

Student _____ Date of Birth _____

Address _____ Telephone _____ School _____

In accordance with NYS Immunization Law, a Certificate of Immunization, signed by a physician or health care provider, **listing exact dates (month/date/year) must be on file the first day of school.** Please attach documents reflecting titer results.

*DTaP/DTP	*POLIO (OVP or IVP)	*MMR	*HIB (Pre K only)	HEPATITIS A
1. _____	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____	2. _____
3. _____	3. _____		3. _____	
4. _____	4. _____	LIVE MEASLES	4. _____	MENINGITIS
5. _____	5. _____	1. _____	PNEUMOCOCCAL	1. _____
		2. _____	1. _____	OTHER: _____
	*HEPATITIS B		2. _____	1. _____
*DT/Td	1. _____	MUMPS	3. _____	2. _____
1. _____	2. _____	1. _____	4. _____	3. _____
2. _____	3. _____	2. _____	HPV	4. _____
	4. _____	RUBELLA	1. _____	
*Tdap	*VARICELLA	1. _____	2. _____	BCG
1. _____	1. _____	2. _____	3. _____	1. _____
2. _____	2. _____			

DISEASE OR TITER VERIFICATION: Measles: _____ Mumps: _____ Rubella: _____ Varicella: _____ Other: _____

(Circle One of the Above)

Date _____ Physician's Name (Print) _____ Physician's Signature _____

PHYSICIAN'S SIGNATURE AND OFFICE STAMP MUST BE PRESENT

" * " INDICATES A REQUIRED IMMUNIZATION

Serological evidence of immunity is valid for Measles, Mumps, Rubella, Varicella, and Hepatitis B.

Measles and Mumps disease history is acceptable only when certified by a physician.

Rubella disease history is no longer acceptable for certification. However, serological evidence of rubella antibodies (rubella titer) is acceptable.

A history of Varicella disease or titer is documented by a health care provider. Parental recall of the disease is not sufficient as proof of immunity.

MEDICAL AND RELIGIOUS EXEMPTION FROM IMMUNIZATION

A student may be exempt from the required immunization for the reasons stated below:

Medical Exemption

A medical exemption is a certificate from a physician, licensed in the State of New York, indicating that one or more immunizing agent(s) are detrimental to the child's health. The certificate should indicate which vaccine(s) is contraindicated, why, and specify the duration of the exemption.

Religious Exemption

A written statement signed from the parent(s) or guardian of the child stating that they hold sincere and genuine religious beliefs which are contrary to the practices of immunization. Supporting documents may be required. The school will supply the guardian with "*Request for Religious Exemption to Immunization Form*". This is required for each school the child attends. NYS Law does not allow for a philosophical exemption.