Introduction

To protect all children against serious vaccine preventable diseases, Arizona school immunization laws require students to receive immunizations before entry to child care and school. It is the responsibility of the school administrator or child care administrator (or their designee) to ensure that an immunization record for each child attending school or child care is maintained at the school or child care center. The law requires child care facilities and schools to enforce immunization requirements, maintain immunization records of all children enrolled, and submit reports to public health agencies.

The Arizona Department of Health Services (ADHS) and the Arizona Immunization Program Office (AIPO) appreciate the time and effort the staff of schools and child care centers invest in verifying that all enrolled children are appropriately immunized and submitting the annual Immunization Data Report (IDR) to ADHS/AIPO.

The Arizona Immunization Handbook for School and Child Care Programs reviews school immunization requirements, staff responsibilities, procedures for evaluating immunization requirements, and reporting obligations. This handbook can be found on the Arizona Immunization Program Website.

Updates to immunization requirements and forms are posted on the AIPO website prior to the start of each school year, or with any significant changes. Please check the website for updated materials.

The Arizona State Immunization Information System (ASIIS) is a life-long immunization registry that can help schools meet immunization requirements. We encourage your school to use ASIIS to review immunization information for your students. Visit ASIIS for more information and to enroll.

We thank all Arizona schools and child care providers for their conscientious efforts to protect the health of the children they educate and care for.

For any questions or comments, please call or contact:

Arizona Department of Health Services
Immunization Program
150 North 18th Avenue, Suite 120
Phoenix, AZ 85007-3233
(602) 364-3630
(602) 364-3285 (Fax)
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Commonly Used Definitions

This page provides the definitions of many terms used throughout this handbook. Many of these terms are taken directly from the Arizona statutes and rules governing school immunization requirements. Please refer to Arizona Administrative Code, R9-6-701-708 for the full list of definitions.

**Administrator**
The individual (such as a principal or administrator) or the individual’s designee having daily control and supervision of a school or child care facility. This is the person responsible for exclusion and general enforcement of the law and rules, including submission of the annual Immunization Data Report for the required grades.

**ASIIS (Arizona State Immunization Information System)**
Arizona’s life-long immunization registry; an electronic database that collects, stores, analyzes, and reports immunization data. School and child care facilities can sign up for access to look up their student’s immunization records.

**Child Care Facility**
A licensed child care center, certified child care group home, Head Start or preschool; a program caring for children that is licensed or certified by the ADHS Bureau of Child Care Licensing.

**Exclude or exclusion**
Not allowing a student to attend a school or child care facility based on lack of receipt of an up-to-date immunization record or valid ADHS exemption form.

**Parent**
The natural or adoptive mother or father; a legal guardian appointed by a court, or a “custodian” as defined in A.R.S. 8-201. A parent is a person generally recognized as having care and decision-making responsibility for the child.

**Physician**
A person licensed under A.R.S. 32, Chapter 13 (doctor of medicine – MD) or, Chapter 17 (doctor of osteopathy - DO), or Chapter 29 (practice of homeopathic medicine).

**Immunization Program**
The Arizona Immunization Program Office, Arizona Department of Health Services.

**Local (County) Health Department**
A county health department, board of health, public health officer, public health administrator or health department having jurisdiction in the area.

**School**
A public, private, charter, or parochial education program offering kindergarten through grade 12, or any part thereof.
The Basic Procedures

Obtain the Child’s Immunization Record

Before a child may enter or attend any Arizona school or child care center (public/charter, private, or parochial), Arizona law requires that documentary proof of school required immunizations be presented to the school or child care staff by the parent. The immunization record is usually given to parents by their doctor or health care clinic. The personal immunization record must:

- Identify the student by name and date of birth
- Show the date each required vaccine dose was received
- Indicate the type of vaccine administered/received
- Include the name, signature (initials, stamp or symbol) of the healthcare provider or agency that administered the vaccines

To meet Arizona requirements for immunization records, the dates of all vaccine doses must contain the month, day and year the vaccine was administered. A record with check marks, “up-to-date”, “all requirements met”, or “series is complete” instead of dates is not acceptable.

Acceptable forms of immunization records to enter school or child care include:

- A copy of the Arizona Lifetime Immunization Record (Blue Book)
- A copy of the vaccine administration record from the healthcare provider
- A computer-generated immunization record from the Arizona State Immunization Information System (ASIIS) or from an immunization registry of another state
- A signed and dated Arizona School Immunization Record (ASIR 109R) completed by a school the child has previously attended
- A signed and dated immunization record generated by a school’s vaccination information system or immunization software system which includes the child’s name, date of birth, types of vaccines administered and immunization dates, as well as the school name, address, and contact person
- An immunization record or school/child care immunization record from another state or country (may or may not be signed)
- An immunization record from MyIR (My Immunization Record). MyIR is an ADHS-approved program where parents/individuals have access to review and print out a current immunization record (from ASIIS) on their own.

School staff should refer parents without records to their healthcare provider. If they have no provider, they can be referred to their local health department (see page 28).
School and Child Care Requirements

Arizona Revised Statutes 15-871; Arizona Administrative Code R9-6-701 through 708

School Immunization Requirements:

Authorized school personnel must review each child’s immunization record(s) at the time of enrollment and/or prior to school attendance. School requirements are listed on the Arizona Guide to Immunizations Required for School Entry: Grades K-12. Compare the child’s number of vaccine doses to the requirements and determine if all requirements are met. Check the timing of doses specified. Most vaccine doses administered within 4 days of the recommended minimum age or interval are counted as valid by ACIP. However, ACIP does not allow a 4-day grace period between doses of varicella and MMR vaccines. These live vaccines must be administered on the same day, or at least 28 days apart. The Arizona Immunization Program Office (AIPO) considers vaccine doses given within the ACIP-approved grace period as valid for child care and school entry. If requirements are met, complete the Arizona School Immunization Record (ASIR109R) or enter the data into your school immunization information system.

If requirements are not met and the child lacks any required immunization doses, schools are encouraged to give the parent/guardian the Immunization Screening and Referral Form for School K-12th Grade. Children must obtain the required immunization(s) and provide documentation to the school prior to attending school.

Child Care Immunization Requirements:

Authorized child care personnel must review each child’s immunization record(s) at the time of enrollment and/or prior to child care attendance. Child care, preschool and Head Start requirements are shown on the Arizona Guide to Immunizations Required for Entry: Child Care or Preschool. Compare the child’s number of vaccine doses to the requirements and determine if all requirements are met. Check the timing of doses to make sure minimum intervals have been met. The Arizona Immunization Program Office (AIPO) accepts vaccine doses given within the ACIP-approved 4-day grace period as valid for child care entry. If requirements are met, complete the Emergency Immunization and Information Record Card (EIIRC 201).

