

Pre-K



755-3655 / 755-3656 / 755-3657

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Health Officer

PRE-SCHOOL ENTRY

SCHOOL _____ RETURN BY _____

NAME _____ BIRTHDATE _____

DTAP/DT 1. _____ 2. _____ 3. _____ 4. _____ (4 DOSES)

IPV 1. _____ 2. _____ 3. _____ (3 DOSES)

HEP B 1. _____ 3. _____ 3. _____ 4. _____ (3 OR 4 DOSES)

MMR 1. _____ (1 DOSE)

VARIVAX 1. _____ 2. _____ (2 DOSES)

**MINIMUM IMMUNIZATON REQUIREMENTS FOR PRE SCHOOL ENTRY
PUBLIC LAW : IC 20-8.1-7-11.**

Beginning in the 2010-2011 school year, Rule change, 410 1AC 1-1-1 states that all children have the above requirements. If your child has had the chickenpox disease, we MUST have have a PHYSICIAN written documentation of history of the disease, including the MONTH and YEAR OF THE DISEASE.

CHICKENPOX DISEASE: _____

PHYSICIAN SIGNATURE: _____



Pre-K

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

Grade	Minimum Immunization Requirements
Pre-Kindergarten	<ul style="list-style-type: none">• 4 doses of diphtheria-tetanus-acellular pertussis (DTaP), pediatric diphtheria-tetanus vaccine (DT), or any combination of the three are required.• 3 doses of either oral polio (OPV) or inactivated polio (IPV) vaccine in any combination.• 3 doses of Hepatitis B vaccine (3rd dose must be on or after 24 weeks of age).• 1 dose of measles (rubeola) vaccine on or after the first birthday.• 1 dose of mumps vaccine on or after the first birthday.• 1 dose of rubella (German measles) vaccine on or after the first birthday.• 2 doses of varicella (chickenpox) vaccine on or after the first birthday and separated by 3 months <i>or</i> physician written documentation of history of chickenpox disease, including month and year of disease.