

**MINIMUM DOSES OF IMMUNIZATIONS REQUIRED FOR SCHOOL ATTENDANCE
REFERENCE SHEET FOR PARENTS AND SCHOOL STAFF**

Washington State Law (RCW 28A.210.060-170) requires that all children have a completed Certificate of Immunization Status (CIS) on file at the school they attend AT THE TIME OF REGISTRATION.

The law requires proof of one of the following:

1. The initiation of and compliance with a schedule of immunization documented on the Certificate of Immunization Status (CIS) and signed by the parent/guardian.
2. A Certificate of Exemption (COE) completed and signed by the parent/guardian for personal/philosophical or religious exemption.
3. A Certificate of Exemption (COE) completed and signed by the health care provider for medical exemption.

The exact date (month/day/year) each vaccine dose was given is required.

STUDENT CANNOT ATTEND SCHOOL UNTIL THE IMMUNIZATION REQUIREMENTS ARE MET.

PRE-SCHOOL STUDENTS

- *3 **Hep B** (Hepatitis B) given at recommended intervals
- 4 **DTaP** (Diphtheria, Tetanus, Pertussis)
- 4 **HIB** (Haemophilus influenzae type b), but considered complete if:
3 doses required if only 2 doses given before 12 months of age
2 doses required if both were given between 12-15 months of age
1 dose is required IF the only dose was given on or after 15 months of age
NOT given after 5 years of age
- 4 **PCV** (Pneumococcal), but considered complete if:
3 doses are required if 2 doses were given before 12 months of age
2 doses are required if both doses were given between 12-24 months of age
1 dose is required IF the only dose was given on or after 24 months of age
NOT given after 5 years of age
- 3 **IPV** (Polio)
- ***1 **MMR** (Measles, Mumps, Rubella) received on or after the 1st birthday
- 1 **Varicella** (Chickenpox) received on or after the 1st birthday OR signed verification of disease from health care provider OR laboratory report of blood test (titer) showing proof of immunity

KINDERGARTEN STUDENTS

- *3 **Hep B** (Hepatitis B) given at recommended intervals
- **5 **DTaP** (Diphtheria, Tetanus, Pertussis), if dose 4 was given on or after 4th birthday, dose 5 is not required
- 4 **IPV** (Polio), if dose 3 was given on or after 4th birthday, dose 4 is not required
- ***2 **MMR** (Measles, Mumps, Rubella) received on or after the 1st birthday and at least 28 days apart
- 2 **Varicella** (Chickenpox) received on or after the 1st birthday and at least 28 days apart OR signed verification of disease from health care provider OR laboratory report of blood test (titer) showing proof of immunity

FIRST AND SECOND GRADE STUDENTS

- *3 **Hep B** (Hepatitis B) given at recommended intervals
- **5 **DTaP, DT, or Td** (Diphtheria, Tetanus, Pertussis), if dose 4 was given on or after 4th birthday, dose 5 is not required
- 4 **IPV** (Polio), if dose 3 was given on or after 4th birthday, dose 4 is not required
- ***2 **MMR** (Measles, Mumps, Rubella) received on or after the 1st birthday and at least 28 days apart
- 2 **Varicella** (Chickenpox) received on or after the 1st birthday and at least 28 days apart OR signed verification of disease from health care provider OR laboratory report of blood test (titer) showing proof of immunity

THIRD AND FOURTH GRADE STUDENTS

- *3 **Hep B** (Hepatitis B) given at recommended intervals
- **5 **DTaP, DT, or Td** (Diphtheria, Tetanus, Pertussis), if dose 4 was given on or after 4th birthday, dose 5 is not required
- 4 **IPV** (Polio), if dose 3 was given on or after 4th birthday, dose 4 is not required
- ***2 **MMR** (Measles, Mumps, Rubella) received on or after the 1st birthday and at least 28 days apart
- 1 **Varicella** (Chickenpox) received on or after the 1st birthday OR parent reported history of disease

