



2011-2012 Immunization Record

Student's Name: _____ Date of Birth: _____

See page two for New York State immunization requirements

Immunization against a given disease means inoculation with approved licensed products administered in the amounts and manner on the date(s) listed below.

Vaccine	#1	#2	#3	#4
DTPaP, DTP	_____	_____	_____	
Tdap	_____			
IPV	_____	_____	_____	
MMR	_____	_____		
Hepatitis B	_____	_____	_____	
Hib	_____	_____	_____	
Varicella	_____			
Pevnar	_____	_____	_____	_____

I certify that this child has received the immunizations as documented above.

Date Physician's Signature

Physician's Name: _____ Phone: _____

Physician's Address: _____

***Note: If you have previously submitted your immunization record, you need only fill in the recent immunizations given since the record was submitted. Or, you can provide a current copy of the student's immunizations from doctor's office showing the updates.

New York State Immunization Requirements for School Entrance/Attendance¹

Vaccines

Pre-kindergarten (Day Care, Nursery, Head Start, or Pre-K)²

School (K-12)

Diphtheria-Toxoid-Containing Vaccine	3 doses (New York City Schools – 4 doses) ³	3 doses (New York City schools – 4 doses – required for kindergarten only) ⁴
Tetanus Toxoid-Containing Vaccine and Pertussis Vaccine (DTaP, DTpP) ⁵	3 doses if born on or after 1/1/2005	3 doses if born on or after 1/1/2005
Tetanus, Diphtheria, and Pertussis Booster (Tdap)	Not applicable	
Polio (IPV or DTP) ⁶	3 doses	Born on or after 1/1/94 and enrolling in grades 6 through 9 for the 2010-2011 school year ⁵ 1 dose
Measles, Mumps and Rubella (MMR) ⁷	1 dose	2 doses of measles-containing vaccine and 1 dose each of mumps and rubella (preferably as MMR)
Hepatitis B	3 doses	3 doses ⁷
Haemophilus influenzae type b (Hib)	3 doses if less than 15 months of age or 1 dose administered on or after 15 months of age ⁸	Not applicable
Pneumococcal conjugate Vaccine (PCV)	Born on or after 1/1/08 4 doses by 15 months of age, given at age-appropriate times and intervals ⁹	Not applicable
Varicella (Chickenpox) ¹⁰	Born on or after 1/1/2000	Born on or after 1/1/98 or born on or after 1/1/94 and enrolling in grades 6 through 11 for the 2010-2011 school year ¹⁰ 1 dose