

Mandatory immunization requirements for students attending school in New York State
Grades 9-12: Darrow School

Student Name: _____ **Date of Birth:** _____

1-Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap): **3 doses***

month/day/year:

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2-Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap within last 10 years): **1 dose***

month/day/year:

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3-Polio vaccine (IPV/OPV): **3 doses***

month/day/year:

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4-Measles, Mumps and Rubella vaccine (MMR): **2 doses***

month/day/year:

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5-Hepatitis B vaccine: **3 doses or 2 doses of adult hepatitis B vaccine (Recombivax)***

month/day/year:

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6-Varicella (Chickenpox) vaccine: **1 dose* or documented disease history**

month/day/year: (immunization dates)

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or

History of Disease (Age of child infected or date of Disease)	
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7-Meningococcal vaccine (Also known as MenACWY or MCV4 vaccine, brand names Menactra & Menveo.) : **2 doses or 1 dose if dose was received at 16 yrs or older* (New requirement for 2016/17)**

month/day/year:

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Record of additional non required immunizations

8-Hepatitis A: 2 doses

month/day/year:

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9-Human Papillomavirus (HPV): 3 doses

month/day/year:

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10-Other not listed:

Vaccine Type: mo/day/year:

*Serologic proof of immunity can be accepted in place of vaccination only for the following diseases: measles, mumps, rubella, varicella, hepatitis B and all 3 serotypes of poliomyelitis found in the polio vaccines

Does NYS allow exemptions to immunizations?

Yes. The following exemptions are allowed with proper documentation:

- If a **medical exemption** for a valid contraindication to vaccination exists the medical exemption must be certified by a physician licensed to practice and must specify which immunizations are contraindicated and why. ****Please have your physician fill out the medical exemption form for any immunizations your child is to be considered medically exempt from.**
- A **religious exemption** is a written and signed statement from the parent or guardian stating that they object to their child's immunization due to sincere and genuine religious beliefs which prohibit the immunization. The principal or person in charge of the school may require supporting documents. The school decides whether to accept or reject the request for a religious exemption. ****If claiming this exemption please fill out and submit the "Request for Religious Exemption to Immunization" form.**

MD Name: _____ **(printed)**

MD Signature: _____

Date: _____