

**NOTICE: 2019 – 20 NC HEALTH ASSESSMENT AND IMMUNIZATION
REQUIREMENTS FOR SCHOOL ATTENDANCE (1/15/2019)**

Physical Exam/Health Assessments: Parents/guardians must submit a completed NC Health Assessment Transmittal Form for each child who is presented for admission into Pre-K, Kindergarten and other grades when attending a N.C. public school for the first time unless there is a written religious exemption on file. The Health Assessment may be no more than 12 months old at the time of program entry. (General Statute 130A-440; 10A NCAC09.3005)

Immunizations/Vaccines: For school attendance, parents/guardians must ensure that their child has received the required immunizations at the age required by law unless there is a written medical or religious exemption on file. (General Statute 130A-152-157)

After your child receives any required immunizations and/or the health assessment, please bring an updated record to school.

<p align="center">2019-20 Immunization Requirements by Grade</p> <p>This table provides general information about school immunization requirements. <i>Some immunizations require exact spacing between doses or age requirements that are not noted here.</i> If you have questions, contact your doctor’s office or the nurse at the school where your child will attend. See N.C. Administrative Code 10A NCAC 41A.0401 for details.</p>	<p><u>Pre-K</u></p> <p>4 DTP/DTaP/DT 3 Polio 1 - 4 Hib (Note: Dose # depends on vaccine type and age when vaccinated) 3 Hepatitis B 1 MMR 1 Varicella 1 - 4 Pneumococcal (Note: Dose # depends on age when vaccinated)</p>
<p><u>Grades K – 4</u></p> <p>5 DTP/DTaP/DT/Td 4 Polio (Note: 4th dose on or after 4th birthday as of 7/1/15) 1 - 4 Hib (Note: Dose # depends on vaccine type and age when vaccinated; not required after the age of 5 yrs.) 3 Hepatitis B 2 MMR 2 Varicella 1 - 4 Pneumococcal (Note: # of doses depends on age when vaccinated; not required after the age of 5 yrs. <u>or</u> if born before 7/1/15)</p>	<p><u>Grades 5 – 6</u></p> <p>5 DTP/DTaP/DT/Td/Tdap 4 Polio 3 Hepatitis B 2 MMR 1 Varicella</p>
<p><u>Grades 7 – 11</u></p> <p>5 DTP/DTaP/DT/Td/Tdap 4 Polio 3 Hepatitis B 2 MMR 1 Varicella 1 Tdap 1 Meningococcal</p>	<p><u>Grades 12</u></p> <p>5 DTP/DTaP/DT/Td/Tdap 4 Polio 3 Hepatitis B 2 MMR 1 Varicella (if born on or after 4/1/2001) 1 Tdap</p>

I have been informed that my child’s immunization record and/or health assessment is due on or before their first day of school. I understand that my child will be excluded from school if the required documentation is not received within 30 days of starting school.

Child’s/Student’s Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

Office Instructions: Give copy to parent/guardian. Attach original to orange card and place in student’s cumulative folder.