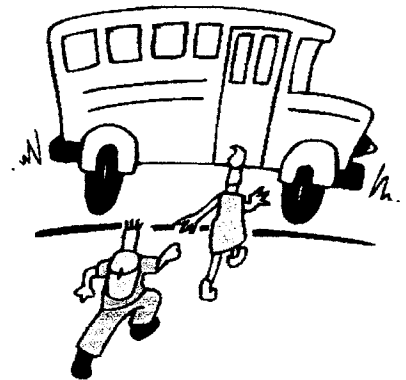




STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

IMMUNIZATION REQUIREMENTS FOR ENROLLED STUDENTS IN CONNECTICUT SCHOOLS 2016-2017 SCHOOL YEAR



PRESCHOOL

- DTaP: 4 doses (by 18 months for programs with children 18 months of age)
- Polio: 3 doses (by 18 months for programs with children 18 months of age)
- MMR: 1 dose on or after 1st birthday
- Hep B: 3 doses, last one on or after 24 weeks of age
- Varicella: 1 dose on or after 1st birthday or verification of disease
- Hib: 1 dose on or after 1st birthday
- Pneumococcal: 1 dose on or after 1st birthday
- Influenza: 1 dose administered each year between August 1st-December 31st (2 doses separated by at least 28 days required for those receiving flu for the first time)
- Hepatitis A: 2 doses given six calendar months apart, 1st dose on or after 1st birthday

KINDERGARTEN

- DTaP: At least 4 doses. The last dose must be given on or after 4th birthday
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday
- MMR: 2 doses separated by at least 28 days, 1st dose on or after 1st birthday
- Hep B: 3 doses, last dose on or after 24 weeks of age
- Varicella: 2 doses separated by at least 3 months-1st dose on or after 1st birthday; or verification of disease
- Hib: 1 dose on or after 1st birthday for children less than 5 years old
- Pneumococcal: 1 dose on or after 1st birthday for children less than 5 years old
- Hepatitis A: 2 doses given six calendar months apart, 1st dose on or after 1st birthday

GRADES 1-4

- DTaP/Td: At least 4 doses. The last dose must be given on or after 4th birthday. Students who start the series at age 7 or older only need a total of 3 doses.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday
- MMR: 2 doses separated by at least 28 days, 1st dose on or after 1st birthday
- Hep B: 3 doses, last dose on or after 24 weeks of age
- Varicella: 2 doses separated by at least 3 months-1st dose on or after 1st birthday; or verification of disease
- Hepatitis A: 2 doses given six calendar months apart, 1st dose on or after 1st birthday

GRADE 5

- DTaP/Td: At least 4 doses. The last dose must be given on or after 4th birthday. Students who start the series at age 7 or older only need a total of 3 doses.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday
- MMR: 2 doses separated by at least 28 days, 1st dose on or after 1st birthday
- Hep B: 3 doses, last dose on or after 24 weeks
- Varicella: 2 doses separated by at least 3 months-1st dose on or after 1st birthday; or verification of disease

GRADE 6

- DTaP/Td: At least 4 doses. The last dose must be given on or after 4th birthday. Students who start the series at age 7 or older only need a total of 3 doses.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday
- MMR: 2 doses separated by at least 28 days, 1st dose on or after 1st birthday
- Hep B: 3 doses, last dose on or after 24 weeks of age
- Varicella: 1 dose on or after 1st birthday; or verification of disease

GRADES 7-12

- Tdap/Td: 1 dose for students who have completed their primary DTaP series. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine, one of which must be Tdap
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday
- MMR: 2 doses separated by at least 28 days, 1st dose on or after 1st birthday
- Meningococcal: 1 dose
- Hep B: 3 doses, last dose on or after 24 weeks of age
- Varicella: 2 doses separated by at least 3 months-1st dose on or after 1st birthday; or verification of disease

- DTaP vaccine is not given on or after the 7th birthday and may be given for all doses in the primary series.
- Tdap can be given in lieu of Td vaccine for children 7 years and older unless contraindicated. Tdap is only licensed for one dose.
- Hib is not required for children 5 years of age or older.
- Pneumococcal is required for all Pre-K and K students less than 5 years of age.
- Hep A requirement for school year 2016-17 applies to all Pre-K, K, 1st, 2nd, 3rd & 4th graders born 1/1/07 or later.
- Hep B requirement for school year 2016-2017 applies to all students in grades K-12.
Spacing intervals for a valid Hep B series: at least 4 weeks between doses 1 and 2; 8 weeks between doses 2 and 3; at least 16 weeks between doses 1 and 3; dose 3 should not be given before 24 weeks of age.
- Second MMR for school year 2016-2017 applies to all students in grades K-12.
- Meningococcal Conjugate requirement for school year 2016-17 applies to all students in grades 7-12
- Tdap requirement for school year 2016-17 applies to all students in grades 7-12
- If two live virus vaccines (MMR, Varicella, MMRV, Intra-nasal Influenza) are not administered on the same day, they must be separated by at least 28 days (there is no 4 day grace period for live virus vaccines). If they are not separated by at least 28 days, the vaccine administered second must be repeated.
- Lab confirmation of immunity is **only** acceptable for Hep A, Hep B, Measles, Mumps, Rubella, and Varicella.
- **VERIFICATION OF VARICELLA DISEASE:** Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.
- For the full legal requirements for school entry visit www.ct.gov/connhomeview.asp?e=3136&O=467374&PW=1
- If you are unsure if a child is in compliance, please call the Immunization Program at (860) 509-7929.

