons who receive the first dose of Hib vaccine on or after 15 months of age are required to have only one dose. Persons who have passed their fifth birthday are not required to be vaccinated against Hib. |
| Hepatitis B | 3 doses | One dose by age three months Second dose by age five months Third dose by age 19 months | The third dose of hepatitis B vaccine shall not be administered prior to 24 weeks of age. Persons born on or after July 1, 1994 are required to receive hepatitis B vaccine. |
| Varicella | 1 dose | One dose on or after 12 months of age and before 19 months of age. | An individual with laboratory tests indicating immunity or a history of varicella disease documented by a health care provider, parent, guardian or person in loco parentis shall not be required to receive varicella vaccine. |

Doses of vaccine administered more than four days prior to the requirements are considered invalid doses and shall be repeated.



Please use the following list of vaccines and brand names to assist you in assessing a child's immunization status. Vaccines may be listed on a child's immunization card by vaccine name, abbreviation, or brand name. Please note that some brand names contain more than one vaccine.

Disease and Vaccine Brand Names for Required Vaccines

| Disease | Vaccine/Abbreviations | Brand Name |
|--------------------------------|-----------------------|----------------------|
| Diphtheria, Tetanus, Pertussis | DTaP, DTP | Tripedia |
| | | Infanrix |
| | | Daptacel |
| Hepatitis B | Hep B, HBV | Engerix B |
| | | Recombivax HB |
| Haemophilus influenzae type b | Hib | PedvaxHIB* (PRP-OMP) |
| | | HibTITER (HbOC) |
| | | ActHIB (PRP – T) |
| Polio | IPV, OPV | IPOL |
| Measles, Mumps, Rubella | MMR | MMR II |
| Chickenpox | Varicella, VZ | Varivax |

* 3 Pedvax doses are equivalent to 4 Hib doses

Combination Immunization Brand Names

These brand names are for shots that contain more than one vaccine. They may only be written in one location on the shot card, or they may be written in more than one place. These combination vaccines are not given by all health care providers, so there may only be a few, depending on where the child receives immunizations.

| Vaccine | Brand Name |
|--------------------------|------------|
| DTaP & Hepatitis B & IPV | Pediarix |
| DTaP & Hib | TriHIBit |
| | Tetramune |
| Hepatitis B & Hib | Comvax |
| MMRV | ProQuad |

Recommended (but not Required) Vaccines

| Vaccine | Brand Name |
|------------------------------------|---------------------------------------|
| Influenza | Fluzone, Fluvirin, Fluarix or FluMist |
| Hepatitis A | Havrix or Vaqta |
| Pneumococcal 7-valent [§] | Prennar |
| Pneumococcal (PPV-23) | Pneumovax |
| Rotavirus | RotaTeq |

[§] Childhood Pneumonia Vaccine, PCV-7

