| Student Name: | Birth Date: | HAR-3 REV. 4/2017 |
|----------------------|-------------|-------------------|

Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

| | Dose 1 | Dose 2 | Dose 3 | Dose 4 | Dose 5 | Dose 6 | |
|---------------|----------------|----------|-----------|-----------|--|--------------------------|--|
| DTP/DTaP | * | * | * | * | | | |
| DT/Td | | | | | | | |
| Tdap | * | | | | Required 7 | th-12th grade | |
| IPV/OPV | * | * | * | | | | |
| MMR | * | * | | | Required K | Required K-12th grade | |
| Measles | * | * | | | Required K | Required K-12th grade | |
| Mumps | * | * | | | Required K-12th grade | | |
| Rubella | * | * | | | Required K-12th grade | | |
| HIB | * | | | | PK and K (Students under age 5) | | |
| Нер А | * | * | | | See below for specific grade requirement | | |
| Нер В | * | * | * | | Required PI | Required PK-12th grade | |
| Varicella | * | * | | | Required K-12th grade | | |
| PCV | * | | | | PK and K (Students under age 5) | | |
| Meningococcal | * | | | | Required 7th-12th grade | | |
| HPV | | | | | | | |
| Flu | * | | | | PK students 24-59 mon | ths old – given annually | |
| Other | | | | | | | |
| Disease Hx _ | | | | | | | |
| of above | (Specify | ·) | (Date) | | (Confirmed by) | | |
| Exempt | ion: Religious | Medical: | Permanent | Temporary | Date: | | |
| Renew I | Date: | | | | | | |

Religious exemption documentation is required upon school enrollment and then renewed at 7th grade entry. Medical exemptions that are temporary in nature must be renewed annually.

Immunization Requirements for Newly Enrolled Students at Connecticut Schools (as of 8/1/17)

KINDERGARTEN THROUGH GRADE 6

- DTaP: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the1st birthday or verification of disease.**

GRADES 7 THROUGH 12

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.**
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.

HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade
- ** Verification of disease: Confirmation in writing by an MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.

| Initial/Signature of health care provider | MD / DO / APRN / PA | Date Signed | Printed/Stamped <i>Provider</i> Name and Phone Number |
|---|---------------------|-------------|---|