

## 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 requirements<sup>1</sup> 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 Certificate<sup>2</sup> (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.<sup>3</sup> If you do not have health insurance or need a healthcare provider, please refer to DC Health Link<sup>4</sup> 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

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

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





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

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

# SAMPLE IMMUNIZATION PACKET

## DC | HEALTH School Immunization Requirements Guide

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

\*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.

**SAMPLE IMMUNIZATION PACKET**

**DC HEALTH** Universal Health Certificate

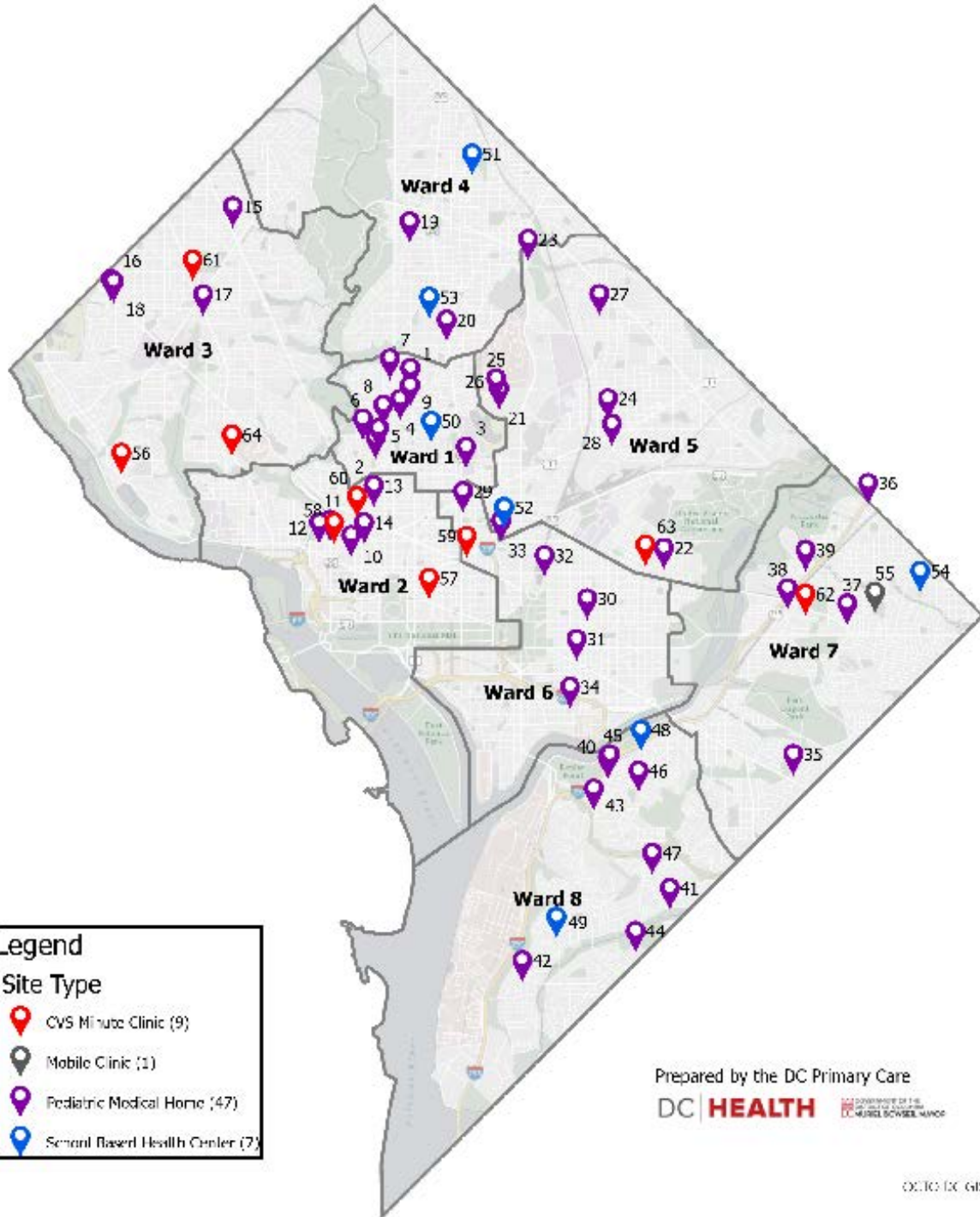
Use this form to report your child's physical health to their school/child care facility. This is required by DC Official Code §38-602. Have a licensed medical professional complete part 2 - 4. Access health insurance programs at <https://dchealthlink.com>. You may contact the Health Suite Personnel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

