



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

## IMMUNIZATION REQUIREMENTS FOR ENROLLED STUDENTS IN CONNECTICUT SCHOOLS 2023-2024 SCHOOL YEAR



### PRESCHOOL

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

### KINDERGARTEN

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

### GRADES 1-6

Hep B:	3 doses, last dose on or after 24 weeks of age
DTaP/Td:	At least 4 doses. The last dose must be given on or after 4 <sup>th</sup> 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 4 <sup>th</sup> birthday
MMR:	2 doses separated by at least 28 days, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Varicella:	2 doses separated by at least 3 months-1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday; or verification of disease. 28 days between doses is acceptable if the doses have already been administered.
Hepatitis A:	2 doses given six calendar months apart, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday

### GRADE 7-11

Hep B:	3 doses, last dose on or after 24 weeks of age
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 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 4 <sup>th</sup> birthday
MMR:	2 doses separated by at least 28 days, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Varicella:	2 doses separated by at least 3 months-1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday; or verification of disease. 28 days between doses is acceptable if the doses have already been administered.
Hepatitis A:	2 doses given six calendar months apart, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Meningococcal:	1 dose

## GRADE 12

Hep B:	3 doses, last dose on or after 24 weeks of age
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 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 4 <sup>th</sup> birthday
MMR:	2 doses separated by at least 28 days, 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Varicella:	2 doses separated by at least 3 months-1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday; or verification of disease. 28 days between doses is acceptable if the doses have already been administered.
Meningococcal:	1 dose

- DTaP vaccine is not administered on or after the 7<sup>th</sup> birthday.
- Tdap can be given in lieu of Td vaccine for children 7 years and older unless contraindicated.
- Hib is NOT required once a student turns 5 years of age.
- Pneumococcal Conjugate is NOT required once a student turns 5 years of age.
- Influenza is NOT required once a student turns 5 years of age
- Hep A requirement for school year 2023-2024 applies to all Pre-K through 11<sup>th</sup> graders born 1/1/07 or later.
- Hep B requirement for school year 2023-2024 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 must be administered at 24 weeks of age or later.
- Second MMR for school year 2023-2024 applies to all students in grades K-12.
- Meningococcal Conjugate requirement for school year 2023-24 applies to all students in grades 7-12
- Tdap requirement for school year 2023-2024 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:

[Laws and Regulations \(ct.gov\)](https://www.ct.gov)

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><b>Vaccine:</b></u>	<u><b>Brand Name:</b></u>	<u><b>Vaccine:</b></u>	<u><b>Brand Name:</b></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, Quadracel
Hepatitis A	Havrix, Vaqta	PCV 15	Vaxneuvance
MMR	MMR II, Priorix	Influenza	Fluzone, FluMist, Fluviron, Fluarix, FluLaval Flucelvax, Afluria

## Part 3 — Oral Health Assessment/Screening

### Health Care Provider must complete and sign the oral health assessment.

To Parent(s) or Guardian(s):

State law requires that each local board of education request that an oral health assessment be conducted prior to public school enrollment, in either grade six or grade seven, and in either grade nine or grade ten (Public Act No. 18-168). The specific grade levels will be determined by the local board of education. The oral health assessment shall include a dental examination by a dentist or a visual screening and risk assessment for oral health conditions by a dental hygienist, or by a legally qualified practitioner of medicine, physician assistant or advanced practice registered nurse who has been trained in conducting an oral health assessment as part of a training program approved by the Commissioner of Public Health.

Student Name (Last, First, Middle)	Birth Date	Date of Exam
School	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone

<b>Dental Examination</b> Completed by: <input type="checkbox"/> Dentist	<b>Visual Screening</b> Completed by: <input type="checkbox"/> MD/DO <input type="checkbox"/> APRN <input type="checkbox"/> PA <input type="checkbox"/> Dental Hygienist	<b>Normal</b> <input type="checkbox"/> Yes <input type="checkbox"/> Abnormal (Describe) _____ _____ _____ _____	<b>Referral Made:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Risk Assessment</b> <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<b>Describe Risk Factors</b> <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Dental or orthodontic appliance  <input type="checkbox"/> Saliva  <input type="checkbox"/> Gingival condition  <input type="checkbox"/> Visible plaque  <input type="checkbox"/> Tooth demineralization  <input type="checkbox"/> Other _____         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Carious lesions  <input type="checkbox"/> Restorations  <input type="checkbox"/> Pain  <input type="checkbox"/> Swelling  <input type="checkbox"/> Trauma  <input type="checkbox"/> Other _____         </td> </tr></table>			<input type="checkbox"/> Dental or orthodontic appliance <input type="checkbox"/> Saliva <input type="checkbox"/> Gingival condition <input type="checkbox"/> Visible plaque <input type="checkbox"/> Tooth demineralization <input type="checkbox"/> Other _____	<input type="checkbox"/> Carious lesions <input type="checkbox"/> Restorations <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____
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Recommendation(s) by health care provider: \_\_\_\_\_

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date