**STUDENT NAME:** _____ **CLASS (circle): MWF | T/TH | M-F**

# IMMUNIZATIONS

In accordance with the New York State Public Health Law, all students attending New York Schools must be immunized against the following diseases: diphtheria, pertussis, tetanus, polio, measles, mumps, rubella, varicella, Pneumococcal conjugate (PCV), Hepatitis B, and Haemophilus influenzae type B (Hib).

If your child is not up to date on current NYS required vaccinations, on schedule, or actively in the process of getting on schedule, your child will not be able to attend class until they are, and will be at risk for losing their spot in class if not quickly addressed.

In the event that a case of a vaccine preventable disease occurs in your child's school and your child has not obtained the required immunization, the Department of Health and Mental Hygiene has the right to require that your child be excluded from school for at least one incubation period
after the onset of the last case. For example, if a case of measles is diagnosed, students who have not received a measles vaccine will be excluded from school during the outbreak and for an additional 18 days after the onset of the last case in the school.

**I have read, understand, and agree that my child is up to date on current NYS required vaccinations, on schedule, or actively in the process of getting on schedule.**

| | |
|---|---|
| Parent/Guardian Name (please print): | |
| Signature: | |
| Date: | |

____**(Initial)** *I have attached current immunization records from our pediatrician*

**Dose Requirements for Prekindergarten**

Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap)2 - 4 doses Polio vaccine (IPV/OPV)4 - 3 doses
Measles, Mumps and Rubella vaccine (MMR)5 - 1 dose
Hepatitis B vaccine6 - 3 doses
Varicella (Chickenpox) vaccine7 - 1 dose
Haemophilus influenzae type b conjugate vaccine (Hib)8 - 1-4 doses
Pneumococcal Conjugate vaccine (PCV)9 - 1-4 doses