

MARLBORO CENTRAL SCHOOL DISTRICT

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Dear Parent/Guardian:

THE MARLBORO CENTRAL SCHOOL DISTRICT REQUIRES WRITTEN PROOF OF THE FOLLOWING VACCINES BEFORE YOUR CHILD MAY ATTEND CLASSES: (2010-2011 school year)

- ❖ Three (3) doses of diphtheria – containing toxoid (usually administered as DPT, DT, TD, or DTaP)
- ❖ Three (3) doses oral poliovirus vaccine (OPV) or Three (3) enhanced inactivated poliovirus vaccine (EIPV).
- ❖ Two (2) doses of MMR administered after 12 months of age.
- ❖ Three (3) doses of Hepatitis B Vaccine if born on or after Jan. 1, 1993.
- ❖ One (1) dose of Varicella Vaccine if born on or after Jan. 1, 1998 or on or after Jan. 1, 1994 and enrolling in 6th through 11th grade.
- ❖ One (1) dose Tdap if born on or after Jan. 1, 1994 and enrolling in 6th through 9th grade.

Proof of immunization may be:

1. Health records from previous schools
2. Health records from a family physician
3. Health records from a Public Health Department

Records must show dates of immunizations with authorized signatures.

CERTIFICATE OF IMMUNIZATION

Student's Name _____ N.Y.S. law requires that all new entrants must have proof of the following protective measures: (please give dates.)

IPV/OPV POLIO _____, _____, _____

_____, _____, _____

MMR VACCINE (1) _____ 2) _____

DPT/DTaP _____, _____, _____

_____, _____, _____

HIB VACCINE _____

HEPATITIS B VACCINE _____, _____, _____

VARICELLA VACCINE _____, _____

Tdap _____

OTHER _____

Physician's Signature

Physician's Name (Print Please)

Date