

**MERRIMACK SCHOOL DISTRICT**  
School Administrative Unit #26  
36 McElwain Street  
Merrimack, New Hampshire 03054  
Tel. (603) 424-6200 Fax (603) 424-6229

**Kathleen Scholand**  
*Assistant Superintendent for Curriculum*

**EVERETT V. OLSEN, Jr.**  
Chief Educational Officer

**MATTHEW D. SHEVENELL**  
*Assistant Superintendent for Business*

August 25, 2025

Dear Parent/Legal Guardian,

New Hampshire State Law (RSA 200:38 and RSA 200:39) establishes the need for a physical examination and certain immunizations before a child may register for and enter school, unless excused for religious reasons or a registered physician provides evidence that the immunization would be detrimental to the child's health.

The state law, and the policies of the New Hampshire Department of Education, and the New Hampshire Department of Health and Human Services requires a local school district to exclude a child from school if the physical exam and immunizations are not met.

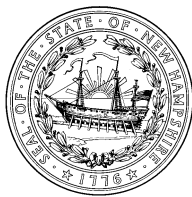
I ask that you please refer to the enclosed materials from the New Hampshire Department of Health and Human Services. If you have any questions, please contact the school nurse of your child's school.

Thank you for your cooperation.

Sincerely,

A handwritten signature in blue ink, appearing to read "Everett V. Olsen, Jr.", with a stylized flourish at the end.

Everett V. Olsen, Jr.  
Chief Educational Officer



Lori A. Weaver  
Commissioner

Iain N. Watt  
Director

**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
***DIVISION OF PUBLIC HEALTH SERVICES***  
***BUREAU OF INFECTIOUS DISEASE CONTROL***

***IMMUNIZATION PROGRAM***

29 HAZEN DRIVE, CONCORD, NH 03301  
603-271-4482 1-800-852-3345 Ext. 4482  
Fax: 603-271-3850 TDD Access: 1-800-735-2964  
[www.dhhs.nh.gov](http://www.dhhs.nh.gov)

## New Hampshire Childcare Immunization and Reporting Requirements 2025-2026

The following immunizations are required for all children enrolled in any school, pre-school, or childcare, to protect them and those around them from vaccine preventable diseases. A child may be conditionally enrolled if there is documentation of at least one dose of each vaccine required for their age and there is an appointment for the next due dose(s).

Child's current age:	Child should have received:					
	DTaP	Polio	Hep B	Hib	MMR	Varicella
2-3 months	1 dose	1 dose	2 doses	1 dose		
4-5 months	2 doses	2 doses	2 doses	2 doses		
6-14 months	3 doses	3 doses	3 doses	2-3 doses*		
15-17 months	3-4 doses	3 doses	3 doses	3-4 doses*	1 dose	1 dose
18-47 months	4 doses	3 doses	3 doses	3-4 doses*	1 dose	1 dose
4-6 years	4-5 doses**	3-4 doses**	3 doses	3-4 doses*	1-2 doses**	1-2 doses**

\* Dose number depends on brand. Also, some children who start the Hib vaccine series late may need fewer than recommended doses; Hib is not required for children ages 5 and older.

\*\* For KG/1<sup>st</sup> grade school entry: 4-5 doses of DTaP and 3-4 doses of Polio with the last dose of each given on or after the 4<sup>th</sup> birthday (and at least 6 months after the previous dose); 2 doses each of Varicella and MMR (with the first dose given on or after 12 months of age).

A child may also obtain a medical or religious exemption under [Section 141-C:20-c](#). Information and requirements for requesting exemptions is available at: [Immunization Exemptions for Children | New Hampshire Department of Health and Human Services \(dhhs.nh.gov\)](#)

For more information about NH Immunization requirements please see:

New Hampshire RSA 141-C:20: <http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-X-141-C.htm>

New Hampshire Administrative Rule [He-P 301.13-15](#)

The current and complete ACIP Immunization Schedule can be found here: [Child and Adolescent Immunization Schedule by Age | Vaccines & Immunizations | CDC](#)

Immunization Resources for Childcare Providers: [Immunization Guidance for Childcare Providers | New Hampshire Department of Health and Human Services \(dhhs.nh.gov\)](#)

**Minimum Dose Requirements for the Annual Childcare Immunization Report**

Each year, every public and non-public childcare agency in New Hampshire is required by [RSA 141-C-20-e](#) to complete and submit the Annual Childcare Immunization Report by November 15th.

**Note:** These are minimum dose requirements for the Annual Childcare Immunization Report.

Age of child:	DTaP Up-to-date if <i>at least</i> :	Polio Up-to-date if <i>at least</i> :	HepB Up-to-date if <i>at least</i> :	Hib Up-to-date if <i>at least</i> :	MMR Up-to-date if <i>at least</i> :	Varicella Up-to-date if <i>at least</i> :
19-59 Months	4 doses	3 doses	3 doses	4 doses*	1 dose	1 dose

\*A child who starts the Hib series late may need fewer than 4 doses; the routine schedule for most brands of Hib vaccine is 4 doses with the last dose given after 12 months of age OR at least 1 dose given on or after 15 months of age. To determine the number of doses needed for Hib refer to the following resources:

[Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age](#)

[Catch-Up Guidance for Healthy Children 4 Months through 4 years of Age Who Received PedvaxHIB](#)

**Questions about Childcare Immunization Requirements or the Annual Childcare Immunization Report?**  
Send an email to: [Immunization@dhhs.nh.gov](mailto:Immunization@dhhs.nh.gov) or call: **603-271-4482**.

### Vaccine Brand Names

To use as a reference when reviewing immunization records; not all are required for school, pre-school, or childcare admittance.

Brand Name	Vaccine(s)/Abbreviation
ActHIB®	Haemophilus influenzae type b (Hib)
Adacel®	Tetanus, Diphtheria, Pertussis (Tdap)
Boostrix®	Tetanus, Diphtheria, Pertussis (Tdap)
Daptacel®	Diphtheria, Tetanus, Pertussis (DTaP)
DT	Diphtheria, Tetanus (DT)
Engerix B®	Hepatitis B (HepB)
Hiberix®	Haemophilus influenzae type b (Hib)
Infanrix®	Diphtheria, Tetanus, Pertussis (DTaP)
Ipol®	Polio (IPV)
Kinrix®	Diphtheria, Tetanus, Pertussis (DTaP) & Polio (IPV)
M-M-R II	Measles, Mumps, Rubella (MMR)
Pediarix®	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), & Hepatitis B (HepB)
PedvaxHIB®	Haemophilus influenzae type b (Hib)
Pentacel®	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), & Haemophilus influenzae type b (Hib)
Priorix®	Measles, Mumps, Rubella
ProQuad®	Measles, Mumps, Rubella & Varicella (MMRV)
Quadracel®	Diphtheria, Tetanus, Pertussis (DTaP) & Polio (IPV)
RecombivaxHB®	Hepatitis B (HepB)
TDVAX™	Tetanus, Diphtheria (Td)
Tenivac®	Tetanus, Diphtheria (Td)
Varivax®	Varicella (Chicken Pox, VAR)
Vaxelis™	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), Haemophilus influenzae type b (Hib), & Hepatitis B (Hep B)

See [U.S. Vaccine Names](#) for a complete list of vaccine brand names