



01467  
K025107



TEXAS  
Department of  
State Health Services

Department of State Health Services  
Immunization Branch (MC 1946)  
10214 N. IH-35  
Austin, TX 78753

Presorted  
First Class  
US Postage Paid  
Austin TX  
Permit No. 45

\*\*\*\*\*AUTO\*\*3-DIGIT 795  
ATTN: School Administration  
HAMLIN ISD  
PO BOX 338  
HAMLIN TX 79520-0338



ODSAR01 SK 13 PK 5 UID 1467 TTL 106/129



0100700





## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

JOHN HELLERSTEDT, M.D.  
COMMISSIONER

P.O. Box 149347  
Austin, Texas 78714-9347  
1-888-963-7111  
TTY: 1-800-735-2989  
[www.dshs.state.tx.us](http://www.dshs.state.tx.us)

September 1, 2016

Dear Principals, Superintendents, and School Health Staff:

In accordance with Section 38.002, Education Code and 25 TAC §97.71, all public school districts and accredited private schools must complete the Annual Report of Immunization Status each year. The purpose of this report is to monitor compliance with the Texas immunization requirements outlined in 25 TAC §§97.61-97.72. Please use the enclosed *2016-2017 Texas Minimum State Vaccine Requirements for Students Grades K-12* and *2016-2017 Texas Minimum State Vaccine Requirements for Child-care Facilities* as a reference. In addition to the immunization requirement charts, please note the other enclosed documents: the report form, instructions, and other useful resources. Electronic versions of these documents are available online at [www.artximmunize.com](http://www.artximmunize.com).

The Annual Report of Immunization Status should be completed by the school nurse or other staff person who maintains immunization records. The assessment date for evaluating all student records is **Friday, October 28, 2016**. The report must reflect the facility's immunization status as it is on this date and **must** be submitted online. Any report submitted prior to this date will not be accepted. Reports submitted after **December 9, 2016** will be considered late and will be considered invalid. Facilities that do not submit the report as instructed may be subject to auditing.

School administration should review the Report before it is submitted to the Department of State Health Services. Please note that students considered "delinquent" for any vaccine category must be excluded from school until the student is brought into compliance.

Thank you for your commitment to the health and well-being of Texas students. Your support is greatly appreciated. For additional information about immunization requirements or this report, please contact the DSHS Immunization Unit at (800) 252-9152.

Sincerely,

Margaret Horton  
School Compliance Coordinator  
Immunization Unit

6 Enclosures





## **INSTRUCTIONS FOR THE 2016 - 2017 ANNUAL REPORT OF IMMUNIZATION STATUS**

Enclosed is the 2016 - 2017 Annual Report of Immunization Status for schools. This information is collected under the authority of Texas Education Code §38.002 and 25 TAC §97.71. It is used to measure compliance with immunization requirements and determines the need for further immunizations. As required by state law, **all schools must complete this report.**

**IMPORTANT:** If you have received more than one Annual Report form for the same school, you must contact us immediately at (800) 252-9152 for detailed instructions. However, if one or more of the following scenarios listed below applies to your facility, please put a check next to it; you **do not** need to fill out the report. Write the word "Void" across the front page of the report and call the Immunization Unit for further instructions at (800) 252-9152.

- Closed or No Longer in Business
- Inactive / Temporary Closure
- Juvenile Justice Alternative Education Program (JJAEP)
- No Immunization Records Kept on Site / Students Accounted for on Home School Survey
- No Students Currently Enrolled
- Psychiatric Facility
- Alternative Adult Education

### **ONLINE DATA ENTRY**

The Annual Report of Immunization Status **must** be submitted online for each individual non-public school or school district.

- 1) Go to the website located at [www.artximmunize.com](http://www.artximmunize.com).
- 2) There are two tutorials at the top right-hand corner of this web page to help assist in this process. Please refer to the 'User Account' tutorial for instructions on creating a new user account and the 'Imm Data Entry' tutorial for immunization data entry instructions.
- 3) Open each tutorial and either print out the slides or save the files to your computer. *Note*, there is a third tutorial titled "VHSS Data Entry." You will **not** need this tutorial until you are instructed to enter data for Vision-Hearing-Spinal Screening later in the year.
- 4) Log in to the website. Username and Password should be the same as last year. Refer to the 'User Account' tutorial as needed for instructions. New users will need the Facility ID and FIN number located at the top of the Annual Report form (your Annual Report form is included in this mailing).

- 5) After you are logged in, refer to the 'Imm Data Entry' tutorial that you printed or saved to your computer. This tutorial contains instructions for entering your Annual Report data online. You should also refer to the instructions on pages 2 - 6 of this document to supplement the online data entry instructions. The data entry online report form is in the same order as it appears on your paper Annual Report form.

**Note:** If you have problems logging into the website, send an email to [chrs.loginhelp@dshs.state.tx.us](mailto:chrs.loginhelp@dshs.state.tx.us). If you have questions with data entry, send an email to [immstat.dataentry@dshs.state.tx.us](mailto:immstat.dataentry@dshs.state.tx.us).

- Your email must include the following information:
  - Your first and last name;
  - Your phone number;
  - The name of your school district or non-public school;
  - The facility ID that is printed on your Annual Report form; and
  - A detailed description of the issue you are having.

Report the status of students as of **Friday, October 28, 2016**. Please ensure your report reflects your districts or non-public school's immunization status as it is on this date.

You must submit your Annual Report of Immunization Status to DSHS *online* no later than **Friday, December 9, 2016**. DSHS does not grant extensions past the deadline. Failure to submit your annual report by the due date may result in a school audit.

## **SECTION 1 (A through H): DISTRICT / NON-PUBLIC SCHOOL INFORMATION**

The following information should be pre-printed on the form mailed to you:

- (A) Name of your school district or non-public school;
- (B) Facility ID;
- (C) FIN number; and
- (D) Mailing Address.