<b>Part 1: Child Personal Information   To be completed by parent/guardian.</b>								
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: _____					
<b>Part 2: Child's Health History, Exam, and Recommendations   To be completed by licensed health care provider.</b>								
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"/> Other: _____						
<input type="checkbox"/> Developmental	<input type="checkbox"/> Scoliosis							
<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. _____								
<b>TB Assessment   Positive TST should be referred to Primary Care Physician for evaluation. For questions call T.B. Control at 202-698-4040.</b>								
What is the child's risk level for TB?		Skin Test Date:		Quantiferon Test Date:				
<input type="checkbox"/> High → complete skin test and/or Quantiferon test		Skin Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive, CXR Negative <input type="checkbox"/> Positive, CXR Positive <input type="checkbox"/> Positive, Treated						
<input type="checkbox"/> Low		Quantiferon Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Positive, Treated						
Additional notes on TB test: _____								
<b>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.</b>								
ONLY FOR CHILDREN UNDER AGE 6 YEARS Every child must have 2 lead tests by age 2	1 <sup>st</sup> Test Date:	1 <sup>st</sup> Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, Developmental Screening Date:			1 <sup>st</sup> Serum/Finger Stick Lead Level:			
	2 <sup>nd</sup> Test Date:	2 <sup>nd</sup> Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, Developmental Screening Date:			2 <sup>nd</sup> Serum/Finger Stick Lead Level:			
HGB/HCT Test Date:				HGB/HCT Result:				

# SAMPLE IMMUNIZATION PACKET

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)		2	3	4	5		
DT (<7 yrs.)/ Td (>7 yrs.)		2	3	4	5		
Tdap Booster							
Haemophilus influenza Type b (Hib)		2	3	4			
Hepatitis B (HepB)		2	3	4			
Polio (IPV, OPV)		2	3	4			
Measles, Mumps, Rubella (MMR)		2					
Measles		2					
Mumps		2					
Rubella		2					
Varicella		2					Child had Chicken Pox (month & year): Verified by: _____ (name & title)
Pneumococcal Conjugate		2	3	4			
Hepatitis A (HepA) (Born on or after 01/01/2005)		2					
Meningococcal Vaccine		2					
Human Papillomavirus (HPV)		2	3				
Influenza (Recommended)		2	3	4	5	6	7
Rotavirus (Recommended)		2	3				
Other		2	3	4	5	6	7
<input type="checkbox"/> The child is behind on immunizations and there is a plan in place to get him/her back on schedule. Next appointment is: _____							
<b>Medical Exemption (if applicable)</b>							
I certify that the above child has a valid medical contraindication(s) to being immunized at the time against:							
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pertussis	<input type="checkbox"/> Hib	<input type="checkbox"/> HepB	<input type="checkbox"/> Polio	<input type="checkbox"/> Measles	
<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Varicella	<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> HepA	<input type="checkbox"/> Meningococcal	<input type="checkbox"/> HPV	
Is this medical contraindication permanent or temporary? <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary until: _____ (date)							
<b>Alternative Proof of Immunity (if applicable)</b>							
I certify that the above child has laboratory evidence of immunity to the following and I've attached a copy of the titer results.							
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pertussis	<input type="checkbox"/> Hib	<input type="checkbox"/> HepB	<input type="checkbox"/> Polio	<input type="checkbox"/> Measles	
<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Varicella	<input type="checkbox"/> Pneumococcal	<input type="checkbox"/> HepA	<input type="checkbox"/> Meningococcal	<input type="checkbox"/> HPV	
<b>Part 4: Licensed Health Practitioner's Certifications   To be completed by licensed health care provider.</b>							
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. <input type="checkbox"/> No <input type="checkbox"/> Yes							
This child is cleared for competitive sports. <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____
<b>OFFICE USE ONLY   Universal Health Certificate received by School Official and Health Suite Personnel.</b>							
School Official Name:			Signature:			Date:	
Health Suite Personnel Name:			Signature:			Date:	

