

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, 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.**

Gr. K-1: 5- DTaP/DTP/Tdap, 4-Polio, 2-Measles, Mumps, Rubella, 3-Hepatitis B vaccine, 2-Varicella vaccine

Gr. 2-5: 5- DTaP/DTP/Tdap, 3-Polio, 2-Measles, Mumps, Rubella, 3-Hepatitis B vaccine, 1-Varicella vaccine

Gr. 6-7: 3-DTaP/DPT/Tdap, 1-booster Tdap, 4-Polio, 2-Measles, Mumps, Rubella, 3-Hepatitis B vaccine, 2-Varicella vaccine, 1-Meningococcal vaccine

Gr. 8-12: 3-DTap/DTP/Tdap, 1-booster Tdap, 3-Polio, 2-Measles, Mumps, Rubella, 3-Hepatitis B vaccine, 1-Varicella vaccine, 1-Meningococcal vaccine

Student Name _____ GR _____ Date of Birth _____

Please indicate the **full dates** for the following immunizations:

Polio _____ DPT or DTaP _____

Hepatitis B (3 series) _____ or (2 dose adult series) _____

MMR * _____ Measles * _____

Mumps* _____

Rubella* _____

Varivax/Varicella Vaccine* _____ Titer _____ Disease _____

Tdap booster _____ Meningococcal _____

* {1st dose must be given after 1 year of age}

Additional Immunizations {not required for K-12 school attendance}

Hib _____ Pneumococcal _____

Lead Screening _____ Hepatitis A _____

HPV _____ Influenza (Flu) _____

H1N1 _____ TB Test: Date _____ Pos _____ Neg _____

Physician's Signature _____ Date _____

PRINT: Physician's Name _____ Phone _____ Fax _____

(Physician's Stamp)