For data reporting purposes, please ensure the mailing address provided accurately reflects the location of your facility. If it does not match, please contact us at (800) 252-9152 to receive further instructions.

**Enter your contact information:**

- (E) Name and Title;
- (F) Email address and Phone Number.

Please complete the following information (Items G and H) for your ENTIRE district or non-public school, for ALL grades K - 12. If non-public school — please enter your specific non-public school information, NOT diocese total or parent organization information.

(G) Total number of students with at least ONE conscientious exemption in your district / non-public school for ALL grades K-12. *Do not include Pre-K.*

(H) Total number of students enrolled in your district (for public schools) or school (for non-public schools):

- *Include the total number of students enrolled regardless of what grade levels you have in your district or school. For example, a non-public school that has only grades 8 - 12 should provide the total number of students enrolled in grades 8 - 12. Include the total for ALL grades K - 12 only. Do not include Pre - K.*

## SECTION 2 (I through Z): IMMUNIZATION STATUS

The information below must be submitted for Pre-Kindergarten, Kindergarten, and 7<sup>th</sup> grade students in your school district or non-public school. For a list of immunization requirements, please refer to the *Texas Minimum State Vaccine Requirements for Students Grades K - 12* (Stock # 6-14) and *Texas Minimum State Vaccine Requirements for Child-Care Facilities* (Stock # 6-15). Both can be found at [www.ImmunizeTexas.com](http://www.ImmunizeTexas.com).

The following instructions apply to all three data-collection tables: Table 1: Pre-Kindergarten, Table 2: Kindergarten, and Table 3: 7<sup>th</sup> grade.

### Part 1 – Totals

Pre-Kindergarten: Questions (I) – (N)

- *Report all Pre-K students (3 and 4 year olds), but do NOT include Early Childhood Education.*

Kindergarten: Questions (O) – (T)

7<sup>th</sup> Grade: Questions (U) – (Z)

- Total number of schools in your district with grade Pre-Kindergarten, Kindergarten, or 7<sup>th</sup> grade.

*For most non-public schools, the number should be 1.*

- Total number of students enrolled in Pre-Kindergarten, Kindergarten, or 7<sup>th</sup> grade.

- Total number of **Pre-Kindergarten, Kindergarten, or 7<sup>th</sup> grade** students with a conscientious exemption on file for at least **one** vaccine. Please count all students with an affidavit on file, regardless of the number of vaccines that are checked off on the form.

**Please Note:** If you mark that you have at least one student with a conscientious exemption, you must also mark the corresponding vaccine or vaccines that the student is exempted from in Column 3.

- Total number of **Pre-Kindergarten, Kindergarten, or 7<sup>th</sup> grade** students with a conscientious exemption to **all** vaccines listed below.

*In this section, only count students who have been exempted from all of the required vaccines. In other words, count the students who present an **Exemption from Immunizations for Reasons of Conscience** with all vaccines checked off. You may not have any students in this category. Number must be less than or equal to the number reported in section (K), (Q), or (X).*

- Total number of **Pre-Kindergarten, Kindergarten, or 7<sup>th</sup> grade** students with a medical exemption.

*Number must be less than or equal to the sum of column (4).*

- Total number of **Pre-Kindergarten, Kindergarten, or 7<sup>th</sup> grade** students without an Immunization Record on file. Do not include students with an exemption to all vaccines.

## **Part 2 – Vaccine-Specific Information**

### **Column (1) Up-to-Date**

In this column, include only the number of students who are up-to-date / completely vaccinated. For example, this would include all those who have completed all required doses of a specific vaccine for their age.

### **Column (2) Provisional**

In this column, include the number of students who are in the category of provisional enrollment. A student can be enrolled provisionally under the following circumstances:

- (1) When a student has started a series of required vaccinations and is on schedule to receive the remaining doses as rapidly as medically feasible;
- (2) When a student has transferred from one Texas school to another Texas school and is waiting on the transfer of immunization records (30 day period);
- (3) When a student is a dependent of a person who is on active duty with the armed forces of the United States and is waiting for the transfer of records from a previous school; or
- (4) Students who are defined as homeless or in foster care can be admitted provisionally for 30 days if acceptable evidence of vaccination is not available.





Please refer to 25 TAC §97.66 for complete information regarding provisional enrollment.

### **Column (3) Conscientious**

In this column, include the number of students who have an official affidavit for an **Exemption from Immunizations for Reasons of Conscience** on file from the Department of State Health Services (DSHS). The original form must be on file with the school.

### **Column (4) Medical**

In this column, include the number of students who have a valid medical exemption on file with the school. The statement must be signed by the student's physician (M.D. or D.O.). The medical exemption must state that, in the physician's opinion, the vaccine required is medically contraindicated or poses a significant risk to the health and well-being of the child or any member of the child's household. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician. Students with a history of illness for Varicella should be reported in Column 6 and should not be counted as a medical exemption. **Note: A Medical Exemption is not a Conscientious Exemption.**

### **Column (5) Delinquent**

This column includes the number of students who are delinquent. Delinquent students are students who are not up-to-date on their immunizations; do not have the required immunizations for their age; do not qualify for provisional enrollment; and do not have a valid medical or conscientious exemption on file. Therefore, Column 5 should **not** include students from Columns 1, 2, 3, or 4.

### **Column (6) History**

Students with a documented history of Varicella (chickenpox) infection should be counted only in Column 6. Acceptable documentation of infection is limited to a written statement from a parent (or legal guardian or managing conservator), school nurse, or physician attesting to a child's positive history of varicella disease, or of varicella immunity, per 25 TAC §97.65. Students who provide this documentation should not be counted in columns 1 - 5.

If a student has received varicella vaccine and also has a documented history of illness, please include the student in Column (6) **ONLY**.

### **Column (7) Total from Columns 1 - 6**

This total must equal the total enrollment for the specified grade level. The number in each row in Column 7 **MUST** equal the combined total of the corresponding rows in Columns 1, 2, 3, 4, 5, and 6.

