

**2017-18 NC HEALTH ASSESSMENT AND IMMUNIZATION
REQUIREMENTS FOR SCHOOL ATTENDANCE (1/19/2017)**

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. (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">2017-18 Immunization Requirements by Grade</p> <p align="center"><i>Contact the nurse at the school where your child will attend if you have questions.</i></p>	<p><u>Pre-K</u> 4 DTP/DTaP/DT 3 Polio 1 – 4 Hib 3 Hepatitis B 1 MMR 1 Varicella</p>
<p><u>Grades K – 2</u> 5 DTP/DTaP/DT/Td 4 Polio (4th dose on or after 4th birthday as of 7/1/15) 1 – 4 Hib (Note: Hib is not required to enter school after the age of 5 yrs.) 3 Hepatitis B 2 MMR 2 Varicella</p>	<p><u>Grades 3 – 6</u> 5 DTP/DTaP/DT/Td/Tdap 4 Polio (4th dose on or after 4th birthday as of 7/1/15) 1 – 4 Hib (Note: Hib is not required to enter school after the age of 5 yrs.) 3 Hepatitis B 2 MMR 1 Varicella</p>
<p><u>Grades 7 – 9</u> 5 DTP/DTaP/DT/Td/Tdap 4 Polio 3 Hepatitis B 2 MMR 1 Varicella 1 Tdap 1 Meningococcal</p>	<p><u>Grades 10 – 12</u> 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 at my child’s school within 30 calendar days of entering school. After that date, I understand that my child will be excluded from school until I provide a complete immunization record and/or health assessment.

Child’s/Student’s Name: _____

Parent/Guardian Signature: _____ Date: _____

(Copy to parent/guardian and original in student’s cumulative folder)