

**2010-2011 School Year
Indiana State Department of Health (ISDH)
School Immunization Requirements
Quick Reference Guide[^]**

| | 3-5 Year Olds | K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|------------------------|---------------------|------|---|---|---|---|---|---|---|---|---|----|----|----|
| DTaP/DTP/DT/Td* | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Polio** | 3 | 4*** | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Measles | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Mumps | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Rubella | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Hepatitis B~ | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| Varicella ∞ | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Tdap | - | - | - | - | - | - | - | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| MCV4 | - | - | - | - | - | - | - | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

[^] Shaded areas represent grades for which immunization reports are required to be submitted to the Indiana State Department of Health.

For children who have delayed immunizations, please refer to the 2010 CDC "Catch-up Immunization Schedule" to determine adequately immunizing doses. All minimum intervals and ages for each vaccination as specified per 2010 CDC guidelines must be met for a dose to be valid. A copy of these guidelines can be found at www.cdc.gov/vaccines/recs/schedules/default.htm.

*Four doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's fourth birthday.

**Three doses of polio vaccine are acceptable if 3rd dose was administered on or after child's fourth birthday and the doses are all IPV or all OPV.

***The 4th dose of polio vaccine must be administered on or after child's fourth birthday. This applies only to kindergarten for 2010-2011.

~ Two dose alternative adolescent schedule (Recombivax HB given at age 11-15 years x 2 doses) is acceptable if properly documented.

∞ Physician documentation of disease history, including month and year, is proof of immunity for preschool, kindergarten and 1st grade-students. A signed statement from the parent/guardian indicating history of disease, including month and year is required for children in grades 2-12.

For a current list of requirements, please go to https://chirp.in.gov/chirp_files/chirp_docs.htm