

**MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY  
INDIANA STATE DEPARTMENT OF HEALTH  
QUICK REFERENCE  
2008-2009 SCHOOL YEAR**

When a student enrolls in a school corporation, for the first time or any subsequent time and at any level, his parents must show either that he has been immunized or that a current religious or medical objection is on file. Parents must provide the School Corporation with complete immunization records prior to the beginning of the school year.

**MINIMUM IMMUNIZATION REQUIREMENTS FOR STUDENTS ENROLLED AT PRE-KINDERGARTEN:**

- " **4** doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), pediatric diphtheria-tetanus (DT) vaccine, or any combination of the three are required;
- " **3** doses of either oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV), in any combination;
- " **1** dose of measles (rubeola) vaccine, on or after the first birthday;
- " **1** dose of rubella (German measles) vaccine, on or after the first birthday;
- " **1** dose of mumps vaccine, on or after the first birthday.
- " **1** dose of varicella (Chicken Pox) vaccine, on or after the first birthday, or record of disease. **Parental history of chickenpox disease is acceptable** as proof of immunity (no vaccine needed). A written statement from the parent/guardian indicating dates of disease and signed is all the documentation needed. Documentation by a physician is not necessary.

**MINIMUM IMMUNIZATION REQUIREMENTS FOR STUDENTS ENROLLED AT KINDERGARTEN AND GRADE ONE:**

- " **5** doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), or pediatric diphtheria-tetanus (DT) vaccine (under 7 years of age) or **4 doses are acceptable if the 4<sup>th</sup> dose was administered on or after the 4<sup>th</sup> birthday**;
- " **4** doses of any combination of IPV or OPV by age 4-6; or **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**;
- " **2** doses of measles (rubeola) vaccine, on or after the first birthday;
- " **2** doses of mumps vaccine, on or after the first birthday;
- " **1** dose of rubella (German measles) vaccine, on or after the first birthday;
- " **3** doses of hepatitis B vaccine; and
- " **1** dose of varicella (Chicken Pox) vaccine, on or after the first birthday, or record of disease. **Parental history of chickenpox disease is acceptable** as proof of immunity (no vaccine needed). A written statement from the parent/guardian indicating dates of disease and signed is all the documentation needed. Documentation by a physician is not necessary.

**MINIMUM IMMUNIZATION REQUIREMENTS FOR STUDENTS ENROLLED AT GRADE TWO, THREE, FOUR, FIVE and SIX:**

- " **3** doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), pediatric diphtheria-tetanus (DT) or Tetanus-diphtheria (Td) vaccine [ 7 Years of Age or older];
- " **4** doses of any combination of IPV or OPV by age 4-6, or **3 doses of all OPV or all IPV vaccine series are acceptable if the 3<sup>rd</sup> dose was administered on or after the 4<sup>th</sup> birthday;**
- " **2** doses of measles (rubeola) vaccine, on or after the first birthday;
- " **2** doses of mumps vaccine, on or after the first birthday;
- " **1** dose of rubella (German measles) vaccine, on or after the first birthday;
- " **3** doses of Hepatitis B vaccine;
- " **1** dose of varicella (Chicken Pox) vaccine, on or after the first birthday, or record of disease. **Parental history of chickenpox disease is acceptable** as proof of immunity (no vaccine needed). A written statement from the parent/guardian indicating dates of disease and signed is all the documentation needed. Documentation by a physician is not necessary.

**MINIMUM IMMUNIZATION REQUIREMENTS FOR STUDENTS ENROLLED IN GRADE 7-12 and for Students in Ungraded Classrooms Who are 13 Years of Age or Older on August 1<sup>st</sup> of the Current School Year.**

- " **3** doses of diphtheria-tetanus-acellular pertussis (DTaP), diphtheria-tetanus-pertussis (DTP), pediatric diphtheria-tetanus (DT); Tetanus-diphtheria-acellular pertussis (Tdap); or Tetanus-diphtheria (Td) vaccine [7 years of age or older];
- " **4** doses of any combination of IPV or OPV by age 4-6, or **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;**
- " **2** doses of measles (rubeola) vaccine, on or after the first birthday;
- " **2** doses of mumps vaccine, on or after the first birthday;
- " **1** dose of rubella (German measles) vaccine, on or after the first birthday;
- " **3** doses of Hepatitis B vaccine;
- " **1** dose of varicella (Chicken Pox) vaccine, on or after the first birthday, or record of disease. **Parental history of chickenpox disease is acceptable** as proof of immunity (no vaccine needed). A written statement from the parent/guardian indicating dates of disease and signed is all the documentation needed. Documentation by a physician is not necessary.