

NEW YORK CITY DEPARTMENT OF

HEALTH AND MENTAL HYGIENE

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NEW YORK CITY DEPARTMENT OF

EDUCATION

Carmen Fariña

Chancellor

OFFICE OF SCHOOL HEALTH Commissioner

Notice of Exclusion from School due to Incomplete Immunization

Child's Name:	School ID:	
School :	Grade/Class:	Date:
School Phone:		

Dear Parent / Guardian:

This is to notify you that your child's required school immunizations are still not complete. According to Public Health Law, Section 21644, your child will not be allowed to return to school unless you are able to provide documentation s/he has received the following vaccine(s):

Vaccine	Dose required	Notes
DTaP (Diphtheria-tetanus-acellular pertussis)/DTP (Diphtheria-tetanus- pertussis)/Td (Tetanus-diphtheria)	1 st 2 nd 3 rd 4 th 5 th	
Tdap (Tetanus-diphtheria-acellular pertussis)	1 st	Tdap: For all children born on or after January 1, 1994 and entering 6 th , 7 th , 8 th , 9 th , 10 th , 11 th or 12 th grade.
IPV/OPV (Polio)	1 st 2 nd 3 rd 4 th	
Hib (<i>Haemophilus influenzae</i> type b)	1 st 2 nd 3 rd 4 th	Hib: For Daycare and Pre-Kindergarten children only; vaccine should be given as age appropriate with at least one dose or after age 15 months of age.
MMR (Measles, mumps, rubella)	1 st 2 nd	MMR: One dose on or after the 1 st birthday AND a second dose of a measles containing vaccine (preferably as MMR) administered 28 days or more after the first dose <i>OR</i> serologic evidence of immunity.
Hep B (<i>Hepatitis B</i>)	1 st 2 nd 3 rd	Three doses of Hep B <i>OR</i> serologic evidence of immunity or chronic infection.
<i>Varicella</i> (Chickenpox)	1 st 2 nd	Varicella: For all children through and including 12 th grade, born on or after January 1, 1994, one dose on or after the 1 st birthday. Although only one dose is required, the recommendations is for all children to receive two doses of varicella-containing vaccine separated by at least 28 days <i>OR</i> serologic evidence of immunity <i>OR</i> physician documentation of disease.
PCV (Pneumococcal conjugate)	1 st 2 nd 3 rd 4 th	PCV: For Daycare and Pre-Kindergarten children only; vaccine should be given as age appropriate in accordance with the routine childhood and/or catch up immunization schedules.
Influenza	1 st 2 nd	All children 6 months through 59 months of age enrolled in NYC Article 47 & 43 regulated pre-kindergarten programs (Day Care, Head Start, Nursery, or Pre-K) must receive one dose of influenza vaccine between July 1 st and December 31 st of each year. Some children may need 2 doses of influenza vaccine, depending on their prior vaccination history.

If you believe your child has already received these immunizations, present the official record to the school nurse or principal. Please find attached a copy of the 2014-2015 required school immunization schedule. For information on where your child may be vaccinated, call **311**.

(Principal Name/Signature)

cc: Student file Attendance Teacher

SH-88 (rev.5/20/13) Notice of Exclusion (Public School)