

**SECTION J—STUDENTS**  
**JLCB-R—Immunization of Students-Regulation**

Adopted: 11/28/78  
Revised: 06/19/06

**COLORADO IMMUNIZATION REQUIREMENTS**  
**SCHOOL YEAR 2007-08**

1. **DTaP (DIPHTHERIA, TETANUS, PERTUSSIS)**  
FIVE DOSES OF EITHER DTP OR DTaP ARE REQUIRED FOR SCHOOL ENTRY IN COLORADO UNLESS THE 4TH DOSE WAS GIVEN ON OR AFTER THE STUDENT'S 4TH BIRTHDAY, IN WHICH CASE ONLY FOUR DOSES ARE REQUIRED.

2. **Td AND Tdap**  
**Tdap IS REQUIRED FOR STUDENTS ENTERING 6TH AND 10TH GRADE. NEW REQUIREMENT FOR SCHOOL ENTRY FOR THE SCHOOL YEAR 2007-08.**

IMPORTANT NOTE: IF A 6TH OR 10TH GRADER HAS HAD A Td, THEY ARE NOT REQUIRED TO HAVE A Tdap UNTIL 2 YEARS AFTER RECEIVING THE Td. HOWEVER, 6TH AND 10TH GRADERS ARE **REQUIRED** TO HAVE A Tdap 2 YEARS AFTER RECEIVING A Td.

Td – FOR CHILDREN 7 YEARS OF AGE AND OLDER WHO HAVE NOT HAD THE DTaP/DTP PRIMARY SERIES, A PRIMARY SERIES OF 3 DOSES OF Td IS REQUIRED. IT IS RECOMMENDED THAT ONE OF THOSE DOSES BE Tdap (PREFERABLY THE 1ST DOSE) IF THE CHILD IS AT LEAST 10 YEARS OF AGE.

3. **POLIO**  
FOUR DOSES OF POLIO VACCINE ARE REQUIRED UNLESS THE 3RD DOSE WAS GIVEN ON OR AFTER THE 4TH BIRTHDAY.

4. **MMR (MEASLES, MUMPS, RUBELLA)**  
ALL CHILDREN GRADES K-12 ARE REQUIRED TO HAVE 2 DOSES OF MMR. THE 1ST DOSE OF MMR IS NOT CONSIDERED VALID IF IT IS ADMINISTERED MORE THAN 4 DAYS BEFORE THE 1ST BIRTHDAY.

5. **HB (HEPATITIS B)**  
ALL STUDENTS ENTERING PRESCHOOL THROUGH TWELFTH GRADES ARE REQUIRED TO RECEIVE THREE DOSES OF HEPATITIS B VACCINE.

6. **VARICELLA (CHICKENPOX)**  
THE NUMBER OF DOSES DEPENDS ON THE STUDENT'S CURRENT GRADE.  
- 1 DOSE OF VARICELLA IS REQUIRED FOR STUDENTS 1ST THROUGH 7TH GRADES.  
- 2 DOSES OF VARICELLA ARE REQUIRED FOR CHILDREN ENTERING KINDERGARTEN. **NEW REQUIREMENT FOR SCHOOL ENTRY FOR THE SCHOOL YEAR 2007-08.**

FOR POLIO, MEASLES, MUMPS, RUBELLA, HEPATITIS B, WRITTEN EVIDENCE OF A LABORATORY TEST SHOWING IMMUNITY IS ACCEPTABLE FOR THE SPECIFIC DISEASE TESTED. FOR VARICELLA, A LAB TEST SHOWING IMMUNITY OR A DISEASE HISTORY FROM A HEALTH CARE PROVIDER IS ACCEPTABLE.

7. **HIB (HAEMOPHILUS INFLUENZAE TYPE B)**  
THE NUMBER OF DOSES DEPENDS ON THE CHILD'S CURRENT AGE AND THE AGE WHEN THE 1ST DOSE WAS ADMINISTERED.  
- IF ANY DOSE WAS GIVEN AT OR AFTER 15 MONTHS, THE HIB VACCINE REQUIREMENT IS MET.

REVISED POLICY-1<sup>st</sup> Reading-May 15, 2007

- FOR CHILDREN WHO BEGAN THE SERIES AT LESS THAN 12 MONTHS, 3 DOSES ARE REQUIRED OF WHICH AT LEAST 1 DOSE MUST HAVE BEEN ADMINISTERED AT OR AFTER THE 1ST BIRTHDAY.
- IF THE 1ST DOSE WAS GIVEN AT 12 TO 14 MONTHS, 2 DOSES ARE REQUIRED.
- IF THE CURRENT AGE IS 5 YEARS, NO NEW OR ADDITIONAL DOSES ARE REQUIRED.