

[[School logo here]]

August 31, 2020

Dear Parent or Guardian of **John Doe**,

To keep your child and all students in the District of Columbia safe and healthy, students must have an up-to-date immunization certification on file with the school to attend in person.¹ A recent review of your child's immunization record indicates documentation for the following immunization(s) is missing:

- **Hepatitis B**

If the school does not receive proper immunization documentation within 20 school days, your child will continue to receive distance learning, but will not be allowed to return to school for in-person instruction or activities until after it is obtained. The school must receive immunization documentation for your child by the following date:

- **September 28, 2020**

There are ways to stay healthy during the coronavirus (COVID-19) pandemic, including staying home when you are sick, avoiding mass gatherings, wearing a face mask when out in public, and washing your hands frequently (more at coronavirus.dc.gov). **Being healthy also means staying on track with your child's routine wellness checkups and vaccines.** To ensure a worry-free visit, the District's health centers and hospitals are following necessary guidelines and have taken every step to keep your child and family safe while receiving care.

If you believe your child has already received this immunization(s), please contact your child's health care provider for confirmation and request proof of immunization to present to your child's school. You may provide immunization documentation to the school via the Universal Health Certificate² or other appropriate proof of immunization or exemption offered by a health provider. Please keep a copy of the records, and also email your proof of immunization to doh.immunization@dc.gov.

If your child has not received these immunizations, please make an appointment with your child's health care provider immediately. A list of locations where you can receive childhood immunizations is included.³ Please call the clinic in advance to schedule an appointment. If you do not have health insurance or need a healthcare provider, please refer to⁴ or contact the Citywide Call Center by dialing 3-1-1.

It is critically important that students are fully immunized before returning to school to prevent the spread of more infectious diseases. Immunizations are the best defense against some of the most common and sometimes deadly infectious diseases. To learn more about childhood vaccines, visit cdc.gov/vaccines/parents.

If you have questions, please contact your healthcare provider or **Jane Doe** at **202-555-5555**.

Sincerely,
Principal Jones

¹ DC Health, Immunization Requirements: dchealth.dc.gov/node/112212

² DC Health, DC Universal Health Certificate: dchealth.dc.gov/service/school-health-services-program

³ DC Health, List of Health Providers and Pediatric Immunization Locations: dchealth.dc.gov/service/school-health-services-program

⁴ DC Health Link: www.dchealthlink.com

All students attending school in DC must present proof of appropriately spaced immunizations by the first day of school. Please complete and return your student’s school health forms including the [Universal Health Certificate](#) and [Oral Health Assessment Form](#).
ALL STUDENTS SHOULD RECEIVE AN ANNUAL FLU VACCINE

My student should receive these vaccine doses upon school enrollment*	
 <p>2-3 years old</p> <p>Preschool to Head Start</p>	<p>The following vaccines are typically received before the age of 2:</p> <ul style="list-style-type: none"> 4 doses of Diphtheria/Tetanus/Pertussis (DTaP) 3 doses of Polio 1 dose Varicella if no history of chickenpox 1 dose of Measles/Mumps/Rubella (MMR) 3 doses of Hepatitis B 2 doses of Hepatitis A 3 or 4 doses depending on the brand of Hib (Haemophilus Influenza Type B) 4 doses of PCV (Pneumococcal)
 <p>4-6 years old</p> <p>Kindergarten to 1st Grade</p>	<p>Additional doses needed <u>after</u> receiving the vaccines listed above:</p> <ul style="list-style-type: none"> 1 dose of Diphtheria/Tetanus/Pertussis (DTaP) 1 dose of Polio 1 dose of Varicella if no history of chickenpox 1 dose of Measles/Mumps/Rubella (MMR)
 <p>7-10 years old</p> <p>2nd Grade to 5th Grade</p>	<p>Consult your doctor and make sure your student received <u>all</u> the vaccines listed above!</p>
 <p>11+ years old</p> <p>6th Grade to High School</p>	<p>Additional vaccines needed <u>after</u> receiving <u>all</u> vaccine doses listed above:</p> <ul style="list-style-type: none"> 1 dose of Tdap 2 doses of Meningococcal (Men ACWY) 2 or 3 doses of Human Papillomavirus Vaccine (HPV)

*The spacing and number of doses required may vary. Please contact your child’s health care provider. For additional information, contact DC Health’s Immunization Program at (202) 576-7130.

