

## ***School Immunization Requirements***

All students entering Volusia County Schools must have current immunizations, unless the student has a medical or religious exemption. Contact your physician or Volusia County Health Department.

School entry physicals, screenings and immunization requirements may be found on the Student Health Services website: <https://www.vcsedu.org/student-health-services/school-entry-information>. Forms to authorize the administration of medication can be found under **Department Resources**.



### ***Florida Certification of Immunization Form DH 680***

Form DH 680, Florida Certification of Immunization, sometimes referred to as the “blue card,” is the only document that schools are permitted to accept as proof of immunization. The child’s name, date of birth, parent/guardian’s name, all the vaccines and dates, and the appropriate section(s) on the reverse side of the form must be completed. If a child has not had all of the doses required to complete each immunization series, the Temporary Medical Exemption section (Part B) of the DH 680 should be completed.

### ***Meningococcal Disease***

Meningococcal disease is a serious illness caused by bacteria. It is a leading cause of bacterial meningitis in children 2-18 years of age in the United States. Person-to-person transmission occurs with close contact with respiratory secretions or saliva. A dose of MCV4 is recommended for children and adolescents 11-18 years of age. For additional information please refer to the Centers for Disease Control and Prevention: <https://www.cdc.gov/meningococcal/>

### ***Volusia County Health Department Clinics***

Main Line: 386-274-0500, [www.volusiahealth.com/shots](http://www.volusiahealth.com/shots)

Immunizations: 386-274-0509, option 1

Daytona Beach: 1845 Holsonback Drive and 421 S. Keech Street

New Smyrna Beach: 717 W. Canal St., 386-424-2065

Orange City: 775 Harley Strickland Blvd., 386-457-6300

#### **Required and Recommended Vaccinations**

##### **Pre-K—5th GRADE**

Varicella (chicken pox) vaccine, unless the disease has been documented on DH Form 680

##### **KINDERGARTEN—12 GRADE**

Completed diphtheria, tetanus, pertussis series (DTP, DT or DTaP), completed polio series (OPV or IPV), two doses of measles vaccine (preferably MMR), completed hepatitis B series

##### **7TH GRADE**

DTaP booster, 2nd measles vaccination (preferably MMR), completed hepatitis B series