

IMMUNIZATION RECORD

****YOU ARE REQUIRED TO SUBMIT AN UP-TO-DATE CERTIFICATE OF IMMUNIZATION RECORD FOR YOUR CHILD. IF SUCH IMMUNIZATION RECORDS ARE UNAVAILABLE AT THE TIME OF YOUR CHILD'S ENROLLMENT, YOU WILL HAVE FOURTEEN (14) DAYS TO PROVIDE THE NECESSARY IMMUNIZATIONS. IF YOUR CHILD IS TRANSFERRING FROM ANOTHER STATE OR COUNTRY AND YOU DEMONSTRATE A GOOD FAITH EFFORT TO OBTAIN IMMUNIZATIONS, YOU WILL HAVE UP TO THIRTY (30) DAYS TO PROVIDE THE NECESSARY DOCUMENTS.**

Student Name _____ Date of Birth: _____

IMMUNIZATIONS: (Give full dates)

Measles: _____ (History of disease : _____) (Presence of antibody: _____)

Rubella: _____ (History of disease : _____) (Presence of antibody: _____)

Mumps: _____ (History of disease : _____) (Presence of antibody: _____)

MMR: _____

DPT: _____

DTaP: _____

DT/Td: _____

Tdap: _____

Polio:

OPV _____

IPV _____

Hib: _____

Hep B: _____

Varicella: _____ (History of disease : _____) (Presence of antibody: _____)

Hepatitis A _____

Meningitis Vaccine _____

Other (Specify):

Immunization requirements waived because of: (Give date)

A. Parent's religion _____ (Attach documentation)

B. Medical certificate _____ (Attach documentation)

**Issuing Officials Signature: _____

Name Printed: (use stamp) _____

Title: _____

Date: _____

**NYS recognized providers: MD, DO, NP, PA