DC HEALTH Universal Health Certificate

Use this form to report your child's physical health to their school/child care facility. This is required by DC Official Code §38-602. Have a licensed medical professional complete part 2 - 4. Access health insurance programs at <https://dchealthlink.com>. You may contact the Health Suite Personnel through the main office at your child's school.

Part 1: Child Personal Information | To be completed by parent/guardian.

Child Last Name:		Child First Name:		Date of Birth:	
School or Child Care Facility Name:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		
Home Address:		Apt:	City:		State: ZIP:
Ethnicity: (check all that apply) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer					
Race: (check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer					
Parent/Guardian Name:			Parent/Guardian Phone:		
Emergency Contact Name:			Emergency Contact Phone:		
Insurance Type: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> None			Insurance Name/ID #:		
Has the child seen a dentist/dental provider within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No					
I give permission to the signing health examiner/facility to share the health information on this form with my child's school, child care, camp, or appropriate DC Government agency. In addition, I hereby acknowledge and agree that the District, the school, its employees and agents shall be immune from civil liability for acts or omissions under DC Law 17-107, except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct. I understand that this form should be completed and returned to my child's school every year.					
Parent/Guardian Signature: _____			Date: _____		

Part 2: Child's Health History, Exam, and Recommendations | To be completed by licensed health care provider.

Date of Health Exam:	BP: _____ / _____ <input type="checkbox"/> NML <input type="checkbox"/> ABNL	Weight: _____ <input type="checkbox"/> LB <input type="checkbox"/> KG	Height: _____ <input type="checkbox"/> IN <input type="checkbox"/> CM	BMI: _____	BMI Percentile: _____
Vision Screening: Left eye: 20/____ Right eye: 20/____ <input type="checkbox"/> Corrected <input type="checkbox"/> Uncorrected		<input type="checkbox"/> Wears glasses <input type="checkbox"/> Referred <input type="checkbox"/> Not tested			
Hearing Screening: (check all that apply)		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Not tested	<input type="checkbox"/> Uses Device <input type="checkbox"/> Referred

Does the child have any of the following health concerns? (check all that apply and provide details below)

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Failure to thrive | <input type="checkbox"/> Sickle cell |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Heart failure | <input type="checkbox"/> Significant food/medication/environmental allergies that may require emergency medical care. Details provided below. |
| <input type="checkbox"/> Behavioral | <input type="checkbox"/> Kidney failure | <input type="checkbox"/> Long-term medications, over-the-counter-drugs (OTC) or special care requirements. Details provided below. |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Language/Speech | <input type="checkbox"/> Significant health history, condition, communicable illness, or restrictions. Details provided below. |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Obesity | |
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Scoliosis | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Other: _____ |

Provide details. If the child has Rx/treatment, please attach a complete Medication/Medical Treatment Plan form; and if the child was referred, please note. _____

TB Assessment | Positive TST should be referred to Primary Care Physician for evaluation. For questions call T.B. Control at 202-698-4040.

What is the child's risk level for TB? <input type="checkbox"/> High → complete skin test and/or Quantiferon test <input type="checkbox"/> Low	Skin Test Date:	Quantiferon Test Date:	
	Skin Test Results:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive, CXR Negative <input type="checkbox"/> Positive, CXR Positive <input type="checkbox"/> Positive, Treated	
	Quantiferon Results:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Positive, Treated	

Additional notes on TB test:

Lead Exposure Risk Screening | All lead levels must be reported to DC Childhood Lead Poisoning Prevention. Call 202-654-6002 or fax 202-535-2607.

ONLY FOR CHILDREN UNDER AGE 6 YEARS Every child must have 2 lead tests by age 2	1 st Test Date:	1 st Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, Developmental Screening Date:	1 st Serum/Finger Stick Lead Level:
	2 nd Test Date:	2 nd Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, Developmental Screening Date:	2 nd Serum/Finger Stick Lead Level:
HGB/HCT Test Date:		HGB/HCT Result:	

Part 3: Immunization Information | To be completed by licensed health care provider.

