NORTH SHORE SCHOOL DISTRICT HEALTH SERVICES DEPARTMENT

Name			DOB_	DOB		
The following imm Please provide ex	nunizations are act dates.	e required.	Month, Day and Y	ear must be s	pecified.	
DPT/DTaP Series	- #1	#2	#3	#4	#5	
OPV/IPV Series	#1	#2	#3	#4		
Hepatitis B Series	#1	#2	#3	<u>1</u>		
MMR Vaccine	#1	#2				
Varicella	#1	#2	*Had Chicke	*Had Chickenpox? Date		
· · · ·	*Proof of Vari	cella (Chick	enpox) must be doo	umented by he	ealthcare provider.	
Tdap Vaccine ente	ering 6 th grade _					
Meningococcal en	100 T				langer 1 Grupper 1	
Meningococcal en	tering 12 th grad	e #1			ose if the dose was years of age or	
Recommended			n 19. – Charles Friday <u>Mariatan Angelan</u> 19. – Santan Angelan		na digana di 1990. Na dia kaominina dia mandri dia mandri dia mandri dia mandri dia mandri di tanggi di tanggi di tanggi di tanggi	
HIB Series	#1	#2	#3	#4		
PCV Series	#1	#2	#3	#4	1221 - 5 7 - 22 - 5	
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Physician's Name		Physician's Signature				
Address	star hair na an	PI	none	Date	The subscript of the second	

This form must be returned to the Health Office before your child may attend school. Physician's Signature Required.

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IMMUNIZATION INFORMATION

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.

The required immunizations are:

- 3-5 doses of Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (usually administered as DTP, DTaP or TD), depending on grade. Check with your healthcare provider.
- A 5th dose of DTaP is required if the 4th dose was received prior to age 4.
- 1 dose Tetanus and Diptheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap) entering 6th grade.
- 3 to 4 doses of polio vaccine. 4 doses or 3 doses if the 3rd dose was received at 4 years of age or older.
- 3 doses of Hepatitis B.
- 2 doses of MMR.
- 2 doses of Varicella are required to enter grades K 1 and 6 7.
 If your child had the Varicella disease (Chickenpox), proof must be documented by healthcare provider.
- 1 or 2 doses of Meningococcal conjugate vaccine, entering 7th grade, 1 dose, entering 12th grade; 2 doses ore 1 dose if the dose was received at 16 years of age or older.

All of the above immunizations must be documented by your health care provider. All immunizations must specify the exact date each immunization was administered.

Your child will not be permitted to attend school without the necessary verification of immunizations.