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New Hampshire
School Immunization Requirements 2026-2027

Refer to page 2 & 3 for minimum ages and intervals

Diphtheria, Tetanus, and Pertussis **DTaP** **DT/DTP** **Tdap/Td**	**6 years and under**: 4 or 5 doses with the last dose given on or after the 4th birthday **7 years and older**: Minimum of 3 doses with the last dose given on or after the 4th birthday **Grades 7-12**: 1 dose of Tdap prior to entry into 7th grade
Polio	**Grades K-12**: 3 or 4 doses with the last dose given on or after the 4th birthday and the last 2 doses separated by 6 months
Hepatitis B	**Grades K-12**: 3 doses at acceptable intervals
Measles, Mumps, and Rubella **MMR**	**Grades K-12**: 2 doses with the first dose given on or after the 1st birthday
Varicella (Chicken Pox)	**Grades K-12:** 2 doses with the first dose administered on or after the 1st birthday.

- Children must have proof of all required immunizations, documentation of immunity, or valid exemptions to be admitted or enrolled in any school in New Hampshire. Documentation of immunity by confirming laboratory test is acceptable for Hepatitis B, Measles, Mumps, Rubella, and Varicella.
- A child may be "conditionally" enrolled when the parent or guardian provides:
    1) Documentation of at least one dose for each required immunization, **and**
    2) The appointment date for the next dose of required immunization.
- All immunization doses must meet minimum age and interval requirements. A 4-day grace period is allowed; however, live attenuated immunizations (MMR, Varicella, or nasal influenza) that are not administered on the same day must be administered at least 28 days apart.

A child may obtain a medical or religious exemption under RSA 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.

For more information about New Hampshire Immunization requirements see New Hampshire RSA 141-C and New Hampshire Administrative Rules He-P 301.13-15.

Immunization guidance for schools is available at: Immunization Guidance for Schools | New Hampshire Department of Health and Human Services.

Minimum Age & Interval Schedule for Valid Immunization Doses: 2026/2027

Immunization	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
Diphtheria, Tetanus, and Pertussis ***DTaP***	DTaP: Dose 1	6 weeks	4 weeks between Dose 1 & 2	All children must have a valid dose on or after the 4th birthday. For children 6 years and under, the 5th dose is not necessary if the 4th dose was administered at age 4 years or older and is at least 6 months after the previous dose. * A 4th dose inadvertently administered as early as age 12 months may be counted if at least 4 months have elapsed since dose 3. If dose 1 of a tetanus-containing immunization is given at age 7 or older, only 3 doses are needed (as long as there are 6 months between dose 2 and 3); can be Tdap or Td as long as one of the doses is Tdap.
	DTaP: Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	DTaP: Dose 3	14 weeks	6 months between Dose 3 & 4*	
	DTaP: Dose 4	12 months	6 months between Dose 4 & 5	
	DTaP: Dose 5	4 years	N/A	
Tetanus, Diphtheria, and Pertussis ***Tdap***	Tdap: Dose 1	7 years	N/A	Students must have a valid dose of Tdap prior to entering 7th grade. Tdap given on or after the 7th birthday meets this requirement per NH Administrative Rule He-P 301.14. The American Academy of Pediatrics (AAP) recommends that children age 7 through 9 years who receive Tdap or DTaP inadvertently as part of a catch-up series should receive the routine Tdap booster dose at 11–12 years.
Polio ***IPV***	IPV: Dose 1	6 weeks	4 weeks between Dose 1 & 2	*The 4th dose is not necessary if the 3rd dose is given on or after the 4th birthday and at least 6 months after the previous dose. If a combined IPV/OPV polio schedule was used, the total number of doses needed is the same as an all IPV schedule following all minimum ages and intervals. Any OPV dose(s) given on or after April 1, 2016 do not count towards the polio immunization requirement and the series must be completed with IPV.
	IPV: Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	IPV: Dose 3	14 weeks	6 months between Dose 3 & 4*	
	IPV: Dose 4	4 years	N/A	

Minimum Age & Interval Schedule for Valid Immunization Doses: 2026/2027, Continued

Immunization	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
Hepatitis B ***HepB***	HepB: Dose 1	Birth	4 weeks between Dose 1 & 2	Minimum age for Dose 3 is at least 24 weeks of age.
	HepB: Dose 2	4 weeks	8 weeks between Dose 2 & 3	
	HepB: Dose 3	24 weeks	16 weeks between Dose 1 & 3	
Measles, Mumps, and Rubella ***MMR***	MMR: Dose 1	12 months	4 weeks between Dose 1 & 2	Live attenuated immunizations not administered on the same day must be administered at least 28 days apart.
	MMR: Dose 2	13 months	N/A	
Varicella (chickenpox) ***VAR***	VAR: Dose 1	12 months	12 weeks between Dose 1 & 2*	Live attenuated immunizations not administered on the same day must be administered at least 28 days apart. *If the first dose administered at age 13 or older, the minimum interval between Dose 1 and Dose 2 is 4 weeks. *A special grace period of 2 months can be applied to the minimum interval of 3 months, when evaluating records retrospectively, which results in an acceptable minimum interval of 4 weeks. An additional 4 days should not be added on to this grace period.
	VAR: Dose 2	15 months	N/A	

The current and complete AAP Immunization Schedule can be found here: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger.

Each year, every public and private school in New Hampshire is required by RSA 141-C:20-e to complete and submit the Annual School Immunization Report by November 15th.

Pre-school Students 3-5 Years Old
New Hampshire Immunization Requirements 2026-2027

Refer to page 2 & 3 for minimum ages and intervals

DIPHTHERIA, TETANUS, PERTUSSIS (DTaP/DTP/DT)

3-5 years	Four doses. The 3rd and 4th dose must be separated by at least 6 months.

POLIO

3-5 years	Three doses. Any OPV dose(s) given on or after April 1, 2016 do not count toward the polio immunization requirement and the series must be completed with IPV.

MEASLES, MUMPS, and RUBELLA (MMR)

3-5 years	One dose. This dose must be administered on or after age 12 months.

HAEMOPHILUS INFLUENZAE TYPE B (Hib)

3-5 years	Four doses with the last dose administered on or after 12 months of age OR **see catch-up schedule below*** Hib is not required for children ≥ 5 years of age.

HEPATITIS B

3-5 years	Three doses given at acceptable intervals. See attached schedule (page 3).

VARICELLA (CHICKEN POX)

3-5 years	One dose administered on or after 12 months of age OR laboratory confirmation of immunity. History of chicken pox disease without lab confirmation of immunity is NOT acceptable.

*A child who starts the Hib series late may need fewer than 4 doses; the routine schedule for most brands of the Hib immunization 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

Immunization Brand Names

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

Brand Name	Immunization(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.