

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH**



District of Columbia Immunization Requirements--School Year 2011 – 2012

All students attending school in the District of Columbia must present proof of immunizations by the first day of school. The specific immunization and dosage depends on the child's age and how long ago they were vaccinated. Please use the list below for guidance and check with your child's school nurse or health care provider for additional information.

Requirements for a Child 2 Years or Older Entering Preschool or Head Start

Dosage	Name of Immunization
4	Diphtheria/Tetanus/Pertussis (DTaP)
3	Polio
1	Varicella (chickenpox) – if no history of disease. The disease history <u>MUST</u> be verified by a health care provider and documentation <u>MUST</u> include the month and year of disease.
1	Measles, Mumps & Rubella (MMR)
3	Hepatitis B
2	Hepatitis A
3 or 4	Hib (Haemophilus Influenza Type B) The number of doses is determined by brand used.
4	PCV (Pneumococcal)

Requirements for a Child 4 Years or Older Entering Pre-Kindergarten

Dosage	Name of Immunization
5	Diphtheria/Tetanus/Pertussis (DTaP)
4	Polio
2	Varicella (chickenpox) – if no history of disease. The disease history <u>MUST</u> be verified by a health care provider and documentation <u>MUST</u> include the month and year of disease
2	Measles, Mumps & Rubella (MMR)
3	Hepatitis B
2	Hepatitis A
3 or 4	Hib (Haemophilus Influenza Type B) The dose is determined by the brand used.
4	PCV (Pneumococcal)

Requirements for a Child 5-10 Years Old Entering Kindergarten thru 5th Grade

Dosage	Name of Immunization
5	Diphtheria/Tetanus/Pertussis (DTaP)
4	Polio
2	Varicella (chickenpox) – if no history of disease. The disease history <u>MUST</u> be verified by a health care provider and documentation <u>MUST</u> include the month and year of disease
2	Measles, Mumps & Rubella (MMR)
3	Hepatitis B
2	Hepatitis A (if born on or after 01/01/05)

Requirements for a Child 11 Years and Older Entering 6th through 12th Grade

Dosage	Name of Immunization
5	Diphtheria/Tetanus/Pertussis (DTaP)
1	Tdap (if 5 years since last dose of DTP/DTaP/Td)
4	Polio
2	Varicella (chickenpox) – if no history of disease. The disease history <u>MUST</u> be verified by a health care provider and documentation <u>MUST</u> include the month and year of disease
2	Measles, Mumps & Rubella (MMR)
3	Hepatitis B
1	Meningococcal
3	Human Papillomavirus Vaccine (HPV) – Female students entering 6 th , 7 th , and 8 th grades only. Parents may sign a vaccine refusal certificate, included in this packet.