



Immunization Requirements for Students Entering 7th Grade

In accordance with the Rhode Island Department of Health's *Rules and Regulations Pertaining to Immunization and Testing for Communicable Diseases* [R23-1-IMM], all students entering the 7th grade are required to have the following immunizations.

Doses	Vaccine	School Entry Requirements
1	Tdap (Tetanus, Diphtheria, acellular Pertussis) Vaccine	One (1) dose of Tdap vaccine is required for students entering seventh (7 th) grade. Where pertussis vaccine is medically contraindicated, diphtheria-tetanus (Td) vaccine is to be substituted.
4(3)	Polio Vaccine	Four (4) doses of any combination of either oral poliovirus vaccine (OPV) or inactivated poliovirus (IPV) vaccine are required. The final dose should be given on or after the fourth (4 th) birthday. If the third (3rd) dose was given after the fourth (4th) birthday, a fourth (4th) dose is not necessary (total of three (3) doses), as long as all three (3) doses were either all OPV or all IPV.
2	MMR (Measles, Mumps, Rubella) Vaccine	Two (2) doses of live measles, mumps and rubella vaccine given at least four (4) weeks apart beginning on or after twelve (12) months of age are required for students entering seventh (7th) grade.
3	Hepatitis B Vaccine	Three (3) doses of hepatitis B vaccine are required. The second dose must be at least four (4) weeks from the first dose; the third dose must be at least eight (8) weeks from the second and at least sixteen (16) weeks from the first dose. The last dose cannot be given before 24 weeks of age.
2	Varicella (Chickenpox) Vaccine	Two (2) doses of varicella vaccine given at least four (4) weeks apart beginning on or after twelve (12) months are required. A physician-documented history of chickenpox disease is required.
1	Meningococcal Vaccine	One (1) dose of meningococcal (meningitis) vaccine (MCV) is required for students entering seventh (7th) grade.
1	HPV	One (1) dose of HPV (human papillomavirus) is required for students entering 7 th grade.

Each dose of vaccine should include the day, month, year and type/name of vaccine administered.

If you have any questions, contact Kathy Marceau at 401-222-4624 or
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