



6<sup>th</sup> - 8<sup>th</sup>

755-3655 / 755-3656 / 755-3657

Susan W. Best, D.O.  
Health Officer

Beginning school year 2010-2011, Rule change 410 1AC 1-1-1 states  
All students Grades 6-12 must have the following immunizations:

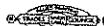
- TDAP                    1. \_\_\_\_\_                    (1 DOSE REQUIRED)
- MENACTRA  
(meningitis)            1. \_\_\_\_\_                    (1 DOSE REQUIRED)
- VARIVAX  
(chickenpox)            1. \_\_\_\_\_ 2. \_\_\_\_\_            (2 DOSES REQUIRED)

If child has history of chickenpox illness, no vaccine is required, please provide month / year of illness with parent signature.

Date \_\_\_\_\_ Signature \_\_\_\_\_

- HEP A                    1. \_\_\_\_\_ 2. \_\_\_\_\_            (OPTIONAL)
- HPV                      1. \_\_\_\_\_ 2. \_\_\_\_\_            (OPTIONAL)

Immunizations may be received free of charge Monday – Thursday. 9am to 4 pm at the Lake Co. Health Dept. No appt. necessary. Must bring immunization record with you. Call 755-3658 for additional information.



6th - 8th

**Indiana State Department of Health  
MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY\*  
2010-2011**

<b>Grade</b>	<b>Minimum Immunization Requirements</b>
<b>Grades 6-12</b>	<ul style="list-style-type: none"><li>• 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 4<sup>th</sup> birthday and at least 6 months after the 3<sup>rd</sup> dose).</li><li>• 4 doses of any combination of IPV or OPV by age 4-6 (3 doses of all OPV or all IPV are acceptable if the 3<sup>rd</sup> dose was administered on or after the 4<sup>th</sup> birthday).</li><li>• 3 doses of Hepatitis B vaccine (3<sup>rd</sup> dose must be on or after 24 weeks of age).</li><li>• 2 doses of measles (rubeola) vaccine on or after the first birthday.</li><li>• 2 doses of mumps vaccine on or after the first birthday.</li><li>• 1 doses of rubella (German measles) vaccine on or after the first birthday.</li><li>• 2 doses of varicella (chickenpox) vaccine on or after the first birthday separated by age-appropriate interval <i>or</i> written history of disease. Parental history of chickenpox disease is acceptable proof of immunity. A signed written statement from the parent/guardian indicating month and year of disease is sufficient.</li><li>• 1 dose of tetanus-diphtheria-acellular pertussis vaccine (Tdap) given on or after 10 years of age.</li><li>• 1 dose of meningococcal conjugate vaccine (MCV4).</li></ul>