

Texas Department of Health Immunizations Requirements for August 2004

New Vaccine

Hepatitis A.....2 doses required for children born or after September 2, 1992
Doses are 6 months apart and can be given when child turns 2.

Younger than 2 months No vaccines required

2 months through 3 months

- 1 dose polio vaccine
- 1 dose DTP/DtaP vaccine
- 1 dose Hib vaccine

4 months through 5 months

- 2 doses polio vaccine
- 2 doses DTP/DtaP vaccine
- 2 doses Hib vaccine

6 months through 11 months

- 2 doses polio vaccine
- 2 doses Hib vaccine
- 3 doses DTP/DtaP vaccine

12 months through 14 months

- 3 doses polio vaccine
- 3 doses DTP/DtaP vaccine
- 1 dose MMR vaccine (received on or after 1st birthday)
- 2 doses Hib vaccine
- 1 dose varicella vaccine (received on or after 1st birthday)

15 months through 4 years

- 3 doses polio vaccine
- 4 dose DTP/DtaP vaccine (4th dose not required until 18 months)
- 1 dose MMR vaccine (received on or after 1st Birthday)
- 1 dose Hib vaccine (received on or after 15 months of age, unless a primary series and booster have been completed)
- 1 dose varicella vaccine (received on or after 1st birthday)
- 2 doses hepatitis A vaccine (1st dose is given on or after age 2)

5 year olds

- 3 doses polio vaccine (including one received on or after 4th birthday)
- 4 doses DTP/DtaP vaccine (including one received on or after 4th birthday)
- 2 doses MMR vaccine (including one received on or after 1st birthday 2nd dose after that)
- 1 dose varicella vaccine (received on or after 1st birthday)
- 2 doses hepatitis A vaccine (at least 6 months apart)
- 3 doses hepatitis B vaccine

Please Note:

1. A child is required to meet ALL immunization requirements shown for an age group upon **first** entering that age group.
2. If it appears that your child has NOT received the required immunizations for his/her age group, please consult your child's physician **prior** to having your child immunized.
3. If your child's physician advises that an immunization be given at a later age than listed above, please obtain a **signed** note from the physician that states:
 - a. The name of the vaccine(s).
 - b. When the vaccine(s) will be given, and
 - c. The reason the vaccine will be given at a later date.If your child received care at a military facility, please be aware that a few of the Required vaccinations are given a few months after the ages shown above. Please obtain A physician's note in this case so we can place it in your child's file.
4. Please bring in your child's immunization record to the MDO office each time they receive a vaccine

Please call the MDO office at 681-2446 if you have any questions or concerns.