As you enter your report online, automatic data validations will check for the correctness of your data. For example, the total number of students in Columns 1 - 6 must equal the total enrollment number you entered for that particular grade level.

## ADDITIONAL INFORMATION

### Public Schools

This report should include your total district numbers for all grades being requested. Please do not submit a separate report for each Pre-Kindergarten, Kindergarten, and 7<sup>th</sup> grade school in your district.

Fill out all required fields for the report. If there are no students in a particular category or if the category is not applicable to you, place a zero in the box.

### Non-Public Schools and Charter Schools

If you received more than one Annual Report and the forms have different facility ID numbers, **you must contact us immediately** at (800) 252-9152, to ensure that your report will be filled out correctly. Do not combine different reports.

For Catholic diocese schools, please submit the reports with information specific to the school name that is listed, not the diocese total. Section 1, District / Non-Public School Information (A-H), should only reflect your campus numbers.

If your non-public school or charter school only has grades above 7<sup>th</sup> grade, you are required to complete Section 1 of this report. (District / Non-Public School Information, A - H).

### All Schools

If your non-public school or school district has software that computerizes your annual report, please **do not send the computerized printout** to DSHS. Use your print out to complete the annual report online.

**Please review your report before you submit it.** Once submitted, no changes can be made to the report. Please ensure that all numbers are correct.

Do **NOT** hit "Submit" until all age groups are finalized. If you hit submit before all data is entered, you will not be able to continue on with data entry and your report will be incomplete. **It is very important that you keep a copy of your report for your records.** After you submit your data online, you will have the option of printing a summary report.

If you have questions or concerns about this report or need more information about immunization requirements, please call the Immunization Unit at **(800) 252-9152**.

## 2016-2017 Annual Report of Immunization Status

### SECTION 1: DISTRICT / NON-PUBLIC SCHOOL INFORMATION (ALL SCHOOLS must complete Section 1.)

(A) Name of School District or Non-public School	(B) Facility ID Number	(C) FIN	(D) Mailing Address	(E) Name & Title of Person Completing Form	(F) Email and Phone Number
HAMLIN ISD	9127903000	haml2616	PO BOX 338, HAMLIN TX 79520-0338		

Please complete items (G) and (H) for your district / non-public school. **K-12 Only.**

(G) What is the total number of students K-12 in your district / non-public school with at least one conscientious exemption? \_\_\_\_\_

(H) What is your total district / non-public school enrollment for K-12? \_\_\_\_\_

### SECTION 2: IMMUNIZATION STATUS

**Table 1: PRE-KINDERGARTEN (Include ALL Pre-K, NOT Early Childhood)**

(I) Total # of schools in your district / non-public school with grade Pre-K. _____
(J) Total enrollment for grade Pre-K. _____
(K) Total # of Pre-K students with a conscientious exemption for at least one vaccine (must be ≤ the sum of Column 3). _____
(L) Of the students included in Section (K), how many students have a conscientious exemption for <u>all</u> vaccines? _____
(M) Total # of Pre-K students with a medical exemption for at least one vaccine. _____
(N) Total # Pre-K students without an immunization record. (Do not include students with exemption to all vaccines.) _____

**Columns 1, 2, 3, 4, 5, and 6 MUST total Column 7**

Vaccine	# Students Current		# Students Exempt Official State of Texas Form	# Students Exempt Statement From Health Care Provider	# Students Not In Compliance	# Students with History of Illness*	(7) Total from Columns 1 - 6
	(1) Up-to-Date	(2) Provisional	(3) Conscientious	(4) Medical	(5) Delinquent	(6) History	
DTaP							
Hepatitis A							
Hepatitis B							
MMR							
Polio							
Varicella							
Pneumococcal (PCV)							
Hib							

\* If a student has received varicella vaccine *and* has a documented history of illness, please include the student in Column (6) ONLY.

--Continued on Back--



**Table 2: KINDERGARTEN**

(O) Total # of schools in your district / non-public school with grade K. \_\_\_\_\_

(P) Total enrollment for grade K. \_\_\_\_\_

(Q) Total # of K students with a conscientious exemption for at least one vaccine (must be ≤ the sum of Column 3). \_\_\_\_\_

(R) Of the students included in Section (Q), how many students have a conscientious exemption for all required vaccines? \_\_\_\_\_

(S) Total # of K students with a medical exemption for at least one vaccine. \_\_\_\_\_

(T) Total # K students without an immunization record. (Do not include students with exemption to all vaccines.) \_\_\_\_\_

**Columns 1, 2, 3, 4, 5, and 6 MUST total Column 7**

Vaccine	# Students Current		# Students Exempt Official State of Texas Form	# Students Exempt Statement From Health Care Provider	# Students Not In Compliance	# Students with History of Illness*	(7) Total from Columns 1 - 6
	(1) Up-to-Date	(2) Provisional	(3) Conscientious	(4) Medical	(5) Delinquent	(6) History	
DTaP							
Hepatitis A							
Hepatitis B							
MMR							
Polio							
Varicella							

**Table 3: 7<sup>th</sup> GRADE**

(U) Total # of schools in your district / non-public school with 7<sup>th</sup> grade. \_\_\_\_\_

(V) Total enrollment for 7<sup>th</sup> grade. \_\_\_\_\_

(W) Total # 7<sup>th</sup> grade students with a conscientious exemption for at least one vaccine (must be ≤ the sum of Column 3). \_\_\_\_\_

(X) Of the students included in Section (W), how many students have a conscientious exemption for all required vaccines? \_\_\_\_\_

(Y) Total # 7<sup>th</sup> grade students with a medical exemption for at least one vaccine. \_\_\_\_\_

(Z) Total # 7<sup>th</sup> grade students without an immunization record. (Do not include students with exemption to all vaccines.) \_\_\_\_\_

