



**Notice of Exclusion from School Due to Incomplete Immunization**

Child's Name:	School ID:	
School :	Grade/Class	Date:
School Phone:		

Dear Parent / Guardian:

This is to notify you that your child's required school immunizations are still not complete. According to Public Health Law, Section 21644, your child will not be allowed to return to school unless you are able to provide documentation s/he has received the following vaccine(s):

Vaccine	Dose required	Notes
DTaP ( <i>diphtheria-tetanus-acellular pertussis</i> )/DTP ( <i>diphtheria-tetanus-pertussis</i> )/Td ( <i>tetanus-diphtheria</i> ) OR Tdap ( <i>tetanus-diphtheria-acellular pertussis</i> )	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	Tdap: For all children born on or after January 1, 1994 and entering 6 <sup>th</sup> , 7 <sup>th</sup> , 8 <sup>th</sup> , 9 <sup>th</sup> or 10 <sup>th</sup> grade
IPV/OPV ( <i>Polio</i> )	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	
Hib ( <i>Haemophilus influenzae</i> type b)	1 <sup>st</sup>	Hib: One dose at or after age 15 months.
MMR ( <i>Measles, mumps, rubella</i> )	1 <sup>st</sup> 2 <sup>nd</sup>	MMR: One dose on or after the 1 <sup>st</sup> birthday AND a second dose of a measles containing vaccine (preferably as MMR) administered 28 days or more after the first dose OR serologic evidence of immunity
Hep B ( <i>Hepatitis B</i> )	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	Three doses of Hep B OR serologic evidence of immunity or chronic infection
<i>Varicella</i> (chickenpox)	1 <sup>st</sup>	Varicella: For all children through and including 12 <sup>th</sup> grade, born on or after January 1, 1994, one dose on or after the 1 <sup>st</sup> birthday. Although only one dose is required, the recommendations is for all children to received two doses of varicella-containing vaccine separated by at least 28 days OR serologic evidence of immunity OR physician documentation of disease

If you believe your child has already received these immunizations, present the original record to the school nurse or principal. Please find attached a copy of the 2011-2012 required school immunization schedule. For information on where your child may be vaccinated call **311**.

(Principal Name/Signature)

Cc: Student file  
 Attendance Teacher