

IMMUNIZATION REQUIREMENTS

Minnesota's School Immunization Law requires **students** to provide documentation of the following immunizations:

Kindergarten through age 7

- *5 dates for **DPT** (Diphtheria/Pertussis/Tetanus) unless 4th **DPT** was given after age 4
- *4 dates for **Polio** unless 3rd **Polio** was given after age 3
- *2 dates for **MMR** (Measles/Mumps/Rubella) minimum age 12 months
- *3 dates for **HBV** (Hepatitis B) a series of shots given over a 6 month period.
- *1 date for **Varicella** (chicken pox) or documentation of disease history with date provided by parent/guardian or health care provider. (a 2nd date for **Varicella** will be required for Kindergarten entrance in September 2008)

Age 7 through Grade 6

- *3 dates for **DPT** (Diphtheria/Pertussis/Tetanus)
- *3 dates for **Polio**
- *1 date for **MMR** (Measles/Mumps/Rubella) minimum age 12 months

Grade 7

- *3 dates for **Td** (Tetanus and Diphtheria); one dose given after the 7th birthday.
- *3 dates for **Polio**
- *2 dates for **MMR** (Measles, Mumps and Rubella) minimum age 12 months
- ***HBV** (Hepatitis B) a series of shots given over a 6 month period.
- ***Varicella** (Chicken Pox); or documentation of disease history with date provided by parent/guardian or health care provider. (a 2nd date for **Varicella** will be required for entrance in grade 7 in September 2008)

Grades 8, 9, 10, 11 and 12

- *3 dates for **DPT** (Diphtheria/Pertussis/Tetanus or DT or Td)
(1**Td** booster must have been given after the 7th birthday.)
- *3 dates for **Polio**
- *2 dates for **MMR** (Measles/Mumps/Rubella)

Other vaccines are recommended for adolescents by the Center for Disease Control and Prevention [CDC] but are not required for school attendance.

Parents/guardians are notified of changing immunization requirements by letter several months prior to the date when immunization requirements take effect.

If your child does not have health insurance Ramsey County has a low cost immunization clinic. Call 651-266- 2400 to clarify clinic days and times.

If your child will not receive any of these immunizations for **medical reasons** or because of your **conscientiously held beliefs**, **written documentation of exemption is required**. A health care provider must sign if the exemption is for **medical reasons**. If the exemption is for **conscientiously held beliefs**, the form needs to be notarized with your signature to meet the waiver requirements.