	HOOL HEALT								
WAI	PPINGERS CE	ENTRAL	SCHOOL	DISTRICT	Γ				
	SCHOOL						Date		
			<u>]</u>	<u>IMMUNIZ</u>	ATION RE	PORT			
Student's Name							DOB		
Dear	Doctor:								
Pleas	se record all im	nunization	s to date:						
1.	D.P.T.			3	4	5	DT.B	Td	
2. 3. 4. 5.	Polio MMR Measles Mumps	1 1 1	2 2 2		4	5			
6. 7. 8. 9.	Rubella Hepatitis B HIB Varicella	1 1	2	3 3	4				
10.	Tuberculin	Tine			I	PPD			
	Signature nptions: (Publ A physician' be detriments	s statemen	t to the eff	ect that imn	nunization a	gainst one	or more of the fiv	ve diseases would	
MD	Signature								

2. Parent/Guardian must provide a written statement that they hold religious beliefs contrary to the practice of immunization. The statement must describe the beliefs in sufficient detail to permit the school to determine that (a) the beliefs are religious in nature and (b) the beliefs are sincerely and genuinely held.

A "Request for Religious Exemption To Immunization" form must be completed, notarized and submitted to Student Services. You will be notified in writing of the outcome of this request.

WAPPINGERS CENTRAL SCHOOL DISTRICT

Dear Parent/Guardian:

New York State Law requires immunizations against 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 hold genuine and sincere religious beliefs which are contrary to the practice of immunization.

The mandate required you to comply with the law since schools are bound to refuse admission to your child if the records of immunization are not available.