

**NOTICE: 2024 – 2025 NC HEALTH ASSESSMENT AND IMMUNIZATION  
REQUIREMENTS FOR SCHOOL ATTENDANCE**

**Physical Exam/Health Assessments:** Parents/guardians must submit a completed NC Health Assessment Transmittal Form for each child who presents for admission into Pre-K, Kindergarten, and all other grades when entering a N.C. public school for the first time unless there is a written religious exemption on file. The Health Assessment must be less than 12 months old at the time of program entry. (General Statute 130A-440; 10A NCAC09.3005)

**Immunizations/Vaccines:** For school attendance, parents/guardians must ensure that their child has received age-appropriate immunizations as required by law unless there is a written medical or religious exemption on file. (General Statute 130A-152-157)

*After your child receives any required immunizations and/or the health assessment, please bring an updated record to school.*

**2024 - 2025 Immunization Requirements by Grade**

This table provides general information about school immunization requirements. ***Some immunizations require exact spacing between doses or age requirements that are not noted here.***

If you have questions, contact your doctor's office or the nurse at the school where your child will attend. See N.C. Administrative Code 10A NCAC 41A.0401 for details.

<b><u>Pre-K</u></b> 4 DTP/DTaP/DT 3 Polio 1 - 4 Hib (Note: Dose # depends on vaccine type and age when vaccinated) 3 Hepatitis B 1 MMR 1 Varicella 1 - 4 Pneumococcal (Note: Dose # depends on age when vaccinated)	<b><u>Grades K – 4</u></b> 5 DTP/DTaP/DT/Td 4 Polio (Note: 4 <sup>th</sup> dose due on or after 4 <sup>th</sup> birthday as of 7/1/15) 1 - 4 Hib (Note: not required after the age of 5 yrs.) 3 Hepatitis B 2 MMR 2 Varicella 1 - 4 Pneumococcal (Note: not required after the age of 5 yrs. <u>or</u> if born before 7/1/15)	<b><u>Grades 5 – 6</u></b> 5 DTP/DTaP/DT/Td/Tdap 4 Polio 3 Hepatitis B 2 MMR 2 Varicella
<b><u>Grade 7-8</u></b> 5 DTP/DTaP/DT/Td/Tdap 4 Polio 3 Hepatitis B 2 MMR 2 Varicella 1 Tdap 1 MCV ACWY	<b><u>Grades 9 – 11</u></b> 5 DTP/DTaP/DT/Td/Tdap 4 Polio 3 Hepatitis B 2 MMR 1 Varicella 1 Tdap 1 MCV ACWY	<b><u>Grade 12</u></b> 5 DTP/DTaP/DT/Td/Tdap 4 Polio 3 Hepatitis B 2 MMR 1 Varicella 1 Tdap 2 MCV ACWY

**I have been informed that my child's immunization record and/or health assessment is due on or before their first day of school. I understand that my child will be excluded from school if the required documentation is not received within 30 days of starting school.**

Child's/Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Instructions: Give copy to parent/guardian. Attach original to orange card and place in student's cumulative folder.*