

All new students, including K-4 & Kindergarteners, are required to provide proof of immunizations by the first day of school. We will need a record with the doctor's signature on it. You may have your doctor's office mail or fax a copy to us.
Fax # 270-1659

Immunization Record

DPT/DTaP _____dose 1 _____dose 2 _____dose 3 _____dose 4
 DT/tD _____dose 1 _____dose 2 _____dose 3 _____dose 4
 IPV/OPV _____dose 1 _____dose 2 _____dose 3
 MMR _____dose 1 _____dose 2
 Hep B _____dose 1 _____dose 2 _____dose 3
 Varicella _____dose 1
 Hib _____dose 1 _____dose 2 _____dose 3
 PVC _____dose 1 _____dose 2 _____dose 3 _____dose 4
 Hep A _____dose 1
 Flu _____dose 1
 HPV _____dose 1

For entrance into school NYS requires: 3 DPT (Triple Vaccine)
 3 Oral Polio (OPV/IPV)
 2 MMR
 3 Hep B
 1 Varicella (Kindergarten)

Signature of Health Care Provider _____

Date: _____

Printed/Stamped Provider Name & Phone Number:
