



Education for today..... and tomorrow

F A R M I N G D A L E P U B L I C S C H O O L S

Dear Parent/Guardian:

A written statement from your physician is needed if the immunization is contraindicated for reasons of health. A religious belief exemption can only be claimed if the parents/guardians are bona fide members of a specific religious organization, whose teachings oppose administering of an immunizing agent. A written statement to this effect has to be submitted.

(over.....)

CERTIFICATE OF IMMUNIZATION

Student's Name _____ Date of Birth _____

School _____ Grade _____ Homeroom _____

The above named child has received the following immunizations:

POLIOMYELITIS	IPV or OPV	Signature of Physician/Clinic
1 st Dose		
2 nd Dose		
3 rd Dose		
1 st Booster		
2 nd Booster		

DIPHTHERIA- PERTUSSIS TETANUS	DTaP	TD	Signature of Physician/Clinic
1 st Dose			
2 nd Dose			
3 rd Dose			
1 st Booster			
2 nd Booster			

	1 st	2 nd	Signature of Physician/Clinic
Measles			
Rubella			
Mumps			
M. M. R.			
Hib			
Varicella			

HEPATITIS B	Date	Results	Signature of Physician/Clinic
Other Tests			
Mantoux			
PPD			

Religious Exemption _____
Medical Exemption _____

FOR SCHOOL USE ONLY

Above data verified by:
Name: _____
Title: _____
Date: _____

IMMUNIZATION REQUIREMENTS FOR ADMISSION TO SCHOOL: NEW YORK STATE PUBLIC HEALTH LAW 2164: requires documented proof of immunization against Poliomyelitis, Diphtheria, Pertussis, Tetanus, Measles, Mumps, Rubella, Hepatitis B, and Varicella for kindergarten students prior to enrollment in school. Hib immunization is not required for kindergarten registration.

**STUDENTS WILL NOT BE ADMITTED TO SCHOOL IF IMMUNIZATION REQUIREMENTS ARE NOT MET!
NEW YORK STATE IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRANCE/ATTENDANCE:**

	Pre-Kindergarten (Daycare, Nursery, or Pre K)	School (K-12)
Diphtheria, Tetanus and Pertussis (Dtap)	3 Doses (New York City Schools - 4 Doses)	3 Doses (New York City Schools - 4 Doses)
Polio (IPV or OPV)	3 Doses of Polio Vaccine	3 Doses of Polio Vaccine
Measles-Mumps-Rubella (MMR)	1 dose of Measles Mumps Rubella	2 Doses of measles containing vaccine and 1 dose each of mumps and rubella (preferably as MMR)
Hepatitis B (4 weeks between #1 & #2) (8 weeks between #2 & #3)	3 Doses	3 doses of hepatitis B vaccine Grades K-12 (as of the 2005/06 school year)
Haemophilus Influenza Type b (Hib)	3 doses if less than 15 months of age or 1 dose administered on or after 15 months of age	Not Applicable
Varicella (chickenpox)	Born on or after 1/1/2000 – 1 dose	Born on or after 1/1/98 or born on or after 1/1/94 and enrolling in 6 th grade - 1 dose

Certificate of Immunization or statement of disease history from physician or clinic is needed. This statement must include type and date of immunizations.

Disease history for measles or mumps are acceptable only when certified by a physician.

A written statement from your physician is needed if the immunization is contraindicated for medical reasons.

RELIGIOUS EXEMPTION: A release from the required immunization law granted to a child because the parent/guardian hold genuine and sincere religious beliefs, which are contrary to the practice of immunization. It is the responsibility of the school and/or school district to review the religious exemptions.

If the required Certificates of Immunization are not presented, (minimum for conditional admission is 1 dose of each immunization), the parent/guardian has to submit proof that the process of immunization has begun and provide the date for the child's next appointment. On the day following the indicated appointment date, the parent must present the Certificate of Immunization or Medical Exemption to the school nurse. **FAILURE TO FURNISH SUCH PROOF OF IMMUNIZATION WILL LEAD TO THE EXCLUSION FROM SCHOOL!**