**Columns 1, 2, 3, 4, 5, and 6 MUST total Column 7**

Vaccine	# Students Current		# Students Exempt Official State of Texas Form	# Students Exempt Statement From Health Care Provider	# Students Not In Compliance	# Students with History of Illness*	(7) Total from Columns 1 - 6
	(1) Up-to-Date	(2) Provisional	(3) Conscientious	(4) Medical	(5) Delinquent	(6) History	
Tdap / Td							
Hepatitis A							
Hepatitis B							
MMR							
Polio							
Varicella							
Meningococcal							



**ANNUAL REPORT OF IMMUNIZATIONS STATUS  
FINAL SUBMISSION CHECKLIST  
2016-2017**

1. Ensure *all* data reflects your facility's status as of **Friday, October 28, 2016**. Please note that you have until Friday, December 9, 2016 to submit the report.
2. Verify that your school name, school address, Facility ID, and FIN are correct. This information is in the upper left-hand corner of the mailed packet.
3. Ensure **ALL** of your contact information is complete and accurate with Name, Title, Phone Number, and Email. We may need to contact you with questions or concerns.
4. Make sure you correctly answered questions (G) and (H) at the top of your report. The first number should reflect the number of students in K - 12 with a conscientious exemption on file. The second number should reflect your district's total K - 12 enrollment.
5. In the grade level tables, please ensure that the number of students with an exemption to **ALL** vaccines is included in the number of students with an exemption to at least **ONE** vaccine.
6. Verify all data has been entered and each age group has been reported. Once you have verified **ALL** information is complete and accurate, then you can submit your report.
7. Print a copy of your completed report for your records.

**If you have additional questions, you can contact the Immunization Unit at (800) 252-9152 or [immstat.dataentry@dshs.state.tx.us](mailto:immstat.dataentry@dshs.state.tx.us)**





# Frequently Asked Questions

## Annual Report of Immunization Status

### Report Preparation:

**Q. My school has mostly Pre-K students. Should I include them in questions (G) and (H), the K - 12 enrollment total and K - 12 conscientious exemption total?**

A: No, please only enter data that applies to your students enrolled in kindergarten through 12<sup>th</sup> grade. If you only have Pre-K students, please enter zero for both questions.

**Q: We have Pre-K 3 and Pre-K 4. Which age group should I report?**

A: Please enter all Pre-Kindergarten students that are enrolled. This may include Pre-K 3 and Pre-K 4. However, do not include other early childhood education.

**Q. How should I answer the question that asks for the “Total # of schools in your district with grade Pre-K / K / 7?”**

A. This number reflects the number of physical campuses in your district or private school with this grade level. Diocese schools should not report diocese totals. This also applies to the Kindergarten and 7<sup>th</sup> grade data tables: please enter the number of physical campuses with this grade level.

**Q. I see the question that states, “Total # of Pre-K students with a conscientious exemption for all vaccines.” What does this mean?**

A. This question refers to the number of students that have a conscientious exemption affidavit on file and are exempt from all required vaccines. *This number is a subset of the previous question (number of students with an exemption to one or more vaccines) and should be a smaller number.* Some children may not have an immunization record on file. Others may have an incomplete record on file.

**Q. Some of my students have conscientious exemption affidavits with all vaccine categories checked (i.e., “exempt from all vaccines”) but also have an immunization record on file indicating that they meet some of the vaccine requirements (e.g., 3 doses of hepatitis B). How should I categorize these students on the report?**

A: In the grade-level information, please include these students in the “exempt from all vaccines” count. However, please mark the child as “up-to-date” for the vaccine requirements that are completed.

**Q. I see the question that asks for the total number of students without an immunization record. What does this mean?**

A. Please enter the total number of students in this grade level that do not have an immunization record OR an exemption on file. These students may be provisionally enrolled or delinquent.

**Q. I see the “Delinquent” column, is this for all my students who do not have a shot record on file?**

A. This is for students that are out of compliance and are considered delinquent. In some cases, these students *may* be counted as “without a shot record” (see above). The following scenarios are examples, not a complete list:

- The student was provisionally enrolled and has not received the necessary doses of vaccine or presented an immunization record within the allotted time frame.
- The student has not received the required vaccines and does not have a valid conscientious or medical exemption on file.

**Q. How do I complete the section labeled “Students with a History of Illness” for varicella (chickenpox)?**

A. The 25 TAC §97.65 allows students with a documented history of varicella (chickenpox) illness to satisfy the varicella school entry requirements. A student that is enrolled with a documented history of varicella (chickenpox) illness should be counted **ONLY** in the “Students with a History of Illness” column.

**Q. I have a student who has received one dose of varicella and also has a documented history of varicella illness. How should I count this student?**

A. All students that have a documented history of varicella illness on file at the school should be counted in column (6), “History of Illness.” Students who have received one dose of varicella vaccine but have a documented history of illness should be counted **ONLY** under “# Students with a History of Illness.” The documented history of illness satisfies the varicella requirement.

### **Report Submission:**

**Q. I am a new user for my school and do not have a user ID or password. How do I get this information?**

A. You will need your Facility ID and FIN number (located in the upper left hand side of your “Instructions for the 2016 - 2017 Annual Report of Immunization Status”). Go to the Child Health Reporting System (CHRS) website at [www.artximmunize.com](http://www.artximmunize.com). Underneath the login





box, click the following link: "Click here to register for a new school or child-care facility user account." Please refer to the tutorial linked on the CHRS website for more detailed instructions.

**Q. I don't have a password or I forgot my password, how do I get a new one?**

A. You will need your Facility ID and FIN number (located in the upper left hand side of your "Instructions for the 2016-2017 Annual Report of Immunization Status"). Go to the CHRS home page at [www.artximmunize.com](http://www.artximmunize.com) and click on the following link: "I forgot my User ID / Password – School / Child-Care Facility User." Please refer to the tutorial linked on the CHRS website for more detailed instructions.