If the child lacks immunizations required for child care attendance, child care centers are encouraged to give the parent/guardian the Immunization Screening and Referral Form for Child Care and Preschool. The child’s parent/guardian has 15 calendar days after child care entry to provide the child care center with proof of all required immunizations. The child shall be excluded from the center if the parent/guardian of the child fails to provide adequate documentation.
School/Child Care Staff Immunization Requirements:

Arizona state law does not mandate immunization requirements for school or child care staff. These decisions are made by the school/child care center or the school district. You may wish to reference the Recommended Adult Immunization Schedule or the Recommended Vaccines for Healthcare Workers if you choose to make vaccine recommendations or requirements for your staff. Keep in mind that state law

College/University Immunization Requirements:

Arizona state law does not mandate immunization requirements for colleges and universities. These decisions are made by the individual school and requirements vary. On the AIPO College Information page, you can find links to the health office websites for several Arizona universities as well as recommended immunizations for college students. Students getting ready for college should contact their school to confirm which immunizations might be required for attendance.

4-Day Grace Period for Vaccine Doses Administered in Arizona*

The Advisory Committee on Immunization Practices (ACIP) allows for most vaccine doses administered within 4 days of the recommended minimum age interval to be counted as valid. However, the 4-day grace period does not apply in all situations. It does not allow a 4-day grace period between doses of varicella and MMR vaccines. They must be administered on the same day, or at least 28 days apart.

The Arizona Immunization Program Office (AIPO) accepts vaccine doses given within the ACIP-approved grace period as valid for child care and school entry. The 4-day grace period includes the first MMR, which may be counted if it was administered no sooner than 4 days before the child's first birthday.

It is not recommended that providers schedule immunization doses prior to the ACIP recommended minimum ages and intervals. The Summary of Recommendations for Childhood and Adolescent Immunization including guidance regarding minimum ages and intervals for vaccine doses may be found at Summary of Child/Teen Immunization Recommendations. ACIP’s General Recommendations on Immunization published January 28, 2011 can be found at http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf. The table of Recommended and minimum ages and intervals between vaccine doses can be found on page 36.

*First published in February 2008, this is now considered standard practice in accordance with ACIP recommendations.
Required Recordkeeping Forms

In accordance with A.R.S 15-874, school and child care immunization records or documents are open to inspection by the Arizona Department of Health Services and local county health departments and must be made available upon request.

**Schools:**

The definition of a document is “information in written, photographic, electronic, or other permanent form”. Forms of acceptable school immunization documentation include the Arizona School Immunization Record (ASIR), which is the state-provided form OR a school-based vaccination information system, which is an electronic database used and maintained by a school or group of schools for the storage of immunization data.

If your school/health office vaccination information system can collect and store student immunization information, and can also provide a print-out which contains vaccination information as outlined in R9-6-704 (A2), then you are not required to also complete the ASIR. The school software print-out should include facility information and contact name and, when used for an official document to give to parents or another school, contain a signature. It is an individual facility/district decision to continue to use the ASIR in conjunction with the facility vaccination information system.

If your school/health office does **not** have a software program or vaccination information system which can collect and store vaccination data or print out a record, then you are **required** to use the ASIR - either the hard copy or the online fillable version. The ASIR forms are available free of charge from the Arizona Immunization Program Office and may be requested by using the Immunization Forms Order Request. Instructions for completing the ASIR are on the back of the card.

School staff/health office personnel are to enter all available immunization data into their method of documentation, especially the immunization dates. AIPD does not endorse any of the software programs available to schools. The choice lies with each school/district, but schools should take into consideration the ability for the software to be designed to follow the ACIP recommended vaccine schedule as well as the Arizona school requirements.

For schools that are using the hard copy of the ASIR, it makes sense to keep the ASIR in the student’s health file. If using the online fillable ASIR or a school vaccination information system, then a copy may be kept on the school computer system.

![ASIR Form Image](Image)
It is no longer a requirement to have a copy of the ASIR or the print-out from the school vaccination information system in each student’s health file, however, it is important to note that ADHS is not responsible for any facility computer and/or software system failure and schools should consider how to access these records in the event of computer failure or destruction. Access to records must be available to state and county health departments upon request.

It is also a requirement that the school maintain readily available lists of children who do not have documentary proof of required vaccinations, including those with an exemption form on file. These lists are necessary during county or state-declared vaccine-preventable disease outbreak situations.

The student immunization record- either the ASIR or a print-out from the school immunization information system- becomes part of the pupil’s permanent file and should reflect the most relevant and current information. **At a minimum, the original immunization records received from the parent should be maintained in the student health file.** This original documentation helps to support the school record information. When an updated immunization record is provided to the school, older or duplicate records may then be destroyed, as long as all dates on the ASIR or in the school vaccination information system are supported by the documentation. In some instances, there may be several immunization records that together complete the school record.

In accordance with records retention standards and guidance set forth by the Arizona State Library, Archives, and Public Records (L.A.P.R.), schools and/or districts should have a process in place for transferring and archiving school records, including immunization records, either hard copy or electronic. Whenever a student leaves the school, the cumulative folder, including the immunization record, is to be sent to the new school. The sending district or school also must make and retain a copy of the cumulative record which includes a copy of the student’s immunization record.

A student’s immunization records are considered to be historical and part of the Permanent Student Record, which is to be archived and kept in perpetuity after the student graduates or terminates schooling. Please check your school or district policy on records retention and procedures. The [L.A.P.R.](https://www.azsld.state.az.us/) provides guidance on retention schedules and FAQs for School Districts and Charter Schools can be found at [here](https://www.azsld.state.az.us/).
Child Care Centers:

The Emergency, Information, and Immunization Record Card (EIIRC 201) is the state-required form to be used in licensed child care facilities and child care group homes. A copy of an enrolled child’s immunization record(s) and/or exemption form must be attached to the Emergency, Information, and Immunization Record Card. The EIIRCs also contain vital emergency information as well as immunization data. These cards must be stored on facility premises in a place which allows ready access to the card in the event of an emergency at, or evacuation of, the facility. The EIIRC must be kept readily available during the child’s attendance at the child care facility and is to be kept in a separate file on facility premises for one year after the child leaves the center according to R9-5-304(D)(2).

The Emergency Immunization and Information Record Card can be obtained from the Bureau of Child Care Licensing website at [EIIRC 201](http://www.azdhs.gov/documents/licensing/childcare-facilities/rules/bccl-child-care-facility-rules.pdf). Additional information on procedures for records and immunization requirements can be found at:


If your child care facility has a software program which can collect and store student immunization information, and can also provide a print-out which contains vaccination information as outlined in R9-6-704 (A)(2), then you may print this out and attach it to the EIIRC 201. The child care software print-out should include facility information and contact name and signature. While the ASIR is designed for use in K-12 schools, it may be used in child care facilities to record vaccinations and it will be the individual facility’s decision to use the ASIR.

