

Child's Name:

## **Department of Education**

Date:

## **Warning Notice: Missing Immunization Records**

Child's OSIS Number:	School DBN:		Grade/Class:
Dear Parent or Guardian:			
Your child is missing one or more vaccines required for school (checked off in the following table). Under Public Health Law Section 2164, <b>your child's principal is prohibited from allowing your child to attend school after</b> / 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 <b>311</b> for questions about immunizations or help finding a health care provider.			
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.	
<ul><li>☐ Measles, mumps and rubella (MMR)</li></ul>	□1 □ 2	Blood work s	howing 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	count for grad	WY doses given at age 10 or older des 7 to 10; doses given before for the first dose for grades 11 to
☐ Haemophilus influenzae type B (Hib)	□1 □2 □3 □4	Child care, H kindergarten	ead Start, nursery, 3-K or pre-
☐ Pneumococcal conjugate (PCV)	□ 1 □ 2 □ 3 □ 4	Child care, H kindergarten	ead Start, nursery, 3-K or pre-
□ Influenza (flu)	□ 1	Child care, H kindergarten	ead Start, nursery, 3-K or pre-
*For health care providers: To view school immunization requirements, visit schools.nyc.gov and search for immunizations (see the Information for Providers section).			
Principal's Name:			
School Phone:			