

SAMPLE IMMUNIZATION PACKET

May 25, 2021

Dear Parent or Guardian of John Smith,

In an effort to protect the health and wellness of all students, District of Columbia law requires that all students attending school in the District provide up to date immunization certification or proof of medical or religious exemption (DC Official Code § 38–501 et seq.). A recent review of your child's immunization record indicates they are not fully immunized in accordance with DC Health requirements¹ for the following immunization(s):

- **Hepatitis B**

It is important that your child receive this immunization – and return paperwork to our school – as soon as possible. At the beginning of next school year, if the school does not receive proper immunization documentation within 20 school days, your child will not be allowed to attend school in the District of Columbia until after it is obtained by the school (DC Official Code § 38–505).

It is the goal of this school and the District of Columbia to keep students healthy and in school. In order to prevent the spread of infectious diseases, it is vital that all students are fully immunized before entering school. Immunizations are the best defense against some of the most common and sometimes deadly infectious diseases. **Please contact your primary health provider to make an appointment for your child to receive the required immunization(s) or please provide the school with the most recent documentation of the above immunization(s) as soon as possible.** You may provide this documentation to the school via the Universal Health Certificate² (attached) or other appropriate proof of immunization or exemption offered by a health provider that includes an official stamp, seal, or signature.

To make an appointment, call your child's physician office or find a health provider or immunization location from a list provided by DC Health.³ If you do not have health insurance or need a healthcare provider, please refer to DC Health Link⁴ or contact the Citywide Call Center by dialing 3-1-1.

If you have other questions or would like more information regarding this letter, please contact: **Susan Baker, School Nurse at 202-000-0000**

Sincerely,

Principal Jones

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

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

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

⁴ DC Health Link: <https://www.dchealthlink.com/>

FAMILIES with CHILDREN in Public, Charter, Private, Parochial, Preschool - DC Health recognizes the importance of vaccinations for preventing disease and reducing the dangers that can come with being exposed to certain diseases. This document outlines the vaccines requirements based on age for all students upon enrollment in schools, reflecting recent changes to the CDC Child and Adolescent Immunization Schedule 2022. All students attending school in the District of Columbia must present proof of appropriately spaced immunizations annually, 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 ARE STRONGLY RECOMMENDED TO RECEIVE AN ANNUAL FLU VACCINE**
- **ALL STUDENTS ARE STRONGLY RECOMMENDED TO RECEIVE A FULL COURSE OF COVID-19 VACCINE ONCE THEY BECOME ELIGIBLE**

My student should receive these vaccine doses upon school enrollment*

Preschool - Head Start

2-3 years old

The following vaccines are typically received before the age of 2:

- 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* of Hib (Haemophilus Influenza Type B)
- 4 doses of PCV (Pneumococcal)

*See PROVIDER for recommended doses.

All Students ARE STRONGLY RECOMMENDED to receive an ANNUAL FLU VACCINE

Kindergarten to 1st Grade

4-6 years old

Additional doses needed AFTER receiving the vaccines listed under 2-3 years of age:

- 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)

2nd Grade - 5th Grade

7-10 years old

Consult your PROVIDER to be certain your student has received all vaccinations listed under 2-3 and 4-6 years of age.

All Students ARE STRONGLY RECOMMENDED to receive an ANNUAL FLU VACCINE

6th Grade – 9th Grade

11- 16 years old

Additional Required Vaccines AFTER ALL vaccines are received.

- 1 dose of Tdap
- 2 doses of Meningococcal (Men ACWY)
- 2 or 3 doses of Human Papillomavirus Vaccine (HPV)

10th Grade – 12th Grade

16+ years old

Required vaccinations for ALL Students 16 years of age and older

Full Course of a COVID-19 mRNA vaccine series. See PROVIDER for dosage and intervals.

