

Menands Union Free School District

# Immunization Record

New York State Public Health Law 2164; Section 66.3

Requirement for school admission: A certificate of immunization signed by a licensed physician, a signed transcript from the previous school, or a certificate of religious or medical exemption. **Please be advised that your child may be excluded from school if your child has not completed the immunizations or shown satisfactory progress toward completion.**

**K-12 {born on or after 1/1/85}** ~ 3 DPT, 3 OPV or 4 IPV, 2 Measles, 1 Mumps, 1 Rubella

**K-12 {born on or after 1/1/93}** ~ 3 DPT, 3 OPV or 3 IPV, 2 Measles, 1 Mumps, 1 Rubella, 3 Hepatitis B

**K-12 {born on or after 1/1/98}** ~ 1 dose of Varicella vaccine

**Students entering Grade 7 after September 2000** ~ Hepatitis B (3) dose series or (2) dose adult series

**Students entering Grade 6 after August 2005** ~ 1 dose of Varicella, proof of disease, or positive titer

**Students entering Grade 6 after August 1999** ~ 1 dose Tdap booster

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please indicate the **full dates** for the following immunizations:

IPV \_\_\_\_\_ OPV \_\_\_\_\_

DPT or DTaP \_\_\_\_\_

Hepatitis B (3 series) \_\_\_\_\_ or (2 dose adult series) \_\_\_\_\_

MMR \* \_\_\_\_\_ Measles \* \_\_\_\_\_

Mumps \* \_\_\_\_\_

Rubella \* \_\_\_\_\_

Varivax/Varicella Vaccine \* \_\_\_\_\_ Titer \_\_\_\_\_ Disease \_\_\_\_\_

\* {1<sup>st</sup> dose must be given after 1 year of age}

### Additional Immunizations (not required for K-12 school attendance)

Hib \_\_\_\_\_ Td/Tdap booster \_\_\_\_\_

Pneumococcal \_\_\_\_\_ Lead Screening \_\_\_\_\_

TB Test: Date \_\_\_\_\_ Pos. \_\_\_ Neg. \_\_\_ Meningococcal \_\_\_\_\_

Influenza (Flu) \_\_\_\_\_ Hepatitis A \_\_\_\_\_

HPV \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

PRINT: Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

(Physician's Stamp)