

**2022-23**

**MINIMUM DOSES OF IMMUNIZATIONS REQUIRED FOR SCHOOL ATTENDANCE  
REFERENCE SHEET FOR PARENTS AND SCHOOL STAFF**

In order to protect children against certain vaccine-preventable diseases, Washington State Law (WAC 246-105) requires that all new students to the district have medically verified immunization records on file at the school they attend BEFORE OR ON THE FIRST DAY OF ATTENDANCE.

The law requires initiation of and compliance with a schedule of immunization documented on one of the following:

1. A Certificate of Immunization Status (CIS) printed from the Immunization Information System (WAIS)
2. A physical copy of the CIS form with a healthcare provider signature
3. A physical copy of the CIS with accompanying medical immunization records from a healthcare provider verified and signed by school staff
4. A Certificate of Immunization Status (CIS) indicating blood test showing proof of immunity must have healthcare provider's signature and attached lab reports

A parent who seeks an exemption to the immunization requirements must provide:

- o A Certificate of Exemption (COE) completed and signed by the parent/guardian and the healthcare provider for personal/philosophical exemption, religious exemption, or medical exemption (no personal/philosophical exemption allowed for the MMR vaccine).
- o A Certificate of Exemption (COE) completed and signed by the parent/guardian for religious membership exemption that affirms belonging to a church or religion that objects to the use of medical treatment.

The exact date (month/day/year) each vaccine dose was given is required.

<b>PRESCHOOL (Age 19 months to &lt; 4 years on 9-1-22)</b>	
<b>*3</b>	<b>Hep B</b> (Hepatitis B) given at recommended intervals with dose #3 given on or after 24 weeks of age
<b>**4</b>	<b>DTaP or DT</b> (Diphtheria, Tetanus, Pertussis)
<b>3-4</b>	<b>Hib</b> (Haemophilus influenzae type b), but considered complete if one of the following requirements is met: 3 doses required if 2 doses given before 12 months of age with third dose given on or after 12 months of age 3 doses required if all three doses of PedvaxHIB were given. Dose #3 must be given on or after 12 months of age 2 doses required if one dose given before 12 months of age and dose two given on or after 15 months of age 1 dose required IF the only dose was given on or after 15 months of age NOT given after 5 years of age
<b>4</b>	<b>PCV7 or PCV13</b> (Pneumococcal conjugate), but considered complete if: 3 doses required if 2 doses were given before 12 months of age with third dose given on or after 12 months of age 2 doses required if both doses were given between 12-24 months of age, at least eight weeks apart 1 dose required IF the only dose was given on or after 24 months of age NOT given after 5 years of age
<b>***3</b>	<b>IPV or OPV</b> (Polio)
<b>****1</b>	<b>MMR or MMRV</b> (Measles, Mumps, Rubella)
<b>*****1</b>	<b>VAR or MMRV</b> (Varicella/Chickenpox) or signed verification of disease from health care provider

<b>PRESCHOOL/TRANSITIONAL K (Age = 4 years on 9-1-22)</b>	
<b>*3</b>	<b>Hep B</b> (Hepatitis B) given at recommended intervals with dose #3 given on or after 24 weeks of age
<b>**5</b>	<b>DTaP or DT</b> (Diphtheria, Tetanus, Pertussis)
<b>3-4</b>	<b>Hib</b> (Haemophilus influenzae type b), but considered complete if one of the following requirements is met: 3 doses required if 2 doses given before 12 months of age with third dose given on or after 12 months of age 3 doses required if all three doses of PedvaxHIB were given. Dose #3 must be given on or after 12 months of age 2 doses required if one dose given before 12 months of age and dose two given on or after 15 months of age 1 dose required IF the only dose was given on or after 15 months of age NOT given after 5 years of age
<b>4</b>	<b>PCV7 or PCV13</b> (Pneumococcal conjugate), but considered complete if: 3 doses required if 2 doses were given before 12 months of age with third dose given on or after 12 months of age 2 doses required if both doses were given between 12-24 months of age, at least eight weeks apart 1 dose required IF the only dose was given on or after 24 months of age NOT given after 5 years of age
<b>***4</b>	<b>IPV or OPV</b> (Polio)
<b>****2</b>	<b>MMR or MMRV</b> (Measles, Mumps, Rubella)
<b>*****2</b>	<b>VAR or MMRV</b> (Varicella/Chickenpox) or signed verification of disease from health care provider

**KINDERGARTEN THROUGH SIXTH GRADE STUDENTS**

- \*3 **Hep B** (Hepatitis B) given at recommended intervals with dose #3 given on or after 24 weeks of age
- \*\*5 **DTaP or DT**(Diphtheria, Tetanus, Pertussis) if dose 5 given on or after 4<sup>th</sup> birthday. If dose 4 was given on or after 4<sup>th</sup> birthday, dose 5 is not required.
- \*\*\*4 **IPV or OPV** (Polio) with final dose given on or after 4<sup>th</sup> birthday AND with a minimum interval of 6 months from previous dose. If dose 3 was given on or after 4<sup>th</sup> birthday, dose 4 is not required.
- \*\*\*\*2 **MMR or MMRV** (Measles, Mumps, Rubella)
- \*\*\*\*\*2 **VAR or MMRV** (Varicella/Chickenpox) or signed verification of disease from health care provider