When using electronic databases, it is important to note that ADHS is not responsible for any computer and/or software system failure and facilities should consider how to access these records in the event of computer failure or destruction. Access to records must be available to state and county health departments upon request.

It is also a requirement that the child care facility maintain readily available lists of children who do not have documentary proof of required vaccinations or have an exemption form on file for the required immunizations. These lists are necessary during county or state-declared vaccine-preventable disease outbreak situations.

**NOTE:** At a minimum, the original immunization records received from the parent should be maintained in the student health file.
Admission Procedures

Transfer Students (In-State/Out-of-State):

For children transferring from another school, either in-state or from out-of-state, the new school must review the student’s immunization records to make sure all immunization requirements have been met. Arizona Revised Statute 15-828 (G) requires that the enrolling school request cumulative records (including immunization records) from the former school within five (5) school days of enrollment. Any school requested to forward a copy of the transferring pupil’s record to the new school should comply and forward the record within ten (10) school days after receipt of the request.

When a child transfers from another school, we encourage schools to ask parents to bring their child's personal immunization record from the healthcare provider or clinic to registration rather than waiting for the cumulative folder to arrive from the former school. Parents may also ask the former school for a (signed) copy of the current school immunization record as this can also be accepted for immunization documentation. Students whose parents cannot present an adequate record at the time of entry will not be allowed to enter/attend school until the cumulative folder with immunization record arrives and demonstrates that the student is up-to-date.

Admitting Transfer Students from Another Country:

For children entering school from another country, obtain immunization records from the parents. Do not wait for a record from the previous country. A grace period is not allowed. Refer families without personal records or with foreign records that you cannot understand to their physician or local health department for translation assistance. For transfer students from Mexico, see the Binational Immunization Resource Tool.
Homeless and Foster Care Students:

The federal McKinney-Vento Homeless Assistance Act requires schools to immediately enroll students who are homeless, even if their immunization and other school records are missing or unavailable at the time of enrollment. Similarly, the Every Student Succeeds Act gives children in foster care the same immediate enrollment provision. ARS 15-872 states that while the school is still required to obtain the student’s immunization record and ensure that the student has met all immunization requirements, it also says that students in a homeless situation are not required to provide documentary proof of immunization until the fifth calendar day after enrollment in school.

The Arizona Department of Education (ADE) has interpreted the McKinney Vento Act to supersede regulations established by individual states. Because the ADE is the primary state agency that regulates schools and they have a great deal of knowledge and expertise in matters concerning McKinney-Vento, ADHS defers to them concerning the continued attendance of homeless students.

When the Every Student Succeeds Act (ESSA) passed in 2015, it amended the definition of homeless in McKinney-Vento. The part of the homeless definition that says ‘awaiting foster care placement’ has been REMOVED from McKinney Vento. Therefore, children in foster care are NO LONGER identified as ‘homeless’. Children in foster care are their own subgroup now. ESSA did provide some enrollment protections for children in foster care. The legislation states that children in foster care should remain in their school of origin, however, if it is in the best interest of the child in foster care to attend a new school, the new school would need to immediately enroll them, even without relevant records or necessary paperwork.

Once a homeless/foster care student is enrolled, school staff should work with the student’s former school to obtain the student’s immunization records quickly. Exclusion should not be an immediate option. School staff may also contact their school or district local liaison for homeless students for assistance in obtaining needed records. Please refer to ADE Office of Homeless Education for additional information.

Contact information for the State Homeless Coordinator and Foster Care Education Coordinator are listed below.

<table>
<thead>
<tr>
<th>Alexis Clermont, M.Ed.</th>
<th>Joey L. Taylor</th>
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<tbody>
<tr>
<td>State Homeless Coordinator</td>
<td>Foster Care Education Coordinator</td>
</tr>
<tr>
<td>Phone: 602-542-4963</td>
<td>Phone: 602-542-3569</td>
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<tr>
<td>Email: <a href="mailto:alexis.clermont@azed.gov">alexis.clermont@azed.gov</a></td>
<td>Email: <a href="mailto:joey.taylor@azed.gov">joey.taylor@azed.gov</a></td>
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Homeschooled Students:

Arizona Revised Statute 15-802.01 allows homeschooled students to participate in public school interscholastic activities (such as sports, band, music) “in the same manner” as pupils who are enrolled in the public schools. Enrollment, policies, and requirements for homeschooled students are to be consistent with those policies established for students enrolled at that public school. Homeschooled children attending a public school are required to present an up-to-date immunization record to be in compliance with Arizona school immunization requirements.

Non-registered “special course” students:

Children in preschool or child care who attend a public school for any type of class, such as speech, are required to present an up-to-date (for age) immunization record to the school to be in compliance with Arizona school immunization requirements.

Online Schools:

There are a variety of online education opportunities for children in Arizona. We encourage online schools to obtain immunization records for all of the students registered in their programs. Students enrolled in online programs who physically attend an Arizona school for the purpose of attending an online class, or are participating in classes or activities such as band or physical education, are required to have immunization records on file with the program and/or the physical school. These students should then be included in the school’s annual Immunization Data Report to the state health department, if in an applicable grade.

Programs unable to distinguish between students that are online only and those students that participate in campus program activities with other students must have immunization records for all of the students.

If an unmet requirement is found after child has enrolled in school:

If a student is discovered to lack one or more immunizations after having already been enrolled, the parent/guardian must be notified. Schools should use the recommended Immunization Screening and Referral Form for K-12th Grade and the child should be excluded if the referral form notification due date is not met, until he or she is compliant with the requirements. Child care facilities may use the Immunization Screening and Referral Form for Child Care and Preschool and give the parent 15 days from notification to be compliant with the requirements. After the 15 days, the child should be excluded from attendance at the child care facility.
Conditional Admissions

Delayed Completion of One or More Immunizations:

In limited circumstances, children who have not completed the series of one or more of the required immunizations may attend child care or school while they catch up on these immunizations, on the condition that they will receive still-needed doses as they become due in the future. For those students in the process of completing the series, specific time intervals must elapse between doses according to the Advisory Committee for Immunization Practices (ACIP).

The school or child care provider must follow up by notifying parents, checking documentation that the needed immunizations were received (usually by reviewing the child’s updated personal immunization record), and adding the new dates to the ASIR and/or school vaccination information system.

If a child has NOT received all immunization doses which are currently due, the child may not attend school until all doses currently due are received, and documentation is provided. If a child has not received ANY dose of a required vaccine, a first dose MUST be received prior to entry/attendance at school.

Please refer to A.A.C. R9-6-702, Table 7.2 “The Immunization Schedule for a Child Who Has Not Completed the Vaccine Series Required in Table 7.1 before Entry into a Child Care or School” for guidance on minimum intervals between doses.

