

IMMUNIZATIONS

New York State Law Section 2164 requires these immunizations for admission to school K-12 (Born on or after 1/1/2005)

New York State Law requires immunizations for all students against Dipththeria, Pertussis, Tetanus, Poliomyelitis, Measles, Mumps, Rubella, Hepatitis B, and Varicella. Meningococcal meningitis for grades 7 and 12. Haemophilus influenzae type b and Pneumonococcal conjugate for Pre K. Have your family physician complete the information on page 7 in this packet. Please bring the completed page 7 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. A "Request for Religious Exemption to Immunization" form must be completed, notarized and submitted to the school administrator. You will be notified in writing of the outcome of this request.

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.

Immunization	Number of Doses	
Polio	3-4 doses and the last dose must be given after age 4 years prior to Kindergarten	
Hepatitis B	3 doses at specific intervals*	
Diptheria/Pertussis/Tetanus	4-5 doses and the last dose must be given after age 4 years prior to Kindergarten	
Measles/Mumps/Rubella	2 doses received prior Kindergarten	
Tdap	Students 11 years or older entering Grades 6 through 12 are required to have one dose of	
	Tdap. Students who are 10 years old in Grade 6 and who have not received a Tdap vaccine	
	may enter but must receive the vaccine when they turn 11 years old.	
Varicella	2 doses for incoming Kindergarteners, and Grades 7, 8, 9 and 10.	
Meningococcal	1st dose required prior to admission into Grades 7 and 8 and 2nd dose required prior to	
	entrance to Grade 12. 2nd dose not required if 1st dose was given at age 16 or older.	

^{*}Hepatitis B doses must be given with 4 weeks between 1st and 2nd doses, 8 weeks in between 2nd and 3rd doses, 16 weeks between 1st and 3rd dose.

PROOF OF IMMUNIZATION SHOULD BE PRESENTED AT REGISTRATION.

Proof of immunization must be any of 1 of the 3 items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
- For varicella (chickenpox), a note from your health care provider which says your child had the disease is also acceptable.



_SCHOOL	Date
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IMMUNIZATION REPORT

Student's Name	_DOB
Dear Doctor:	
Please record all immunizations to date:	
DPT/DTaP 1 2 3 4 5 DT.B Tdap 1 POLIO 1 2 3 4 5 MMR 1 2 HEPATITIS B 1 2 3 VARICELLA 1 2 Meningococcal 1 2 HEPATITIS A 1 2 HIB 1 2 3 4 PCV 1 2 3 4	
TUBERCULIN TINE PPD	
Lead Screening Date	
MD Signature	
Medical Exemption:	
A physician's statement to the effect that immunization against one or more would be detrimental to the child's health.	e of the five diseases
MD Signature	

Religious Exemption: A written and signed statement from the parent/guardian of such child stating the parent/guardian objects to their child's immunization due to sincere and genuine religious beliefs which prohibit the immunization of their child in which case the principal may require supporting documents.