Child Last Name:	Child First Name:	Date of Birth:
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Immunizations	In the boxes below, provide the dates of immunization (MM/DD/YY)						
Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5		
DT (<7 yrs.)/ Td (>7 yrs.)	1	2	3	4	5		
Tdap Booster	1						
Haemophilus influenza Type b (Hib)	1	2	3	4			
Hepatitis B (HepB)	1	2	3	4			
Polio (IPV, OPV)	1	2	3	4			
Measles, Mumps, Rubella (MMR)	1	2					
Measles	1	2					
Mumps	1	2					
Rubella	1	2					
Varicella	1	2	Child had Chicken Pox (month & year): Verified by: _____ (name & title)				
Pneumococcal Conjugate	1	2	3	4			
Hepatitis A (HepA) (Born on or after 01/01/2005)	1	2					
Meningococcal Vaccine	1	2					
Human Papillomavirus (HPV)	1	2	3				
Influenza (Recommended)	1	2	3	4	5	6	7
Rotavirus (Recommended)	1	2	3				
Other	1	2	3	4	5	6	7

The child is **behind on immunizations** and there is a plan in place to get him/her back on schedule. **Next appointment is:** _____

Medical Exemption (if applicable)

I certify that the above child has a valid medical contraindication(s) to being immunized at the time against:

Diphtheria Tetanus Pertussis Hib HepB Polio Measles
 Mumps Rubella Varicella Pneumococcal HepA Meningococcal HPV

Is this medical contraindication permanent or temporary? Permanent Temporary until: _____ (date)

Alternative Proof of Immunity (if applicable)

I certify that the above child has laboratory evidence of immunity to the following and I've attached a copy of the titer results.

Diphtheria Tetanus Pertussis Hib HepB Polio Measles
 Mumps Rubella Varicella Pneumococcal HepA Meningococcal HPV

Part 4: Licensed Health Practitioner's Certifications | To be completed by licensed health care provider.

This child has been appropriately examined and health history reviewed and recorded in accordance with the items specified on this form. At the time of the exam, this child is in **satisfactory health** to participate in all school, camp, or child care activities except as noted on page one. No Yes

This child is cleared for **competitive sports**. N/A No Yes Yes, pending additional clearance from: _____

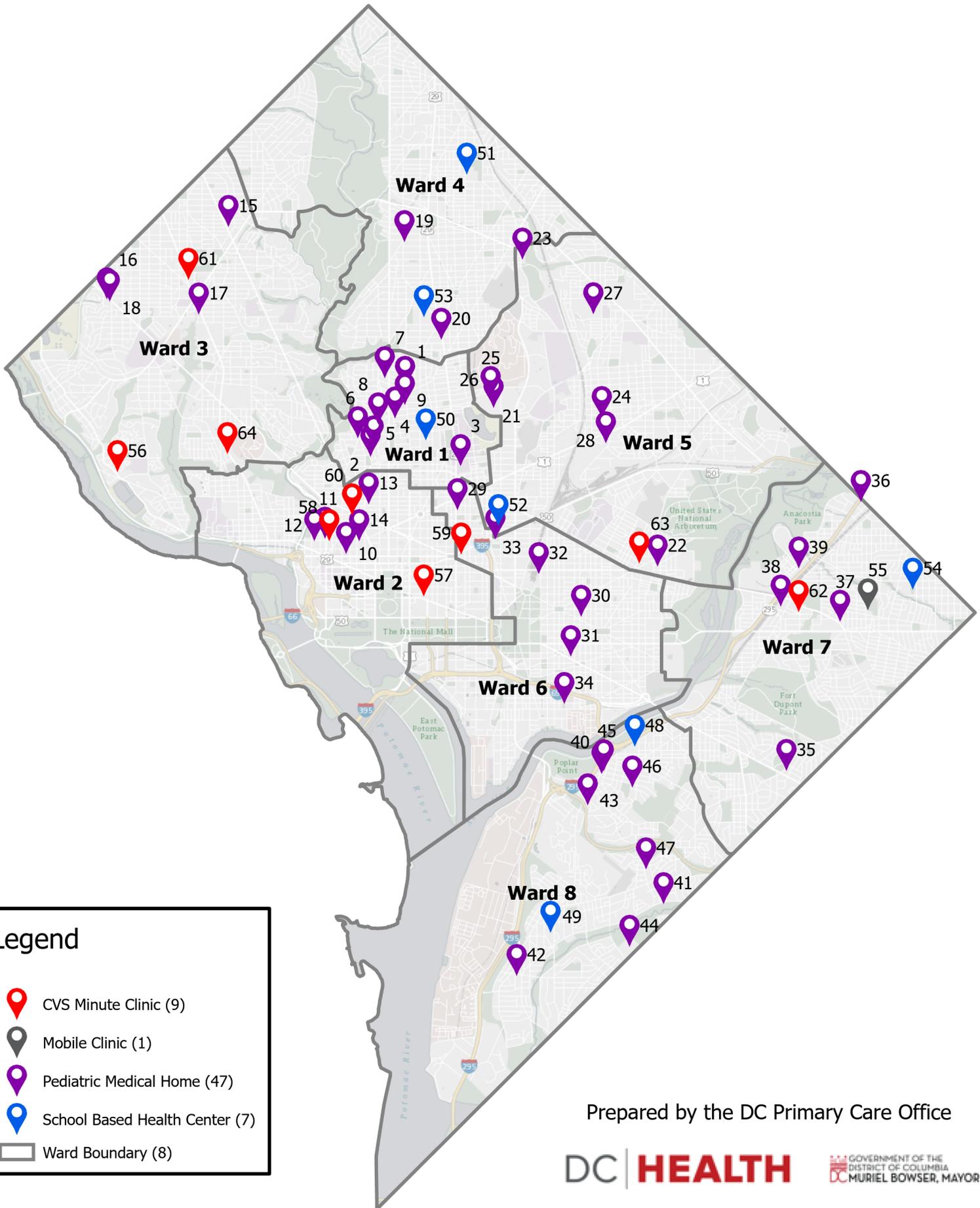
I hereby certify that I examined this child and the information recorded here was determined as a result of the examination.

