



May 1, 2017

Dear Parents,

Summertime is a great opportunity to get your children vaccines that are required for the upcoming school year. The Health Department hours are Monday – Friday 8 a.m.- 4p.m. Our late evening appointments are on **Wednesday June 7th and 14th, July 12th and 19th, and August 2nd and 16th** until 5:30 p.m. for your convenience. Please call 812-481-7056 to schedule an appointment. You may complete the registration form below prior to your appointment.

In anticipation of the proposed school requirements for the 2018/2019 year, we will offer the vaccines listed below. We will also be offering the **HPV (Gardasil)** vaccine.

Prior to 6th grade, **Tdap** (Tetanus, Diphtheria and Pertussis), **Menactra** (Meningitis) and **Hepatitis A**, which is a 2 dose series spaced 6 months apart, is required.

Prior to 12th grade, **Menactra** (Meningitis), **Hepatitis A** and **Men B** (Bexsero), which is a 2 dose series spaced 1 month apart, is required.

To review the vaccine information statements, click the link <http://www.immunize.org/vis> and select the specific vaccine.

Thank you for keeping Dubois County one of the healthiest in the state.

Sincerely,

Donna C. Oeding
Administrative Director

Dubois County Health Department
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Jasper, IN 47546



Phone: 812-481-7050
Fax: 812-481-7069
dchealth@duboiscountyin.org

Public Health
Prevent. Promote. Protect.

**Provide your child's current information below and
attach a front and back copy of your most current insurance card and driver's license**

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____

Street Address _____

City: _____ State: _____ Zip Code: _____

Home or Primary Phone: _____

Insurance Name: _____

Member ID#: _____ Group: _____

Policy Holders Name: _____ Date of Birth: __/__/__

Please attach a front and back copy of your most current insurance card.

For information on vaccines please visit: www.immunize.org/vis

Authorization and Consent:

Consent for Use of Protected Health Information & Claims Assignment: I hereby consent to the use and disclosure of my personal information for the purpose of health care operation along with the assignment of all payment from the insurer listed above to VaxCare associated with the services. Vaccine Authorization: My signature on this form indicates that I have requested the vaccine indicated be administered to me by a representative of the Dubois County Health Department. I also relieve the administering healthcare professional and personnel of any liability for any reactions that should occur.

Signature of Parent or

Legal Guardian: _____ Date: _____

FOR OFFICE USE ONLY:

TDAP _____

MENACTRA _____

HEPATITIS A _____

HPV _____

MEN B _____

The Dubois County Health Department is committed to prevention efforts that promote and protect our communities health by serving with dedication, respect, and responsibility.

2017-2018 School Year

School Entry Immunization Requirements

Below are the number of doses and each vaccine required for school entry. Changes for this year include the Hepatitis A vaccine for grades K-3.

3 to 5 years old
 3 Hep B (Hepatitis B)
 4 DTaP (Diphtheria, Tetanus & Pertussis)
 3 Polio (Inactivated Polio)
 1 MMR (Measles, Mumps & Rubella)
 1 Varicella

K-3rd grade
 3 Hep B
 5 DTaP
 4 Polio
 2 MMR
 2 Varicella
 2 Hep A (Hepatitis A)

Grades 4 to 5
 3 Hep B
 5 DTaP
 4 Polio
 2 MMR
 2 Varicella
 2 Hep A*

Grades 6 to 11
 3 Hep B
 5 DTaP
 4 Polio
 2 Hep A*
 2 MMR
 2 Varicella
 1 Tdap (Tetanus & Pertussis)
 1 MCV4 (Meningococcal)

Grade 12
 3 Hep B
 5 DTaP
 4 Polio
 2 Hep A*
 2 MMR
 2 Varicella
 1 Tdap (Tetanus & Pertussis)
 2 MCV4 (Meningococcal)
 MenB (Meningococcal B)*

Hep B The minimum age for the 3rd dose of Hepatitis B is 24 weeks of age.

DTaP Four doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's 4th birthday.

Polio Three doses of Polio are acceptable for all grade levels if the third dose was given on or after the 4th birthday and at least 6 months after the previous dose with only one type of vaccine used (all OPV or all IPV). For students in grades kindergarten through 5th grade, the final dose must be administered on or after the 4th birthday, and be administered at least 6 months after the previous dose.

Varicella Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool through 7th grade. Parental report of disease history is acceptable for grades 8-12.

MCV4 Individuals who receive dose 1 after their 16th birthday only need 1 dose of MCV4.

Hep A The minimum interval between 1st and 2nd dose is 6 calendar months. K-3 is required.

*For grades 4-12, two doses of Hep A are recommended.

MenB A complete series of Meningococcal Serogroup B vaccine.

*For grade 12, a complete series of MenB is recommended

Indiana State Department of Health, Immunization Division

(800) 701-0704

2018-2019 School Year (Proposed)

School Entry Immunization Requirements

Below are the number of doses and each vaccine required for school entry. Changes for this year include Hepatitis A for grades K-4, 6 and 12th grade and Meningococcal Serogroup B vaccine for 12th grade.

3 to 5 years old
 3 Hep B (Hepatitis B)
 4 DTaP (Diphtheria, Tetanus & Pertussis)
 3 Polio (Inactivated Polio)
 1 MMR (Measles, Mumps & Rubella)
 1 Varicella

K-4th grade
 3 Hep B
 5 DTaP
 4 Polio
 2 MMR
 2 Varicella
 2 Hep A (Hepatitis A)

Grade 5
 3 Hep B
 5 DTaP
 4 Polio
 2 MMR
 2 Varicella
 2 Hep A*

Grade 6
 3 Hep B
 5 DTaP
 4 Polio
 2 Hep A
 2 MMR
 2 Varicella
 1 Tdap (Tetanus & Pertussis)
 1 MCV4 (Meningococcal)

Grades 7 to 11
 3 Hep B
 5 DTaP
 4 Polio
 2 Hep A*
 2 MMR
 2 Varicella
 1 Tdap (Tetanus & Pertussis)
 1 MCV4 (Meningococcal)

Grade 12
 3 Hep B
 5 DTaP
 4 Polio
 2 Hep A
 2 MMR
 2 Varicella
 1 Tdap (Tetanus & Pertussis)
 2 MCV4 (Meningococcal)
 2 MenB (Meningococcal B)

Hep B The minimum age for the 3rd dose of Hepatitis B is 24 weeks of age.

DTaP Four doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's 4th birthday.

Polio Three doses of Polio are acceptable for all grade levels if the third dose was given on or after the 4th birthday and at least 6 months after the previous dose with only one type of vaccine used (all OPV or all IPV). For students in grades kindergarten through 6th grade, the final dose must be administered on or after the 4th birthday, and be administered at least 6 months after the previous dose.

MCV4 Individuals who receive dose 1 on or after their 16th birthday only need 1 dose of MCV4.

Hep A The minimum interval between 1st and 2nd dose is 6 calendar months. Two doses of Hep A is required for K-4, 6th and 12th grades and recommended for 5th grade and grades 7-11.

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