

Michigan Department of Community Health
IMMUNIZATION REQUIREMENTS

A T T E N T I O N

Parents(s)/Guardian(s) of School Entrants
 (Kindergarten, 6th Grade & Entrants New to the School District in Grades 1–12)

To Enter School: State law* prohibits a principal or teacher from admitting new entrants to school without a record of having received at least one dose of each: Measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, hepatitis B, and **chickenpox (varicella)**.

To Stay in School: You must provide the school with a record showing that your child has received all of the following immunization:

IMMUNIZATIONS	AGES 4 – 6	AGES 7 - 18
DIPHTHERIA, TETANUS & PERTUSSIS**	4 doses are required. If a dose was not given on or after the 4 th birthday, a booster dose of DTP is required. Most children will have 5 doses.	4 doses are required. 4 doses D and T OR 3 doses TD if #1 given ≥ 7 years of age. Must have 1 dose within last 10 years.
POLIO	4 doses, if dose 3 administered at or after 4 years, only 3 doses required.	3 doses are required.
MEASLES, MUMPS & RUBELLA	2 doses are required. The 1 st dose must be given on or after the 1 st birthday. The 2 nd dose must be given at least 28 days from the 1 st dose.	2 doses are required. The 1 st dose must be given on or after the 1 st birthday. The 2 nd dose must be given at least 28 days from the 1 st dose.
HEPATITIS B	3 doses are required. Minimum of 28 days between 1 st and 2 nd doses; minimum of 56 days between 2 nd and 3 rd doses; minimum of 4 months between 1 st and 3 rd doses; and 3 rd dose must be administered on or after 24 weeks or 168 days of age.	
VARICELLA (CHICKENPOX)***	1 dose required on or after 1 st birthday.	1 dose required if received on or after the 1 st birthday but prior to the 13 th birthday OR 2 doses required, administered at least 28 days apart, if the child received the 1 st dose on or after the 13 th birthday.

CHILDREN who have not received the required immunizations WILL BE EXCLUDED from school UNTIL parents provide proof that ALL REQUIRED IMMUNIZATIONS have been RECEIVED, or until the school has a waiver on file.

*Part 92, Act 368 of the Public Acts of 1978, as amended.

**Children ages 4-6 must have received 4 doses of pertussis. DT is only accepted if a signed waiver is on file for that particular dose of pertussis vaccine.

***Reliable history of chickenpox disease is acceptable in lieu of the vaccine.

HEALTH CENTERS AS OF 5/6/09

The following two Health Centers will provide immunizations to those that: 1) have no insurance; 2) are under insured – immunizations not covered; or 3) are on Medicaid.

WAYNE HEALTH CENTER – immunizations only

33030 Van Born, Wayne, MI 48184

Phone: (734) 727-7100

Call for walk in and appointment times

TAYLOR HEALTH CENTER – immunizations only

26650 Eureka Road, Suite B, Taylor, MI 48180

Phone: (734) 955-3900

Call for walk in and appointment times

The following is a full service Health Center and accepts insurance:

WESTERN WAYNE FAMILY HEALTH CENTER

2500 Hamlin, Inkster, MI 48141

Phone: (313) 561-5100

Call for appointment times