

## Minimal Immunization Requirements 2016-2017 School Year Secondary School Students

To the Parents of: \_\_\_\_\_ ID# \_\_\_\_\_ School: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

The Texas Administrative Code Title 25 Health Services Part 1 Department of State Health Services Chapter 97 Communicable Diseases requires that all students show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private school or remain in school. If you have questions regarding current immunization requirements for students in Texas schools, please refer to the following website: <http://www.dshs.state.tx.us/immunize/school/default.shtm> or ask your School Nurse. Immunization records are vital records that your child will need over a lifetime. Texas immunization requirements change periodically. Always bring your child's immunization records to appointments.

**\*\*Your student is not compliant with their vaccine requirements. Please have your student vaccinated by \_\_\_\_\_. The 'X' marks the needed vaccine(s). Please bring an updated copy of your student's immunization record to your school nurse.**

### **6<sup>th</sup> Grade**

- \_\_\_ 5 doses of DTP, DTaP or DT with one dose given on/after 4<sup>th</sup> birthday **OR** 4 doses if 4<sup>th</sup> dose is given on /after the 4<sup>th</sup> birthday
- \_\_\_ 4 doses of Polio with one dose given on/after 4<sup>th</sup> birthday **OR** 3 doses if 3<sup>rd</sup> dose is given on/after 4<sup>th</sup> birthday
- \_\_\_ 2 doses of MMR with 1<sup>st</sup> dose given on/after the 1<sup>st</sup> birthday
- \_\_\_ 3 doses of Hepatitis B
- \_\_\_ 2 doses of Varicella with 1<sup>st</sup> dose given on/after the 1<sup>st</sup> birthday if the child has **NOT** had chickenpox \*\*
- \_\_\_ 2 doses of Hepatitis A with 1<sup>st</sup> dose given on/after 1<sup>st</sup> birthday . (May be 6 -18 months between doses.)

### **7<sup>th</sup> Grade**

- \_\_\_ 3 doses of DTP, DTaP, DT, Td or Tdap with one dose given on/after 4<sup>th</sup> birthday **AND** one dose of Tdap within the last 5 years. Td may be offered only if there is a medical contraindication to Pertussis vaccine.
- \_\_\_ 4 doses of Polio with one dose given on/after 4<sup>th</sup> birthday **OR** 3 doses if 3<sup>rd</sup> dose is given on/after 4<sup>th</sup> birthday
- \_\_\_ 2 doses of Measles, 1 dose Mumps and 1 dose Rubella with the 1<sup>st</sup> dose given on/after the 1<sup>st</sup> birthday **OR** 2 doses of MMR with 1<sup>st</sup> dose given on/after the first birthday
- \_\_\_ 3 doses of Hepatitis B
- \_\_\_ 2 doses of Varicella with 1<sup>st</sup> dose given on/after 1<sup>st</sup> birthday if the child has **NOT** had chickenpox\*\*
- \_\_\_ 1 dose of Meningococcal
- \_\_\_ 2 doses of Hepatitis A with 1<sup>st</sup> dose given on/after 1<sup>st</sup> birthday . (May be 6 -18 months between doses.)

### **8<sup>th</sup> – 12<sup>th</sup> Grades**

- \_\_\_ 3 doses of DTP, DTaP, DT, Td or Tdap with one dose given on/after 4<sup>th</sup> birthday **AND** one dose of Tdap within the last 10 years. Td may be offered only if there is a medical contraindication to Pertussis vaccine.
- \_\_\_ 4 doses of Polio with one dose given on/after 4<sup>th</sup> birthday **OR** 3 doses if 3<sup>rd</sup> dose is given on/after 4<sup>th</sup> birthday
- \_\_\_ 2 doses of Measles, 1 dose Mumps and 1 dose Rubella with the 1<sup>st</sup> dose given on/after 1<sup>st</sup> birthday **OR** 2 doses of MMR with 1<sup>st</sup> dose given on/after the 1<sup>st</sup> birthday.
- \_\_\_ 3 doses of Hepatitis B
- \_\_\_ 2 doses of Varicella with 1<sup>st</sup> dose given on/after 1<sup>st</sup> birthday if the child has **NOT** had chickenpox\*\*
- \_\_\_ 1 dose of Meningococcal

\*\* Previous Chickenpox illness may be documented with a written statement from a **physician, school nurse or the child's parent or guardian** containing wording such as: ***"This is to verify that (name of student) had Varicella disease on or about (month and year) and does not need Varicella vaccine."*** This written statement will be acceptable in place of any and all Varicella vaccine doses required.