

HSR 7 Reference Guide

Immunization Requirements 2014-2015 School Year

3 year olds and 4 year olds (PRE K)

✓HIB and PCV *not* routinely administered to children ≥ 5 years of age.

4 doses of DTP, DTaP, DT

3 doses of Polio

1 dose of MMR¹ on/after 1st birthday

3 doses of HIB with the 3rd dose given on/after 1st birthday and at least 2 months since dose #2 **OR** 1 dose on/after 15 months of age

4 doses of PCV² with one given after 1st birthday **OR** 1 dose on/or after 24 months of age

3 doses of Hepatitis B¹

1 dose of Varicella¹ on/after 1st birthday (if the child has **NOT** had chickenpox)

2 doses of Hepatitis A¹ on/after 1st birthday (must allow **18 months** between doses)

Kindergarten – Fifth Grade

✓Ages 7 years and older, 3 doses of DTP containing vaccine with one dose on/after 4th birthday.

5 doses of DTP, DTaP, DT with one on/after 4th birthday **OR** 4 doses if one dose is on/after the 4th birthday

4 doses of Polio with one on/after 4th birthday **OR** 3 doses if one dose is on/after 4th birthday

2 doses of MMR¹ on/after 1st birthday

3 doses of Hepatitis B¹

2 doses of Varicella¹ on/after 1st birthday (if the child has **NOT** had chickenpox)

2 doses of Hepatitis A¹ on/after 1st birthday (must allow **18 months** between doses)

Sixth Grade

✓Ages 7 years and older, 3 doses of DTP containing vaccine with one dose on/after 4th birthday.

5 doses of DTP, DTaP, DT, Td, Tdap with one on/after 4th birthday **OR** 4 doses if one dose is on/after the 4th birthday

4 doses of Polio with one on/after 4th birthday **OR** 3 doses if one dose is on/after 4th birthday

2 doses of Measles¹, 1 dose of Mumps¹ and 1 dose of Rubella¹ on/after 1st birthday

3 doses of Hepatitis B¹

1 dose of Varicella¹ on/after 1st birthday (if the child has **NOT** had chickenpox)

Seventh Grade

3 doses of DTP, DTaP, DT, Td, Tdap with one on/after 4th birthday, **AND** 1 dose of Tdap within the last 5 years. Td is acceptable in lieu of Tdap if a contraindication to pertussis exists.

4 doses of Polio with one on/after 4th birthday **OR** 3 doses if one dose is on/after 4th birthday

2 doses of Measles¹, 1 dose of Mumps¹ and 1 dose of Rubella¹ on/after 1st birthday

3 doses of Hepatitis B^{1,3}

2 doses of Varicella^{1,4} on/after 1st birthday (if the child has **NOT** had chickenpox)

1 dose of Meningococcal

Eighth – Twelfth Grade

3 doses of DTP, DTaP, DT, Td, Tdap⁵ with one on/after 4th birthday, **AND** 1 dose of Tdap is required within the last 10 years. Td is acceptable in lieu of Tdap if a contraindication to pertussis exists.

4 doses of Polio^{5,6} with one on/after 4th birthday **OR** 3 doses if one dose is on/after 4th birthday

2 doses of Measles¹, 1 dose of Mumps¹ and 1 dose of Rubella¹ on/after the 1st birthday

3 doses of Hepatitis B^{1,3}

2 doses of Varicella^{1,4} on/after 1st birthday (if the child has **NOT** had chickenpox)

1 dose of Meningococcal

This chart summarizes the vaccine requirements in Title 25 Health Services, §§ 97.61-97.72 of the Texas Administrative Code. This chart is not intended as a substitute for consulting the Texas Administrative code, which has other provisions and details. [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=97&sch=B&rl=Y](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=97&sch=B&rl=Y)

***All vaccine doses administered up to and including 4 days before the minimum interval of age will satisfy school entry immunization requirements

¹ Serologic confirmation of immunity to Measles, Mumps, Rubella, Hepatitis B, Hepatitis A, or Varicella or serologic evidence of infection is acceptable in place of vaccine.

² Other schedules may apply.

³ 2 doses of adult formulation Hepatitis B (Recombivax) administered to a child 11-15 years old are acceptable if manufacturer and mL are clearly documented.

⁴ Two doses of Varicella are required if student received the first dose on or after 13 years of age. Previous Chickenpox illness may be documented with a written statement from a **physician, school nurse, or the child's parent or guardian** containing wording such as: "**This is to verify that (name of student) had Varicella disease (chickenpox) on or about (date) and does not need Varicella vaccine.**" This written statement will be acceptable in place of any and all Varicella vaccine doses required.

⁵ Doses of DTaP/Polio administered the month of or prior to the 4th birthday are acceptable for students in 11th-12th grade (**students enrolled in school prior to 8/1/04**).

⁶ Polio vaccine is not required for students 18 years or older.