

IMMUNIZATION FORM

The New York State Department of Health requires that each child entering Nursery School, before he or she can be admitted, must be immunized with the minimum of the following:

Diphtheria, Tetanus, acellular Pertussis Diphtheria, Tetanus, Whole Cell Pertussis (DTaP, DTP)	3 doses
Polio (OPV)(IPV)	3 OPV or 4 IPV
Measles, Mumps, Rubella (MMR)	1 dose
Hepatitis B	Born on or after 1/1/95, 3 doses
Haemophilus influenza Type b (hib)	3 doses if less than 15 months of age, or 1 dose if administered on or after 15 months
Varicella	Born on or after 1/1/2000, 1 dose
Pneumococcal Conjugate Vaccine (PCV7)	Born on or after 1/1/2008, 4 doses

We ask that you have your doctor fill out and sign the form below. **BY STATE LAW WE CANNOT ALLOW YOUR CHILD TO ENTER NURSERY SCHOOL UNLESS WE HAVE THIS FORM ON FILE.**

STUDENT'S NAME _____ **D.O.B** _____

Please specify dates these immunizations were given:

DTaP, DTP	1. _____	2. _____	3. _____
POLIO	1. _____	2. _____	3. _____
MMR	1. _____		
HEPAITIS B	1. _____	2. _____	3. _____
HIB	1. _____	2. _____	3. _____
VARICELLA	1. _____		
PNEUMOCOCCAL	1. _____	2. _____	3. _____
	4. _____		

DOCTOR'S SIGNATURE _____ **PHONE** _____

ADDRESS _____ **DATE** _____