

Child's Name:

Child's OSIS Number:

Dear Parent or Guardian:

Department of Education

Grade or Class:

Date:

Notice of Exclusion From School Due To Incomplete Immunization Record

School DBN:

| As of/, your child cannot attend school due to one or more missing vaccines required for school (checked off in the following table). Under Public Health Law Section 2164, your child's principal is prohibited from allowing your child to stay in school unless you provide records your child has received the vaccines or proof of immunity. Show this letter to your child's health care provider to make sure they receive any missing vaccines. If your child already received the vaccines or has records of immunity, give the records to your school principal. Vaccines given before the minimum age (too early) do not count. Alternative vaccine schedules are not allowed. Call 311 for questions about immunizations or help finding a health care provider. | | |
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| ☐ Diptheria, tetanus and pertussis (DTap or DTP), or tetanus and diptheria (Td) | □1 □ 2 □ 3 □ 4 □ 5 | DTaP is for children younger than age 7 years. Td is for children age 7 years or older. |
| ☐ Tetanus, diphtheria and acellular pertussis (Tdap) | □ 1 | Only doses of Tdap (or DTaP) given at age 10 years or older count for grades 6 to 9; doses given at age 7 years or older count for grades 10 to 12. |
| □ Polio (IPV or OPV) | □ 1 □ 2 □ 3 □ 4 | Blood work showing immunity to all three polio serotypes is accepted only if done before September 2019. |
| | □1 □ 2 | Blood work showing immunity is accepted. |
| ☐ Hepatitis B | □1 □2 □3 | Blood work showing immunity or infection is accepted. |
| □ Varicella (chickenpox) | □1 □2 | Blood work showing immunity or provider documentation of disease is accepted. |
| ☐ Meningococcal conjugate (MenACWY) | □1 □2 | Only MenACWY doses given at age 10 years or older count for grades 7 to 10; doses given before age 10 years count for the first dose for grades 11 to 12. |
| ☐ Haemophilus influenzae type B (Hib) | □1 □2 □3 □4 | Child care, Head Start, nursery, 3-K or prekindergarten |
| ☐ Pneumococcal conjugate (PCV) | □ 1 □ 2 □ 3 □ 4 | Child care, Head Start, nursery, 3-K or prekindergarten |
| □ Influenza (flu) | □ 1 | Child care, Head Start, nursery, 3-K or prekindergarten |
| *For health care providers: To view school immunization requirements, visit schools.nyc.gov and search | | |

Principal's Name: School Phone:

for immunizations (see the Information for Providers section).