Additional vaccine flow charts may be found in this handbook’s appendix pp. 31-37.

For guidance on intervals between doses for students enrolled in Kindergarten-12th grade, the CDC’s Catch-up immunization schedule is a good source of information.
Exemptions to Requirements

Arizona school and child care immunization laws allow for the use of some exemptions from the requirements for attendance.

The Arizona Immunization Program Office promotes immunization education for parents and healthcare providers so that parents may make informed decisions regarding immunizations for their children. Exemptions provide an option for the parents of children who have a medical condition that contraindicates immunization, or a personal or religious belief that opposes immunization. Exemptions should not be used for the purpose of convenience.

The Medical Exemption Form, the SCHOOL Personal Beliefs Exemption Form (for students in K-12 grades) and the CHILD CARE Religious Beliefs Exemption Form (for students in preschool, child care and Head Start programs) are posted at http://azdhs.gov/shots4schoolaz.

Please note that the ADHS forms are the only valid and acceptable forms of exemption. The ADHS form should not be altered. Child care facilities and schools should not accept any exemption form that is not the ADHS format or that appears to be altered.

Medical Exemptions:

- **Permanent** - If the child has a permanent medical condition that contraindicates administration of one or more immunizations, the child can be exempted from the immunization(s). The ADHS Medical Exemption Form must be completed and signed by the child's physician (MD or DO) or nurse practitioner (NP) and parent/guardian and submitted before the child enters school or within 15 days of child care entry. The physician or nurse practitioner must indicate in writing on the ADHS Medical Exemption Form which immunization(s) are contraindicated against and the specific nature of the medical condition that precludes immunization.

- **Temporary** - A child whose physician (MD or DO) or nurse practitioner (NP) decides to postpone one or more immunizations because of a valid medical condition may attend school “on condition” that the needed dose(s) be obtained when the exemption expires. The physician or nurse practitioner must indicate in writing on the ADHS Medical Exemption form which immunization(s) will be postponed, the specific nature of the medical condition or circumstance that precludes immunization, and the date when the exemption ends or when the child is to be immunized. Once the length of time for the exemption has ended, the child must receive the necessary immunization(s) or be subject to exclusion from school or child care.
There is only one type of ADHS medical exemption form; there is a section for the physician to mark “Temporary” or “Permanent” depending on the nature of the child’s condition. To attend child care or school, medically exempted children must receive all other vaccines except those listed on the exemption.

- **Laboratory Evidence of Immunity/Disease History** - If the child has a history of having had a vaccine preventable disease and the parent does not want the child immunized against the disease, proof of immunity to that disease must be submitted. A copy of the laboratory results that prove immunity must be kept on file, along with the ADHS Medical Exemption Form completed by the child’s physician or nurse practitioner and parent/guardian. A Medical Exemption Form with laboratory evidence of immunity is required by state law for reported history of disease for measles, rubella and varicella. For all other diseases, the Medical Exemption Form may contain either laboratory evidence of immunity or a physician statement of disease history.

Parents may sometimes submit a letter or prescription note signed by a medical provider because the parent does not want their child to receive a specific vaccine or the child is on an ‘alternative schedule’ for immunizations. **These are not acceptable medical exemptions.** Contact the parent and/or the physician to let them know that the submitted format is not a valid medical exemption form.

**Personal Beliefs Exemption:**
For a child attending school in grades K-12, the child may be exempted from the applicable immunization requirements if the child’s parent submits to the school a signed ADHS Personal Beliefs Exemption Form testifying that immunizations are against the personal beliefs of the parent. Each section of the Personal Beliefs Exemption Form must be completed and signed by the parent/guardian. This exemption only applies to students in grades K-12. **Child care centers, preschool and Head Start may NOT use personal belief exemptions.**

**Religious Beliefs Exemption:**
For a child attending child care or preschool, the child may be exempted from the applicable immunization requirements if the child’s parent submits to the child care facility a signed ADHS Religious Beliefs Exemption Form testifying that immunizations are against the religious beliefs of the parent. The Religious Beliefs Exemption Form must be completed and signed by the parent/guardian. This exemption only applies to child care centers, preschool and Head Start. **Grades K-12 may NOT use religious belief exemptions.**

**NOTE:** In the event of an outbreak of a vaccine-preventable disease, children who are exempt for reasons other than laboratory evidence of immunity must be excluded from school or child care until the risk period for exposure ends. Schools and child care centers should seek guidance from their local county health department before excluding exempted children.
When Exemption Forms are to be Completed/Resubmitted:

- When the student enrolls in a new school and the parent requests an exemption
- When a student transfers from one school to another with or without an existing exemption form
- When a new vaccine is required for age or immunization requirement change
- When the ADHS exemption forms or format changes. Specific instructions and guidance will be provided by ADHS when this occurs.
- Schools/child care centers may choose to require exemption forms be submitted more frequently

Foster Child Guidance Regarding Exemptions:

The Arizona Department of Child Safety (DCS) states that licensed foster parents cannot impose their vaccine hesitancy beliefs on foster children and are not authorized to request a school or child care vaccine exemption for a foster child. DCS policy is that foster children must be fully immunized unless there is a medical contraindication, which would then require an ADHS Medical Exemption to be completed.

If there is a foster child whose parental rights have not yet been terminated and foster parents are asking a school or child care for a vaccine exemption because the actual parents do not want the child immunized, then DCS will go to court to get the authority to have the foster children properly immunized.

For further information on DCS policy regarding foster children, please contact Dr. Sara Park, DCS Medical Director, at 602-771-3638 or spark@azdes.gov. Dr. Park will check with the DCS worker to determine the situation and what needs to be done to have this child properly immunized.
Following Up with Parents/Guardians

It is the responsibility of school and child care staff to follow up on all children admitted on a conditional basis who require immunizations in the future to complete an immunization series. Schools may also need to follow up on transfer students when awaiting arrival of records from prior schools. This means that each child care center or school should develop a follow-up system for these children and employ it consistently.

The first key to success is being very clear with parents or guardians that you must enforce the Arizona law and the basic rule of, “No shots? No school!” The ADHS “It’s The Law” poster is dual-sided in English and Spanish and can be ordered through the AIPO website.

