School Nurse Guide to Wyoming School Immunization Requirements (Kindergarten – Grade 12) Effective: 2016-2017 School Year

(Updated 08/16)

Minimum Immunization Requirements: 1. Parents/guardians must provide proof of immunization or provide documentation of medical or religious exemption from mandatory immunizations. 2. A vaccine administered up to four (4) days prior to the minimum age/interval for that vaccine is considered compliant with that vaccine administration schedule.

Vaccine	Kindergarten - Grade 6	Grade 7 - 12	Footnotes
Diphtheria/Tetanus/acellular Pertussis (DTaP) or Diphtheria/Tetanus/Pertussis (DTP) or Diphtheria/Tetanus (DT)	5 doses*	Complete Series (Tdap for kids vaccinated ≥ age 7)	*If a fourth (4th) dose of DTaP vaccine was administered on or after a child's fourth (4th) birthday, and at least six (6) months has passed since the third (3rd) dose, a fifth (5th) dose is not required.
Haemophilus influenzae type b (Hib)	"Complete Valid Series" 1-4 doses**	n/a	**The number of primary doses of Hib vaccine is determined by vaccine product and age the series begins. If a child has not received the completed series of Hib vaccine and is younger than 60 months (5 years) of age, the child should receive one (1) dose of the Hib vaccine. Hib vaccine is not required for children age 5 years and older.
Hepatitis B (Hep B)	3 doses	3 doses	
Measles/Mumps/Rubella (MMR)	2 doses	2 doses	
Polio (IPV)	3-4 doses "	3-4 doses	***Children who receive three (3) doses of IPV before the fourth (4th) birthday should receive a fourth (4th) dose before or at school entry. The fourth (4th) dose is not needed if the third (3rd) dose is given on or after the fourth (4th) birthday.
Tetanus/diphtheria/acellular pertussis (Tdap) ⁵	n/a	1 dose****	****Children eleven (11) years of age and older should receive the Tdap vaccine. Children with a medical contraindication to the pertussis (whooping cough) antigen should receive Td instead of the Tdap vaccine. Tdap vaccine may be administered to a child regardless of the interval since the last tetanus- or diphtheria-toxoid containing vaccine.
Varicella (chickenpox)	2 doses (or documented history of disease)*****	2 doses (or documented history of disease)*****	*****If a child has had chickenpox the parent, guardian, school nurse, or physician must provide a written statement for the student's permanent school record. A student who has been diagnosed with a history of herpes zoster (i.e. Shingles) is considered as having evidence of immunity to Varicella.

For Assistance Contact:

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