

INDIANA 2019–20

Required and Recommended School Immunizations



GRADE	REQUIRED	RECOMMENDED
Pre-K	<ul style="list-style-type: none"> • 3 Hepatitis B • 4 DTaP (Diphtheria, Tetanus & Pertussis) • 3 Polio 	<ul style="list-style-type: none"> • 1 Varicella (Chickenpox) • 1 MMR (Measles, Mumps & Rubella)
K–5th grade	<ul style="list-style-type: none"> • 3 Hepatitis B • 5 DTaP • 4 Polio 	<ul style="list-style-type: none"> • 2 Varicella • 2 MMR • 2 Hepatitis A
6th–7th grade	<ul style="list-style-type: none"> • 3 Hepatitis B • 5 DTaP • 4 Polio • 2 Varicella 	<ul style="list-style-type: none"> • 2 MMR • 2 Hepatitis A • 1 MCV4 (Meningococcal) • 1 Tdap (Tetanus, Diphtheria & Pertussis)
8th–11th grade	<ul style="list-style-type: none"> • 3 Hepatitis B • 5 DTaP • 4 Polio • 2 Varicella 	<ul style="list-style-type: none"> • 2 MMR • 1 MCV4 • 1 Tdap
12th grade	<ul style="list-style-type: none"> • 3 Hepatitis B • 5 DTaP • 4 Polio • 2 Varicella 	<ul style="list-style-type: none"> • 2 MMR • 2 Hepatitis A • 2 MCV4 • 1 Tdap

Hep B: The minimum age for the 3rd dose of Hepatitis B is 24 weeks of age.

DTaP: 4 doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's 4th birthday.

Polio*: 3 doses of Polio are acceptable for all grade levels if the 3rd dose was given on or after the 4th birthday and at least 6 months after the previous dose.

*For students in grades K-9, the final dose must be administered on or after the 4th birthday and be administered at least 6 months after the previous dose.

Varicella: Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool through 11th grade. Parental report of disease history is acceptable for grade 12.

Tdap: There is no minimum interval from the last Td dose.

MCV4: Individuals who receive dose 1 on or after the 16th birthday only need 1 dose of MCV4.

Hep A: The minimum interval between 1st and 2nd dose is 6 calendar months. 2 doses are required for grades K-7 and 12. For Pre-K and grades 8-11, 2 doses of Hep A are recommended.

**Indiana State Department of Health,
Immunization Division | (800) 701-0704**

Number next to vaccine denotes the number of cumulative doses needed.



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