Your follow-up system should include:

1. Keeping lists of unimmunized (exempt or conditional admission) children to refer to in case of vaccine-preventable disease outbreak.
2. Reviewing your records monthly.
3. Using the shortest interval to complete immunizations is encouraged but not required; for example, when a conditionally admitted child is in the 6- to 12-month interval between doses of DTaP, target the 6 months date for receiving the next dose rather than using the maximum 12 months. Notify parents of when the next dose is due, but also caution not to get the dose before the minimum interval is reached.
4. Keeping contact with the parents. Provide parents with the school or child care requirements forms and/or use the screening and referral forms specific to the grade. Encourage parents to have their child receive the next dose during the beginning of the time interval. If the parent does not come in with an updated record from a health care practitioner, the law requires that the child (unless exempt) be excluded from further school/child care attendance until proof of adequate immunization is presented.
5. Excluding children who do not meet requirements by the exclusion date. Most parents will comply with requirements when they know their child must be excluded. If you need to exclude a child, usually the student's family quickly comes into compliance with the requirements and the child is back in school as a result. However, the Screening and Referral Forms and documentation of your follow-up efforts will provide the information you need for due process.
Follow-Up Systems

Described below are a few suggestions for follow-up systems. Choose whichever system is best for you or create your own.

System 1 – School software system/ASIR/EIIRC Folder

- Keep a separate file of the documents (print-out from school software program, ASIRs or EIIRCs) of children needing follow-up. For schools, because immunization records are part of the child’s permanent record, make sure that any immunization documents or records are transferred with the cumulative folder if the child changes schools.

- Clip a note with the due date onto the software print-out, ASIR, or EIIRC.

- At the beginning of each month, call, email or send parents a letter (use the Screening and Referral Forms) to remind them that shots are due and include the deadline date. Encourage parents to have their child receive the next dose at the beginning of the time interval. Note that the child should be excluded on the day after your deadline date if not immunized.

- Enter immunization dates into the vaccination information system/software, onto the ASIR, and attach to the EIIRC when the medical or clinic record is presented by parents to verify the child’s immunization status.

- Repeat the steps above if additional immunizations will be needed in the future, until all requirements are met.

- Exclude students who do not provide evidence of up-to-date immunizations by the exclusion date.

- If a school or child care facility later discovers that a conditionally admitted student has not complied in meeting the conditional admission requirements and previously had not been appropriately notified by the school or child care facility, the school or child care may allow up to 15 days after notification to receive all vaccines currently due and provide documentation of these doses before excluding the student. Keep in mind that the 15-day period is dictated by law for child care, but no specific time period exists in the law for grades K-12. ADHS recommends 15 days for grades K-12, but this decision ultimately lies with the school or district.

- When no more vaccine doses are needed, remove the documents from the follow-up file, and return it to the student’s health file or child care file.

System 2 – Computerized Student Information Systems

Schools with computerized vaccination information systems, such as SNAP, Synergy, Power Schools, School Master (and many others) can run reports or create lists of students due for immunizations. Capabilities will vary according to the system your school or child care center uses.
AIPO is aware that not all school vaccination information systems are the same and that some systems are not as nuanced to the requirements and intervals specified by ACIP and accepted by ADHS. It is up to your system administrator to make sure that your software system algorithms are kept up-to-date with both the Arizona requirements and the ACIP recommendations. If you get error messages or feel your system is incorrectly flagging a vaccination or date, you may call the Arizona Immunization Program Office at 602-364-3630 for assistance in validating the dates. AIPO cannot provide technical assistance with software programs or recommend a specific system.

System 3 – Index Card File

• A card file requires 3”x 5” index cards, a box to hold them, and a set of monthly index cards (January-December).

• For a child needing future immunizations, enter his or her name on an index card and list all doses which will be needed. Using the Arizona Guide to Immunizations Required for Entry: Child Care and Preschool or the Arizona Guide to Immunizations Required for School Entry: Grades K-12, determine the first day of the time interval when the next dose is first due and note the due date on the upper right-hand corner of the follow-up card.

• File each follow-up card by the month the immunization is due.

• At the beginning of each month, call, email or send parents a letter (use the Screening and Referral Forms) to remind them that shots are due and include the deadline date. Encourage parents to have their child receive the next dose at the beginning of the time interval. Note the exclusion date as the day after the deadline date. Be sure to document on the index card the date the notice was sent.

• Enter immunization dates on the vaccination information system or ASIR or attach to the EIIRC when the immunization record is presented by parents to verify the child’s immunization status.

• Repeat the steps above if additional immunizations will be needed in the future until all requirements are met.

• Exclude children who do not provide evidence of up-to-date immunizations by the exclusion date.

• When no more immunizations are needed, remove the card from the file box and discard.

System 4 – Calendar

A calendar system may work well in a family child care home or in a small school or center. Use a calendar with large spaces for each day to note the name of the child on the first day of the time interval an immunization is first due. To preserve confidentiality, the calendar should not be hung where it is visible to parents or the public. Child care facilities and schools may also choose to set reminders within their electronic or internet-based calendars such as Google or Microsoft Outlook Calendar.
Annual Assessments and Reports

Arizona Revised Statutes and Administrative Code require that schools and child care centers submit an annual Immunization Data Report (IDR) to the Arizona Department of Health Services (ADHS). The Immunization Data Report is due no later than November 15th each year.

Preschool/Child Care and Schools:

Child care centers and schools are required to report the immunization status of students enrolled in child care/preschool, kindergarten and sixth grade. Reports on students are submitted to ADHS through an online web-based Immunization Data Report (IDR). The online report is available for child care centers and schools to enter their data beginning in September of each year.

Upon completion of the online web-based Immunization Data Report, the staff member who completes the report(s) may print a copy of the report for the school administrator to review or to keep on file. The printed report lists the percentage of students who are fully immunized, and therefore protected, for each type of vaccine, as well as the percentage of students who are exempt. The IDR also lists the level of compliance with the immunization laws and requirements.

For more information and training documents please visit our website at:
http://azdhs.gov/phs/immunization/school-childcare/data-reports.htm

Purpose of immunization data reported by schools and child care centers:

The ADHS Immunization Program Office posts all IDR results in a searchable database on the Statistics and Reports web page. The immunization program analyzes reports to identify communities that are at higher risk of outbreaks of vaccine preventable diseases and shares this information with local county health departments, the Arizona Department of Education and the ADHS Office of Child Care Licensing. School immunization coverage levels and information is listed on the AIPO website in the Statistics and Reports section. A summary of school immunization data is also submitted to the Centers for Disease Control and Prevention (CDC) in an annual report.
**Special On-Site Surveys**

Each year, usually in the spring, ADHS/AIPO and local health department staff visit a random sampling of schools and child care facilities to check understanding of and compliance with immunization requirements and effectiveness of follow-up. These validation surveys are required by the CDC to ensure that schools/facilities are accurately reporting the Immunization Data Reports (IDRs).

Other visits may be made or reports may be required if disease outbreaks or other problems relating to immunizations occur. A.R.S 15-874 grants the Arizona Department of Health Services and local county health departments to have access to child care and school immunization records.

Programs can be selected for an on-site visit for any reason, at the discretion of the AIPO. Schools may also be randomly selected by the CDC. Arizona Immunization Program staff and county health department staff will work with the selected schools and child care programs to schedule the validation visits at the selected sites.

