

FLORIDA MANDATED SCHOOL IMMUNIZATIONS

PRE-KINDERGARTEN

DTAP	4-5
POLIO	4-5
MMR	1
HIB (varies by age, none after age 5)	
HEPATITIS B	3
VARICELLA	1*

*Or a documented history of Chickenpox disease. The FL 680 Form must not be expired.

GRADES KG-6

DTAP	4-5**
POLIO	3-5**
MMR	2
HEPATITIS B	3
VARICELLA	2**

*Or a documented history of Chickenpox disease.

** 1 dose of DTAP and POLIO must be after the 4th birthday.

GRADES 7-12

DTAP	4-5
POLIO	4-5
MMR	2
HEPATITIS B	3
TDAP BOOSTER	1
VARICELLA	2*

*Or a documented history of Chickenpox disease

Call (352) 540-6800 for an appointment

FLORIDA DEPT. OF HEALTH IN HERNANDO COUNTY

300 s. Main St. Brooksville

or

7551 Forest Oaks Blvd. Spring Hill

BRING A COPY OF PREVIOUS SHOT RECORDS