# Students Name: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**Revisions To Immunization Requirement for Students Entering 6th Grade in 2017-2018**

**Dear Parent/Guardian:**

**The New York State Department of Health has revised the regulations regarding immunization for school attendance effective July 1, 2015. Students who are entering 6th, and 7th grade for the 2017-2018 School Year may require additional immunizations listed below:**

1. **Tdap\*** – (see below)
2. **2nd dose of Varicella (Chicken Pox):** **OR** A medical record signed by a health care practitioner documenting the student had varicella disease. *Serological laboratory evidence can be accepted as proof of immunity.*
3. **Inactivated poliovirus vaccine (IPV):**

- If your child has received both OPV and IPV a total of 4 doses should be received regardless of the child’s current age.

 - 3 doses if last dose was after age 4.

 *Serological laboratory evidence (on all 3 serotypes) can be accepted as proof of immunity.*

**\*Tdap**: Students who are entering 6th grade and who are 11 years of age or older must receive an immunization containing tetanus toxoids, diphtheria, and acellular pertussis (Tdap).

There are 2 immunizations currently available:

 Boostrix® (10 – 64 year olds)

 Adacel® (11 – 64 Year olds)

***The only two exemptions from the above vaccine requirements are either:***

* A medical exemption written by a New York State physician
* A statement of religious exemption written by the parents/guardian of the student which must be approved by the superintendent or principal of the school

**Your child will not be permitted to attend school without the necessary immunizations.**

**HEALTH PRACTITIONER TO COMPLETE BELOW:**

***Date of Tdap: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Varicella 2nddose:\_\_\_\_\_\_\_\_***

***IPV #4 (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_ meningococcal 1st dose \_\_\_\_\_\_\_\_\_ 7th Grade only***

***OFFICE STAMP NECESSARY***

***HEALTH PRACTITIONER SIGNATURE****:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*City/state/zip/phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*