**SEVENTH AND NINTH GRADE**

- \*3 **Hep B** (Hepatitis B) given at recommended intervals with dose #3 given on or after 24 weeks of age (*if student receives 2 doses of the adult vaccine, Recombivax HB®, between ages 11 and 15 with doses separated by 4 months, the student is considered complete.*)
- \*\*5 **DTaP, DT, or Td** (Diphtheria, Tetanus, Pertussis)
- \*\*1 **Tdap** on or after 10<sup>th</sup> birthday
- \*\*\*4 **IPV or OPV** (Polio) If dose 3 was given on or after 4<sup>th</sup> birthday, dose 4 is not required
- \*\*\*\*2 **MMR or MMRV**(Measles, Mumps, Rubella)
- \*\*\*\*\*2 **VAR or MMRV** (Varicella/Chickenpox) or signed verification of disease from health care provider

**TENTH THROUGH TWELFTH GRADE STUDENTS**

- \*3 **Hep B** (Hepatitis B) given at recommended intervals with dose #3 given on or after 24 weeks of age (*if student receives 2 doses of the adult vaccine, Recombivax HB®, between ages 11 and 15 with doses separated by 4 months, the student is considered complete.*)
- \*\*5 **DTaP, DT, or Td** (Diphtheria, Tetanus, Pertussis)
- \*\*1 **Tdap** on or after 7<sup>th</sup> birthday
- \*\*\*4 **IPV or OPV** (Polio) If dose 3 was given on or after 4<sup>th</sup> birthday, dose 4 is not required
- \*\*\*\*2 **MMR or MMRV**(Measles, Mumps, Rubella)
- \*\*\*\*\*2 **VAR or MMRV** (Varicella/Chickenpox) or signed verification of disease from health care provider

There is no maximum interval between doses. Even if the recommended interval is not met, the series does not need to be restarted. Vaccine doses given within four days before the minimum age or interval are valid, **except** for the intervals between MMR doses and Varicella doses.

**\*Hep B** (Hepatitis B)

The minimum age for dose #1 is birth and minimum interval between dose #1 and dose #2 is 4 weeks.  
 The minimum age for dose #2 is 4 weeks and minimum interval between dose #2 and dose #3 is 8 weeks.  
 The minimum age for dose #3 is 24 weeks.  
 The minimum interval between dose #1 and dose #3 is 16 weeks.

**\*\*5 doses DTaP/DT/DTP/Td** (Diphtheria/Tetanus/Pertussis) **with last dose on or after the 4<sup>th</sup> birthday required except** 4 doses if the last dose was given on or after the 4<sup>th</sup> birthday.  
**Tdap** – recommended for children after age 11 and required for entry into seventh through twelfth grade.

**\*\*\*4 Doses IPV or OPV** (Polio) **with last dose on or after 4<sup>th</sup> birthday required except**

If all 4 doses given before the 4<sup>th</sup> birthday and prior to 8/7/09.  
 If final dose given on or after 8/7/09, must be given on or after 4<sup>th</sup> birthday AND with a minimum interval of 6 months from the previous dose  
 If dose 3 given on or after 4<sup>th</sup> birthday and 6 months from the previous dose, dose 4 is not required.  
 Not required for students 18 years and older.  
 OPV on or after 04/01/16 cannot be accepted as a valid dose.

**\*\*\*\*MMR** (Measles/Mumps/Rubella) **or MMRV** (Measles/Mumps/Rubella/Varicella)

Dose 1 must be given on or after the 1<sup>st</sup> birthday.  
 Dose 2 must be given at least 28 days after Dose 1.  
 The **MMR** and varicella vaccines must be given either on the same day OR separated by at least 28 days before or after each other.  
 The **MMRV** contains measles, mumps, rubella, **and** varicella in one vaccine.  
 The four day grace period applies to all vaccines **except** the intervals between MMR doses and Varicella doses.

**\*\*\*\*\*VAR** (Varicella) **or MMRV** (Measles/Mumps/Rubella/Varicella)

Dose 1 must be given on or after the 1<sup>st</sup> birthday.  
 Dose 2 must be given at least 28 days after Dose 1 with a recommended interval of three months between doses.  
 The **MMR** and varicella vaccines must be given either on the same day OR separated by at least 28 days before or after each other.  
 The **MMRV** contains measles, mumps, rubella, **and** varicella in one vaccine.  
 The four day grace period applies to all vaccines **except** the intervals between MMR doses and Varicella doses.