

# Back To School Shot Clinics

**\* By Appointment ONLY! \***

**(765) 423-9222 Ext. 1**

<p><b>Dates and Times:</b></p> <p><b>Tuesday 7/20/21</b> 8:30 am- 6:00 pm</p> <p><b>Tuesday 8/3/21</b> 8:30 am- 6:00 pm</p>	<p><b>Location:</b></p> <p><b>2577 Maple Point Drive</b> Lafayette, IN <i>*Current Covid-19 Vaccine Clinic*</i></p> <p><i>*One parent/guardian per child at appointment*</i></p>	<p><b>What to bring:</b></p> <p><input type="checkbox"/> <b>Insurance Card</b> (we are IN-NETWORK with the following insurance: Anthem BCBS, Cigna Sagamore Health Network, CareSource, MHS, Aetna, UHC, UMR, and Medicaid.)</p> <p><input type="checkbox"/> <b>Child's Immunization Records</b></p> <p><i>*If child is coming with someone other than a parent/guardian, please call for instructions.</i></p>
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## Indiana 2021 Required and Recommended School Immunizations

Grade	Required	Recommended	
Pre-K	<input type="checkbox"/> 3 Hepatitis B <input type="checkbox"/> 4 DTaP <input type="checkbox"/> 3 Polio	<input type="checkbox"/> 1 Varicella <input type="checkbox"/> 1 MMR <input type="checkbox"/> 2 Hepatitis A	<input type="checkbox"/> Annual Influenza
K-5 <sup>th</sup> Grade	<input type="checkbox"/> 3 Hepatitis B <input type="checkbox"/> 5 DTaP <input type="checkbox"/> 4 Polio	<input type="checkbox"/> 2 Varicella <input type="checkbox"/> 2 MMR <input type="checkbox"/> 2 Hepatitis A	<input type="checkbox"/> Annual Influenza
6 <sup>th</sup> -11 <sup>th</sup> Grade	<input type="checkbox"/> 3 Hepatitis B <input type="checkbox"/> 5 DTaP <input type="checkbox"/> 4 Polio <input type="checkbox"/> 2 Varicella	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 2 Hepatitis A <input type="checkbox"/> 1 MCV 4 <input type="checkbox"/> 1 Tdap	<input type="checkbox"/> Annual Influenza <input type="checkbox"/> 2/3 HPV
12 <sup>th</sup> Grade	<input type="checkbox"/> 3 Hepatitis B <input type="checkbox"/> 5 DTaP <input type="checkbox"/> 4 Polio <input type="checkbox"/> 2 Varicella	<input type="checkbox"/> 2 MMR <input type="checkbox"/> 2 MCV4 <input type="checkbox"/> 1 Tdap <input type="checkbox"/> 2 Hepatitis A	<input type="checkbox"/> Annual Influenza <input type="checkbox"/> 2/3 HPV <input type="checkbox"/> 2 MenB <input type="checkbox"/> 1/2 Covid-19

**HepB:** The minimum age for the 3rd dose of Hepatitis B is 24 weeks of age.

**DTaP:** 4 doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's 4th birthday.

**Polio\*:** 3 doses of Polio are acceptable for all grade levels if the 3rd dose was given on or after the 4th birthday and at least 6 months after the previous dose.  
\*For students in grades K-10, the final dose must be administered on or after the 4th birthday and be administered at least 6 months after the previous dose.

**Varicella:** Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool through 12th grade. Parent report of disease history is not acceptable.

**Tdap:** There is no minimum interval from the last Td dose.

**MCV4:** Individuals who receive dose 1 on or after the 16th birthday only need 1 dose of MCV4.

**Hepatitis A:** The minimum interval between 1st and 2nd dose is 6 calendar months. 2 doses are required for all grades K-12.

Number next to vaccine denotes the number of cumulative doses needed for each grade.

DTaP: Diphtheria, Tetanus, & Pertussis

Varicella: Chickenpox

MMR: Measles, Mumps, & Rubella

MCV4: Meningococcal

Tdap: Tetanus, Diphtheria, & Pertussis

HPV: Human Papillomavirus

MenB: Meningococcal B