Licensed Health Care Provider Office Stamp	Provider Name:	
	Provider Phone:	
	Provider Signature:	Date:

OFFICE USE ONLY | Universal Health Certificate received by School Official and Health Suite Personnel.

School Official Name:	Signature:	Date:
Health Suite Personnel Name:	Signature:	Date:

Pediatric Immunization Locations



Prepared by the DC Primary Care Office

District of Columbia Pediatric Immunization Locations

Dark Blue locations accept Medicaid and some private insurance plans. Light Blue locations only accept private insurance or self-pay.

Due to COVID-19, please call ahead to confirm hours of operation or appointment availability.

Ward 1

**1. Children’s Health Center:
 Columbia Heights**

3336 14th St., NW
 Washington, DC 20010
 (202) 476-5580

Monday – Saturday 8:00am – 4:00pm

**2. Community of Hope:
 Marie Reed Health Center**

2250 Champlain St., NW
 Washington, DC 20009
 (202) 540-9857

Monday - Friday 8:30am – 5:00pm

**3. Howard University Faculty Practice
 Plan Department of Pediatrics**

2041 Georgia Ave., NW
 Rm 3300
 Washington, DC 20060
 (202) 865-3006

Monday – Friday 8:00am – 5:00pm

4. La Clinica Del Pueblo

2831 15th St., NW
 Washington, DC 20009
 (202) 462-4788

**Monday - Friday 8:30am – 5:00pm
 Wednesday (Closed)**

5. Mary's Center: Adams Morgan

2333 Ontario Rd., NW
 Washington, DC 20009
 (844) 796-2797

**Monday - Friday 9:00am – 5:00pm
 Only COVID-19 Testing and Respiratory
 Clinic**

6. MedStar Medical Group:

Adams Morgan

1805 Columbia Rd., NW
 Suite A
 Washington, DC 20009
 (202) 797-4950

**Monday – Thursday 8:30am – 5:00pm
 Friday 8:30am – 4:30pm**

7. Spanish Catholic Charities

1618 Monroe St., NW
 Washington, DC 20010
 (202) 798-5546

Monday – Friday 8:30am – 4:30pm

8. Unity Health Care:

Columbia Road Health Center

1660 Columbia Rd., NW
 Washington, DC 20009
 (202) 328-3717

**Currently scheduling telehealth
 appointments only**

9. Unity Health Care:

Upper Cardozo Health Center

3020 14th St., NW
 Washington, DC 20009
 (202) 745-4300

**Monday – Friday 7:30am – 8:00pm
 Saturday & Sunday 8:00am – 2:00pm**

Ward 2

**10. Children’s Pediatricians &
 Associates: Foggy Bottom**

2021 K St., NW
 Suite 800
 Washington, DC 20006
 (202) 833-3197

Monday – Friday 8:00am – 5:00pm

11. Kaiser Permanente:

Northwest DC Medical Office Building

2301 M St., NW
 4th Floor
 Washington, DC 20037
 (202) 419-6200

Monday – Friday 8:00am - 6:00pm

12. Office of Dr. M. Barnes-Marshall

2440 M St., NW
 Suite 317
 Washington, DC 20037
 (202) 775-5990

**Monday - Thursday 9:00am – 5:00pm
 Friday 9:00am – 1:00pm**

13. Q Street Medical Associates

1759 Q St., NW
 Washington, DC 20009
 (202) 667-5041