All Students should receive an ANNUAL FLU VACCINE

*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:		Insurance Name/ID #:			
<input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> None					
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"/> Long term COVID-19 symptoms |
| <input type="checkbox"/> Behavioral | <input type="checkbox"/> Kidney failure | <input type="checkbox"/> Significant food/medication/environmental allergies that may require emergency medical care. Details provided below. |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Language/Speech | <input type="checkbox"/> Long-term medications, over-the-counter-drugs (OTC) or special care requirements. Details provided below. |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Obesity | <input type="checkbox"/> Significant health history, condition, communicable illness, or restrictions. Details provided below. |
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | |

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
Additional notes on TB test:		Quantiferon Results:	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive <input type="checkbox"/> Positive, Treated

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,	1 st Serum/Finger Stick Lead Level:
	2 nd Test Date:	2 nd Result:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal,	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:		
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				
Coronavirus (COVID) (Recommended)	1	2					
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:

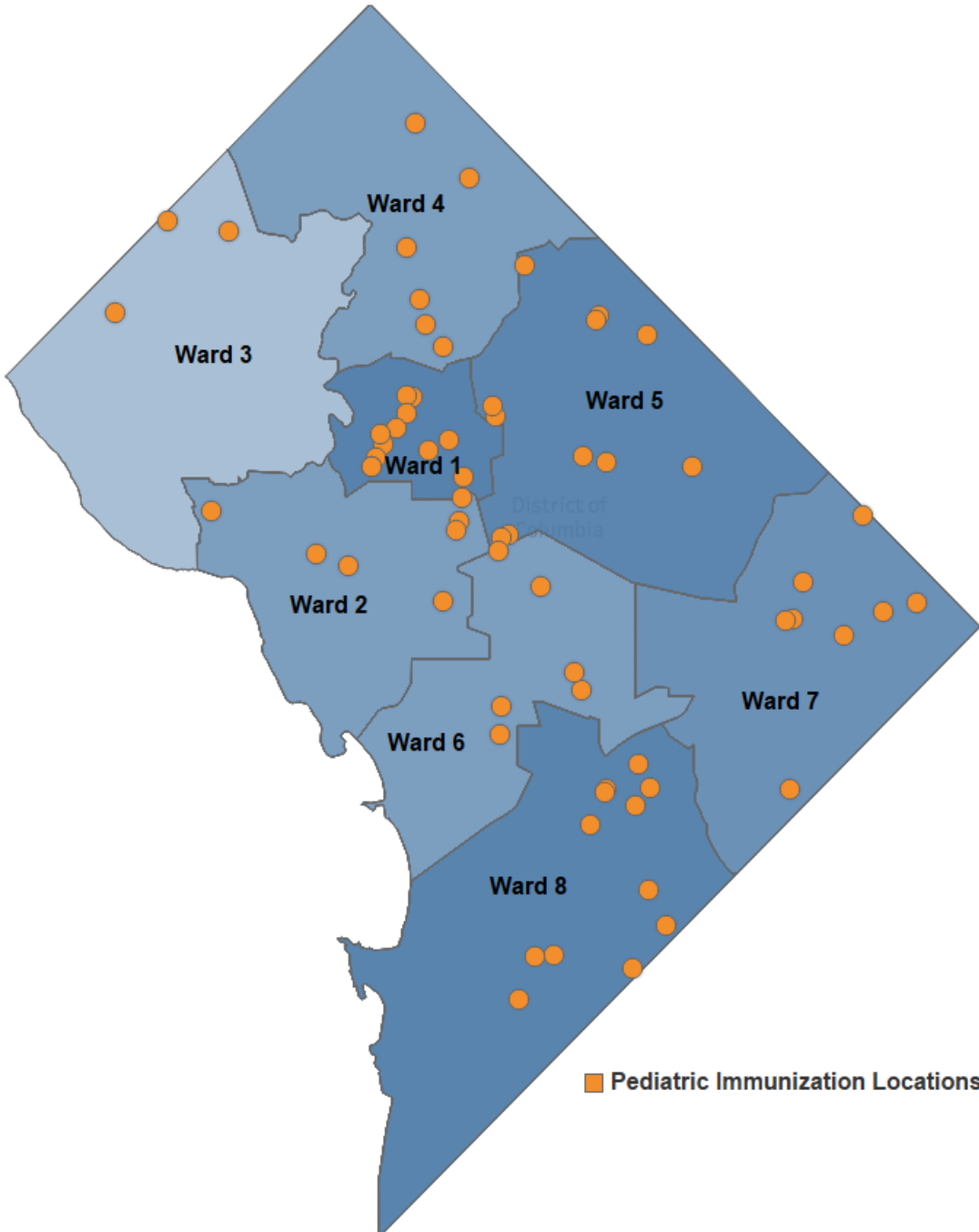
Signature:

Date:



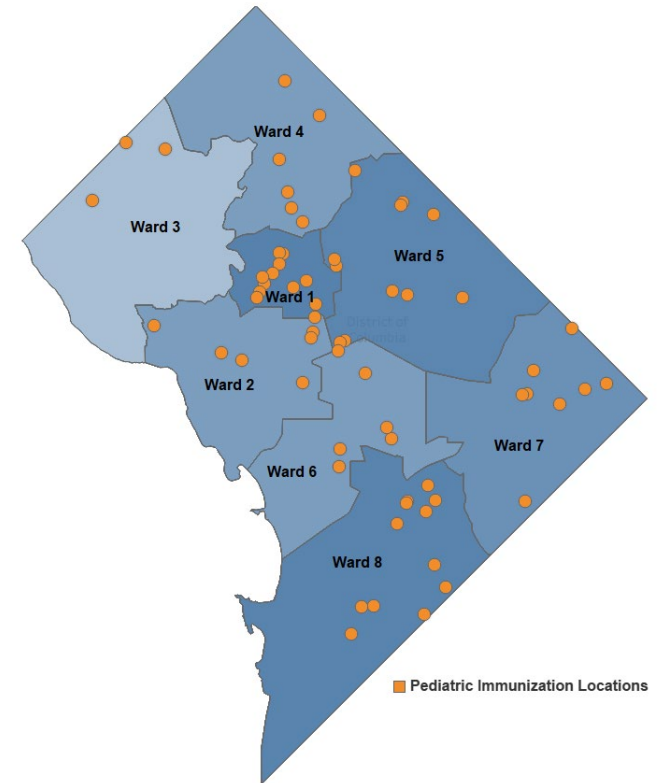
2022 District Pediatric Vaccine Locations

COVID-19 Vaccine Provider Map



DISTRICT OF COLUMBIA – PEDIATRIC IMMUNIZATION LOCATIONS By WARD

- ▶ [WARD 1](#)
- ▶ [WARD 2](#)
- ▶ [WARD 3](#)
- ▶ [WARD 4](#)
- ▶ [WARD 5](#)
- ▶ [WARD 6](#)
- ▶ [WARD 7](#)
- ▶ [WARD 8](#)



WARD 1

DISTRICT OF COLUMBIA – PEDIATRIC IMMUNIZATION LOCATIONS

Facility	Address	Phone	Office Hours	COVID Vaccine	Childhood Vaccines	Medicaid	Private/ Self-Pay
Ahold Giant Pharmacies	1345 Park Road NW 20010	(202) 777-1078	Mon-Th 9am-9pm / Sat 9am-6pm / Sun 10am-5pm	✓	X	✓	✓
Children’s Health Center Columbia Heights	3336 14th Street NW 20010	(202) 476-5580	Mon-Sat 8am-4pm	✓	✓	✓	✓
Children’s National Shaw Metro	641 S Street NW 20001	(202) 476-2123	Mon-Fri 8am-4pm / Sat 8am-4:30pm	✓	✓	✓	✓
Children’s Medical Home Adam Morgan	1630 Euclid ST NW 20009	(202) 476-5580	Mon-Th 7:30am-8pm / Fri 7:30am-5pm	✓	✓	✓	✓
Community of Hope	2250 Champlain St NW - 20009	(202) 540-9857	Mon-Tu-Th-Fri 8:30am-5pm / Wed. 8:30am-5pm / Sat 9am-3:30pm	✓	✓	✓	✓
Community of Hope Marie Reed HC	2155 Champlain St NW 20009	(202) 540-9857	Mon-Fri 8:30am-5pm / Sat 9am-3:30pm	✓	✓	✓	✓
District COVID Center	800 Euclid St NW	Walk-Up	M-T-W 10am-8pm / Th 11am-9pm / Fr 9am-7pm / Sat 10am-8pm / Sun CLOSED	✓	X	✓	✓
Howard University Family Practice	2041 Georgia Ave NW #3300 20060	(202) 865-6100	Mon-Fri 8:30am-5pm	✓	✓	✓	✓
La Clínica del Pueblo	2831 15TH ST NW 20009	(202) 462-4788	Mon-Fri 10am - 4pm	✓	✓	✓	✓
Mary’s Center Ontario Road	2333 Ontario Road 20009	(844) 796-2797	Mon-Fri 8am-4:30pm	✓	✓	✓	✓
Unity Health Care SBHC Cardozo HS	1200 Clifton St NW 20009	(202) 727-5148	Mon-Fri 8am-4:30pm	✓	✓	✓	✓
Unity Health Care, Inc. Columbia Heights	1660 Columbia Road NW 20009	(202) 469-4699	Mon-Th 8am-8pm / Fri 8a-5p / Sat 8a-Noon	✓	✓	✓	✓
Unity Health Care, Inc. Upper Cardozo	3020 14TH ST NW # 203 20009	(202) 469-4699	Mon-Fri 8am-10pm / Sat 8am-2pm	✓	✓	✓	✓

