FORM DO-4

BALDWIN UNION FREE SCHOOL DISTRICT
NEW ENTRANT IMMUNIZATION FORM

Student's Name _____ Date of Birth _____

School _____ Grade _____

New York State Law requires that all children entering school must present a certificate signed by a physician stating that they have been adequately immunized against **DIPTHERIA, TETANUS, AND PERTUSIS, POLIOMYELITIS, MEASLES, MUMPS, RUBELLA, HEPATITIS B, AND VARICELLA (CHICKEN POX)**. Please have this form ***completed and signed by your child's physician*** and present it when you register your child. We accept a copy of the record from the doctor's office if it is signed and stamped. Thank you for your cooperation in this matter.

UNDER NEW YORK STATE LAW, PROOF OF ALL IMMUNIZATIONS MUST BE SUBMITTED BEFORE YOUR CHILD CAN ATTEND SCHOOL.

1. POLIO (3-5 Doses)
   (If combination of IPV & OPV, must be 4 doses) _____ Date _____ Date _____ Date _____ Date _____ Date

2. DIPHTHERIA, TETANUS and PERTUSIS (3-5 Doses) _____ Date _____ Date _____ Date _____ Date _____ Date

3. Tdap (To be given at 11 yrs. of age) _____ Date

4. PNEUMOCOCCAL VACCINE (for PreK) _____ Date _____ Date _____ Date _____ Date

5. MMR (2 Doses) _____ Date _____ Date

6. HiB (Haemophilus Influenza B) (for PreK) _____ Date _____ Date _____ Date _____ Date

7. HEPATITIS A (Recommended) (2 Doses) _____ Date _____ Date

8. HEPATITIS B (3 Doses) _____ Date _____ Date _____ Date

9. VARICELLA (CHICKEN POX) 2 Doses* _____ Date _____ Date

(Administered after one (1) year of age for children born on or after 1/01/98.)

10. MCV Dose* _____ Date _____ Date

(First Dose 7th Grade, second dose in 12th grade. If first dose given at 16 or older, no second dose necessary)

DATE: _____ PHYSICIAN'S SIGNATURE: _____

PHYSICIAN'S STAMP:

Revised 11/03, 5/07, 12/09, 12/16, 9/19, 11/20, 1/24