Monday – Friday 8:00am – 2:00pm

14. Washington Pediatric Associates

1145 19th St., NW
 Suite 708
 Washington, DC 20036
 (202) 955-5625

**Monday, Tuesday, Thursday, Friday
 10:00am – 5:00pm
 Wednesday 11:00am – 6:00pm**

Ward 3

15. Chevy Chase Pediatrics

5225 Connecticut Ave., NW
 Suite 103
 Washington, DC 20015
 (202) 363-0300

Monday – Friday 9:00am – 5:00pm

**16. MedStar Health Family Medicine at
 Spring Valley**

4910 Massachusetts Ave., NW
 Suite 115
 Washington, DC 20016
 (202) 237-0015

**Monday – Friday 8:00am – 5:00pm
 Currently scheduling telehealth
 appointments only**

**17. MedStar Georgetown Pediatrics &
 Gynecology at Tenleytown**

4200 Wisconsin Ave., NW
 4th Floor
 Washington, DC 20016
 (202) 243-3400

**Monday – Thursday 8:30 am – 7:00pm
 Friday 8:30 am – 6:00pm**

18. Spring Valley Pediatric & Associates

4900 Massachusetts Ave., NW
 Lower Level
 Washington, DC 20016
 (202) 966-5000

Monday – Friday 9:00am – 5:00pm

District of Columbia Pediatric Immunization Locations

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Ward 4

19. Children's Medical Care Center: Corders
 5425 14th St., NW
 Washington, DC 20011
 (202) 291-0147
Monday – Friday 8:00am – 1:00pm
 (Serving Ages 0-2 July)
 (Serving Ages 0-18 beginning in August)

20. Mary's Center: Petworth
 3912 Georgia Ave., NW
 Washington, DC 20011
 (202) 483-8196
Monday – Friday 9:00am – 5:00pm

Ward 5

21. Children's Health Center: Sheikh Zayed Campus
 111 Michigan Ave., NW
 Washington, DC 20010

Children's Health Center
 (Serving Ages 0-11)
 (202) 476-2123
Monday - Saturday 8:00am – 4:00pm

Adolescent Health Center
 (Serving Ages 12+)
 (202) 476-5464
Monday – Saturday 8:00am – 5:00pm

22. Community of Hope: Family Health & Birth Center
 801 17th St., NE
 Washington, DC 20002
 (202) 398-5520
Monday - Saturday 9:00am – 5:00pm

23. Mary's Center: Fort Totten
 100 Gallatin St., NE
 Washington, DC 20011
 (844) 796-2797
Monday – Friday 9:00am – 5:00pm

24. Office of Dr. M. Grissom
 2817 12th St., NE
 Washington, DC 20017
 (202) 526-1030
Monday, Thursday, Friday
9:00am – 1:00pm

25. Pediatric Professionals
 106 Irving St., NW
 Suite 306
 Washington, DC 20010
 (202) 291-2900
Tuesday & Wednesday
9:00am – 3:00pm

26. Office of Dr. Marjorie McKnight
 106 Irving St., NW
 Suite 2300
 Washington, DC 20010
 (202) 291-6257
Monday – Friday 7:00am – 3:00pm

27. Providence Health Services: Family Medicine
 1140 Varum St., NE
 Suite 103
 Washington, DC 20017
 (202) 854-4090
Monday – Friday 8:00am – 4:00pm

28. Unity Health Care: Brentwood Health Center
 1251-B Saratoga Ave., NE
 Washington, DC 20018
 (202) 832-8818
Monday – Friday 8:00am – 4:00pm
Saturday 8:00am – 12:00pm

