

Indiana 2023-2024 Required and Recommended School Immunizations (Proposed)

Grade	Required	Recommended
Pre-K	3 Hepatitis B 4 DTaP (Diphtheria, Tetanus & Pertussis) 3 Polio	1 Varicella (Chickenpox) 1 MMR (Measles, Mumps & Rubella) 2 Hepatitis A Annual influenza
K-5 th grade	3 Hepatitis B 5 DTaP 4 Polio	2 Varicella 2 MMR 2 Hepatitis A Annual influenza COVID-19
6 th -11 th grade	3 Hepatitis B 5 DTaP 4 Polio 2 Varicella	2 MMR 2 Hepatitis A 1 MCV4 (Meningococcal) 1 Tdap (Tetanus, Diphtheria & Pertussis) Annual influenza 2/3 HPV (Human papillomavirus) COVID-19
12 th grade	3 Hepatitis B 5 DTaP 4 Polio 2 Varicella	2 MMR 2 Hepatitis A 2 MCV4 1 Tdap Annual influenza 2/3 HPV 2 MenB (Meningococcal) COVID-19

HepB: 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-10, 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 12th grade. Parent report of disease history is not acceptable.

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.

Hepatitis A: The minimum interval between 1st and 2nd dose is 6 calendar months. 2 doses are required for all grades Pre-K through 12.

COVID-19: COVID-19 vaccine is recommended for all students five years of age and older per CDC and FDA's Emergency Use Authorization.

Review required after FDA full approval.

November 2021

Indiana Department of Health
Immunization Division

(800) 701-0704

WABASH CITY SCHOOLS
OFFICE OF THE SCHOOL NURSE
189 W. Market Wabash, IN 46992
563-4137 Fax 569-9805

RELIGIOUS/MEDICAL OBJECTION TO IMMUNIZATION
AS REQUIRED BY INDIANA LAW

I, _____, parent/guardian of _____
(student's name) object to immunization of said child for the reason checked below:

// a. based upon religious beliefs of _____

(name of church)

// b. for medical reason(s) as listed: _____

PHYSICIAN'S SIGNATURE

DATE SIGNED

(Required for Part B)

I understand that in any case of communicable disease, for which a vaccine is available, occurs in Wabash County, that the above named child will be excluded from school until a suitable time has elapsed, (as prescribed by Indiana and Wabash County Public Health Laws), that he/she may be allowed to return to school.

PARENT SIGNATURE DATE

DATE RECEIVED BY WABASH CITY SCHOOLS _____

Char Kelsheimer, RN
Corporation Nurse