

2006-2007 School Year
 Indiana State Department of Health
 School Immunization Current Requirements

Quick Reference

	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT/Td	5*	5*	3	3	3	3	3	3	3	3	3	3	3
Polio	4**	4**	4**	4**	4**	4**	4**	3	3	3	3	3	3
Measles	2	2	2	2	2	2	2	2	2	2	2	2	2
Mumps	1	1	1	1	1	1	1	1	1	1	1	1	1
Rubella	1	1	1	1	1	1	1	1	1	1	1	1	1
Hepatitis B	3	3	0	0	0	0	0	0	0	3+	0	0	3+
Varicella	1•	1•	0	0	0	0	0	0	0	0	0	0	0

*- Four doses of DTaP/DTP/DT are acceptable if the fourth dose was administered on or after the child's fourth birthday.

** - If any combination of IPV or OPV was used 4 doses are required regardless of age when administered, 4 doses of all IPV or OPV are a complete series or three doses of all OPV or all IPV are acceptable if the third dose was administered on or after the child's fourth birthday.

• Parental history of chickenpox 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.

+ The 2 dose adolescent Hepatitis B vaccine is acceptable if properly documented. See pages 220 & 221 of the "Epidemiology and Prevention of Vaccine Preventable Diseases" 9th Edition by CDC.