## EAST ISLIP SCHOOL DISTRICT PHYSICIAN'S CERTIFICATE OF IMMUNIZATION

CHILD'S FULL NAME	DATE OF BIRTH/				
ADDRESSCITY	ZIP				
CHILD'S FULL NAME CITY SCHOOL GRADE					
	DATES COMPLETED				
DIPTHERIA, TETANUS, PERTUSSIS (DTP)					
4 DOSES REQUIRED FOR PRE-K	FIRST	SECOND	THIRD	FOURTH	FIFTH
5 DOSES REQUIRED FOR GRADES K-1					
(4 DOSES IF 4 <sup>th</sup> DOSE RECEIVED AT 4 YRS. OR OLDER)					
POLIOMYELITIS	FIRST	SECOND	THIRD	FOURTH	FIFTH
3 DOSES REQUIRED FOR PRE-K	TIKST	BLCOND	THIRD	TOOKIII	111 111
4 DOSES REQUIRED FOR GRADES K-1					
(3 DOSES IF 3 <sup>rd</sup> DOSE RECEIVED AT 4 YRS. OR OLDER)					
(3 DOSES IF 3 DOSE RECEIVED AT 4 TRS. OR OLDER)	FIDOT	CECOND	THIDD	FOLIDALI	PIPTH
MEASLES, MUMPS, RUBELLA (MMR)	FIRST	SECOND	THIRD	FOURTH	FIFTH
1 DOSE REQUIRED FOR PRE-K					
2 DOSES REQUIRED FOR GRADES K-12					
2 DOSES REQUIRED FOR GRADES R 12					
HAEMOPHILIS INFLUENZAE TYPE B (HIB)	FIRST	SECOND	THIRD	FOURTH	
PRE-K, NURSERY REQUIREMENT					
1-4 DOSES REQUIRED					
	EIDCT	CECOND			
MENINGOCOCCAL (MENACTRA OR MENVEO)	FIRST	SECOND			
1 DOSE REQUIRED BY 1st DAY 7th GRADE					
2 <sup>ND</sup> DOSE REQUIRED @ AGE 16					
	FIRST	SECOND	THIRD	FOURTH	
HEPATITIS B	TIKST	BECOND	TIME	TOORIII	
3 DOSES REQUIRED					
VARICELLA VACCINE REQUIRED	FIRST	SECOND			
2 DOSES REQUIRED FOR GRADES K-1					
2 DOSES ENTERING GRADE 6 AS OF 9/2014					
1 DOSE FOR PRE-KINDERGARTEN					
	FIRST				
TDAP					
1 DOSE REQUIRED FOR GRADES 6-12					
DNET IN ACCOCCAT DECITIBED		·		T	
PNEUMOCOCCAL REQUIRED	FIRST	SECOND	THIRD	FOURTH	
PRE-K, NURSERY REQUIREMENT					
1-4 DOSES REQUIRED					
PHYSICIAN'S SIGNATURE				_	
PHYSICIAN'S SIGNATUREPHYSICIAN'S NAME (Typed, stamped, or printed)					
PHYSICIAN'S STREET ADDRESS					
PHYSICIAN'S STREET ADDRESS FOR THE ZIP F	PHONE				
NEW YORK STATE PUBLIC HEALTH LAW 2164 REQUIRES ALL	STUDENTS TO	D BE PROPERLY	'IMMUNIZEI	D. A	
STATEMENT FROM A PHYSICIAN OR HEALTH FACILITY THAT SPECIFIES THE PRODUCTS ADMINISTERED AND THE					
DATES OF ADMINISTRATION OR AN EXISTING STAMPED SCHOOL IMMUNIZATION RECORD ARE THE ONLY					
ACCEPTABLE PROOFS OF IMMUNIZATION. STUDENTS WHO CANNOT BE IMMUNIZED FOR VALID MEDICAL					
REASONS MUST SUPPLY PROOF OF THIS TO THE SCHOOL NURSE.					

SINCE IMMUNIZATIONS MUST BE GIVEN OVER A PERIOD OF TIME, CONTACT YOUR PHYSICIAN OR THE SUFFOLK COUNTY HEALTH DEPARTMENT TO MAKE ARRANGEMENTS WITHOUT DELAY. STATE PUBLIC HEALTH LAW DIRECTS THE SCHOOLS TO **NOT** PERMIT THE ENTRY OF AN UNIMMUNIZED CHILD. (REVISED January 2023)