

Don't Wait, Vaccinate!

By Two Years

3 doses of Hep B

4 doses of DTaP/DTP

3 doses of Polio

3 or more doses of Hib

1 dose of MMR

1 dose of Varicella

****Also required****

- Proof of Lead Screening for Pre-School and Kindergarten
- Physician's Vision and Stereopsis Screenings for Kindergarten
- Certificate of Physical Examination

By Kindergarten

3 doses of Hep B

5 doses of DTaP/DTP

4 doses of Polio

2 doses of MMR

2 doses of Varicella



By 7th Grade

3 doses of Hep B

5 doses of DTaP/DTP

1 dose of Tdap

4 doses of Polio

2 doses of MMR

2 doses of Varicella

1 dose of Meningococcal

- DTaP = Diphtheria, Tetanus, and Pertussis
- Hib = *Haemophilus influenzae* type b
- MMR = Measles, Mumps, and Rubella

Please note that dates must be provided for all immunizations and Lead screening on your child's health record.

VACCINATE ALL YOUR CHILDREN

For more information, contact your health care provider
or the MDPH Immunization Program:

Massachusetts Department of Public Health Immunization Program

Main Number (617) 983-6800 or Toll-Free 888-658-2850

www.mass.gov/dph/imm

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