Validation surveys are an excellent time to provide one-on-one training for the school or child care facility, stress the importance of the immunization review process, and answer any questions. It is also a good opportunity to encourage sites to use ASIIS and share information about other programs available from the health department.
Disease Reporting Requirements

Reporting Communicable Diseases

ADHS/AIPO specifically requests that schools and child care providers report all cases of measles, any rumors of measles, and any illness with both rash and fever to your local health department by telephone. Please do not wait until the child returns to child care or school before making the telephone report. Do not call the AIPO to report a suspected or confirmed case. Please call your county local health department (see pg. 28 for listing).

The ADHS Office of Infectious Disease Services lists diseases that must be reported by school or child care personnel to the local health department according to the Arizona Revised Statutes R9-6-201 through 207. Note that some of these diseases must be reported immediately by phone. These forms can be found at http://www.azdhs.gov/phs/oids/pdf/forms/cdr_form.pdf.

Tuberculosis (TB) Screening Requirements

Tuberculosis (TB) screening is not part of the Arizona school immunization law. If you have questions regarding TB or TB screening requirements, please contact your local health department’s TB control program. For child care providers, please check with your local child care licensing agency. At ADHS, the Office of Disease Integration and Services houses the Tuberculosis Control Program.
Vaccine-preventable Diseases

Arizona’s school and child care immunization requirements help protect children against the following diseases. For more information about these and other vaccine-preventable diseases that can be shared with parents, go to the Centers for Disease Control and Prevention (CDC) website for parents on Vaccines for Your Children at https://www.cdc.gov/vaccines/parents/diseases/index.html.

Diphtheria – A contagious and potentially life-threatening bacterial infection that affects the nose, throat and skin. The bacteria produce a toxin that can cause life-threatening swelling of the neck and can also affect the heart and nervous system. Diphtheria is spread by coughing or sneezing.

Tetanus – Sometimes known as lockjaw, a severe bacterial infection that affects the body’s muscles and nerves. The bacteria live in dirt and the intestines and feces of animals and enter the body through cuts, punctures, or other wounds. Tetanus can cause serious illness and has been fatal in 11% of reported cases.

Pertussis – A serious disease, especially for babies, commonly called “whooping cough”. It is extremely contagious and spreads easily through coughing and sneezing. Most babies who get pertussis have to be hospitalized and some die. Most babies who get pertussis are infected by an adult or older child.

Polio – A highly contagious viral disease that can invade the nervous system. It can cause severe illness, paralysis, and death. The virus lives in the throat and intestines of an infected person and usually spreads to other people through contact with feces.

Measles – Measles spreads when a person infected with the measles virus breathes, coughs, or sneezes. It is very contagious and spreads quickly and easily between people and can cause serious illness, especially in children. Severe cases can cause death.

Mumps – A contagious viral disease that spreads through coughing, sneezing, or casual contact with an infected person. The virus causes swelling in the cheeks or jaw and neck areas. Serious complications include deafness, meningitis (infection of the brain and spinal cord covering) and a painful swelling of the testicles or ovaries.

Rubella – Also known as German measles or three-day measles, a contagious viral infection that can strike children and adults and is very dangerous for pregnant women and their unborn babies. It spreads through coughing, sneezing, or just talking with an infected person.

Hib (Haemophilus influenzae type b) – Bacterial disease that is very dangerous to children under five years old and even more dangerous to infants. It is caused by contact with an infected person. Disease-causing bacteria enter the body through the nose and throat.
**Hepatitis A** – Liver disease caused by a virus. It is transmitted by swallowing the virus (fecal-oral route). The disease spreads through contact with someone who has hepatitis A or not washing hands after going to the bathroom and then preparing or touching food.

**Hepatitis B** – Serious liver infection caused by a virus that spreads through contact with infected blood or body fluids. Babies can be infected during childbirth if the mother is infected. Chronic cases can result in liver failure, cancer, or cirrhosis.

**Varicella (chickenpox)** – A highly contagious viral infection that causes small, itchy blisters on the skin. It can be especially serious in teenagers and adults who have never had the disease. It is spread through coughing, sneezing, and contact with an infected person’s chickenpox sores.

**Meningococcal disease** – A bacterial illness which can be very severe, causing hospitalization, loss of limbs, or death. The disease commonly causes bacterial meningitis, an infection of the covering of the brain and spinal cord. It can also cause infections in the blood. The bacteria are spread from person-to-person through the exchange of respiratory and throat secretions (saliva or spit) during close contact.
Common Vaccine Names and Abbreviations

Unfortunately, there is no standardized set of terms for childhood vaccines used by all providers when recording immunizations. As new vaccines and combination vaccines are used, the number of possible names found on records multiplies, especially when vaccine brand names are used. The following is a list of terms you may encounter on immunization records. When combination vaccines are given, they should be recorded under each individual component, not as the combination.

Names with an asterisk (*) identify vaccines that are not available or no longer used in the United States, but may have been given in previous years or in different countries.

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Cervarix</td>
<td>Bivalent HPV vaccine, 2vHPV</td>
</tr>
<tr>
<td>*Comvax</td>
<td>Hib and Hep B vaccine</td>
</tr>
<tr>
<td>*Gardasil</td>
<td>4 valent HPV, quadrivalent</td>
</tr>
<tr>
<td>*M</td>
<td>Measles vaccine only – does not count as MMR</td>
</tr>
<tr>
<td>*Menomune</td>
<td>Meningococcal polysaccharide vaccine (MPSV4) – quadrivalent, ACWY</td>
</tr>
<tr>
<td>*MenA</td>
<td>Monovalent meningococcal vaccine – A serotype</td>
</tr>
<tr>
<td>*MenC</td>
<td>Monovalent meningococcal vaccine – C serotype</td>
</tr>
<tr>
<td>*MenC/Y</td>
<td>Bivalent meningococcal vaccine, MenHibrix, serotype C and Y</td>
</tr>
<tr>
<td>*OPV</td>
<td>Oral Polio vaccine</td>
</tr>
<tr>
<td>*PCV7</td>
<td>Pneumococcal conjugate vaccine—7 valent</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ActHib</td>
<td>Hib vaccine</td>
</tr>
<tr>
<td>Adacel</td>
<td>Tdap vaccine</td>
</tr>
<tr>
<td>Bexsero</td>
<td>Meningococcal B (OMV) vaccine</td>
</tr>
<tr>
<td>Boostrix</td>
<td>Tdap vaccine</td>
</tr>
<tr>
<td>DT</td>
<td>Diphtheria and Tetanus pediatric vaccine</td>
</tr>
<tr>
<td>DTaP</td>
<td>Diphtheria, Tetanus and acellular Pertussis pediatric vaccine</td>
</tr>
<tr>
<td>DTP</td>
<td>Diphtheria, Tetanus and Pertussis vaccine</td>
</tr>
<tr>
<td>Flu</td>
<td>Influenza – brand names include Afluria, Fluarix, Flulaval, Flublok, FluMist, Fluvirin, Flucelvax, Fluad and Fluzone</td>
</tr>
<tr>
<td>Gardasil9</td>
<td>9 valent HPV</td>
</tr>
<tr>
<td>GG</td>
<td>Gamma Globulin</td>
</tr>
<tr>
<td>Havrix</td>
<td>Hepatitis A vaccine</td>
</tr>
<tr>
<td>Hep A</td>
<td>Hepatitis A</td>
</tr>
<tr>
<td>Hep B</td>
<td>Hepatitis B</td>
</tr>
<tr>
<td>Hib</td>
<td>Haemophilus influenzae type B</td>
</tr>
<tr>
<td>Hiberix</td>
<td>Hib vaccine</td>
</tr>
<tr>
<td>HPV</td>
<td>Human papillomavirus</td>
</tr>
</tbody>
</table>
### Common Vaccine Names and Abbreviations – cont.