# Pediatric Immunization Locations



# SAMPLE IMMUNIZATION PACKET



## 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 14<sup>th</sup> 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 15<sup>th</sup> 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**

#### **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 14<sup>th</sup> 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) 833-4543

**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 19<sup>th</sup> 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  
4<sup>th</sup> 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**

Please visit <https://dchealth.dc.gov/page/health-care-access-bureau> for updates.

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## District of Columbia Pediatric Immunization Locations

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### Ward 4

**19. Children's Medical Care Center: Corders**  
5425 14<sup>th</sup> 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 17<sup>th</sup> St., NE  
Washington, DC 20002  
(202) 398-5520  
**Monday - Saturday 9:00am – 3:30pm**

**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 12<sup>th</sup> 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 7<sup>th</sup> St., NW  
Washington, DC 20001  
(202) 265-2400  
**Monday – Friday 8:30am – 12:00pm**

**30. Capitol Hill Community Health Center**  
201 8<sup>th</sup> 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 2<sup>nd</sup> 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**  
**(1<sup>st</sup> Saturday of the month)**

Please visit <https://dchealth.dc.gov/page/health-care-access-bureau> for updates.

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### 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**

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Pediatric Immunization Locations**

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<b>School-Based Health Centers &amp; Georgetown Kids Mobile Medical Van</b> By appointment only. Please call to schedule an appointment.		
<b>48. Anacostia Senior High School:</b> Operated by Medstar Health 1601 16 <sup>th</sup> St., SE Washington, DC 20020 (202) 724-5529 <b>Monday &amp; Thursday</b> <b>9:30am – 3:30pm</b>	<b>49. Ballou Senior High School:</b> Operated by Children's National Medical Center 3401 4 <sup>th</sup> St., SE Washington, DC 20032 (202) 645-3843 <b>Tuesdays 8:00am – 4:30pm</b> <i>(Serving ages 11 – 21 only)</i>	<b>50. Cardozo Learning Center:</b> Operated by Unity Health Care, Inc. 1200 Clifton St., NW Washington, DC 20009 (202) 727-5148 <b>Monday - Friday 8:00am – 4:30pm</b>
<b>51. Coolidge Senior High School</b> Operated by Children's National Medical Center 6315 5 <sup>th</sup> St., NW Washington, DC 20011 (202) 671-6097 <b>Monday &amp; Thursday 8:00am – 4:30pm</b> <i>(Serving ages 11 – 21 only)</i>	<b>52. Dunbar Senior High School:</b> Operated by Children's National Medical Center 101 N St., NW Washington, DC 20011 (202) 724-4086 <b>Wednesday &amp; Friday 8:00am – 4:30pm</b> <i>(Serving ages 11 – 21 only)</i>	<b>53. Roosevelt Senior High School:</b> Operated by Medstar Health 4400 Iowa Ave., NW Washington, DC 20011 (202) 727-6333 <b>Monday, Tuesday, Thursday</b> <b>9:30am – 3:30pm</b>
