## **School Exclusion Notice: Due to Incomplete Immunization**

Child's Name:	Date:	
School ID:	Grade/Class:	
School:	School Phone:	

## Dear Parent / Guardian:

This is to notify you that your child's required school immunizations are not complete. According to Public Health Law, Section §2164, your child will not be allowed to return to school unless you provide records stating s/he has already received the following vaccine(s):

Vaccine	Number of Dose(s) Needed	Notes (Refer to SH65 for details by age and grade)
DTaP (Diphtheria-tetanus-acellular pertussis) DTP (Diphtheria-tetanus- pertussis) Td (Tetanus-diphtheria)	1st 2nd 3rd 4th 5th	<ul> <li>Four doses for Pre-Kindergarten (Pre-K).</li> <li>Five doses for Kindergarten (K) through Grade 5; if the 4<sup>th</sup> dose of DTaP was administered at age 4 or older, the 5<sup>th</sup> dose is not needed, and if the series is started at age 7 years or older, only 3 doses are needed.</li> <li>Three doses for Grades 6 through 12.</li> </ul>
Tdap (Tetanus-diphtheria-acellular pertussis)	1 <sup>st</sup>	For all children 11 years of age and older in Grades 6 through 12.
IPV/OPV (Polio)	1st 2nd 3rd 4th	<ul> <li>Three doses for Pre-K, Grades 5, 11, and 12.</li> <li>Four doses are required for K through Grade 4 and Grades 6 through 10; if the 3<sup>rd</sup> dose was received at age 4 years or older, only 3 doses are needed.</li> <li>For all grades, the final dose needs to be on or after age 4 years and at least 6 months after the previous dose. For bloodwork that shows proof of immunity, <u>all three polio serotypes</u> are required.</li> </ul>
Hib (Haemophilus influenzae type b)	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	For Daycare and Pre-K children only: vaccine should be given as age-appropriate with routine childhood and/or catch-up schedules.
MMR (Measles, mumps, rubella)	1 <sup>st</sup> 2 <sup>nd</sup>	<ul> <li>One dose on or after the 1<sup>st</sup> birthday for Pre-K. Two doses for Grades K through 12.</li> <li>Second dose of a measles-containing vaccine (MMR preferred) should be given 28 days or more after the first dose. Bloodwork that shows proof of immunity is accepted.</li> </ul>
Hep B (Hepatitis B)	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	Three doses for Pre-K through Grade 12. Bloodwork that shows proof of immunity or chronic infection is accepted.
Varicella (Chickenpox)	1 <sup>st</sup> 2 <sup>nd</sup>	<ul> <li>One dose on or after the 1<sup>st</sup> birthday for Pre-K, Grades 5, 11, and 12.</li> <li>Two doses for K through Grade 4 and Grades 6 through 10, separated by at least 28 days. Bloodwork that shows proof of immunity <i>OR</i> provider documentation of disease is accepted.</li> </ul>
PCV (Pneumococcal conjugate)	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	For Daycare and Pre-K only: vaccine should be given as age- appropriate, with routine childhood and/or catch-up schedules.
MenACWY (Meningococcal Conjugate)	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	<ul> <li>One dose for Grades 7, 8, and 9.</li> <li>Two doses for Grade 12, with at least one dose received at age 16 years or older. If the 1<sup>st</sup> dose was received at age 16 years or older, only one dose is required.</li> </ul>

If your child has already received these vaccines, give the official record to your school nurse or principal. Please find attached a copy of the 2018-2019 required school immunization schedule. To find out more about where your child can get vaccines, call **311**.

(Principal Name/Signature)