

**NEW YORK STATE IMMUNIZATION  
REQUIREMENTS  
SCHOOL K – 12**

- Diphtheria Toxoid Containing Vaccine.....3 doses**  
(DTP, DTaP)
- Polio.....3 doses**  
(eIPV,OPV,IPV)
- Measles, Mumps, Rubella.....2 doses of measles containing**  
(MMR) vaccine and 1 dose each of mumps  
and rubella (preferably as MMR)
- Hepatitis B.....3 doses as of the 2005-2006 school**  
year
- \*\*\*Hep B –2 doses of adult hepatitis B vaccine (Recombivax) for children 11 – 15**  
years old is acceptable too.
- Varicella..... 1 dose**

**I understand that if my child transfers from a school district within New York State that I have two weeks from the date of admission or 30 days if transferred from outside New York State, to produce an official record of my child’s immunization or in lieu of this either of the following:**

- a) A written statement subscribed and affirmed as true by a parent or guardian of the child that the parent or guardian is a bona fide member of a specified recognized religious organization whose teachings are contrary to the administration of immunizing agents.
- b) New York State licensed physician’s certificate stating that the listed immunizations are detrimental to the child’s health. This **MUST** specify which vaccine is detrimental and the length of time for the exemption.

This is to acknowledge that I have been informed of the immunization requirements for admission to schools in New York State as required by the N.Y. S. Public Law, Section 2164. I further understand that, under the law, if the school **DOES NOT** receive the evidence of immunization within the specified period, my child **WILL BE EXCLUDED** from school until such time as the evidence is received.

Finally, I consent to the use of my child’s first polio date as part of the New York State School NYSSIS system.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian