

## Notice of Exclusion From School Due To Incomplete Immunization Record

Child's Name:				Date:
Child's OSIS Number:		School DBN:		Grade or Class:
As for is p vac Sho chil	of/, your child care school (checked off in the following rohibited from allowing your child to stocines or proof of immunity.  by this letter to your child's health care did already received the vaccines or has becomes given before the minimum age (wed. Call 311 for questions about immediate).	g table). Under Puberay in school unless e provider to make ses records of immunication early) do not co	olic Health Law you provide resure they receity, give the recount. Alternative	v Section 2164, your child's principal ecords your child has received the ve any missing vaccines. If your cords to your school principal. The vaccine schedules are not
	Vaccines (Missing Vaccines Are Checked)	Dose Number Needed	Health Care Provider Notes*	
	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. Td is for children age 7 or older.	
	Tetanus, diphtheria and acellular pertussis (Tdap)	□1	Only doses of Tdap (or DTaP) given at age 10 or older count for grades 6 to 9; doses given at age 7 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.	
	Measles, mumps and rubella (MMR)	□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 or older count for grades 7 to 10; doses given before age 10 count for the first dose for grades 11 to 12.	
	Haemophilus influenzae type B (Hib)	□1 □2 □3 □4	Child care, H kindergarten	lead Start, nursery, 3-K or pre-
	Pneumococcal conjugate (PCV)	□ 1 □ 2 □ 3 □ 4	Child care, Head Start, nursery, 3-K or pre- kindergarten	
	Influenza (flu)	□1	Child care, Head Start, nursery, 3-K or pre- kindergarten	
	or health care providers: To view schimmunizations (see the Information		•	risit <b>schools.nyc.gov</b> and search
Principal's Name:				
Sc	chool Phone:			
		<del></del>		