## Cabot School District Childcare/Pre-school Immunization Requirements

September 1, 2014

Current	DTaP	POLIO	Hib	HEPATITIS B	MMR	VARICELLA	PNEUMOCOCCAL	HEPATITIS A
AGE	DTP/DT		**		****	****		
≥ 49	5 doses *	4 doses	3-4 doses	3 doses ***	1 dose	1 dose	3-4 doses	2 doses
Months	OR	with a	with last	OR			with last dose	with one
	4 <sup>th</sup> dose within	Minimum	dose	1 dose		A medical	on/after 1 <sup>st</sup>	dose
	last 6 months	interval	on/after 1 <sup>st</sup>	within the		professional	birthday	on/after
	OR	of 6	birthday	last 8 weeks		history of	OR	1 <sup>st</sup> birthday
	1 dose within	months	OR			disease	1 dose on/after	and at
	last 8 weeks	between	2 doses			may be	24 months	least
	OR	the	if first dose			accepted in lieu of	of age, if no	6 months
	4 doses with last	3 <sup>rd</sup> & 4 <sup>th</sup>	is			receiving	prior doses	from
	dose on/after 4 <sup>th</sup>	dose	administered			vaccine.	OR	first dose
	birthday	OR	at age 12 - 14				2 doses on/after	
	,	1 dose	months and				1 <sup>st</sup> birthday	
		within last	doses are at				-	
		8 weeks	least 8 weeks				Not required	
			apart <b>OR</b>				on/after	
			1 dose				5 <sup>th</sup> birthday	
			on/after 15				-	
			months of					
			age if no prior					
			doses					
			Not required					
			on/after 5 <sup>th</sup>					
			birthday					