WARD 2

DISTRICT OF COLUMBIA – PEDIATRIC IMMUNIZATION LOCATIONS

Facility – Ward 2	Address	Phone	Office Hours	COVID Vaccine	Childhood Vaccines	Medicaid	Private/ Self-Pay
Ahold Giant Pharmacies	1400 7th St NW 20001	(202) 238-0181	Mon-Th 9am-9pm / Sat 9am-6pm / Sun 10am-5pm	✓	X	✓	✓
Bread for the City Medical Clinic	1525 7th St NW 20001	(202) 265-2400	Mon-Th 8:30am-5pm / Fri 8:30am-Noon / closed Tues 4:00-5:00pm	✓	✓	✓	✓
Children’s Pediatrics & Assoc Foggy Bottom	2021 K St NW Suite 800 20006	(202) 833-4543	Mon-Fri 8am-5pm / Sat 9am-Noon	✓	✓	✓	✓
District COVID Center	926 F Street NW	Walk-Up	M-T-W 10am-8pm / Th 11am-9pm / Fr 9am-7pm / Sat 10am-8pm / Sun CLOSED	✓	X	✓	✓
Medstar Health Pediatrics GUMC	3800 Reservoir Rd NW 2 nd Fl 20007	(202) 444-8168	Mon-Fri 8:30am-5pm	✓	✓	✓	✓
Michelle Barnes Marshall MD PC	2440 M St NW 20037	(202) 775-0051	Mon-Fri 9am-5pm / Fri 9am-1pm	✓	✓	✓	✓
West End Pediatrics	2440 M St NW #322, 20037	(202) 758-3210	Mon-Fri 9am-5pm / Sat (first and third of the month) 9:00am-1:00pm	✓	✓	X	✓

WARDS 3 – 4

DISTRICT OF COLUMBIA – PEDIATRIC IMMUNIZATION LOCATIONS

Facility – Ward 3	Address	Phone	Office Hours	COVID Vaccine	Childhood Vaccines	Medicaid	Private/ Self-Pay
Chevy Chase Pediatric Center	5225 Connecticut Ave NW #103 20015	(202) 363-0300	Mon-Fri 9am-5pm / Sat 9am-Noon	✓	✓	X	✓
District COVID Center	5335 Wisconsin Avenue NW	Walk-Up	M-T-W 10am-8pm / Th 11am-9pm / Fr 9am-7pm / Sat 10am-8pm / Sun CLOSED	✓	X	✓	✓
Spring Valley Pediatrics	4850 Massachusetts Ave NW #200 20016	(202) 966-5000	Mon-Fri 9am-5pm	✓	✓	X	✓
Facility – Ward 4	Address	Phone	Office Hours	COVID Vaccine	Childhood Vaccines	Medicaid	Private/ Self-Pay
Children’s Medical Care Center	5425 14th St NW 20011	(202) 291-0147	Mon-Fri 8am-4:30pm	X	✓	✓	✓
Children’s National Shepherd Park	7125 13 th Place NW 20012	(202) 545-2900	Mon-Sat 8am-4pm / Mon-Thur 5pm-8pm (Virtual Visits)	✓	✓	✓	✓
District COVID Center	4704 13th Street NW	Walk-Up	M-T-W 10am-8pm / Th 11am-9pm / Fr 9am-7pm / Sat 10am-8pm / Sun CLOSED	✓	X	✓	✓
Mary’s Center Georgia Avenue	3912 Georgia Ave NW 20010	(844) 796-2797	Mon-Fri 9:00 am – 5:00 pm	✓	✓	✓	✓
MedStar Health Roosevelt HS	4301 13 th St NW 20011	(202) 724-4086	Mon-Fri 8:30am-4:30pm	✓	✓	✓	✓
Mary’s Center SBHC Coolidge HS	6315 5th St NW 20011	(202) 698-1383	Mon-Fri 8:30am-4:30pm	✓	✓	✓	✓

