

RESURRECTION SCHOOL

946 Boston Post Road

Rye, NY 10580

Tele: (914) 925-3510 Fax: (914) 925-3511

STUDENT IMMUNIZATION RECORD

STUDENT'S NAME _____ DATE OF BIRTH ___/___/___ SCHOOL _____

Public Health Law - Section 2164: All students enrolling in any school in New York State for the first time shall submit a written statement signed by a health care provider that they have been immunized as per NYS Standards. Exemptions from this requirement include: Serologic proof of immunity to Polio, Measles, Mumps, Rubella, Hepatitis B or Varicella; or Medical exemptions approved by the district.

HEALTH CARE PROVIDER'S STATEMENT

DTaP/DTP (5 or *4 doses required): * If the 4th dose was received at 4 years or older. 3 doses if 7 years or older and the series was started at 1 year or older.

1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ *

Polio (4 or *3 doses of OPV/IPV required): * The 3rd dose in the series **MUST** be received on/or after age 4 years.

1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____

MMR (2 doses each Measles, Mumps & 1 dose of Rubella): The 1st dose must be received on/or after the first birthday. The 2nd dose must be received at least 28 days after the first dose.

1st _____ 2nd _____

Hepatitis B (3 doses): Dose 2 must be 4 weeks after dose 1. Dose 3 must be 8 weeks after dose 2 and 16 weeks after dose 1.

1st _____ 2nd _____ 3rd _____

Varicella (2 doses): The Center for Disease Control (CDC) recommends two doses of chicken pox vaccine: First dose must be received on/or after the first birthday. The second dose must be received at least 28 days after the first dose.

1st _____ 2nd _____

Tdap (1 dose): Required for all students entering grades 6 through 12. Students entering 6th grade will need a Tdap no earlier than 10 years of age and no later than 11 years of age. Students in grades 7-12 will need a Tdap no earlier than 7 years of age.

1st _____

Meningococcal (2 doses): One dose required for all students entering grades 7, 8, 9 & 10. Two doses required for all students entering grade 12 unless 1st dose administered at 16 years or older.

1st _____ 2nd _____

I hereby state, _____ has been immunized as documented above.
NAME OF CHILD

HEALTH CARE PROVIDER'S SIGNATURE & STAMP: _____ DATE: _____