



Notice of Exclusion from School Due to Incomplete Immunization Record

Child's Name: _____ Date: _____

School ID: _____ Grade/Class: _____

School: _____ School Phone: _____

Dear Parent / Guardian:

As of ___/___/___ your child cannot attend school due to incomplete required school immunizations. Under Public Health Law § 2164, your child will not be allowed to return to school unless you provide documentation that they have received the next dose of each of the following required vaccine(s) or had a blood test to check for immunity to measles, mumps, rubella, varicella, polio, or hepatitis B.

Table with 3 columns: VACCINE, Number of Dose(s) Needed, and NOTES. Rows include DTaP, DTP, Td, Tdap, IPV/OPV, MMR, HepB, Varicella, MenACWY, Hib, PCV, and Influenza.

Note to Providers: Please go to schools.nyc.gov and search "immunizations" to review SH65 (Medical Requirements for School Year 2022-23) in the "Information for Providers" section and school immunization requirements-related forms.

Please show this letter to your child's medical provider to ensure that your child receives the missing dose(s) listed. If your child has already received these vaccines, please give the records of immunization or immunity to your school principal. Alternative schedules are not allowed. If you have any questions about the law requiring immunizations for school, or to find out more about where your child can be vaccinated, please call 311.

Sincerely,

Principal Name:

Principal Signature:

cc: Student file, Attendance Teacher (Public School)

SH-88 (rev. June 2022) Exclusion