Pre- K Registration IMMUNIZATION/HEALTH REQUIREMENTS

- □ 3 doses-----Hepatitis B
- □ 3 doses-----Rotavirus (RV)
- □ 4 (or 5) doses-----DTaP (Diphtheria, Tetanus, /acellular Pertussis--1 dose on or after 4th birthday)
- \Box 3 (or 4) doses-----Haemophilus influenzae type b (Hib)
- □ 1 dose-----Influenza annually (Flu) or waiver
- □ 4 doses-----Pneumococcal conjugate (PCV 13)
- □ 3 (or 4) doses-----Polio (one dose on or after the 4th birthday and 6 months after the last dose)
- \Box 1 (or 2) doses----MMR (Measles, Mumps and Rubella)
- \Box 1 (or 2) doses-----Varicella or evidence of immunity
- \Box 1 (or 2) doses-----Hepatitis A
- Dental Examination (exam completed within 1 year prior to the start of school is acceptable)
- Physical Examination (exam completed within 1 year prior to the start of school is acceptable)