

# Immunization Record

**To the Health Care Provider: Please complete and initial below.**

**Vaccine (Month/Day/Year)** Note: \*Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

|                      | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Dose 5  | Dose 6 |
|----------------------|--------|--------|--------|--------|---|--------|
| <b>DTP/DTaP</b>      | *      | *      | *      | *      |   |        |
| <b>DT/Td</b>         |        |        |        |        |   |        |
| <b>Tdap</b>          | *      |        |        |        | Required 7th-12th grade                       |        |
| <b>IPV/OPV</b>       | *      | *      | *      |        |   |        |
| <b>MMR</b>           | *      | *      |        |        | Required K-12th grade                         |        |
| <b>Measles</b>       | *      | *      |        |        | Required K-12th grade                         |        |
| <b>Mumps</b>         | *      | *      |        |        | Required K-12th grade                         |        |
| <b>Rubella</b>       | *      | *      |        |        | Required K-12th grade                         |        |
| <b>HIB</b>           | *      |        |        |        | PK and K (Students under age 5)               |        |
| <b>Hep A</b>         | *      | *      |        |        | See below for specific grade requirement      |        |
| <b>Hep B</b>         | *      | *      | *      |        | Required PK-12th grade                        |        |
| <b>Varicella</b>     | *      | *      |        |        | Required K-12th grade                         |        |
| <b>PCV</b>           | *      |        |        |        | PK and K (Students under age 5)               |        |
| <b>Meningococcal</b> | *      |        |        |        | Required 7th-12th grade                       |        |
| <b>HPV</b>           |        |        |        |        |   |        |
| <b>Flu</b>           | *      |        |        |        | PK students 24-59 months old – given annually |        |
| <b>Other</b>         |        |        |        |        |   |        |

Disease Hx \_\_\_\_\_  
of above \_\_\_\_\_ (Specify) \_\_\_\_\_ (Date) \_\_\_\_\_ (Confirmed by)

Exemption: Religious \_\_\_\_\_ Medical: Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ Date: \_\_\_\_\_

Renew Date: \_\_\_\_\_

**Religious exemption documentation is required upon school enrollment and then renewed at 7th grade entry.  
Medical exemptions that are temporary in nature must be renewed annually.**

## Immunization Requirements for Newly Enrolled Students at Connecticut Schools (as of 8/1/17)

### KINDERGARTEN THROUGH GRADE 6

- DTaP: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.\*\*

### GRADES 7 THROUGH 12

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.\*\*
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.

### HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

**\*\* Verification of disease:** Confirmation in writing by an MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

**Note:** The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.