

School Health Services



IMMUNIZATION REFERRAL LETTER TO PARENT

Date: _____

Child's Name: _____ Date of Birth: _____

Parent's Name: _____

Parent's Address: _____

New York State Public Health Law, Section 2164 mandates that schools shall not permit a child to be admitted unless the parent provides the school with a certificate of immunization or proof from a physician, nurse practitioner or physician's assistant that the child is in the process of receiving the required immunizations.

The required immunizations are:

<i>Name of Immunization</i>	<i>Number of Doses Required</i>
Diphtheria Toxoid (usually administered as DPT, DT, DTaP or TD)	3 doses
Pertussis and Tetanus (Children born on or after January 1, 2005)	3 doses
Oral Poliovirus (OPV, IPV or eIPV)	3 doses
Hepatitis B (K-12 students born on or after 1/1/93) (Preschool children born on or after 1/1/95)	3 doses
Measles (the first administered after 12 months of age and the second after 15 months of age)	2 doses
Mumps and Rubella (administered after 12 months of age)	1 dose each
Haemophilus influenzae type b (Hib)	3 doses of conjugate vaccine or 1 Hib if administered over 15 months of age. (Preschool children only)
Varicella	1 dose for children born on or after 1/1/1998 or after 1/1/94 and enrolling in 6 th Grade
Pertussis Booster (administered as a Tdap vaccine)	1 dose for children born on or after 1/1/94 and enrolling in 6 th Grade

All of the above immunizations must be documented by your health care provider, health department where the child received the immunizations, or must be from an official copy of the immunization record from the child's previous school (a copy of the original immunization record from the healthcare provider – not a copy of the school health record).

All immunizations must specify that **exact date** each immunization was administered. Your child will not be permitted to attend school without the necessary verification of immunizations.

Your child's immunization requirement needs for school entry is/are:



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The required immunizations could be obtained from:

1. Your family health care provider.
2. _____
3. _____

(List of local sources for obtaining immunizations, e.g. county health department clinics, etc., addresses, and phone numbers.)

As soon as you obtain the Certificate of Immunization, bring it to the School Health Office to be copied and returned to you.

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

Sincerely,

(Principal)

(School Nurse)

(Telephone Number)