



School Entrance PreK-12 NYS IMMUNIZATION REQUIREMENTS

IMMUNIZATION NAME	GRADE(S)	# OF DOSES REQUIRED
Diphtheria/Tetanus/Pertussis (DTaP or DTP)	PreK	4
	K-5	4-5
	6-12	3
Tetanus/Diphtheria/acellular Pertussis (Tdap)	PreK-5	N/A
	6-12	1
Hepatitis B	PreK-12	3 (or 2 doses of adult hepatitis B vaccine for children 11-15 years old)
Measles/Mumps/Rubella (MMR)	PreK	1
	K-12	2
Polio	PreK	3
	K-12	3-4
Varicella (Chickenpox)	PreK	1
	K-12	2
Meningococcal Conjugate (MenACWY)	PreK-6	N/A
	7-11	1
	12	2 (however if dose #1 is received after age 16, only 1 dose is required)
Hemophilus Influenzae (HIB)	PreK	1-4
	K-12	N/A
Pneumococcal Conjugate (PCV)	PreK	1-4
	K-12	N/A

I understand that if my child transfers from a school district within New York State, that I have two weeks from the date of admission or, 30 days if transferred from outside of New York State, to produce an official record of my child's immunizations or in lieu of this the following:

- a) New York State licensed physician's certificate stating that the listed immunizations are detrimental to the child's health. This MUST specify which vaccine is detrimental and the length of time for the exemption.

****PLEASE NOTE THAT ALL MEDICAL EXEMPTIONS MUST BE RENEWED YEARLY. PLEASE PROVIDE YOUR CHILD'S NURSE WITH THE RENEWAL CERTIFICATE AT THE BEGINNING OF EACH SCHOOL YEAR.**

This is to acknowledge that I have been informed of the immunization requirements for admission to schools in New York State as required by the N.Y.S. Public Law, Section 2164.

I further understand that, under the law, if the school DOES NOT receive the evidence of immunization within the specified period, my child WILL BE EXCLUDED from school until such time as the evidence is received.

Date

Signature of Parent/Guardian