

IMMUNIZATION REQUIREMENTS/PHYSICAL EXAMS
Penn-Harris-Madison Kindergarten Students
School Year 2016-2017

Dear Parent/Guardian:

Your child's health is important to us. It is well known that healthy children are in a better position to take advantage of the educational opportunities presented to them than children who are physically or emotionally struggling. In light of this important information, the Penn-Harris-Madison School Corporation requests that each child have a physical exam and a dental exam before entering Kindergarten.

Immunizations are also used to protect your children against certain diseases as well as other children in the school. In accordance with PHM Policy 5320 and state law, you are required to furnish—no later than the first day of school after your child's enrollment—proof of your child's immunization status, either as a written document from the health care provider who administered the immunizations or documentation provided from the state immunization data registry. **Please furnish the immunization paperwork before the first day of school, August 24th, 2016.** By doing so, this will prevent any interruption to your student's attendance at the start of the school year.

**Immunizations may be obtained from your family doctor, St. Joseph County Health Department, or other area clinics. Please call the school health office for resources.

Minimum Immunization Requirements

- 5 doses of DtaP/DTP/DT or **4 doses are acceptable if the fourth dose was administered on or after the fourth birthday**
- 4 doses of Polio-the **4th dose must be on or after the fourth birthday and at least 6 months after the previous dose or another dose will be required or 3 doses are acceptable if all are IPV or all are OPV and the 3rd dose was given after the 4th birthday and at least 6 months after the previous dose.**
- 3 doses of Hepatitis B
- 2 doses of MMR- **on or after the first birthday**
- 2 doses of Varicella (chickenpox)-**on or after the first birthday and separated by 3 months or written *physician* documentation of the month and year of disease.**
- 2 doses of Hepatitis A

Questions about immunizations can be directed to the school health office. Thank you!

School phone number: _____ School fax number _____