Ward 6

29. Bread for the City: Northwest Center
 1525 7th St., NW
 Washington, DC 20001
 (202) 265-2400
Monday – Friday 8:30am – 12:00pm

30. Capitol Hill Community Health Center
 201 8th St., NE
 Suite 3
 Washington, DC 20002
 (202) 546-7696
Monday – Friday 9:00am – 5:00pm

31. Children's Pediatricians & Associates: Capitol Hill
 650 Pennsylvania Ave., SE
 Suite C-100
 Washington, DC 20003
 (202) 833-4543
Monday – Friday 8:00am – 5:00pm

32. Kaiser Permanente: Capitol Hill Medical Center
 700 2nd St., NE
 Washington, DC 20002
 (202) 346-3000
Monday – Friday 8:30am – 5:30pm

33. Providence Health Services: Perry Family Health Center
 128 M St., NW
 Suite 50
 Washington, DC 20001
 (202) 854-3840
Monday – Friday 8:00am – 4:30pm

34. Unity Health Care: Southwest Health Center
 555 L St., SE
 Washington, DC 20003
 (202) 548-4520
Monday – Friday 8:15am – 4:45pm

Ward 7

35. Children's Pediatricians & Associates: Fort Davis
 3839 1/2 Alabama Ave., SE
 Washington, DC 20020
 (202) 582-6800
Monday – Friday 8:00am – 4:00pm
Saturday 8:00am – 12:00pm
 (1st Saturday of the month)

District of Columbia Pediatric Immunization Locations

Dark Blue locations accept Medicaid and some private insurance plans. Light Blue locations only accept private insurance or self-pay.
 Due to COVID-19, please call ahead to confirm hours of operation or appointment availability.

Ward 7

36. Elaine Ellis Center of Health
 1627 Kenilworth Ave., NE
 Washington, DC 20019
 (202) 803-2340
Monday- Friday 9:30am – 6:00pm

37. Unity Health Care:
East of the River Health Center
 4414 Benning Rd., NE
 Washington, DC 20019
 (202) 388-7891
Monday – Friday 8:00am – 4:45pm

38. Unity Health Care:
Minnesota Avenue Health Center
 3924 Minnesota Ave., NE
 Washington, DC 20019
 (202) 398-8683
Monday – Friday 8:15am – 8:00pm
Saturday & Sunday 8:00am – 12:00pm

39. Unity Health Care:
Parkside Health Center
 765 Kenilworth Terrace, NE
 Washington, DC 20019
 (202) 388-8160
Monday – Friday 8:00am – 5:00pm

Ward 8

40. Children's Health Center: Anacostia
 2101 Martin Luther King Jr. Ave., SE
 5th Floor
 Washington, DC 20020
 (202) 476-6900
Monday – Saturday 8:00am – 4:00pm

41. Children's Health Center: The ARC
 1801 Mississippi Ave., SE
 Washington, DC 20020
 (202) 436-3060
Monday – Saturday 8:00am – 4:00pm

42. Community of Hope:
Conway Health & Resource Center
 4 Atlantic St., SW
 Washington, DC 20032
 (202) 540-9857
Monday - Friday 9:0am – 5:00pm

43. Core Health & Wellness Center:
Sheridan Station
 2516 Sheridan Rd., SE
 Suite A
 Washington, DC 20020
 (202) 610-6106
Monday – Friday 9:00am – 5:00pm
Saturday 9:00am – 3:00pm

44. Core Health & Wellness Center: United Medical Center

1328 Southern Ave., SE
 Suite 210
 Washington, DC 20032
 (202) 574-6618
Monday – Thursday 9:00am – 5:00pm
Friday 8:00pm – 4:00pm

45. Family and Medical Counseling Services, Inc.
 2041 Martin Luther King Jr. Ave., SE
 Washington, DC 20020
 (202) 889-7900
Monday – Friday 8:30am – 5:30pm

46. Unity Health Care:
Anacostia Health Center
 1500 Galen St., SE
 Washington, DC 20020
 (202) 469-4699
Currently scheduling telehealth appointments only

47. Unity Health Care:
Stanton Rd Health Center
 3240 Stanton Rd., SE
 Washington, DC 20020
 (202) 889-3754
Currently scheduling telehealth appointments only

District of Columbia Pediatric Immunization Locations

Dark Blue locations accept Medicaid and some private insurance plans. Light Blue locations only accept private insurance or self-pay.
 Due to COVID-19, please call ahead to confirm hours of operation or appointment availability.