New Entrant Definition:

*New entrants are any students who are new to the school district, including all preschoolers and all students coming in from Connecticut private, parochial and charter schools located in the same or another community. **All pre-schoolers, as well as all students entering kindergarten**, including those repeating kindergarten, and those moving from any public or private pre-school program, even in the same school district, **are considered new entrants**. The one exception is students returning from private approved special education placements—they are not considered new entrants.

Commonly Administered Vaccines:

<u>Vaccine:</u>	<u>Brand Name:</u>	<u>Vaccine:</u>	<u>Brand Name:</u>
DTaP-IPV-Hib	Pentacel	MMRV	ProQuad
DTaP-HIB	TriHibit	PCV7	Pevnar
HIB-Hep B	Comvax	PCV13	Pevnar 13
DTaP-IPV-Hep B	Pediarix	DTaP-IPV	Kinrix
Hepatitis A	Havrix, Vaqta	Influenza	Fluzone, FluMist, Fluviron, Fluarix, FluLaval



Connecticut Department of Public Health Medical Exemption Certification Statement

According to State statutes (Connecticut General Statutes Sections 19a-7f and 10-204a), no child may be admitted to a licensed child care program or school without proof of immunization or a statement of exemption. Parents or guardians claiming a medical exemption on the basis that a given immunization is medically contraindicated should complete the following statement and attach a letter signed by a physician licensed to practice medicine stating that in the physician's opinion, such immunization is medically contraindicated and return it to the school or child care facility. The letter must include the child's name, birth date, the vaccine(s) for which exemption is being filed and the condition that contraindicates vaccination, as well as the physician's signature and contact information.

To Whom It May Concern:

As the parent(s)/guardian(s) of _____,
(Name of student)

I/we are submitting the enclosed documentation from a physician that immunization of this child is medically contraindicated. Therefore, this child is exempt from receiving the required immunization as specified by the physician, and shall be permitted to attend a licensed child care program or school except in the case of a vaccine-preventable disease outbreak.

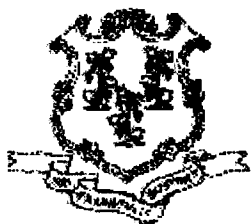
_____/_____
Signature of Parent(s)/Guardian(s) Date

_____/_____
Signature of Parent(s)/Guardian(s) Date

Address

Telephone #

Children with medical exemptions shall be permitted to attend a licensed child care program or school except in the case of an outbreak of vaccine-preventable disease. In the event of an outbreak of vaccine preventable disease, all susceptible children will be excluded from child care or school settings based on public health officials' determination that the child care facility or school is a significant site for disease exposure, transmission and spread into the community. Children without proof of immunity, including children with religious and medical exemptions shall be excluded from these settings for this reason and will not be able to return until (1) the danger of the outbreak has passed as determined by public health officials, (2) the child becomes ill with the disease and completely recovers, or (3) the child is immunized.



State of Connecticut
Department of Public Health
Religious Exemption Statement

(Printed full, legal name of student)

I, the undersigned, do hereby swear or affirm, as the case may be as follows:

1. I am making this Religious Exemption Statement pursuant to Conn. Gen. Stat. § 10-204a so that the student may enroll in school for the first time or enter seventh grade at _____ school.
2. I am the lawful parent guardian of the student.
3. Immunizing said student would be contrary to student's parent's guardian's religious beliefs.
4. I understand that by claiming this exemption the student shall be exempt from the immunizations required by Conn. Gen. Stat. §§ 10-204a and 19a-7f.
5. I understand that during a vaccine-preventable disease outbreak at the above-identified school, all susceptible children, including the student will be excluded from school if a public health official determines that the school is a significant site for disease exposure, transmission and spread into the community. In such case, such children, including the student shall be excluded from school until: (1) the public health official determines that the outbreak danger has ended; (2) the child becomes ill with the disease and completely recovers from it; (3) the child is vaccinated according to public health protocol; or (4) the child has proof of immunity to the disease.

Name(s) of Parent(s)

Signature of Parent(s)/Guardian(s) Date

Name(s) of Parent(s)

Signature of Parent(s)/Guardian(s) Date

Address (Street & House or Apt. no.)

Telephone(s) no.

City, State and Zip Code

TO CLAIM A RELIGIOUS EXEMPTION, AN EXEMPTION FORM MUST BE SUBMITTED TO THE PUBLIC OR NON-PUBLIC SCHOOL BEFORE ENROLLING IN THE SCHOOL FOR THE FIRST TIME AND BEFORE ENTERING SEVENTH (7TH) GRADE.

