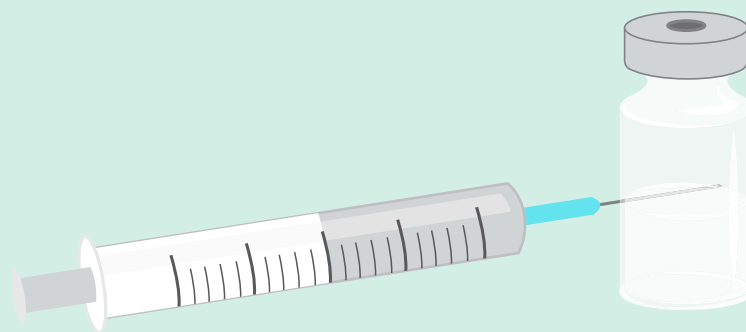


MASSACHUSETTS CHILDHOOD IMMUNIZATION REQUIREMENTS

	By 2 years old	By Kindergarten	By Grades 1-6	By Grades 7-12
Hepatitis B	3 doses	3 doses	3 doses	3 doses
DTaP/DTP/ Tdap	4 doses DTaP/DTP	5 doses DTaP/DTP	4 doses DTaP/DTP	4 doses DTaP/ DTP/ 1 dose Tdap
Polio	3 doses	4 doses	3 doses	3 doses
Hib	3 doses	–	–	–
MMR	1 dose	2 doses	2 doses	2 doses
Varicella	1 dose	2 doses	2 doses	2 doses

* Doses listed are the minimum required for entry into the specified grade. Health care providers may recommend additional immunizations.

* DTaP, DTP, Tdap = Diphtheria, Tetanus, Pertussis
 Hib = *Haemophilus influenzae* Type B
 MMR = Measles, Mumps, Rubella



For more information, contact your health care provider
 or the MA Department of Public Health Immunization Program:
 Phone: (617) 983-6800 (toll-free 888-658-2850)
 Website: www.mass.gov/dph/imm

*For Boston providers/schools only, you may call the Boston Health Commission: (617) 534-5611