

William Floyd UFSD
2019-2020 School Year
Immunization Requirements for Pre-Kindergarten Students

Dear Parent/Guardian,

Date:

New York State Law Section 2164 requires certain immunizations (shots) to enter Pre-kindergarten and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

Required Immunizations for Pre-Kindergarten

Immunization	Number of Doses
Polio	3
Hepatitis B	3
Diphtheria/Tetanus/Pertussis	4
Measles/Mumps/Rubella	1
Varicella (Chickenpox)	1
Hemophilus Influenzae	1 to 4
Pneumococcal Conjugate	1 to 4

Proof of immunization should be sent to the school nurse where your child will be attending.

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

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIS 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 (MD, NP, PA) which says your child had the disease is also acceptable.

If you have questions or concerns about immunizations, please contact the school health staff.

School Nurse: _____ School: _____

Phone #: _____ Fax: _____ Email: _____

William Floyd UFSD
2019-2020 School Year
Immunization Requirements for Students in Kindergarten, Grades 1, 2, 3, 4, & 5

Dear Parent/Guardian,

Date: _____

New York State Law Section 2164 requires certain immunizations (shots) to enter kindergarten and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

Required Immunizations for Kindergarten & Grade 1, 2, 3, 4, & 5

Immunization	Number of Doses
Polio	4 doses or 3 doses if the 3rd dose given at 4 years of age or older
Hepatitis B	3 doses
Diphtheria/Tetanus/Pertussis	5 doses or 4 doses if the 4th dose given at 4 years of age or older or 3 doses if 7 years or older & series started at age 1 or older
Measles/Mumps/Rubella	2 doses
Varicella (Chickenpox)	2 doses

Please send proof of immunization to the school nurse where your child will be attending.

Proof of immunization must be **any 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 (MD, NP, PA) which says your child had the disease is also acceptable.

If you have questions or concerns about immunizations, please contact the school health staff.

School Nurse: _____ School: _____

Phone #: _____ Fax: _____ Email: _____

**William Floyd UFSD
2019-2020 School Year**

Immunization Requirements for Students in Grades 6, 7, 8, 9, 10, & 11

Dear Parent/Guardian,

Date:

New York State Law Section 2164 requires certain immunizations (shots) to enter and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

Required Immunizations for Students in Grades 6, 7, 8, 9, 10, & 11

Immunization	Number of Doses
DTaP/DTP	3 doses
Tdap	Age 11: Must receive an immunization containing Tetanus Toxoids, diphtheria, and acellular pertussis (Tdap)
Polio	4 doses or 3 doses if the 3 rd dose was received at age 4 or older
MMR	2 doses
Hepatitis B	3 doses or 2 doses of adult hepatitis B Vaccine (Recombivax) for children who received doses at least 4 months apart between ages 11 through 15 years
Varicella (chickenpox)	2 doses
Meningococcal conjugate (MenACWY)	1 dose Grade 7 or 8*, 9*, & 10*
* Most of the students in grade 8, 9, and 10 will have already received the MENACWY vaccine dose in grade 7, unless transferred from out of state or out of country. MenACWY vaccine is not required per NYSDOH for grade 11.	

Thank you for your attention to these new immunization requirements.

If you have questions or concerns about immunizations, please contact the school health staff.

School Nurse: _____ School: _____

Phone #: _____ Fax: _____ Email: _____

**William Floyd UFSD
2019-2020 School Year
Immunization Requirements for Students in Grade 12**

Dear Parent/Guardian,

Date: _____

New York State Law Section 2164 requires certain immunizations (shots) to enter and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

Required Immunizations for Students in Grade 12

Immunization	Number of Doses
DTaP/DTP	3 doses
Tdap	1 dose
Polio	3 doses
MMR	2 doses
Hepatitis B	3 doses or 2 doses of adult hepatitis B Vaccine (Recombivax) for children who received doses at least 4 months apart between ages 11 through 15 years
Varicella (chickenpox)	1 dose
Meningococcal conjugate (MenACWY)	By Grade 12: 2 doses or 1 dose if the dose was received at age 16 or older

*Note: MenACWY vaccine is not required per NYSDOH for grade 11.

Thank you for your attention to these new immunization requirements.

If you have questions or concerns about immunizations, please contact the school health staff.

School Nurse: _____

School: _____

Phone #: _____

Fax: _____

Email: _____