

## SCHOOL IMMUNIZATIONS

### REQUIRED BY

### NEW YORK STATE DEPARTMENT OF HEALTH:

#### PRE- KINDERGARTEN:

DPT (Diphtheria, Pertussis, & Tetanus)	3 Doses
IVP (Polio)	3 Doses
MMR (Measles, Mumps, Rubella)	1 Dose Measles, Mumps & Rubella
Hepatitis B	3 Doses
Hib (Haemophilus Influenza Type B)	3 Doses
Varicella (Chicken Pox)	1 Dose

#### KINDERGARTEN - 5<sup>TH</sup> GRADE

DPT (Diphtheria, Pertussis, & Tetanus)	3 Doses
IVP (Polio)	3 Doses
Measles	2 Doses
Hepatitis B	3 Doses
Hib (Haemophilus Influenza Type B)	3 Doses
Varicella (Chicken Pox)	1 Dose

#### 6<sup>TH</sup> GRADE

Tdap	1 Dose Tetanus, Diphtheria & Pertussis
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