#### Recommended Childhood Immunizations Schedule

Age Shot —one dose unless otherwise

indicated

Birth Hepatitis B (Hep B)

2 months Diphtheria-Tetanus-Pertussis

(DTaP), Hep B, *Haemophilus influenzae* type b (Hib), Polio (IPV), Pneumococcal Conjugate

(PCV), Rotavirus

4 months DTaP, Hib, IPV, PCV, Rotavirus

6 months DTaP, Hep B, Hib, IPV, PCV,

Rotavirus, Influenza

12-15 months Measles-Mumps-Rubella (MMR),

PCV, Hib, Varicella

12-18 months DTaP

12 months-18 Hepatitis A (Hep A)
years 2 doses 6 months apart
4-5 years DTaP, IPV, MMR, Varicella

11-18 years Human Papillomavirus (HPV) 3

doses—second dose 2 months after the first dose and third dose 6 months after the first dose, Meningococcal Conjugate (MCV), Tetanus-Diphtheria-

Pertussis (Tdap)

Need health insurance for your child? Apply online at www.floridakidcare.org or call toll-free 1-888-540-5437 for an application.

## Fl**y**rida Kid**C**are

This document is not a complete medical guide for immunizations. Your healthcare provider will determine recommended age-appropriate immunizations based on your medical history. Visit www.cdc.gov for detailed information on vaccines.



4052 Bald Cypress Way, Bin A11 Tallahassee, FL 32399-1719 (850) 245-4342 Fax (850) 922-4195 www.lmmunizeFlorida.org







Immunizing Florida. Protecting Health.

# Make sure your child gets into school.



# **Age-appropriate doses of the following vaccines are required for:**

#### **Child Care and/or Family Day Care Entry**

- Diphtheria-Tetanus-Pertussis (DTaP)
- Haemophilus influenzae type b (Hib)
- Measles-Mumps-Rubella (MMR)
- Pneumococcal Conjugate (PCV)
- Polio (IPV)
- Varicella (Chickenpox) either vaccine or history of disease documented by healthcare provider

#### **Preschool Entry**

- Diphtheria-Tetanus-Pertussis (DTaP)
- Haemophilus influenzae type b
- Hepatitis B (Hep B)
- Measles-Mumps-Rubella
- Polio
- Varicella (Chickenpox) either vaccine or history of disease documented by healthcare provider

### **Kindergarten Entry**

- Diphtheria-Tetanus-Pertussis
- Hepatitis B
- Measles-Mumps-Rubella
- Polio
- Varicella (Chickenpox) either vaccine or history of disease documented by healthcare provider

### **7th Grade Entry**

Tetanus-Diphtheria-Pertussis
 (Tdap)—In addition to all other immunization requirements

# Forms Required for Immunization Documentation

The Form DH 680, Florida Certification of Immunization, must be used to document the immunizations required for entry and attendance in Florida schools. These forms must be completed by a Florida physician or a Florida county health department. If moving to Florida, get a copy of your child's complete immunization history before leaving the current state of residence. The local county health department or your private provider will need this information to complete the Form DH 680.

Don't forget to take your child's immunization record with you to every doctor's appointment. Keep your child's record in a safe place. Documentation of immunization is required for entry into most colleges, universities, and the military.

