

Mandatory immunization requirements for students attending school in New York State

Grades 9-12: The 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 exemption is 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.**

MD Name: _____ **(printed)**

MD Signature: _____

Date: _____