**Q. Once logged into the system, I entered my Contact Information and hit "Save." The system will not allow me to answer the next two questions: "Total # of students with a conscientious exemption" and "Total school enrollment K-12."**

A. You will need to go back and hit the "Edit" button, enter your totals for both questions and then hit "Save" again.

**Q. I accidentally hit submit before my report was complete with Pre-K, Kindergarten, or 7<sup>th</sup> grade, how can I open retrieve this information in order to complete my report?**

A. Once you hit "submit" you will be unable to edit any information. You can fax your complete report to (512) 776 - 7544 and write on the top "Report was not complete when submitted online."

**Q. My school is only 9<sup>th</sup> - 12<sup>th</sup> grade, do I need to submit the annual report?**

A. Yes, you will still need to submit the annual report. Please answer the first two questions on the report: (G) What is the total number of students K - 12 in your district / non-public school with at least one conscientious exemption? and (H) What is your total district / non-public school enrollment for K-12?





## 2016-2017 Texas Minimum State Vaccine Requirements for Child-Care Facilities



This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §§97.61-97.72. This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services granted authority to set immunization requirements by the Human Resources Code, Chapter 42.

### IMMUNIZATION REQUIREMENTS

A child shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private elementary or secondary school in Texas.

Age at which child must have vaccines to be in compliance:	Minimum Number of Doses Required of Each Vaccine							
	DTaP	Polio	HepB	Hib	PCV	MMR	Varicella	HepA
0 through 2 months								
By 3 months	1 Dose	1 Dose	1 Dose	1 Dose	1 Dose			
By 5 months	2 Doses	2 Doses	2 Doses	2 Doses	2 Doses			
By 7 months	3 Doses	2 Doses	2 Doses	2 Doses <sup>1</sup>	3 Doses <sup>2</sup>			
By 16 months	3 Doses	2 Doses	2 Doses	3 Doses <sup>1</sup>	4 Doses <sup>2</sup>	1 Dose <sup>3</sup>		
By 19 months	4 Doses	3 Doses	3 Doses	3 Doses <sup>1</sup>	4 Doses <sup>2</sup>	1 Dose <sup>3</sup>		
By 25 months	4 Doses	3 Doses	3 Doses	3 Doses <sup>1</sup>	4 Doses <sup>2</sup>	1 Dose <sup>3</sup>		1 Dose <sup>3</sup>
By 43 months	4 Doses	3 Doses	3 Doses	3 Doses <sup>1</sup>	4 Doses <sup>2</sup>	1 Dose <sup>3</sup>	1 Dose <sup>3</sup>	2 Doses <sup>3</sup>

<sup>1</sup> A complete Hib series is two doses plus a booster dose on or after 12 months of age (three doses total). If a child receives the first dose of Hib vaccine at 12 - 14 months of age, only one additional dose is required (two doses total). Any child who has received a single dose of Hib vaccine on or after 15 - 59 months of age is in compliance with these specified vaccine requirements. Children 60 months of age and older are not required to receive Hib vaccine.

<sup>2</sup> If the PCV series is started when a child is seven months of age or older or the child is delinquent in the series, then all four doses may not be required. Please reference the information below to assist with compliance:

- For children seven through 11 months of age, two doses are required.
- For children 12 - 23 months of age: if three doses have been received prior to 12 months of age, then an additional dose is required (total of four doses) on or after 12 months of age. If one or two doses were received prior to 12 months of age, then a total of three doses are required with at least one dose on or after 12 months of age. If zero doses have been received, then two doses are required with both doses on or after 12 months of age.
- Children 24 months through 59 months meet the requirement if they have at least three doses with one dose on or after 12 months of age, or two doses with both doses on or after 12 months of age, or one dose on or after 24 months of age. Otherwise, one additional dose is required. Children 60 months of age and older are not required to receive PCV vaccine.

<sup>3</sup> For MMR, Varicella, and Hepatitis A vaccines, the first dose must be given on or after the first birthday.

Information on exclusions from immunization requirements, provisional enrollment, and acceptable documentation of immunizations may be found in §97.62, §97.66, and §97.68 of the Texas Administrative Code, respectively.

**Vaccines:**

**DTaP:** Diphtheria, tetanus, and acellular pertussis (whooping cough); record may show DT or DTP

**Polio:** IPV - inactivated polio vaccine; OPV – oral polio vaccine

**HepB:** Hepatitis B vaccine

**Hib:** Haemophilus influenzae type b vaccine

**PCV:** Pneumococcal conjugate vaccine

**MMR:** Measles, mumps, and rubella vaccines combined

**Varicella:** Chickenpox vaccine. May be written VAR on record.

**HepA:** Hepatitis A vaccine



## Requisitos mínimos de vacunas en el estado de Texas de 2016 - 2017 para las guarderías



Esta gráfica resume los requisitos para vacunas incorporados al Código Administrativo de Texas (TAC), título 25, Servicios de salud, secciones 97.61 a 97.72. Esta gráfica no tiene como propósito sustituir las consultas al TAC, el cual contempla otras disposiciones y detalles. El Código de Recursos Humanos, capítulo 42, concede la autoridad de establecer requisitos de inmunización al Departamento Estatal de Servicios de Salud (DSHS).

### REQUISITOS DE INMUNIZACIÓN

Un niño deberá mostrar comprobantes de vacunación aceptables antes de entrar, asistir o ser transferido a una guardería o escuela primaria o secundaria pública o privada de Texas.

