WA	PPINGERS CE	NIKAL	SCHOOL				D	A TITE	
				SCHOOL			D	ATE	
				IMMUNIZAT	ION REPO	DRT			
Stud	ent Name						DOB		
Dear	Doctor:								
Pleas	se record all imn	nunization	s to date:						
1. 2. 3.	DPT/DTaP OPV/IPV MMR	1	2 2 2 2	3	4	_ 5 _ 5	DT.B	Td	
4. 5. 6. 7.	Measles Mumps Rubella Hepatitis B	1	2 2 2	3					
8. 9. 10.	HIB Varicella Tuberculin	Tine _	_ 2	3		-			
	Signature	ic Health I	Law - Secti	ion 2164)					
1.	A physician' detrimental to			ect that immuni	zation agaiı	nst one or	more of the f	ive diseases would b	
			11	3					
MD :	Signature								
2.	member of a	specified		organization v				ardian is a bonafid he administration o	

WAPPINGERS CENTRAL SCHOOL DISTRICT

Dear Parent/Guardian:

New York State Law requires immunization against Varicella, Hepatitis B, Poliomyelitis, Measles, Rubella, Mumps and Diphtheria. Have your family physician complete the information on the reverse side of this form. Please bring this completed form with you at the time of registration.

- Exemption to the immunization law is allowed for medical or religious reasons.
- Medical exemption must be certified in writing by your physician.
- Religious exemption must certify that you are a bonafide member of a specified religious organization whose teachings are contrary to the administration of immunizing agents against the five diseases.
- The mandate requires you to comply with the law since schools are bound to refuse admission to your child if the records of immunization are not available.