

Mohonasen Central 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

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)