

## FOR PARENTS: School Health Record and Immunization Requirements By Grade

<i>Required Exam</i>	K	1	2	3	4	5	6	7	8	9	10	11	12
Physical Exam	X						X					X	
Dental Exam	X			X				X					

<i>Vaccines</i>	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP*	4 doses												
Tdap	1 dose							X					
Polio*	4 doses												
Hep B	3 doses												
MMR	2 doses												
Varicella**	2 doses												
MCV	2 doses							X					X

\* One dose on or after 4<sup>th</sup> birthday.

\*\*2 doses or evidence of disease.

**PLEASE NOTE: Tdap/MCV is due prior to start of 7<sup>th</sup> grade, 2<sup>nd</sup> MCV dose is due prior to start of 12<sup>th</sup> grade to AVOID EXCLUSION.**

**Please feel free to contact your child's school nurse at 610-374-0739.**