

## PHR 7 Quick Reference Guide Immunization Requirements 2019-2020 School Year

### **3 year olds and 4 year olds (PRE K)**

*✓HIB and PCV not routinely administered to children  $\geq$  5 years of age.*

4 doses of DTP, DTaP, DT  
 3 doses of Polio  
 1 dose of MMR<sup>1</sup> on/after 1<sup>st</sup> birthday  
 3 doses of HIB with the 3<sup>rd</sup> dose given on/after 1<sup>st</sup> birthday and at least 2 months since dose #2 **OR** 1 dose on/after 15 months of age  
 4 doses of PCV<sup>2</sup> with one given after 1<sup>st</sup> birthday **OR** 1 dose on/or after 24 months of age  
 3 doses of Hepatitis B<sup>1</sup>  
 1 dose of Varicella<sup>1,4</sup> on/after 1<sup>st</sup> birthday or documentation of chickenpox  
 2 doses of Hepatitis A<sup>1</sup> on/after 1<sup>st</sup> birthday; (at 43 months\*)

### **Kindergarten – Sixth Grade**

*✓Ages 7 years and older, 3 doses of DTP containing vaccine with one dose on/after 4<sup>th</sup> birthday.*

5 doses of DTP, DTaP, DT with one on/after 4<sup>th</sup> birthday **OR** 4 doses if one dose is on/after the 4<sup>th</sup> birthday  
 4 doses of Polio with one on/after 4<sup>th</sup> birthday **OR** 3 doses if one dose is on/after 4<sup>th</sup> birthday  
 2 doses of MMR<sup>1</sup> on/after 1<sup>st</sup> birthday  
 3 doses of Hepatitis B<sup>1,3</sup>  
 2 doses of Varicella<sup>1,4</sup> on/after 1<sup>st</sup> birthday or documentation of chickenpox  
 2 doses of Hepatitis A<sup>1</sup> on/after 1<sup>st</sup> birthday

### **Seventh Grade- Tenth Grade**

3 doses of DTP, DTaP, DT, Td, Tdap with one on/after 4<sup>th</sup> birthday, **AND** 1 dose of Tdap within the last 5 years for 7<sup>th</sup> grade ONLY or within 10 years for 8<sup>th</sup>, 9<sup>th</sup>, & 10<sup>th</sup> grades; Td is acceptable in lieu of Tdap if a contraindication to pertussis exists.  
 4 doses of Polio with one on/after 4<sup>th</sup> birthday **OR** 3 doses if one dose is on/after 4<sup>th</sup> birthday  
 2 doses of MMR<sup>1</sup> on/after 1<sup>st</sup> birthday  
 3 doses of Hepatitis B<sup>1,3</sup>  
 2 doses of Varicella<sup>1,4</sup> on/after 1<sup>st</sup> birthday or documentation of chickenpox  
 2 doses of Hepatitis A<sup>1</sup> on/after 1<sup>st</sup> birthday  
 1 dose of quadrivalent meningococcal conjugate vaccine (MCV or MenACWY) on or after the student's 11<sup>th</sup> birthday

### **Eleventh – Twelfth Grade**

3 doses of DTP, DTaP, DT, Td, Tdap with one on/after 4<sup>th</sup> birthday, **AND** 1 dose of Tdap is required within the last 10 years. Td is acceptable in lieu of Tdap if a contraindication to pertussis exists.  
 4 doses of Polio<sup>5</sup> with one on/after 4<sup>th</sup> birthday **OR** 3 doses if one dose is on/after 4<sup>th</sup> birthday  
 2 doses of Measles<sup>1</sup>, 1 dose of Mumps<sup>1</sup> and 1 dose of Rubella<sup>1</sup> on/after the 1<sup>st</sup> birthday  
 3 doses of Hepatitis B<sup>1,3</sup>  
 2 doses of Varicella<sup>1,4</sup> on/after 1<sup>st</sup> birthday or documentation of chickenpox (4)  
 1 dose of quadrivalent meningococcal conjugate vaccine (MCV or MenACWY) on or after the student's 11<sup>th</sup> birthday

This chart summarizes the vaccine requirements in Title 25 Health Services, §§ 97.61-97.72 of the Texas Administrative Code. This chart is not intended as a substitute for consulting the Texas Administrative code, which has other provisions and details. [http://texreg.sos.state.tx.us/public/readtacSext.ViewTAC?tac\\_view=5&ti=25&pt=1&ch=97&sch=B&r=Y](http://texreg.sos.state.tx.us/public/readtacSext.ViewTAC?tac_view=5&ti=25&pt=1&ch=97&sch=B&r=Y)

\*Two doses of Hepatitis A vaccine are required at 43 months, some 3 yr. olds may have 1- 2 doses depending on their age.

\*\*All vaccine doses administered up to and including 4 days before the minimum interval of age will satisfy school entry immunization requirements

<sup>1</sup> Serologic confirmation of immunity to Measles, Mumps, Rubella, Hepatitis A, Hepatitis B, or Varicella or serologic evidence of infection is acceptable in place of vaccine.

<sup>2</sup> Other schedules may apply.

<sup>3</sup> 2 doses of adult formulation Hepatitis B (Recombivax) administered to a child 11-15 years old are acceptable if manufacturer and mL are clearly documented.

<sup>4</sup> Previous chickenpox illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of student) had chickenpox disease on or about (date) and does not need varicella vaccine." This written statement will be acceptable in place of any and all Varicella vaccine doses required.

<sup>5</sup> Polio vaccine is not required for students 18 years or older.

**NOTE: This Reference Guide MAY change depending on immunization requirement changes made by DSHS after the revision date.**

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