



**METHUEN PUBLIC SCHOOLS
FAMILY RESOURCE CENTER**
10 Ditson Place, Methuen, MA 01844
978-722-6000 x1134 FAX#978-722-6033

IMMUNIZATION LIST BY GRADE LEVEL

Please submit a copy of your child's updated medical information (please refer to the list below)
Students cannot attend school until all necessary documentation is provided.

Physical Exam (within 12 months)
TUBERCULOSIS SCREENING
(documentation of low or high risk with PPD)
is required for ALL students to register.

<u>PRESCHOOL</u>	<u>GRADE 1-6</u>
Hepatitis B 3 doses DTaP/DTP 4 doses Polio 3 doses Hib 3+doses MMR 1 doses Varicella 1 doses Lead Screening (One time only)	Hepatitis B 3 doses DTaP/DTP 5 doses (Or 3 doses of Td) Polio 4 doses MMR 2 doses Varicella 2 doses
<u>KINDERGARTEN</u>	<u>GRADE 7-12</u>
Hepatitis B 3 doses DTaP/DTP 5 doses Polio 4 doses MMR 2 doses Varicella 2 doses Lead Screening (One time only) Vision Screening with Stereopsis (Within the previous 12 months)	Hepatitis B 3 doses DTaP/DTP 5 doses & (Or 3 doses of Td) 1 dose of Tdap Polio 4 doses MMR 2 doses Varicella 2 doses