All students attending school in the District of Columbia must present proof of appropriately spaced immunizations by the first day of school.

### A Child 2 years or older entering PRE-SCHOOL OR HEAD START
- 4 Diphtheria/Tetanus/Pertussis (DTaP)
- 3 Polio
- 1 Varicella (chickenpox) – if no history of disease
- 1 Measles, Mumps & Rubella (MMR)
- 3 Hepatitis B
- 2 Hepatitis A
- 3 or 4 Hib (Haemophilus Influenza Type B)
- 4 PCV (Pneumococcal)

### A student 4 years old entering PRE-KINDERGARTEN
- 5 Diphtheria/Tetanus/Pertussis (DTaP)
- 4 Polio
- 2 Varicella (chickenpox) – if no history of disease
- 2 Measles, Mumps & Rubella (MMR)
- 3 Hepatitis B
- 2 Hepatitis A
- 3 or 4 Hib (Haemophilus Influenza Type B)
- 4 PCV (Pneumococcal)

### A student 5 – 10 years old entering KINDERGARTEN THRU FIFTH GRADE
- 5 Diphtheria/Tetanus/Pertussis (DTaP)
- 4 Polio
- 2 Varicella (chickenpox) – if no history of disease
- 2 Measles, Mumps & Rubella (MMR)
- 3 Hepatitis B
- 2 Hepatitis A (if born on or after 01/01/05)

### A student 11 years & older entering SIXTH THRU TWELFTH GRADE
- 5 Diphtheria/Tetanus/Pertussis (DTaP/Td)
- 1 Tdap
- 4 Polio
- 2 Varicella (chickenpox) – if no history of disease
- 2 Measles, Mumps & Rubella (MMR)
- 3 Hepatitis B
- 1 Meningococcal
- 3 Human Papillomavirus Vaccine (HPV) – Students in grades 6 thru 12 or parent may sign approved vaccine refusal form available at www.doh.dc.gov

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1. At all ages and grades, the number of doses required varies by a child’s age and how long ago they were vaccinated. Please check with your child’s school nurse or health care provider for details.
2. All Varicella/chickenpox disease histories MUST be verified/diagnosed by a health care provider (MD, NP, PA, RN) and documentation MUST include the month and year of disease.
3. The number of doses is determined by brand used.