



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

**Summary: Philadelphia and Pennsylvania Immunization Requirements  
For School Entry, 2008 - 09**

Grades	Vaccines	Requirements*
K – 1	Diphtheria & Tetanus..... Pertussis..... Polio..... Measles ..... Mumps..... Rubella ..... Hepatitis B..... Varicella.....	4 Doses: at least one after 4 <sup>th</sup> birthday (DTaP/DTP/DT/Td) 4 Doses: at least one after 4 <sup>th</sup> birthday (DTaP or DTP) * 3 Doses (OPV/IPV) 2 Doses: both after 1 <sup>st</sup> birthday (MMR or MMRV) 2 Doses: both after 1 <sup>st</sup> birthday (MMR or MMRV) * 2 Doses: both after 1 <sup>st</sup> birthday (MMR or MMRV) * 3 Doses: properly spaced (HBV) 2 Doses: both after 1 <sup>st</sup> birthday (Varicella or MMRV) or documentation of chickenpox immunity proven by laboratory testing or a written statement of prior chickenpox disease from a healthcare provider *
2-12	Diphtheria & Tetanus..... Polio..... Measles ..... Mumps..... Rubella ..... Hepatitis B..... Varicella.....	3 Doses: at least one after 4 <sup>th</sup> birthday (DTaP/DTP/DT/Td/Tdap) 3 Doses (OPV/IPV) 2 Doses: both after 1 <sup>st</sup> birthday (MMR or MMRV) 1 Dose: after 1 <sup>st</sup> birthday (MMR or MMRV) 1 Dose: after 1 <sup>st</sup> birthday (MMR or MMRV) 3 Doses: properly spaced (HBV) 1 Dose: 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. MMRV is not licensed for use after the 13 <sup>th</sup> birthday; single antigen Varicella vaccine should be used instead.)**

**References:** \* Required by the Philadelphia Board of Health *Regulations Governing the Health of Newborns, Children and Adolescents*, published 2007. All other requirements are common to both the Philadelphia regulations and the Pennsylvania School Immunization Law § 23.83.

\*\* 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.