



Cynthia Seniuk, Ed.D.
 Superintendent of Schools

IMMUNIZATION REQUIREMENTS

Dear Parent/Guardian:

According to the New York State Department of Education, the following immunizations are required for school attendance.

IMMUNIZATION	NUMBER OF DOSES
Polio	4
DTP	5
MMR	2
Varicella	2
Hepatitis B	3

Please ensure the form below is completed and returned to your school health office as soon as possible. In accordance with New York State Law, no student without proof of immunization will be permitted entrance into the classroom. If you have any questions regarding this matter, please feel free to contact your school nurse directly.

If you have any questions regarding this matter, please feel free to contact your school nurse directly. To obtain these immunizations, contact your family doctor, or where the need exists, you may call the Nassau University Medical Center at 516-486-6862 or 516-572-5126.

Sincerely,

Cynthia Seniuk, Ed.D.
 Superintendent of Schools

RETURN TO SCHOOL HEALTH OFFICE

Student's Name	Polio	DTP	Varicella	MMR	Hep B
Grade:	1.	1.	1.	1.	1.
DOB:	2.	2.	2.	2.	2.
Physician Signature	3.	3.			3.
Physician Stamp	4.	4.			
		5.			