



### Notice of Exclusion from School Due to Incomplete Immunization

Child's Name:	Student ID:	
School :	Grade/Class	Date:

Dear Parent / Guardian:

This is to notify you that your child's required school immunizations are still not complete. As per Public Health Law, Section 2164, your child will not be allowed to return to school after today unless you are able to provide documentation s/he has received the following vaccine(s):

Vaccine	Dose required	Notes
DTaP ( <i>diphtheria-tetanus-acellular pertussis</i> )/DTP ( <i>diphtheria-tetanus-pertussis</i> )/Td ( <i>tetanus-diphtheria</i> ) OR Tdap ( <i>tetanus-diphtheria-acellular pertussis</i> )	1 2 3 4	Tdap: For all children born on or after January 1, 1994 and entering 6 <sup>th</sup> , 7 <sup>th</sup> or 8 <sup>th</sup> grade.
OPV/IPV ( <i>Polio</i> )	1 2 3	
Hib ( <i>Haemophilus influenzae</i> type b)	1	Hib: One dose at or after age 15 months.
MMR ( <i>Measles, mumps, rubella</i> )	1 2	MMR: On dose on or after the 1 <sup>st</sup> birthday plus a second dose of a measles containing vaccine (preferably as MMR) administered 28 days or more after the first dose.
Hep B ( <i>Hepatitis B</i> )	1 2 3	
Var ( <i>Varicella</i> ) (chickenpox)	1 2	Varicella: For all children through and including 10 <sup>th</sup> grade, born on or after January 1, 1994, one dose on or after the 1 <sup>st</sup> birthday. Although only one dose is required the recommendations is for all children to received two doses of varicella containing vaccine separated by at least 28 days.

If you believe your child has already received these immunizations, present the original record to the school nurse or principal. Please find attached a copy of the 2009-2010 required school immunization schedule. For information on where your child may be vaccinated call **311**.

Roger Platt, M.D.  
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Department of Health and Mental Hygiene

Oxiris Barbot, M.D.  
Medical Director, Bureau of School Health  
Department of Health and Mental Hygiene

Cc: Student file  
Principal  
Attendance Teacher