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IG</td>
<td>Immune Globulin</td>
</tr>
<tr>
<td>IPOL</td>
<td>IPV</td>
</tr>
<tr>
<td>IPV</td>
<td>Injectable Inactivated Polio vaccine</td>
</tr>
<tr>
<td>Kinrix</td>
<td>DTaP and IPV vaccine</td>
</tr>
<tr>
<td>MenACWY</td>
<td>Meningococcal conjugate vaccine (MCV4) – quadrivalent</td>
</tr>
<tr>
<td>Menactra</td>
<td>Meningococcal conjugate vaccine (MCV4P) - quadrivalent, MenACWY</td>
</tr>
<tr>
<td>MenB</td>
<td>Meningococcal B vaccine</td>
</tr>
<tr>
<td>Menveo</td>
<td>Meningococcal conjugate vaccine (MPSV4O)- quadrivalent, MenACWY</td>
</tr>
<tr>
<td>MMR</td>
<td>Measles, Mumps and Rubella vaccine</td>
</tr>
<tr>
<td>MMRV</td>
<td>Measles, Mumps, Rubella and Varicella vaccine</td>
</tr>
<tr>
<td>PCV13</td>
<td>Pneumococcal conjugate vaccine—13 valent</td>
</tr>
<tr>
<td>Pediariix</td>
<td>DTaP, Polio (IPV) and Hepatitis B vaccine</td>
</tr>
<tr>
<td>PedvaxHib</td>
<td>Hib Vaccine</td>
</tr>
<tr>
<td>Pentacel</td>
<td>DTaP, Polio (IPV) and Hib vaccine</td>
</tr>
<tr>
<td>Pneumovax</td>
<td>Pneumococcal polysaccharide vaccine, 23 valent, PPSV23</td>
</tr>
<tr>
<td>PPSV23</td>
<td>Pneumococcal polysaccharide vaccine, 23 valent</td>
</tr>
<tr>
<td>PPD</td>
<td>Purified Protein Derivative (TB Skin test), also Tine, Mantoux</td>
</tr>
<tr>
<td>Prevnar</td>
<td>Pneumococcal conjugate vaccine, PCV13</td>
</tr>
<tr>
<td>ProQuad</td>
<td>Measles, Mumps, Rubella and Varicella vaccine</td>
</tr>
<tr>
<td>Quadracel</td>
<td>DTaP and IPV vaccine</td>
</tr>
<tr>
<td>Rotarix</td>
<td>Rotavirus vaccine</td>
</tr>
<tr>
<td>RotaTeq</td>
<td>Rotavirus vaccine</td>
</tr>
<tr>
<td>Td</td>
<td>Tetanus and Diphtheria vaccine, adult</td>
</tr>
<tr>
<td>Tdap</td>
<td>Tetanus, Diphtheria, and acellular Pertussis vaccine</td>
</tr>
<tr>
<td>Tenivac</td>
<td>Tetanus and Diphtheria vaccine, adult</td>
</tr>
<tr>
<td>Trumenba</td>
<td>Meningococcal B (PRP) vaccine</td>
</tr>
<tr>
<td>Vaqta</td>
<td>Hepatitis A vaccine</td>
</tr>
<tr>
<td>VAR</td>
<td>Chickenpox vaccine</td>
</tr>
<tr>
<td>Varicella</td>
<td>Chickenpox</td>
</tr>
<tr>
<td>Varivax</td>
<td>Chickenpox vaccine</td>
</tr>
</tbody>
</table>

### Foreign Vaccines and Language Terms


You may also contact your local county health department for assistance.

Google translate at [https://translate.google.com/](https://translate.google.com/) may also help with simpler translation questions.
Important Telephone Numbers

State Offices

- Arizona Immunization Program Office (AIPO) .......................................................... 602.364.3630
- Arizona State Immunization Information System (ASIIS) ........................................ 602.364.3899
  - Toll-Free Number ................................................................................................. 877.491.5741
- Arizona Department of Education – Health & Nutrition Services .................. 602.542.8700
- Arizona Office of Child Care Licensing ............................................................... 602.364.2539

County Offices

- Apache County Public Health Services District .................................................... 928.333.2415
- Cochise Health and Social Services ................................................................. 520.432.9468
- Coconino County Public Health Services District ........................................... 928.679.7337
- Gila County Division of Health & Emergency Services ................................ 928.425.3189
- Graham County Health Department ................................................................. 928.428.0110
- Greenlee County Health Department ................................................................. 928.865.2601
- La Paz County Health Department ................................................................. 928.669.6155
- Maricopa County Department of Public Health .............................................. 602.506.6900
  - Immunization Program & Communicable Disease Reporting .................... 602.506.6767
- Mohave County Department of Public Health ............................................... 928.753.0714
- Navajo County Public Health Services District .............................................. 928.532.6050
- Pima County Health Department ................................................................. 520.243.7988
  - Immunization Program .............................................................................. 520.243.7763
- Pinal County Public Health Services District ............................................... 520.866.7282
- Santa Cruz County Health Department ......................................................... 520.375.7800
  - Mariposa Community Health Center for Santa Cruz ......................... 520.375.5046
- Yavapai County Community Health Services ............................................. 928.442.5446
- Yuma County Public Health Services District ............................................ 928.317.4559
Useful Immunization Websites

**Arizona State Information:**

Arizona Department of Health Services  
https://azdhs.gov/

Arizona Immunization Program Office - Homepage  
https://azdhs.gov/phs/immunization

ADHS/AIPO School and Child Care Forms and Guidance  
https://azdhs.gov/shots4schoolaz

Arizona State Immunization Information System (ASIIS)  
Life-long Registry - enroll to access/view immunization records of students  