School-Based Health Centers & Georgetown Kids Mobile Medical Van <i>By appointment only. Please call to schedule an appointment.</i>		
48. Anacostia Senior High School: Operated by Medstar Health 1601 16 th St., SE Washington, DC 20020 (202) 724-5529 Monday, Tuesday, Thursday 9:30am – 3:30pm	49. Ballou Senior High School: Operated by Children’s National Medical Center 3401 4 th St., SE Washington, DC 20032 (202) 645-3843 Tuesdays 8:00am – 4:30pm <i>(Ages 11 – 21 only)</i>	50. Cardozo Learning Center: Operated by Unity Health Care, Inc. 1200 Clifton St., NW Washington, DC 20009 (202) 727-5149 Monday - Friday 8:00am – 4:30pm
51. Coolidge Senior High School Operated by Children’s National Medical Center 6315 5 th St., NW Washington, DC 20011 (202) 671-6097 Monday & Thursday 8:00am – 4:30pm <i>(Ages 11 – 21 only)</i>	52. Dunbar Senior High School: Operated by Children’s National Medical Center 101 N St., NW Washington, DC 20011 (202) 724-4086 Wednesday & Friday 8:00am – 4:30pm <i>(Ages 11 – 21 only)</i>	53. Roosevelt Senior High School: Operated by Medstar Health 4301 13 th St., NW Washington, DC 20011 (202) 727-6333 Monday, Tuesday, Thursday 9:30am – 3:30pm
54. Woodson Senior High School: Operated by Unity Health Care, Inc. 540 55 th St., NE Washington, DC 20019 (202) 724-2287 Monday - Friday 8:00am – 4:30pm	55. Georgetown Kids Mobile Medical Van @ Kelly Miller Middle School Operated by Medstar Health 301 49 th St., NE Washington, DC 20019 (202) 444-8888 Tuesday 10:00am – 2:00pm	
CVS Minute Clinics <i>Accepting walk-ins and online scheduled appointments.</i> Please confirm vaccine availability and insurance coverage. Find a CVS Minute Clinic based on your insurance carrier or plan at: https://www.cvs.com/minuteclinic/insurance-and-billing/insurance-check		
56. 4859 MacArthur Blvd., NW Washington, DC 20007 https://www.cvs.com/minuteclinic Monday - Friday 8:30am – 6:30pm Saturday 9:00am – 5:30pm Sunday 9:00am – 4:30pm	57. 1275 Pennsylvania Ave., NW Washington, DC 20004 https://www.cvs.com/minuteclinic Monday - Friday 8:30am – 7:30pm Saturday 9:00am – 5:30pm Sunday 9:00am – 4:30pm	58. 2240 M St., NW Washington, DC 20037 https://www.cvs.com/minuteclinic Monday - Friday 8:30am – 7:30pm Saturday 9:00am – 5:30pm Sunday 9:00am – 4:30pm
59. 655 K St., NW Washington, DC 20001 https://www.cvs.com/minuteclinic Monday - Friday 8:30am – 7:30pm	60. 6 Dupont Cir., NW Washington, DC 20036 https://www.cvs.com/minuteclinic Monday - Friday 8:30am – 7:30pm Saturday 9:00am – 5:30pm Sunday 9:00am – 4:30pm	61. 4555 Wisconsin Ave., NW Washington, DC 20016 https://www.cvs.com/minuteclinic Monday - Friday 8:30am – 7:30pm Saturday 9:00am – 5:30pm Sunday 9:00am – 4:30pm
62. 320 40th St., NW Washington, DC 20019 https://www.cvs.com/minuteclinic Monday - Friday 8:30am – 7:30pm	63. 845 Bladensburg Rd., NE Washington, DC 20002 https://www.cvs.com/minuteclinic Monday - Friday 8:30am – 6:30pm Saturday 9:00am – 5:30pm Sunday 9:00am – 4:30pm	64. 2226 Wisconsin Ave., NW Washington, DC 20007 https://www.cvs.com/minuteclinic Monday - Friday 8:30am – 7:30pm Saturday 9:00am – 5:30pm Sunday 9:00am – 4:30pm