Edad en la que el niño debe tener las vacunas para estar en cumplimiento con los requisitos:	Número mínimo de dosis requeridas de cada vacuna							
	DTaP	Polio	HepB	Hib	PCV	MMR	Varicella	HepA
De 0 a 2 meses								
Antes de los 3 meses	1 dosis	1 dosis	1 dosis	1 dosis	1 dosis			
Antes de los 5 meses	2 dosis	2 dosis	2 dosis	2 dosis	2 dosis			
Antes de los 7 meses	3 dosis	2 dosis	2 dosis	2 dosis <sup>1</sup>	3 dosis <sup>2</sup>			
Antes de los 16 meses	3 dosis	2 dosis	2 dosis	3 dosis <sup>1</sup>	4 dosis <sup>2</sup>	1 dosis <sup>3</sup>	1 dosis <sup>3</sup>	
Antes de los 19 meses	4 dosis	3 dosis	3 dosis	3 dosis <sup>1</sup>	4 dosis <sup>2</sup>	1 dosis <sup>3</sup>	1 dosis <sup>3</sup>	
Antes de los 25 meses	4 dosis	3 dosis	3 dosis	3 dosis <sup>1</sup>	4 dosis <sup>2</sup>	1 dosis <sup>3</sup>	1 dosis <sup>3</sup>	1 dosis <sup>3</sup>
Antes de los 43 meses	4 dosis	3 dosis	3 dosis	3 dosis <sup>1</sup>	4 dosis <sup>2</sup>	1 dosis <sup>3</sup>	1 dosis <sup>3</sup>	2 dosis <sup>3</sup>

<sup>1</sup> Una serie completa de la vacuna Hib consta de dos dosis más una dosis de refuerzo a los 12 meses de edad o después (tres dosis en total). Si un niño recibe la primera dosis de la vacuna Hib entre los 12 y los 14 meses de edad, se requiere solo una dosis adicional (dos dosis en total). Si un niño ha recibido una sola dosis de la vacuna Hib entre o después de los 15 y los 59 meses de edad, está en cumplimiento con estos requisitos de vacunación especificados. Los niños de 60 meses de edad o mayores no requieren recibir la vacuna Hib.

<sup>2</sup> Si la serie de vacunas PCV se empieza a administrar cuando el niño tiene siete meses de edad o más, o si el niño está atrasado con alguna dosis de la serie, entonces puede que no sean necesarias las cuatro dosis. Por favor refiérase a la información a continuación para ayudarse a estar en cumplimiento con los requisitos:

- Para los niños de siete a 11 meses de edad, se requieren dos dosis.
- Para los niños de 12 a 23 meses de edad: Si han recibido tres dosis antes de los 12 meses de edad, entonces se requiere una dosis adicional (para un total de cuatro dosis) a los 12 meses de edad o después. Si recibieron una o dos dosis antes de los 12 meses de edad, entonces se requiere un total de tres dosis con al menos una dosis que deberá recibirse a los 12 meses de edad o después. Si no han recibido ninguna dosis, entonces se requieren dos dosis y ambas deberán recibirse a los 12 meses de edad o después.
- Los niños de entre 24 meses y 59 meses de edad cumplen con los requisitos si han recibido al menos tres dosis, una de las cuales la recibieron a los 12 meses de edad o después; o dos dosis, ambas recibidas a los 12 meses de edad o después; o una dosis recibida a los 24 meses de edad o después. De lo contrario, es necesaria una dosis adicional. Los niños de 60 meses de edad o mayores no necesitan recibir la vacuna PCV.

<sup>3</sup> Para la vacuna MMR y las vacunas contra la varicela y contra la hepatitis A, la primera dosis debe administrarse en o después del primer cumpleaños.

La información sobre las exclusiones de los requisitos de inmunización, la inscripción provisional y la documentación aceptable de las inmunizaciones puede encontrarse en las secciones 97.62, 97.66 y 97.68 , respectivamente, del Código Administrativo de Texas.

Las vacunas:

**DTaP:** Difteria, tétanos y tosferina acelular (pertussis); en el registro pueden aparecer la DT o la DTP

**Polio:** IPV - vacuna inactivada contra la poliomielitis (o polio); OPV - vacuna oral contra la poliomielitis

**HepB:** Vacuna contra la hepatitis B

**Hib:** Vacuna contra Haemophilus influenzae tipo b

**PCV:** Vacuna antineumocócica conjugada

**MMR:** Vacuna combinada contra el sarampión, las paperas y la rubeola

**Varicella:** Vacuna contra la varicela. En el registro puede aparecer escrita como VAR.

**HepA:** Vacuna contra la hepatitis A



## 2016-2017 Texas Minimum State Vaccine Requirements for Students Grades K-12



This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §§97.61-97.72. This document is not intended as a substitute for the TAC, which has other provisions and details. The Department of State Health Services (DSHS) is granted authority to set immunization requirements by the Texas Education Code, Chapter 38.

