According to Delaware laws and the Department of Education regulations, all children entering Delaware public schools are required to have written documentation of the following:

- 5 or more doses of DtaP, DTP, or Td vaccine (unless 4th dose was given after the 4th birthday)
- 4 doses of IVP or OPV (unless 3rd dose was given after the 4th Birthday)
- 2 doses of MMR vaccine administered after the age of 12 months
  (individual combination of measles, mumps, and rubella may be used to meet this requirement)
- 3 doses hepatitis B vaccine
- 2 doses varicella vaccine
  (or written documentation of disease from healthcare provider in lieu of vaccine)
- Lead screening (pre-K and kindergarten)
  Documentation of lead screening shall be provided within sixty (60) calendar days of the date of enrollment.
- Physical examination (done within the last 2 years)

2.1 All public school students shall have two health examinations. The second health examination shall be required for entering grade 9 students. The required health examination shall be done within the two years prior to entry into grade 9th grade.

- Tuberculosis - results of Mantoux screening completed within the last 12 months or written documentation from a physician or public health clinic stating that the child has a low risk factor.
- 9th grade Booster Tdap
- 9th grade 1 dose Meningococcal Immunization
- Other (ex. Action plans, meds)

The health information you have presented at the time of registration has been reviewed and the missing requirements have been checked above. Within 14 calendar days after notification, evidence must be presented to the school that the basic series of immunizations has been initiated or has been completed. Within 30 calendar days after entry, new enterers and grade 9 students shall have received the health examination or shall have a documented appointment with a licensed health care provider for the health examination. If you fail to provide the documentation, your child will be excluded from school.

Parent/Guardian Signature ___________________________________ Date ___________________

School Nurse or Designee Signature ___________________________________ Date ____________