

Heritage Academy
11 New Orleans Road Hilton Head Island, SC 29928 Phone: (843) 842-8600 Fax: (843) 842-9620

Website: www.heritageacademy.org School Code: 411032

SC Immunization Requirements (approved by C. Mixon SC DHEC)

Required immunizations are listed below for all students attending Heritage Academy per the South Carolina Department of Health. A South Carolina Certificate of Immunization is required for all students.

All SC Residents are required to submit the SC Certificate of Immunization.

All non-residents of SC must complete the following required immunization worksheet and have it taken to a SC doctor for review and transfer onto a SC Certificate of Immunization.

Required Immunization Worksheet

Last Name	First Name	Date of Birth
DTaP/DTP		
Four (4) does of any combination	of DTP, DT, DtaP, or T dap vacc	ine with at least one (1) dose received on or after the 4 th birthday.
Tdap Booster		
One (1) dose of 1 dap vaccine re-	ceived on or after the 7 th birthday.	
Polio (IVP)		
Three (3) doses of oral and/or ina or inactivated polio vaccine (IPV)	activated polio vaccine (IPV) with a before the 4 th birthday (if all dose	at least one (1) dose on or after the 4 th birthday or (4) doses of oral and s separated at least 4 weeks.)
MMR		
Two (2) doses of rubeola (Measle	Measles) vaccine received on or	red on/or after the 1 st birthday and separated by 4 weeks. r after the 1 st birthday. One (1)
Hepatitis B		
Three (3) Doses of Hepatitis B Va	accine with the third dose received	d on/or after 24 weeks of age and at least 16 weeks after the 1st dose.
Varicella		
One (1) dose of the varicella vacc	cine received on the 1 st birthday or	positive history of disease.
Varicella Disease		
******All students must complete	the vaccine series or have had a	history of the disease.
Physician Signature/Star	np	Date