FIFTH GRADE STUDENTS

- *3 **Hep B** (Hepatitis B) given at recommended intervals
- **5 **DTaP, DT, or Td** (Diphtheria, Tetanus, Pertussis), if dose 4 was given on or after 4th birthday, dose 5 is not required
- 4 **IPV** (Polio), if dose 3 was given on or after 4th birthday, dose 4 is not required
- ***2 **MMR** (Measles, Mumps, Rubella) received on or after the 1st birthday and at least 28 days apart
- 0 **Varicella** (Chickenpox) (Two doses recommended but not required yet)

SIXTH GRADE STUDENTS

- *3 **Hep B** (Hepatitis B) given at recommended intervals
- **5 **DTaP, DT, or Td** (Diphtheria, Tetanus, Pertussis), if dose 4 was given on or after 4th birthday, dose 5 is not required
- **1 **Tdap** on or after 11th birthday if it has been at least 5 years since the last DTaP, DT, or Td
- 4 **IPV** (Polio), if dose 3 was given on or after 4th birthday, dose 4 is not required
- ***2 **MMR** (Measles, Mumps, Rubella) received on or after the 1st birthday and at least 28 days apart
- 1 **Varicella** (Chickenpox) received on or after the 1st birthday OR parent reported history of disease (Two doses recommended but not required yet)

SEVENTH THROUGH NINTH GRADE STUDENTS

- *3 **Hep B** (Hepatitis B) given at recommended intervals (*if student receives 2 doses of an adolescent formulation of Recombivax HB between ages 11 and 15, separated by 4 months, the student is considered complete*)
- **5 **DTaP, DT, or Td** (Diphtheria, Tetanus, Pertussis), if dose 4 was given on or after 4th birthday, dose 5 is not required
- **1 **Tdap** on or after 11th birthday if it has been at least 5 years since the last DTaP, DT, or Td
- 4 **IPV** (Polio), if dose 3 was given on or after 4th birthday, dose 4 is not required
- ***2 **MMR** (Measles, Mumps, Rubella) received on or after the 1st birthday and at least 28 days apart
- 0 **Varicella** (Chickenpox) (Two doses recommended but not required yet)

TENTH THROUGH TWELFTH GRADE STUDENTS

- *3 **Hep B** (Hepatitis B) given at recommended intervals (*if student receives 2 doses of an adolescent formulation of Recombivax HB between ages 11 and 15, separated by 4 months, the student is considered complete*)
- **5 **DTaP, DT, or Td** (Diphtheria, Tetanus, Pertussis), if dose 4 was given on or after 4th birthday, dose 5 is not required
- **0 **Tdap** (One dose recommended but not required yet)
- 4 **IPV** (Polio), if dose 3 was given on or after 4th birthday, dose 4 is not required
- ***2 **MMR** (Measles, Mumps, Rubella) received on or after the 1st birthday and at least 28 days apart
- 0 **Varicella** (Chickenpox) (Two doses recommended but not required yet)

***Recommended Hepatitis B intervals**

- The minimum interval between dose #1 and dose #2 is 4 weeks (24 days)
- The minimum interval between dose #2 and dose #3 is 8 weeks (52 days)
- The minimum interval between dose #1 and dose #3 is 16 weeks (108 days)
- The minimum age for dose #3 is 24 weeks of age (164 days)

****5 doses DTaP/DT/DTP required except**

- 4 doses if the last dose is given on or after the 4th birthday; OR
- 4 doses if there is at least one DTaP/DT/DTP given before 12 months of age; OR
- 3 doses if there is no history of DTaP/DT/DTP given before 12 months of age
- 3 doses **Td** if there is no history of DTaP/DT/DTP given before 12 months of age and the child is 7 years or older
- Children ages 7 years old or older should receive **Tdap or Td**, NOT DTaP
- Tdap** – The recommended age for Tdap is 11 years of age; however if it is given at 10 years of age, the vaccine will be considered to be valid.

*****MMR**

- Both the MMR and Varicella are considered “live” vaccines.
- These vaccines must be given either on the same day OR separated by at least 28 days before or after each other.
- Note: A four day grace period applies to all vaccines **except** MMR and Varicella.

Parents: Please keep your own records of your student’s immunizations. It is likely that you will need to refer to these records in the future. A copy of official immunization records is frequently required for college admission and employment.