



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

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

School ID: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

School: \_\_\_\_\_ School Phone: \_\_\_\_\_

Dear Parent / Guardian:

**As of \_\_\_\_\_ your child cannot attend school due to incomplete required school immunizations.** Under Public Health Law § 2164, your child will not be allowed to return to school unless you provide documentation that they have received the next dose of each of the following required vaccine(s) or had a blood test to check for immunity to measles, mumps, rubella, varicella, polio, or hepatitis B.

VACCINE	Number of Dose(s) Needed	NOTES (refer to SH65 for details by age and grade)
<b>DTaP</b> ( <i>Diphtheria-tetanus-acellular pertussis</i> ) <b>DTP</b> ( <i>Diphtheria-tetanus-pertussis</i> ) <b>Td</b> ( <i>Tetanus-diphtheria</i> )	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>	
<b>Tdap</b> ( <i>Tetanus-diphtheria-acellular pertussis</i> )	1 <sup>st</sup>	Only doses of Tdap (or DTaP) given at 10 years or older satisfies the requirement for grades 6 and 7; doses given at 7 years or older satisfies the requirement for grades 8-12.
<b>IPV/OPV</b> ( <i>Polio</i> )	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	Bloodwork that shows proof of immunity is accepted but must include <u>all three polio serotypes</u> (testing must have been done before September 2019).
<b>MMR</b> ( <i>Measles, mumps, rubella</i> )	1 <sup>st</sup> 2 <sup>nd</sup>	Bloodwork that shows proof of immunity is accepted.
<b>HepB</b> ( <i>Hepatitis B</i> )	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	Bloodwork that shows proof of immunity or chronic HepB infection is accepted.
<b>Varicella</b> ( <i>Chickenpox</i> )	1 <sup>st</sup> 2 <sup>nd</sup>	Bloodwork that shows proof of immunity <i>OR</i> provider documentation of disease is accepted.
<b>MenACWY</b> ( <i>Meningococcal Conjugate</i> )	1 <sup>st</sup> 2 <sup>nd</sup>	Doses given before 10 years will NOT satisfy the requirement for grades 7 and 8 but will satisfy the requirement for grades 9-12.
<b>Hib</b> ( <i>Haemophilus influenzae type b</i> )	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	Child Care, Head Start, Nursery, 3K or Pre-K
<b>PCV</b> ( <i>Pneumococcal conjugate</i> )	1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	Child Care, Head Start, Nursery, 3K or Pre-K
<b>Influenza</b>	1 <sup>st</sup>	Child Care, Head Start, Nursery, 3K or Pre-K

**Note to Providers:** Please go to [schools.nyc.gov](https://schools.nyc.gov) and search “immunizations” to review SH65 (Medical Requirements for School Year 2021-22) in the “Information for Providers” section and school immunization requirements-related forms.

Please show this letter to your child's medical provider to ensure that your child receives the missing dose(s) listed. If your child has **already** received these vaccines, please give the records of immunization or immunity to your school principal. Alternative schedules are not allowed. If you have any questions about the law requiring immunizations for school, or to find out more about where your child can be vaccinated, please call **311**.

Sincerely,

Principal Name: \_\_\_\_\_ Signature: \_\_\_\_\_