WARD 5

DISTRICT OF COLUMBIA – PEDIATRIC IMMUNIZATION LOCATIONS

Facility	Address	Phone	Office Hours	COVID Vaccine	Childhood Vaccines	Medicaid	Private/ Self-Pay
CNMC Dunbar High SBHC	101 N St NW 20011	(202) 724-4086	Mon-Fri 8:30am-4:30pm	✓	✓	✓	✓
Children’s National Health Center	111 Michigan Ave NW 20010	(202) 986-1467	Mon-Fri 8am-9pm / Sat & Sun 10am-6pm	✓	✓	✓	✓
Community of Hope Family Health and Birth Center	2120 Bladensburg Rd NE 20018	202.540.9857	Mon-Wed-Th-Fri 8:30am-5pm / Tues 8:30am-7:30pm / Sat 9am-3:30pm	✓	✓	✓	✓
CuraCapitol Clinical	1140 Varnum St NE #208-B 20017	(202) 930-2380	Mon-Fri 8am-5pm / Sat 10am-4pm	✓	✓	✓	✓
District COVID Center	2350 Washington Place NE #105-N	Walk-Up	M-T-W 10am-8pm / Th 11am-9pm / Fr 9am-7pm / Sat 10am-8pm / Sun CLOSED	✓	X	✓	✓
Dr. Marjorie McKnight / Lisa Banner	106 Irving St NW #2300N 20010	(202) 291-6257	Mon-Fri 7am-4pm	✓	✓	✓	✓
Pediatric Center Hospital for Sick Children Pharmacy	1731 Bunker Hill Rd NE 20017	(202) 832-4400	Mon-Sunday 9am-5pm	✓	✓	✓	✓
Mary’s Center Fort Totten	100 Gallatin St NE 20011	(202) 847-4387	Mon-Fri 8am-6:30pm	✓	✓	✓	✓
Pediatric Professionals PC	106 Irving St NW #306 20010	(202) 854-0052	Mon 7:30am-6pm / Wed 8am-4:30pm / Tues, Th & Fri 7:30am-5pm / Sat 9am-2pm	X	✓	✓	✓
Providence Family Medicine	1160 Varnum St NE #110 20017	(202) 854-4090	Mon-Fri 8am-4pm	✓	✓	✓	✓
SOME (So Others Might Eat)	60 O STREET, NW 20001	(202) 797-8806	Mon-Fri 8:30am-3:30pm	X	✓	✓	✓
The McCuiston Group	106 Irving St NW 20010	(202) 291-6257	Mon-Fri 7am-4pm	✓	✓	✓	✓
Unity Health Care, Inc. Brentwood Sq	1201 Brentwood Rd NE 20018	(202) 469-4699	Mon-Fri 8am-9pm / Sat 8am-2pm	✓	✓	✓	✓