Arizona Revised Statutes 15-871 through 15-874  
http://www.azleg.gov/arsDetail/?title=15

Arizona Administrative Code, Title 9, Chapter 6, Article 7  
http://apps.azsos.gov/public_services/Title_09/09-06.pdf

Arizona Department of Education  
http://www.azed.gov/

Arizona Department of Education Office of Homeless Education  
https://www.azed.gov/homeless/

ADHS Child Care Facilities Licensing Division  

The Arizona Partnership for Immunization (TAPI)  
http://www.whyimmunize.org/

MyIR (My Immunization Record)  
https://myir.net
General Immunization Information:

Centers for Disease Control & Prevention, Vaccines
http://www.cdc.gov/vaccines/

American Academy of Pediatrics (AAP)
http://www.aap.org

Immunization Action Coalition
http://www.immunize.org/

Vaccine Adverse Event Reporting System (VAERS)
https://vaers.hhs.gov/

College Information:

American College Health Association (ACHA)
http://www.acha.org/
APPENDIX
Exhibit 1a: Flowchart of **DTaP Requirements** for Children in Preschool, Head Start, and Child Care Settings

**DTaP (Diphtheria, Tetanus, Pertussis)**

- DTaP #1 is required at 2 months of age
- DTaP #2 is required at 4 months of age
- DTaP #3 is required at 6 months of age
- DTaP #4 is required at 15 months of age

**Catch-Up Schedule for Children Who Lack Required Doses**

- If child is 2 months or older and has no doses of DTaP
  - Needs DTaP #1 within 15 days of entry into any child care setting

- If child is 4 months or older and only has 1 dose of DTaP
  - Needs DTaP #2 4 or more weeks after DTaP #1 was given

- If child is 6 months or older and only has 2 doses of DTaP
  - Needs DTaP #3 4 or more weeks after DTaP #2 was given

- If child is 15 months or older and only has 3 doses of DTaP
  - Needs DTaP #4 6 or more months after DTaP #3 was given

Reviewed: July 2019
Exhibit 1b: Flowchart of Polio Requirements for Children in Preschool, Head Start, and Child Care Settings

Polio

- Polio #1 is required at 2 months of age
- Polio #2 is required at 4 months of age
- Polio #3 is required at 12 months of age

Catch-Up Schedule for Children Who Lack Required Doses

- If child is 2 months or older and has no doses of polio:
  - Needs polio #1 within 15 days of entry into any child care setting

- If child is 4 months or older and has only 1 dose of polio:
  - Needs polio #2 4 weeks or more after polio #1 was given

- If child is 12 months or older and has only 2 doses of polio:
  - Needs polio #3 4 weeks or more after polio #2 was given

Revised July 2019
Exhibit 1c: Flowchart of MMR Requirements for Children in Preschool, Head Start, and Child Care Settings

MMR (Measles, Mumps, Rubella)

MMR #1 is required at 12 months of age. MMR dose given more than 4 days before the child's first birthday is not valid and must be repeated at least 4 weeks after the invalid dose was given.

Catch-Up Schedule for Children Who Lack Required Doses

- If child is 12 months or older and has no doses of MMR:
  - Needs MMR #1 within 15 days of entry into any child care setting.
  - MMR and varicella doses must be given on the same day OR separated by at least 28 days.

- If child is 12 months or older and has 1 dose of MMR:
  - Was child at least 12 months old when MMR #1 was given?
    - No
      - Needs repeat dose of MMR at least 4 weeks after invalid dose was given
    - Yes
      - No additional doses needed until kindergarten entry.

Revised July 2019
Exhibit 1d: Flowchart of **Hib Requirements** for Children in Preschool, Head Start, and Child Care Settings

**Hib** (*Haemophilus influenzae* type b)

- **Hib #1** is required at 2 months of age
- **Hib #2** is required at 4 months of age
- **Hib #3** is required at 6 months of age unless Pedvax Hib is used for both Hib #1 and Hib #2
- **Hib #4** is required at 12-15 months of age, unless Pedvax is used for doses 1 and 2

If Pedvax was used for Hib #1 and Hib #2, dose #3 is due at 12-15 months of age and completes the series.

**Catch-Up Schedule for Children Who Lack Required Doses**

- If child has no doses of Hib
  - Needs Hib #1 within 15 days of entry into any child care setting if child is 2-39 months of age.
    - Yes: No more doses needed.
    - No: Needs Hib #2, 2 or more months after Hib #1.
- If child has 1 dose of Hib
  - Was child at least 15 months old when Hib #1 was given?
    - Yes: No additional doses are needed.
    - No: Needs Hib #2, 2 or more months after Hib #1.
- If child has 2 doses of Hib
  - Needs Hib #3 2 or more months after Hib #2 if child is 7-14 months of age.
    - Yes: No additional doses are needed.
    - No: Needs Hib #4 2 or more months after Hib #3.
- If child has 3 doses of Hib
  - Was child at least 12 months old when Hib #3 was given?
    - Yes: No additional doses are needed.
    - No: Needs Hib #4 2 or more months after Hib #3.

*Revised July 2010*
Exhibit 1e: Flowchart of Hep B Requirements for Children in Preschool, Head Start, and Child Care Settings

Hepatitis B

- Hep B #1 is required at 2 months of age
- Hep B #2 is required at 4 months of age
- Hep B #3 is required at 12 months of age

Catch-Up Schedule for Children Who Lack Required Doses

1. If child of any age has no doses of Hep B
   - Needs Hep B #1 within 15 days of entry into any child care setting

2. If child is 4 months or older and only has 1 dose of Hep B
   - Needs Hep B #2 at least 4 weeks after Hep B #1 was given

3. If child is 12 months or older and only has 2 doses of Hep B
   - Needs Hep B #3 at least 8 weeks after Hep B #2 was given, and at least 16 weeks after Hep B #1 was given
   - Was child at least 24 weeks old when Hep B #3 was given?
     - Yes
       - No additional doses needed
     - No
       - Needs Hep B #4
Exhibit 1f: Flowchart of Varicella Requirements for Children in Preschool, Head Start, and Child Care Settings

Varicella (Chickenpox)

- Varicella #1 is required at 12 months of age
- Varicella dose given more than 4 days before the child's first birthday is not valid and must be repeated at least 4 weeks after invalid dose was given

Catch-Up Schedule for Children Who Lack Required Doses

- If child is 12 months or older and has no doses of varicella
  - Needs varicella #1 within 15 days of entry into any child care setting
  - Child had chickenpox or shingles (herpes zoster) in the past?
    - Yes: Needs a medical exemption with the signature of the child's physician/nurse practitioner AND a copy of laboratory results showing immunity.
    - No: Varicella and MMR doses must be given on the same day or separated by at least 28 days

Revised July 2019