

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 _____

* {1st 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)