

**Dr. Steve Rasmussen, Superintendent**

**Welcome to the Issaquah School District  
2009- 2010 School Year**

The State of Washington requires all students to be immunized before attending school. Exemptions for medical reasons require a physician's signature. A Personal/Religious exemption requires the signature of a parent/guardian. Schedule a meeting with your school nurse if you are requesting an exemption form. Your student **MAY** register for class but **MAY NOT** attend school until all immunization requirements are met or your child has a scheduled appointment to receive the needed immunizations. Please complete the attached immunization form.

If you **do not** have a copy of your student's immunization record, please contact your physician or your student's previous school to obtain this information. Faxed copies and auto-generated copies printed from the CHILDP Profile Immunization Registry are acceptable. Once the information is received and found to be complete, your student may attend school.

Below please find locations available for immunizations:

**King County Public Health**

206-205-1681

By Appointment Only

Use the above number to schedule an immunization appointment for the Downtown Seattle, Renton, Columbia City or Federal Way clinic

**Renton Public Health**

3001 NE 4<sup>th</sup> St.

Renton, WA.

206-205-1681

By Appointment Only

**HealthPoint**

**(Formerly Eastside Community Health Center)**

16315 NE 87<sup>th</sup> St. Suite B6

Redmond, WA 98052

425-882-1697

By Appointment Only

**HealthPoint**

**(Formerly Renton Community Health Center)**

200 S. 2<sup>nd</sup> St. (next to Renton High School)

Renton, WA 98055

425-226-5536

By Appointment Only

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**IMMUNIZATION CHARGES AT PUBLIC HEALTH DEPARTMENTS**

There is a \$20.00 office visit charge for immunizations. In addition, there may be a vaccine service charge of \$15.00 for each dose of vaccine administered. **For those with limited income, the office visit and vaccine service charges will be based on your income.**

**NO ONE WILL BE TURNED AWAY FOR INABILITY TO PAY**

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**Board of Directors**

Brian Deagle • Connie Fletcher • Chad Magendanz • Suzanne Weaver • Jan Woldseth



# VACCINES REQUIRED FOR SCHOOL ATTENDANCE, GRADES K-12<sup>1</sup>

**July 1, 2009 – June 30, 2010**

Month, Day & Year are required documentation of all vaccines.

VACCINE <sup>2</sup>	Kindergarten	1 <sup>st</sup> Grade	2 <sup>nd</sup> -3 <sup>rd</sup> Grades	4 <sup>th</sup> -5 <sup>th</sup> Grades	6 <sup>th</sup> Grade	7 <sup>th</sup> -8 <sup>th</sup> Grades	9 <sup>th</sup> -12 <sup>th</sup> Grades
<b>HEPATITIS B</b> <ul style="list-style-type: none"> <li>Series must <b>NOT</b> be completed in less than 4 months. Series should be completed within 9 months of starting school.</li> </ul>	<p style="text-align: center;"><b>3 doses</b></p> <p style="text-align: center;">2<sup>nd</sup> dose can be given at least 1 month (24 days) after the 1<sup>st</sup> dose.            3<sup>rd</sup> dose must be given at or after 6 months (24 weeks) of age.            3<sup>rd</sup> dose must be given at least 2 months after the 2<sup>nd</sup> dose.            3<sup>rd</sup> dose must be given at least 4 months after the 1<sup>st</sup> dose.</p> <p style="text-align: center;">If the student receives 2 doses of an adolescent formulation of Recombivax HB between ages 11 and 15, separated by 4 months, the student's immunization status is "complete."</p>						
<b>DTaP/DT/Td/Tdap</b> <ul style="list-style-type: none"> <li>Those older than 7 should not receive DTaP.</li> <li>After the 7<sup>th</sup> birthday, children should receive Td or Tdap.</li> </ul>	<b>4 doses DTaP</b> <b>IF</b> the last dose is given on or after the 4 <sup>th</sup> birthday.	<b>3 doses DTaP, DT or Td</b> <b>IF</b> the last dose is given on or after the 4 <sup>th</sup> birthday.			<b>3 doses DTaP, DT or Td</b> <b>IF</b> the last dose is given on or after the 4 <sup>th</sup> birthday <b>AND</b> <b>1 dose Tdap</b> <b>IF</b> student is 11 years old and <b>IF</b> it has been at least 5 years since the last DTaP, DT or Td.	<b>3 doses DTaP, DT or Td</b> <b>IF</b> the last dose is given on or after the 4 <sup>th</sup> birthday. <b>Tdap</b> may substitute for 1 of the 3 doses.	
<b>POLIO (IPV or OPV)</b> <ul style="list-style-type: none"> <li>Students 18 years and older are not required to have IPV or OPV.</li> </ul>	<p style="text-align: center;"><b>4 doses</b> <b>IF</b> all doses are given before the 4<sup>th</sup> birthday.  <b>3 doses</b> <b>IF</b> the last dose is given on or after the 4<sup>th</sup> birthday.</p>						
<b>MMR</b> <ul style="list-style-type: none"> <li>Blood test (titer) showing immunity to measles, mumps or rubella is acceptable.</li> </ul>	<p style="text-align: center;"><b>2 doses</b></p> <p style="text-align: center;">1<sup>st</sup> dose must be given on or after the 1<sup>st</sup> birthday (4 day grace applies).            2<sup>nd</sup> dose must be given at least 28 days after the 1<sup>st</sup> dose (4 day grace <b>DOES NOT</b> apply).</p>						
<b>VARICELLA</b> <ul style="list-style-type: none"> <li>Varicella must be received the same day as MMR <b>OR</b> at least 28 days apart (4 day grace <b>DOES NOT</b> apply).</li> <li>The minimum interval between varicella doses for children &lt; 13 years of age is 28 days (recommended interval is 3 mos).</li> <li>Blood test (titer) showing immunity to varicella and/or provider diagnosis/verification of disease is acceptable.</li> </ul>	<p style="text-align: center;"><b>2 doses</b></p> <p style="text-align: center;">Must be given on or after the 1<sup>st</sup> birthday (4 day grace applies).            Parent-reported history of disease <b>NOT</b> acceptable.</p>	<p style="text-align: center;"><b>1 dose</b></p> <p style="text-align: center;">Must be given on or after the 1<sup>st</sup> birthday (4 day grace applies). Parent reported history of disease is acceptable.</p>	<p><b>Recommended, but not required</b></p>		<p style="text-align: center;"><b>1 dose</b></p> <p style="text-align: center;">Must be given on or after the 1<sup>st</sup> birthday (4 day grace applies).            Parent reported history of disease is acceptable.</p>	<p><b>Recommended, but not required</b></p>	

<sup>1</sup> To attend public/private school or licensed child care in WA State, each child must present a signed **Certificate of Immunization Status form** showing proof of 1) full immunization per the 2007 Recommended Childhood Immunization Schedule (see <http://www.doh.wa.gov/cfh/Immunize/schools/vaccine.htm>), 2) an initiation of a schedule of immunization, 3) a medical exemption (with health care provider signature), **OR** 4) personal or religious exemption (with a parent/guardian signature).

<sup>2</sup> There is no maximum interval between doses. Even if the recommended interval is not met, the series does not need to be restarted. Vaccine doses given ≤ 4 days before the minimum interval or age are valid, except for the intervals between MMR doses, varicella doses and MMR and varicella doses.