

DOWNEY UNIFIED SCHOOL DISTRICT
Student Services
PRESCHOOL & TK, TB AND IMMUNIZATION REQUIREMENTS
(2015 – 2016)

All preschoolers and transitional kinder (TK) entering District speech, counseling, or preschool programs are required to have the following TB Skin Test and immunizations;

TB SKIN TEST: All students entering District preschool and TK programs must prove they have received a TB Skin Test (PPD) **within 12 months of entry** into our programs. The student must have verification by a doctor or nurse of the date the test was done, the reading date and the result. If the TB Skin Test **is positive**, the student **must get a chest X-ray**, the result of which is due within 20 school days. The student may be enrolled while awaiting the x-ray results.

IMMUNIZATION REQUIREMENTS WHEN ENROLLING STUDENT AGES THREE THROUGH FIVE (if enrolling students younger than three years of age, check with your school nurse for additional requirements):

IPV or OPV (Polio)

1st –six weeks of age or older
2nd – at least 6 – 10 weeks after 1st dose
3rd - at least 6 weeks – 12 months after 2nd dose
If 3rd polio was not given after age 4, a 4th dose will be needed to enter Kindergarten, but is not needed for preschool.

MMR (Measles, Mumps, and Rubella)

One on or after 1st birthday
 2nd dose is not required until Kindergarten entry.

HEPATITIS B - 3 doses required for school entry

1st - anytime
2nd - at least one month after 1st dose
3rd - two to six months after 2nd dose
Must be at least 4 months between 1st and 3rd dose

DPT

1st - six weeks of age or older
2nd - at least four to eight weeks after 1st dose
3rd- at least four to eight weeks after 2nd dose
4th - at least six to twelve months after 3rd dose
If 4th DPT was not given after age 4, a 5th dose will be needed to enter Kindergarten, but is not needed for preschool.

HIB (Influenza)

One dose given on or after 1st birthday. This is the requirement for ALL Preschoolers ages 2 years through 4 years-6 months.

VARICELLA (Chicken Pox)

All children 18 months and older must have physician verification of Chicken Pox disease in the past OR one dose of Varicella (Chicken Pox) vaccine.

YOUR CHILD NEEDS THE FOLLOWING IMMUNIZATIONS:

Student's name _____ School _____

Our records indicate that your child needs the immunizations checked below. Your child will not be able to attend school until we have verification from a doctor, clinic, or Health Department that the immunizations have been received. Dates of doses already documented are listed below. Doses your child needs are circled.

_____ Polio	_____	_____	_____	_____
_____ DPT	_____	_____	_____	_____
_____ TD	_____	_____	_____	_____
_____ MMR (Measles/Mumps/Rubella)	_____	_____	_____	_____
_____ Measles (Rubella)	_____	_____	_____	_____
_____ Hepatitis B	_____	_____	_____	_____
_____ Varicella (Chicken Pox)	_____	_____	_____	_____
_____ TB Skin Test*	_____	_____	_____	_____
	date of test	date of reading		results
_____ X-RAY	_____	_____		
	x-ray date	result		
_____ HIB (Influenza) Preschoolers	ages 2 years through 4 years-6 months need only 1 dose			_____

***Must include date of test, date of reading, and results.**
 If you have any questions please call the school at (562) 904- _____