

## ELMONT UNION FREE SCHOOL DISTRICT

## CERTIFICATE OF IMMUNIZATION

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ School \_\_\_\_\_

In accordance with NYS Immunization Law, a Certificate of Immunization, signed by a physician or health care provider, **listing exact dates (month/date/year) must be on file the first day of school.** Please attach documents reflecting titer results.

**\*DTaP/DTP**
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_
**\*POLIO (OVP or IVP)**
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_
**\*MMR**
 1. \_\_\_\_\_  
 2. \_\_\_\_\_
**LIVE MEASLES**
 1. \_\_\_\_\_  
 2. \_\_\_\_\_
**\*HIB (Pre K only)**
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_
**HEPATITIS A**
 1. \_\_\_\_\_  
 2. \_\_\_\_\_
**DT/Td**
 1. \_\_\_\_\_  
 2. \_\_\_\_\_
**\*HEPATITIS B**
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_
**MUMPS**
 1. \_\_\_\_\_  
 2. \_\_\_\_\_
**RUBELLA**
 1. \_\_\_\_\_  
 2. \_\_\_\_\_
**\*PNEUMOCOCCAL (Pre K only)**
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_
**OTHER: \_\_\_\_\_**

1. \_\_\_\_\_

**HPV**
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_
**MENINGITIS**

1. \_\_\_\_\_

**\*Tdap**
 1. \_\_\_\_\_  
 2. \_\_\_\_\_
**\*VARICELLA**
 1. \_\_\_\_\_  
 2. \_\_\_\_\_
**BCG**

1. \_\_\_\_\_

**DISEASE VERIFICATION OR TITER VERIFICATION:** (Please fill in each item and attach the titer results. Only varicella immunity can be established by disease verification.)

Varicella: \_\_\_\_\_ Mumps: \_\_\_\_\_ Rubella: \_\_\_\_\_ Measles: \_\_\_\_\_ Poliomyelitis: \_\_\_\_\_ Other: \_\_\_\_\_

Date \_\_\_\_\_ Physician's Name (Print) \_\_\_\_\_ Physician's Signature \_\_\_\_\_

**PHYSICIAN'S SIGNATURE AND OFFICE STAMP MUST BE PRESENT****" \* " INDICATES A REQUIRED IMMUNIZATION**

Serological evidence of immunity is valid for Measles, Mumps, Rubella, Varicella, Hepatitis B and Poliomyelitis.

Rubella, Measles, and Mumps disease history is no longer acceptable for certification. However, serological evidence is acceptable.

A history of Varicella disease or titer is documented by a health care provider. Parental recall of the disease is not sufficient as proof of immunity.

**MEDICAL AND RELIGIOUS EXEMPTION FROM IMMUNIZATION**

A student may be exempt from the required immunization for the reasons stated below:

**Medical Exemption**

A medical exemption is a certificate from a physician, licensed in the State of New York, indicating that one or more immunizing agent(s) are detrimental to the child's health. The exemption should identify the immunization exempted, the medical contraindication for the exemption, and the length of time immunization is contraindicated. Medical exemptions to immunization must be reissued annually.

**Religious Exemption**

A written statement signed from the parent(s) or guardian of the child stating that they hold sincere and genuine religious beliefs which are contrary to the practices of immunization. Supporting documents may be required. The school will supply the guardian with "Request for Religious Exemption to Immunization Form". This is required for each school the child attends. NYS Law does not allow for a philosophical exemption.