



Texas Immunization Requirements

2022-23 Academic Year

<p>Pre-Kindergarten: (Age 4 by 09/01/2022)</p> <ul style="list-style-type: none"> ● 4- DTaP (diphtheria, tetanus, and pertussis) ● 3- Polio ● 3- HepB (Hepatitis B) ● 3- Hib (Haemophilus Influenzae Type B) ● 4- PCV (Pneumococcal Conjugate Vaccine) ● 1- MMR (Measles, Mumps, and Rubella) ● 1- Varicella ** ● 2- HepA (Hepatitis A) 	<p>Grades Kindergarten - 6:</p> <ul style="list-style-type: none"> ● 5- DTaP (diphtheria, tetanus, and pertussis) ● 4- Polio ● 3- HepB (Hepatitis B) ● 2- MMR (Measles, Mumps, and Rubella) ● 2- Varicella ** ● 2- HepA (Hepatitis A)
<p>Grade 7:</p> <ul style="list-style-type: none"> ● 3- DTaP (diphtheria, tetanus, and pertussis) ● 1- Tdap/Td (tetanus, diphtheria, and pertussis/Tetanus diphtheria booster) Immunization date must be within last 5 years ● 4- Polio ● 3- HepB (Hepatitis B) ● 2- MMR (Measles, Mumps, and Rubella) ● 2- Varicella ** ● 2- HepA (Hepatitis A) ● 1- MCV4 (Meningococcal) 	<p>Grades 8-12:</p> <ul style="list-style-type: none"> ● 3- DTaP (diphtheria, tetanus, and pertussis) ● 1- TDap/Td (tetanus, diphtheria, and pertussis/Tetanus diphtheria booster) Date must be within last 10 years ● 4- Polio ● 3- HepB (Hepatitis B) ● 2- MMR (Measles, Mumps, and Rubella) ● 2- Varicella ** ● 2- HepA (Hepatitis A) ● 1- MCV4 (Meningococcal)

** Previous illness may be documented by way of written statement from a physician, school nurse, or parent/guardian stating the child had the varicella disease (chicken pox) and does not require the varicella vaccine. Statements must include the child's name, date of birth, and date of outbreak. Statement forms are available upon request.