

ELMONT UNION FREE SCHOOL DISTRICT

CERTIFICATE OF IMMUNIZATION

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. _____	3. _____	
4. _____	4. _____		4. _____	
5. _____	5. _____	LIVE MEASLES	*PNEUMOCOCCAL (Pre K only)	
6. _____	6. _____	1. _____	1. _____	
	*HEPATITIS B	2. _____	2. _____	OTHER: _____
DT/Td	1. _____	MUMPS	3. _____	1. _____
1. _____	2. _____	1. _____	4. _____	2. _____
2. _____	3. _____	2. _____	5. _____	
	4. _____	RUBELLA	HPV	MENINGITIS (MenACWY, MCV4)
	5. _____	1. _____	1. _____	1. _____
*Tdap	*VARICELLA	2. _____	2. _____	2. _____
1. _____	1. _____		3. _____	BCG
2. _____	2. _____			1. _____
	3. _____			

DISEASE OR TITER VERIFICATION: Please fill in each item that applies. Lab Results (titer results) **MUST** be attached.
 Measles: _____ Mumps: _____ Rubella: _____ Varicella: _____ Poliomyelitis: _____ Hepatitis B: _____ Other: _____

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

PHYSICIAN'S SIGNATURE AND OFFICE STAMP MUST BE PRESENT

" * " INDICATES A REQUIRED IMMUNIZATION

Immunity

A child has received all doses of vaccine series as currently required in 10NYCRR 66-1.1(f). Alternately, for measles, mumps, rubella, hepatitis B, and all 3 serotypes of poliomyelitis found in the polio vaccines [polio virus type 1 (PV1), type 2 (PV2), and type 3 (PV3)], a child has had a positive serologic test, as defined in 10 NYCRR 66-1.1 (h). For varicella, a child has either received all doses required for their age or grade as required in 10 NYCRR 66-1.1(f), had a positive serologic test, as defined in 10 NYCRR 66-1.1 (h), or had the disease as verified by a physician, nurse practitioner, or physician's assistant statement.

MEDICAL EXEMPTION FROM IMMUNIZATION

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

Medical Exemption

A health reason/condition for not immunizing a student with one or more of the vaccines as certified by a physician. The written exemption must be renewed annually and specify the valid medical contraindication, the vaccine(s), the length of the time the vaccine(s) are medically contraindicated, and must be signed by a physician licensed to practice in New York State. [10NYCRR 66-1.3(c)]