WARDS 6 - 7

DISTRICT OF COLUMBIA – PEDIATRIC IMMUNIZATION LOCATIONS

Facility – Ward 6	Address	Phone	Office Hours	COVID Vaccine	Childhood Vaccines	Medicaid	Private/ Self-Pay
Children's Pediatricians & Associates – Capitol Hill	650 Pennsylvania Ave SE EC-100, 20003	(202) 833-4543	Mon-Fri 8am-5pm / Sat 9am-Noon	✓	✓	✓	✓
District COVID Center	507 8 th Street NE	Walk-Up	M-T-W 10am-8pm / Th 11am-9pm / Fr 9am-7pm / Sat 10am-8pm / Sun CLOSED	✓	X	✓	✓
Georgetown Kids Mobile Medical Clinic/Ronald McDonald Care Mobile	Mobile Clinic	(202) 295-0547	Please Call for Appointments, Days, and Hours	✓	✓	✓	✓
Kaiser Permanente Capitol Hill	700 Second St NE 20002	(202) 346-3000	Mon-Fri 9am-5pm	✓	✓	✓	✓
Providence Perry Family Health Center	128 M St NW #50 20001	(202) 854-3840	Mon-Fri 8am-5pm	✓	✓	✓	✓
Unity Health Care, Inc. Southwest	850 Delaware Ave SW 20024	(202) 469-4699	Mon-Fri 8am-5pm	✓	✓	✓	✓
Facility – Ward 7	Address	Phone	Office Hours	COVID Vaccine	Childhood Vaccines	Medicaid	Private/ Self-Pay
Children's Pediatricians & Associates – Ft. Davis	3839 1/2 Alabama Ave SE 20020	(202) 582-6800	Mon-Fri 8am-4pm / Sat 8am-12:00pm	✓	✓	✓	✓
District COVID Center	3929 Minnesota Avenue NE	Walk-Up	M-T-W 10am-8pm / Th 11am-9pm / Fr 9am-7pm / Sat 10am-8pm / Sun CLOSED	✓	X	✓	✓
Elaine Ellis Center of Health	1605 Kenilworth Ave NE 20019	(202) 803-2350	Mon and Wed 10am-6pm / Tues and Th 10am-7pm / Fri 10am-4pm / Sat 10am-2pm	✓	✓	✓	✓
Georgetown Kids Mobile Medical Clinic/Ronald McDonald Care Mobile	Mobile Clinic	(202) 295-0547	Please Call for Appointments, Days, and Hours	✓	✓	✓	✓
Unity Health Care, Inc. East of the River	4414 Benning Rd NE 20019	(202) 469-4699	Mon-Fri 8am-5pm	✓	✓	✓	✓
Unity Health Care, Inc. Minnesota Ave	3924 Minnesota Ave NE 20019	(202) 469-4699	Mon-Fri 8am-9pm / Sat 8am-2pm / The 2nd & 4th Sundays of the month 8am-2pm	✓	✓	✓	✓
Unity Health Care, Inc. Parkside	765 Kenilworth Terrace NE 20019	(202) 469-4699	Mon-Fri 9am-5pm	✓	✓	✓	✓
Unity Health Care, Inc. Woodson HS Health Center	540 55 th St NE #W 101 20019	(202) 469-4699	Mon-Fri 8am-4:30pm	✓	✓	✓	✓

WARD 8

DISTRICT OF COLUMBIA – PEDIATRIC IMMUNIZATION LOCATIONS

Facility	Address	Phone	Office Hours	COVID Vaccine	Childhood Vaccines	Medicaid	Private/ Self-Pay
Bread for the City	1700 Good Hope Rd SE 20020	202-561-8587	Mon-Th 9am-5pm / Fri 9am-Noon	✓	✓	✓	✓
Children's Health Center Anacostia	2101 MLK Jr Ave SE 5th Fl 20020	(202) 476-6900	Mon-Th 8am-8pm / Fri & Sat 8am-4 pm	✓	✓	✓	✓
Children's Health Center at THEARC	1801 Mississippi Ave, SE 20020	(202) 436-3060	Mon-Th 8am-8pm / Fri & Sat 8am-4pm	✓	✓	✓	✓
Community of Hope Conway Health and Resource Center	4 Atlantic St SW 20032	(202) 540-9857	Mon-Tues-Wed-Fri 8:30 am-5pm / Th 8:30am-7pm / Sat 9am-3:30pm	✓	✓	✓	✓
Children's Health Center Goldberg SBHC Ballou High School	3401 4 th St SE 20032	(202) 645-3843	Mon-Fri 8:30am-4:30pm	✓	✓	✓	✓
Core Health & Wellness Center	2516 Sheridan Road SE #A 20020	(202) 610-6106	Mon-Fri 9am-4pm / Sat 9am-3pm	X	✓	✓	✓
District COVID Center	3640 Martin Luther King Jr Ave SE	Walk-Up	M-T-W 10am-8pm / Th 11am-9pm / Fr 9am-7pm / Sat 10am-8pm / Sun CLOSED	✓	X	✓	✓
Family and Medical Counseling Serv.	2041 MLK Jr Ave, SE #206 20020	(202) 889-7900	Mon-Fri 8am-5pm	✓	✓	✓	✓
MedStar Health SBHC Anacostia	1601 16th St SE 20020	(202) 724-5529	Mon-Fri 8:30am-4:30pm	✓	✓	✓	✓
United Medical Center INPT Pharm	1310 Southern Ave SE 20032	(202) 574-6000	Mon-Fri 8:30-5pm	✓	X	✓	✓
Unity Health Care, Inc. Anacostia	1500 Galen St SE 20020	(202) 469-4699	Mon-Fri 8am-9pm / Sat 8am-2pm	✓	✓	✓	✓
Unity Health Care, Inc. Stanton Road	3240 Stanton Rd SE 20020	(202) 469-4699	Mon-Fri 8am-8pm	✓	✓	✓	✓