### IMMUNIZATION REQUIREMENTS

**A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private elementary or secondary school in Texas.**

Vaccine Required (Attention to notes and footnotes)	Minimum Number of Doses Required by Grade Level			NOTES
	K – 6th	7th	8th – 12th	
Diphtheria/Tetanus/Pertussis (DTaP/DTP/DT/Td/Tdap) <sup>1</sup>	5 doses or 4 doses	3 dose primary series and 1 Tdap / Td booster within last 5 years	3 dose primary series and 1 Tdap / Td booster within last 10 years	<p><b>For K – 6th grade:</b> 5 doses of diphtheria-tetanus-pertussis vaccine; 1 dose must have been received on or after the 4th birthday. However, 4 doses meet the requirement if the 4th dose was received on or after the 4th birthday. For students aged 7 years and older, 3 doses meet the requirement if 1 dose was received on or after the 4th birthday.</p> <p><b>For 7th grade:</b> 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-containing vaccine.</p> <p><b>For 8th – 12th grade:</b> 1 dose of Tdap is required when 10 years have passed since the last dose of tetanus-containing vaccine.</p> <p>Td is acceptable in place of Tdap if a medical contraindication to pertussis exists.</p>
Polio <sup>1</sup>		4 doses or 3 doses		<p><b>For K – 12th grade:</b> 4 doses of polio; 1 dose must be received on or after the 4th birthday. However, 3 doses meet the requirement if the 3rd dose was received on or after the 4th birthday.</p>
Measles, Mumps, and Rubella <sup>1,2</sup> (MMR)		2 doses		<p><b>For K – 12th grade:</b> 2 doses are required, with the 1st dose received on or after the 1st birthday. Students vaccinated prior to 2009 with 2 doses of measles and one dose each of rubella and mumps satisfy this requirement.</p>
Hepatitis B <sup>2</sup>		3 doses		<p>For students aged 11 – 15 years, 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax<sup>®</sup>) was received. Dosage (10 mcg / 1.0 mL) and type of vaccine (Reco:nbivax<sup>®</sup>) must be clearly documented. If Recombivax<sup>®</sup> was not the vaccine received, a 3-dose series is required.</p>
Varicella <sup>1,2,3</sup>		2 doses		<p>The 1st dose of varicella must be received on or after the 1st birthday. <b>For K – 12th grade:</b> 2 doses are required.</p>
Meningococcal (MCV4) <sup>1</sup>			1 dose	<p><b>For 7th – 12th grade,</b> 1 dose of quadrivalent meningococcal conjugate vaccine is required on or after the student's 11th birthday.</p>
Hepatitis A <sup>1,2</sup>		2 doses		<p>The 1st dose of hepatitis A must be received on or after the 1st birthday. <b>For K – 7th grade:</b> 2 doses are required. Special note: a child will not be considered delinquent in this series until 18 months have elapsed since receiving the 1st dose.</p>

NOTE: Shaded area indicates that the vaccine is not required for the respective age group.

<sup>1</sup> Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.

<sup>2</sup> Serologic evidence of infection or serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella is acceptable in place of vaccine.

<sup>3</sup> Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." This written statement will be acceptable in place of any and all varicella vaccine doses required.

## Exemptions

Texas law allows (a) physicians to write medical exemption statements that the vaccine(s) required would be medically harmful or injurious to the health and well-being of the child or household member, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (for example, a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). Schools should maintain an up-to-date list of students with exemptions, so they may be excluded in times of emergency or epidemic declared by the commissioner of public health.

**Instructions for requesting the official exemption affidavit that must be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief, can be found at [www.ImmunizeTexas.com](http://www.ImmunizeTexas.com) under "School & Child-Care." Original Exemption Affidavit must be completed and submitted to the school.**

For children claiming medical exemptions, a written statement by the physician must be submitted to the school. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

## Provisional Enrollment

All immunizations should be completed by the first date of attendance. The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

Additional guidelines for provisional enrollment of students transferring from one Texas public or private school to another, students who are dependents of active duty military, students in foster care, and students who are homeless can be found in the TAC, Title 25 Health Services, Sections 97.66 and 97.69.

## Documentation

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel has validated it. The month, day, and year that the vaccination was received must be recorded on all school immunization records created or updated after September 1, 1991.

Texas Department of State Health Services • Immunization Branch • MC-1946 • P. O. Box 149347 • Austin, TX 78714-9347 • (800) 252-9152





# Requisitos mínimos de vacunas en el estado de Texas de 2016 - 2017 para estudiantes de kínder a 12.º grado



Esta gráfica resume los requisitos de vacunación incorporados al Código Administrativo de Texas (TAC), título 25, Servicios de salud, secciones 97.61 a 97.72. Este documento no tiene como propósito sustituir al TAC, el cual contempla otras disposiciones y detalles. El Código Educativo de Texas, capítulo 38, concede al Departamento Estatal de Servicios de Salud (DSHS) la autoridad para establecer los requisitos de inmunización.

## REQUISITOS DE INMUNIZACIÓN

Los estudiantes deberán mostrar comprobantes de vacunación aceptables antes de inscribirse, asistir o ser transferidos a una guardería o a una escuela primaria o secundaria pública o privada de Texas.

Vacuna requerida (Vea las notas y las notas de pie de página)	Número mínimo de dosis requeridas por nivel de grado			NOTAS
	Kínder – 6.º	7.º	8.º – 12.º	
Difteria, tétanos, tosferina (DTaP, DTP, DT, Td, Tdap) <sup>1</sup>	5 dosis o 4 dosis	Una serie primaria de 3 dosis y 1 refuerzo de la vacuna Tdap / Td en los últimos 5 años	Una serie primaria de 3 dosis y 1 refuerzo de la vacuna Tdap / Td en los últimos 10 años	Para los grados kínder a 6.º: 5 dosis de la vacuna contra la difteria, el tétanos y la tosferina; debe haberse recibido 1 dosis en o después del 4.º cumpleaños. Sin embargo, con 4 dosis se cubre el requisito si la 4.ª dosis se recibió en o después del 4.º cumpleaños. Para los estudiantes de 7 años de edad o más, con 3 dosis cumplen con el requisito si recibieron 1 de las dosis en o después del 4.º cumpleaños. Para el 7.º grado: Se requiere 1 dosis de la vacuna Tdap si han pasado al menos 5 años desde la última dosis de una vacuna que contenga tétanos. Para los grados 8.º a 12.º: Se requiere 1 dosis de la vacuna Tdap cuando hayan pasado 10 años desde la última dosis de una vacuna que contenga tétanos. La vacuna Td es aceptable en lugar de la vacuna Tdap si existe una contraindicación médica para la vacuna contra la tosferina.
Polio <sup>1</sup>		4 dosis o 3 dosis		Para los grados kínder a 12.º: 4 dosis de la vacuna contra la polio; debe recibirse 1 dosis en o después del 4.º cumpleaños. Sin embargo, con 3 dosis se cumple con el requisito si la 3.ª dosis se recibió en o después del 4.º cumpleaños.
Sarampión, paperas y rubeola <sup>1,2</sup> (MMR)		2 dosis		Para los grados kínder a 12.º: Se requieren 2 dosis de la vacuna, la 1.ª de las cuales debe recibirse en o después del 1.º cumpleaños. Los estudiantes que fueron vacunados antes de 2009 con 2 dosis contra el sarampión y una dosis contra la rubeola y una dosis contra las paperas cumplen con este requisito.
Hepatitis B <sup>2</sup>		3 dosis		Para los estudiantes de 11 a 15 años de edad, con 2 dosis cumplen con el requisito si recibieron la vacuna contra la hepatitis B para adultos (Recombivax®). Tanto la dosis (10 mcg / 1.0 ml) como el tipo de vacuna (Recombivax®) deben documentarse claramente. Si la vacuna recibida no fue la Recombivax®, se requiere una serie de 3 dosis.
Varicela <sup>1,2,3</sup>		2 dosis		La 1.ª dosis de la vacuna contra la varicela debe recibirse en o después del 1.º cumpleaños. Para los grados kínder a 12.º: Se requieren 2 dosis.
Vacuna antimeningocócica (MCV4) <sup>1</sup>		1 dosis		Para los grados 7.º a 12.º: Se requiere 1 dosis de la vacuna antimeningocócica tetravalente conjugada en o después del 11.º cumpleaños del estudiante.
Hepatitis A <sup>1,2</sup>	2 dosis			La 1.ª dosis de la vacuna contra la hepatitis A debe recibirse en o después del 1.º cumpleaños. Para los grados kínder a 7.º: Se requieren 2 dosis. Nota especial: No se considerará que el niño se ha retrasado con esta serie hasta que hayan pasado 18 meses desde que recibió la 1.ª dosis.

