

SUMMARY OF RHODE ISLAND IMMUNIZATION REQUIREMENTS AND EXEMPTIONS

ENTRY REQUIREMENTS		
VACCINE	GRADE	TOTAL # OF DOSES
DTP/DTaP (Diphtheria, Tetanus, & Pertussis)	All	5 or 4 (4 doses only if 4 th dose after age 4)
Td (Tetanus & Diphtheria)	All	3
POLIO – OPV (Oral Poliovirus)	All	4 or 3 (3 doses only if 3 rd dose after age 4)
POLIO - IPV (Inactivated Poliovirus)	All	4 or 3 (3 doses only if 3 rd dose after age 4)
MMR (Measles, Mumps, & Rubella)	All	2
Hepatitis B	All	3
Varicella Vaccine (Chicken Pox)	K-1 & 7-8	2 (Or note from Doctor with date of infection)
	2-6 & 9-12	1 (Or note from Doctor with date of infection)
Meningococcal Conjugate (Meningitis)	7	1

EXEMPTIONS	
TYPE	DEFINITION
MEDICAL	A licensed physician signs a medical exemption stating the student is exempt from a specific vaccine because of medical reasons in accordance with: <ul style="list-style-type: none"> ↳ ACIP guidelines, AAP guidelines, or vaccine package insert instructions, or ↳ Laboratory confirmation of disease.
RELIGIOUS	A parent or guardian completes and signs the Immunization Exemption Form on the grounds of religious beliefs.
TEMPORARY	The administrative head of the school or his/her designee signs a Temporary Exemption Form indicating that there is evidence of a scheduled appointment with a health care provider for the required immunization(s). This temporary exemption will expire on the date of the scheduled appointment.