

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

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

MMR (Measles, Mumps, and Rubella)

One on or after 1st birthday

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.

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

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*		date of test	date of reading	results
X-RAY		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-_____