NOTA: Las casillas sombreadas indican que no se requiere la vacuna para el grupo de edad correspondiente.

<sup>1</sup> Recibir la dosis hasta (e inclusive) 4 días antes del cumpleaños satisfará el requisito de inmunización para inscribirse en la escuela.

<sup>2</sup> Son aceptables en lugar de la vacuna una prueba serológica de infección o la confirmación serológica de inmunidad de innumidad al sarampión, las paperas, la rubeola, la hepatitis B, la hepatitis A o la varicela.

<sup>3</sup> Si se ha tenido la enfermedad previamente, puede documentarse con una declaración escrita de un médico, un enfermero escolar o uno de los padres o el tutor del niño que diga algo como: "Esto es para comprobar que (nombre del estudiante) tuvo la enfermedad de la varicela el (fecha) o alrededor de esa fecha y no necesita la vacuna contra la varicela". Dicha declaración escrita será aceptable en lugar de alguna o todas las dosis requeridas de la vacuna contra la varicela.

## Exenciones

La ley de Texas autoriza a que (a) los médicos redacten declaraciones de exención médica para una vacuna o vacunas requeridas que podrían ser médicamente dañinas o perjudiciales para la salud y el bienestar del niño o de un miembro del hogar, y (b) los padres o tutores opten por una exención de los requisitos de inmunización por razones de conciencia, incluso por creencias religiosas. La ley no permite que los padres o tutores opten por una exención simplemente por incomodidad (por ejemplo, cuando un registro se haya perdido o esté incompleto y sea mucha molestia ir con un médico o una clínica a corregir el problema). Las escuelas deben mantener una lista actualizada de los estudiantes con exenciones, de forma que se les pueda excluir en casos de epidemias o enfermedades declaradas por el director de salud pública.

**Encontrará las instrucciones para solicitar la declaración jurada de exención oficial que debe ser firmada por los padres o tutores que elijan la exención por razones de conciencia, incluso por creencias religiosas, en [www.ImmunizeTexas.com](http://www.ImmunizeTexas.com) en el enlace para “Escuelas y guarderías”. El original de la declaración jurada de exención debe llenarse y entregarse en la escuela.**

En el caso de los niños para quienes se reclamen exenciones médicas, es necesario presentar a la escuela una declaración escrita del médico. A menos que en la declaración conste por escrito que existe una afección de por vida, la declaración de exención es válida por solo un año a partir de la fecha en que el médico la firmó.

## Inscripción provisional

Todas las inmunizaciones deben haberse completado antes de la primera fecha de asistencia. La ley exige que los estudiantes estén completamente vacunados contra las enfermedades específicas. Un estudiante puede inscribirse de manera provisional si cuenta con un registro de inmunización que indique que el estudiante ha recibido al menos una dosis de cada vacuna específica apropiada para su edad que esta regla exige. Para seguir inscrito, el estudiante debe completar las dosis posteriores requeridas de cada serie de vacunas conforme al calendario y tan rápidamente como sea médicamente posible, y proporcionar a la escuela un comprobante aceptable de que ha sido vacunado. Un enfermero escolar o un administrador escolar revisará el estado de inmunización de los estudiantes inscritos de manera provisional cada 30 días para garantizar el cumplimiento ininterrumpido de la aplicación de las dosis de vacunas requeridas. Si, al final del periodo de 30 días, un estudiante no ha recibido una dosis posterior de la vacuna, el estudiante no está cumpliendo y la escuela excluirá al estudiante para que no asista a la escuela hasta que se administre la dosis requerida.

Las pautas adicionales para la inscripción provisional de estudiantes transferidos de una escuela pública o privada de Texas a otra, de estudiantes que dependen de militares en servicio activo, de estudiantes que viven en hogar de acogida y de estudiantes en situación de sin techo, se encuentran en el TAC, título 25, Servicios de salud, secciones 97.66 y 97.69.

## Documentación

Dado que se usan muchos tipos de registros de inmunización personales, cualquier documento es aceptable si un médico o el personal de salud pública lo ha validado. Debe registrarse el mes, día y año en que se recibió la vacuna en todos los registros de inmunización escolares creados o actualizados después del 1 de septiembre de 1991.

Texas Department of State Health Services • Immunization Branch • MC-1946 • P. O. Box 149347 • Austin, TX 78714-9347 • (800) 252-9152