<b>54. Woodson Senior High School:</b> Operated by Unity Health Care, Inc. 540 55 <sup>th</sup> St., NE Washington, DC 20019 (202) 724-2287 <b>Monday - Friday 8:00am – 4:30pm</b>	<b>55. Georgetown Kids Mobile Medical Van @ Kelly Miller Middle School</b> Operated by Medstar Health 301 49 <sup>th</sup> St., NE Washington, DC 20019 (202) 444-8888 <b>Tuesday 10:00am – 2:00pm</b>	
<b>CVS Minute Clinics</b> Accepting walk-ins and online scheduled appointments. Please confirm vaccine availability and insurance coverage. Find a CVS Minute Clinic based on your insurance carrier or plan at: <a href="https://www.cvs.com/minuteclinic/insurance-and-billing/insurance-check">https://www.cvs.com/minuteclinic/insurance-and-billing/insurance-check</a>		
<b>56. 4859 MacArthur Blvd., NW</b> Washington, DC 20007 <a href="https://www.cvs.com/minuteclinic">https://www.cvs.com/minuteclinic</a> <b>Monday - Friday 8:30am – 6:30pm</b> <b>Saturday 9:00am – 5:30pm</b> <b>Sunday 9:00am – 4:30pm</b>	<b>57. 1275 Pennsylvania Ave., NW</b> Washington, DC 20004 <a href="https://www.cvs.com/minuteclinic">https://www.cvs.com/minuteclinic</a> <b>Monday - Friday 8:30am – 7:30pm</b> <b>Saturday 9:00am – 5:30pm</b> <b>Sunday 9:00am – 4:30pm</b>	<b>58. 2240 M St., NW</b> Washington, DC 20037 <a href="https://www.cvs.com/minuteclinic">https://www.cvs.com/minuteclinic</a> <b>Monday - Friday 8:30am – 7:30pm</b> <b>Saturday 9:00am – 5:30pm</b> <b>Sunday 9:00am – 4:30pm</b>
<b>59. 655 K St., NW</b> Washington, DC 20001 <a href="https://www.cvs.com/minuteclinic">https://www.cvs.com/minuteclinic</a> <b>Monday - Friday 8:30am – 7:30pm</b>	<b>60. 6 Dupont Cir., NW</b> Washington, DC 20036 <a href="https://www.cvs.com/minuteclinic">https://www.cvs.com/minuteclinic</a> <b>Monday - Friday 8:30am – 7:30pm</b> <b>Saturday 9:00am – 5:30pm</b> <b>Sunday 9:00am – 4:30pm</b>	<b>61. 4555 Wisconsin Ave., NW</b> Washington, DC 20016 <a href="https://www.cvs.com/minuteclinic">https://www.cvs.com/minuteclinic</a> <b>Monday - Friday 8:30am – 7:30pm</b> <b>Saturday 9:00am – 5:30pm</b> <b>Sunday 9:00am – 4:30pm</b>
<b>62. 320 40<sup>th</sup> St., NW</b> Washington, DC 20019 <a href="https://www.cvs.com/minuteclinic">https://www.cvs.com/minuteclinic</a> <b>Monday - Friday 8:30am – 7:30pm</b>	<b>63. 845 Bladensburg Rd., NE</b> Washington, DC 20002 <a href="https://www.cvs.com/minuteclinic">https://www.cvs.com/minuteclinic</a> <b>Monday - Friday 8:30am – 6:30pm</b> <b>Saturday 9:00am – 5:30pm</b> <b>Sunday 9:00am – 4:30pm</b>	<b>64. 2226 Wisconsin Ave., NW</b> Washington, DC 20007 <a href="https://www.cvs.com/minuteclinic">https://www.cvs.com/minuteclinic</a> <b>Monday - Friday 8:30am – 7:30pm</b> <b>Saturday 9:00am – 5:30pm</b> <b>Sunday 9:00am – 4:30pm</b>

Please visit <https://dchealth.dc.gov/page/health-care-access-bureau> for updates.