

Back To School Shot Clinics

*** By Appointment ONLY! ***

(765) 423-9222 Ext. 1

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| <p>Dates and Times:</p> <p>Tuesday 7/20/21 8:30-11am & 1-6pm</p> <p>Tuesday 8/3/21 8:30-11am & 1-6pm</p> | <p>Location:</p> <p>Tippecanoe County Health Department 629 N 6th St Lafayette, IN 47901</p> <p>*One parent/guardian per child at appointment*</p> | <p>What to bring:</p> <p><input type="checkbox"/> Insurance Card (we are IN-NETWORK with the following insurance: Anthem BCBS, Cigna Sagamore Health Network, CareSource, MHS, Aetna, UHC, UMR, and Medicaid.)</p> <p><input type="checkbox"/> Child's Immunization Records</p> <p><i>*If child is coming with someone other than a parent/guardian, please call for instructions.</i></p> |
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Indiana 2021 Required and Recommended School Immunizations

| Grade | Required | Recommended |
|---|---|---|
| Pre-K | <input type="checkbox"/> 3 Hepatitis B <input type="checkbox"/> 4 DTaP <input type="checkbox"/> 3 Polio | <input type="checkbox"/> 1 Varicella <input type="checkbox"/> 1 MMR <input type="checkbox"/> 2 Hepatitis A |
| K-5th Grade | <input type="checkbox"/> 3 Hepatitis B <input type="checkbox"/> 5 DTaP <input type="checkbox"/> 4 Polio | <input type="checkbox"/> 2 Varicella <input type="checkbox"/> 2 MMR <input type="checkbox"/> 2 Hepatitis A |
| 6th-11th Grade | <input type="checkbox"/> 3 Hepatitis B <input type="checkbox"/> 5 DTaP <input type="checkbox"/> 4 Polio <input type="checkbox"/> 2 Varicella | <input type="checkbox"/> 2 MMR <input type="checkbox"/> 2 Hepatitis A <input type="checkbox"/> 1 MCV 4 <input type="checkbox"/> 1 Tdap |
| 12th Grade | <input type="checkbox"/> 3 Hepatitis B <input type="checkbox"/> 5 DTaP <input type="checkbox"/> 4 Polio <input type="checkbox"/> 2 Varicella | <input type="checkbox"/> 2 MMR <input type="checkbox"/> 2 MCV4 <input type="checkbox"/> 1 Tdap <input type="checkbox"/> 2 Hepatitis A |

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

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

Polio*: 3 doses of Polio are acceptable for all grade levels if the 3rd dose was given on or after the 4th birthday and at least 6 months after the previous dose.
*For students in grades K-10, 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 12th grade. Parent report of disease history is not acceptable.

Tdap: There is no minimum interval from the last Td dose.

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

Hepatitis A: The minimum interval between 1st and 2nd dose is 6 calendar months. 2 doses are required for all grades K-12.

Number next to vaccine denotes the number of cumulative doses needed for each grade.

DTaP: Diphtheria, Tetanus, & Pertussis

Varicella: Chickenpox

MMR: Measles, Mumps, & Rubella

MCV4: Meningococcal

Tdap: Tetanus, Diphtheria, & Pertussis

HPV: Human Papillomavirus

MenB: Meningococcal B

