

FORT WORTH INDEPENDENT SCHOOL DISTRICT
Health Services Department

PRE-KINDERGARTEN REQUIREMENTS

Name: _____ Date of Birth _____



Vaccine

Diphtheria, Tetanus, Pertussis (DTaP) – 4 doses

Date 1 _____ Date 2 _____ Date 3 _____ Date 4 _____

Polio (OPV/IPV) – 3 doses

Date 1 _____ Date 2 _____ Date 3 _____

Measles, Mumps, Rubella (MMR) – 1 dose (on or after 1st birthday)

Date 1 _____ Age of shot _____

Haemophilus Influenzae type b (HIB)

1st dose date/age _____
2nd dose age date/age _____
3rd dose age date/age _____
4th dose age date/age _____

1-4 doses

*A complete HiB series is 2 doses plus a booster on or after 12 months.
If 1st dose at 12-14 months, only 1 addtl is required.
Only one dose required if on or after 15 months of age.*

Varicella – 1 dose (on or after 1st birthday)

Date 1 _____ Age of shot _____

Hepatitis A – 2 doses (1st dose on or after 1st birthday)

Date 1 _____ Age of shot _____ Date 2 _____ Age of shot _____

Hepatitis B – 3 doses

Date 1 _____ Date 2 _____ Date 3 _____

Pneumococcal Conjugate (PCV)

1st dose date/age _____
2nd dose date/age _____
3rd dose date/age _____
4th dose date/age _____

1-4 doses

*Have at least –
3 doses with one after 12 months of age
2 doses with both doses on or after 12 months of age
One dose, if given after 24 months of age
Otherwise one additional dose required*

Nurse Signature: _____ Date: _____