

SCHOOL TOWN OF HIGHLAND DEPARTMENT OF HEALTH SERVICES

Dear Parents/Guardians of Incoming 6th Grade Students:

This letter is to inform you that in order for your child to enter 6th grade in August 2018 he/she **MUST** have the following immunizations completed by the **FIRST** day of school: Tdap (tetanus, diphtheria, pertussis) booster, Meningococcal (MCV4) vaccine and a second Varicella (chicken pox) vaccine or documentation of the disease. Also, two doses (6 months apart) of the Hepatitis A vaccine is required.

Please bring this copy of the attached form with you to the doctor's office or health department. **Please return the completed form to the school nurse.**

The Lake County Health Department in Crown Point is open Monday through Thursday from 9:00 a.m. until 4:00 p.m. Please bring your child's current immunization record and the attached form. Parents on Medicaid please bring your current Medicaid card. Parents w/o insurance will be asked to sign a form stating that they do not have insurance. **NO APPOINTMENT IS NECESSARY.***

Lake County Health Department
2900 West 93rd Street
Crown Point, Indiana
(219) 755-3658

Thank you in advance for your time and cooperation regarding this matter.

Yours in Health,

Mrs. Debbie Amrhein, RN
Highland Middle School Nurse

*Parents with private insurance are asked to call ahead at the above phone number.

INDIANA 2018-19 Required and Recommended School Immunizations



	REQUIRED	RECOMMENDED
3-5 years old	<ul style="list-style-type: none"> • 3 Hepatitis B • 4 DTaP (Diphtheria, Tetanus & Pertussis) • 3 Polio 	<ul style="list-style-type: none"> • 1 Varicella (Chickenpox) • 1 MMR (Measles Mumps & Rubella) • Annual Influenza
K-4th grade	<ul style="list-style-type: none"> • 3 Hepatitis B • 5 DTaP • 4 Polio 	<ul style="list-style-type: none"> • 2 MMR • 2 Varicella • 2 Hepatitis A • Annual Influenza
5th grade	<ul style="list-style-type: none"> • 3 Hepatitis B • 5 DTaP • 4 Polio 	<ul style="list-style-type: none"> • 2 MMR • 2 Varicella • Annual Influenza • 2 Hepatitis A
6th grade	<ul style="list-style-type: none"> • 3 Hepatitis B • 5 DTaP • 4 Polio • 2 MMR 	<ul style="list-style-type: none"> • 2 Varicella • 2 Hepatitis A • 1 MCV4 (Meningococcal) • 1 Tdap (Tetanus, Diphtheria & Pertussis) • Annual Influenza • 2 HPV (Human Papillomavirus)
7th-11th grade	<ul style="list-style-type: none"> • 3 Hepatitis B • 5 DTaP • 4 Polio • 2 MMR 	<ul style="list-style-type: none"> • 2 Varicella • 1 MCV4 (Meningococcal) • 1 Tdap (Tetanus, Diphtheria & Pertussis) • Annual Influenza • 2 Hepatitis A • 2/3 HPV
12th grade	<ul style="list-style-type: none"> • 3 Hepatitis B • 5 DTaP • 4 Polio • 2 MMR 	<ul style="list-style-type: none"> • 2 Varicella • 2 Hepatitis A • 2 MCV4 • 1 Tdap • Annual Influenza • 2 MenB (Meningococcal) • 2/3 HPV

Student Name _____ GRADE _____
 Tdap Booster _____ (date) MCV4 _____ (date)
 Hepatitis A #1 _____ (date) Hepatitis A #2 _____ (date)

Physician Signature _____ Date _____
 or
 Health Department signature _____ Date _____

*Indiana Code (IC2)-34-4-5) states that a child is not permitted to attend school beyond the first day without furnishing a written record of required immunizations.
 Please get the above immunizations completed and send this documentation to the school nurse by the first day of school.