

**2019-2020 School Year**

**Indiana State Department of Health**

**School Immunization Requirements**

Pre K (3 – 5 year olds)	3 Hepatitis B 4 DTaP (Diphtheria, Tetanus & Pertussis) 3 Polio 1 MMR (Measles, Mumps, Rubella) 1 Varicella (Chickenpox) or Physician documentation of disease including month and year
Kindergarten - 5th Grade	3 Hepatitis B 2 Hepatitis A 5 DTaP 4 Polio 2 MMR 2 Varicella or Physician documentation of disease including month and year
Grade 6 <sup>th</sup> -7th	3 Hepatitis B 2 Hepatitis A 5 DTaP 4 Polio 2 MMR 2 Varicella or Physician documentation of disease including month and year 1 Tdap (Tetanus, Diphtheria & Pertussis) 1 MCV4 (Meningococcal conjugate)
Grade 8 - 11	3 Hepatitis B 5 DTaP 4 Polio 2 MMR 2 Varicella or Physician documentation of disease including month or year 1 Tdap 1 MCV4
Grade 12	3 Hepatitis B 2 Hepatitis A 5 DTaP 4 Polio 2 MMR 2 Varicella or Parental report of disease history grade 12 1 Tdap 2 MCV4

**November 2018**