



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

**Summary: Philadelphia Immunization Requirements  
For School Entry, 2010- 2011**

Grades	Vaccines	Requirements
K – 1	Diphtheria & Tetanus..... Pertussis..... Polio..... Measles..... Mumps..... Rubella..... Hepatitis B..... Varicella.....	4 Doses: at least one on/after 4 <sup>th</sup> birthday (DTaP/DTP/DT/Td) 4 Doses: at least one on/after 4 <sup>th</sup> birthday (DTaP or DTP) 3 Doses (OPV/IPV) 2 Doses: on/after 1 <sup>st</sup> birthday (MMR or MMRV) 2 Doses: on/after 1 <sup>st</sup> birthday (MMR or MMRV) 2 Doses: on/after 1 <sup>st</sup> birthday (MMR or MMRV) 3 Doses: properly spaced (HBV) 2 Doses: on/after 1 <sup>st</sup> birthday (Varicella or MMRV) <i>or</i> documentation of chickenpox immunity proven by laboratory testing <i>or</i> a written statement of prior chickenpox disease from a healthcare provider
2-5 and 7-12	Diphtheria & Tetanus..... Polio..... Measles..... Mumps..... Rubella..... Hepatitis B..... Varicella.....	3 Doses: at least one on/after 4 <sup>th</sup> birthday (DTaP/DTP/DT/Td/Tdap) 3 Doses (OPV/IPV) 2 Doses: on/after 1 <sup>st</sup> birthday (MMR or MMRV) 1 Dose: on/after 1 <sup>st</sup> birthday (MMR or MMRV) 1 Dose: on/after 1 <sup>st</sup> birthday (MMR or MMRV) 3 Doses: properly spaced (HBV) 1 Dose: on/after 1 <sup>st</sup> birthday (Varicella or MMRV) (2 doses if the 1 <sup>st</sup> dose was given after the 13 <sup>th</sup> birthday.) *
6	Diphtheria & Tetanus..... Pertussis..... Polio..... Measles..... Mumps..... Rubella..... Hepatitis B..... Varicella..... Meningococcal.....	4 Doses: at least one on/after 10 <sup>th</sup> birthday (DTaP/DTP/DT/Td/Tdap)** 1 Dose: at least one on/after 10 <sup>th</sup> birthday (Tdap) ** 3 Doses (OPV/IPV) 2 Doses: on/after 1 <sup>st</sup> birthday (MMR or MMRV) 1 Dose: on/after 1 <sup>st</sup> birthday (MMR or MMRV) 1 Dose: on/after 1 <sup>st</sup> birthday (MMR or MMRV) 3 Doses: properly spaced (HBV) 2 Doses: on/after 1 <sup>st</sup> birthday (Varicella or MMRV) * 1 Dose (MCV4)

**References:** Requirements 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.

\*\* Students who received a Td vaccine within 2 years prior to entering sixth grade should not receive the booster dose of Tdap until 2 years have elapsed.