



**CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF DISEASE CONTROL
IMMUNIZATION PROGRAM**

**Summary: Philadelphia Immunization Requirements
for School Entry, 2013- 2014**

Grades	Vaccines	Requirements
K – 1	Diphtheria & Tetanus..... Pertussis..... Polio..... Measles..... Mumps..... Rubella..... Hepatitis B..... Varicella.....	4 Doses: at least one on/after 4 th birthday (DTaP/DTP/DT/Td) 4 Doses: at least one on/after 4 th birthday (DTaP or DTP) 3 Doses: (OPV/IPV) 2 Doses: on/after 1 st birthday (MMR or MMRV) 2 Doses: on/after 1 st birthday (MMR or MMRV) 2 Doses: on/after 1 st birthday (MMR or MMRV) 3 Doses: (HBV) 2 Doses: on/after 1 st birthday (Varicella or MMRV) or documentation of chickenpox immunity proven by laboratory testing or a written statement of prior chickenpox disease from a healthcare provider
2-5 and 8-12	Diphtheria & Tetanus..... Polio..... Measles..... Mumps..... Rubella..... Hepatitis B..... Varicella.....	4 Doses: at least one on/after 4 th birthday (DTaP/DTP/DT/Td/Tdap)** 3 Doses: (OPV/IPV) 2 Doses: on/after 1 st birthday (MMR or MMRV) 2 Doses: on/after 1 st birthday (MMR or MMRV) 1 Dose: on/after 1 st birthday (MMR or MMRV) 3 Doses: (HBV) 2 Doses: on/after 1 st birthday (Varicella or MMRV) *
6-7	Diphtheria & Tetanus..... Pertussis..... Polio..... Measles..... Mumps..... Rubella..... Hepatitis B..... Varicella..... Meningococcal.....	4 Doses: at least one on/after 7 th birthday (DTaP/DTP/DT/Td/Tdap)** 1 Dose: at least one on/after 7 th birthday (Tdap) 3 Doses: (OPV/IPV) 2 Doses: on/after 1 st birthday (MMR or MMRV) 2 Doses: on/after 1 st birthday (MMR or MMRV) 1 Dose: on/after 1 st birthday (MMR or MMRV) 3 Doses: (HBV) 2 Doses: on/after 1 st birthday (Varicella or MMRV) * 1 Dose: on/after 2 nd birthday (MCV4)

References: Requirements from The Pennsylvania Code – Subchapter C. *IMMUNIZATION* §23.81, amended May 28, 2010, effective August 1, 2011, and from the Philadelphia Board of Health *Regulations Governing the Health of Newborns, Children and Adolescents*, published 2009.

* Or documentation of a history of chickenpox immunity proven by laboratory testing or a written statement of history of chickenpox disease from a parent, guardian or physician.

** Only 3 doses of Td-containing vaccine are necessary if series is started on/after 7th birthday, if at least one dose is given as Tdap.

This form and other immunization information available at <http://kids.phila.gov>

Last Revised May 14, 2013