

DOWNEY UNIFIED SCHOOL DISTRICT
Instructional Services
PRESCHOOL TB AND IMMUNIZATION REQUIREMENTS

(2026 – 2027)

All preschoolers entering District speech, counseling, or preschool programs are required to have the following TB screening and immunizations. **IF THE PRESCHOOL STUDENT IS ALREADY ENROLLED IN A CALIFORNIA PUBLIC, PRIVATE, OR PAROCHIAL SCHOOL, TB SCREENING IS STILL REQUIRED.**

TB SCREENING: students, entering Downey Unified School District preschool programs, must prove they have received a TB Mantoux (PPD) screening or TB Risk Assessment **within the last 12 months of entry** into the programs. The student must have verification of the date the test was done and official reading date by a doctor or nurse, and the date of the result. If the Mantoux **is positive**, the student **must get a chest X-ray**, the result of which is due within 20 days. The student may be enrolled while waiting for the x-ray results to arrive.

IMMUNIZATION REQUIREMENTS WHEN ENROLLING STUDENT AGES 3 THROUGH 4 years and 6 months (if enrolling students younger than 3 years of age, check with your school nurse for additional requirements):

IPV (Polio)

1st – six weeks of age or older
2nd – at least 4 weeks after 1st dose
3rd – at least 4 weeks after 2nd dose

MMR (Measles, Mumps, and Rubella)

One on or after 1st birthday

HEPATITIS B - 3 doses required for school entry

1st – at any time
2nd – at least one month after 1st dose
3rd – two to six months after 2nd dose
Must be at least 4 months between 1st and 3rd dose

DPT

1st – six weeks of age or older
2nd – at least four to eight weeks after 1st dose
3rd – at least four to eight weeks after 2nd dose
4th – at least 6 months after 3rd dose

HIB (Influenza)

One dose given on or after **1st birthday**. This is the requirement for ALL Preschoolers ages 3 years through 4 years-6 months.

VARICELLA (Chicken Pox)

One dose at 12 months and older. History of Chicken Pox disease needs Medical Exemption by Physician

YOUR CHILD NEEDS THE FOLLOWING IMMUNIZATIONS:

Student's name _____ School _____

Our records indicate that your child needs the immunizations checked below. Your child will not be able to attend school until we have verification from a doctor, clinic, or Health Department that the immunizations have been received. Dates of doses already documented are written in. Doses your child needs are circled.

_____ Polio	_____	_____	_____	_____
_____ DPT	_____	_____	_____	_____
_____ TD	_____	_____	_____	_____
_____ MMR (Measles/Mumps/Rubella)	_____	_____	_____	_____
_____ Measles (Rubella)	_____	_____	_____	_____
_____ Hepatitis B	_____	_____	_____	_____
_____ Varicella (Chicken Pox)	_____	_____	_____	_____
_____ TB Risk Assessment	_____	_____	_____	_____
_____ TB Mantoux*	_____	_____	_____	_____
_____ X-RAY	_____	_____	_____	_____
	date of test	date of reading	results	
	x-ray date	result		
_____ HIB (Influenza) Preschoolers ages 3 years through 4 years-6 months need only 1 dose				_____

***Must include date of test, date of reading, and results.**

If you have any questions, please call the school at (562) 904-_____