

DOWNEY UNIFIED SCHOOL DISTRICT
Instructional Services
PRESCHOOL TB AND IMMUNIZATION REQUIREMENTS

(2024 – 2025)

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

TB SCREENING: All other students entering District preschool programs must prove they have received a TB Mantoux (PPD) screening **within the last 12 months of entry** into our programs or TB Risk Assessment. 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 2 THROUGH 4 years and 6 months (if enrolling students younger than 2 years of age, check with your school nurse for additional requirements):

IPV or OPV (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 2 years through 4 years-6 months.

VARICELLA (Chicken Pox)

One dose at 18 months and older. History of Chicken Pox disease need physician's verification note.

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.

<input type="checkbox"/> Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DPT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MMR (Measles/Mumps/Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Varicella (Chicken Pox)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TB Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> TB Mantoux*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> X-RAY	date of test	date of reading	results
	x-ray date	result	
<input type="checkbox"/> HIB (Influenza) Preschoolers ages 2 years through 4 years-6 months need only 1 dose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Must include date of test, date of reading, and results.**
 If you have any questions, please call the school at (562) 904-_____